



LEVELLAND CAMPUS

VOCATIONAL NURSING PROGRAM

STUDENT HANDBOOK

FALL 2022-2023



SOUTH PLAINS COLLEGE VOCATIONAL
NURSING PROGRAM STUDENT
HANDBOOK

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SOUTH PLAINS COLLEGE
VOCATIONAL NURSING PROGRAM

FORWARD

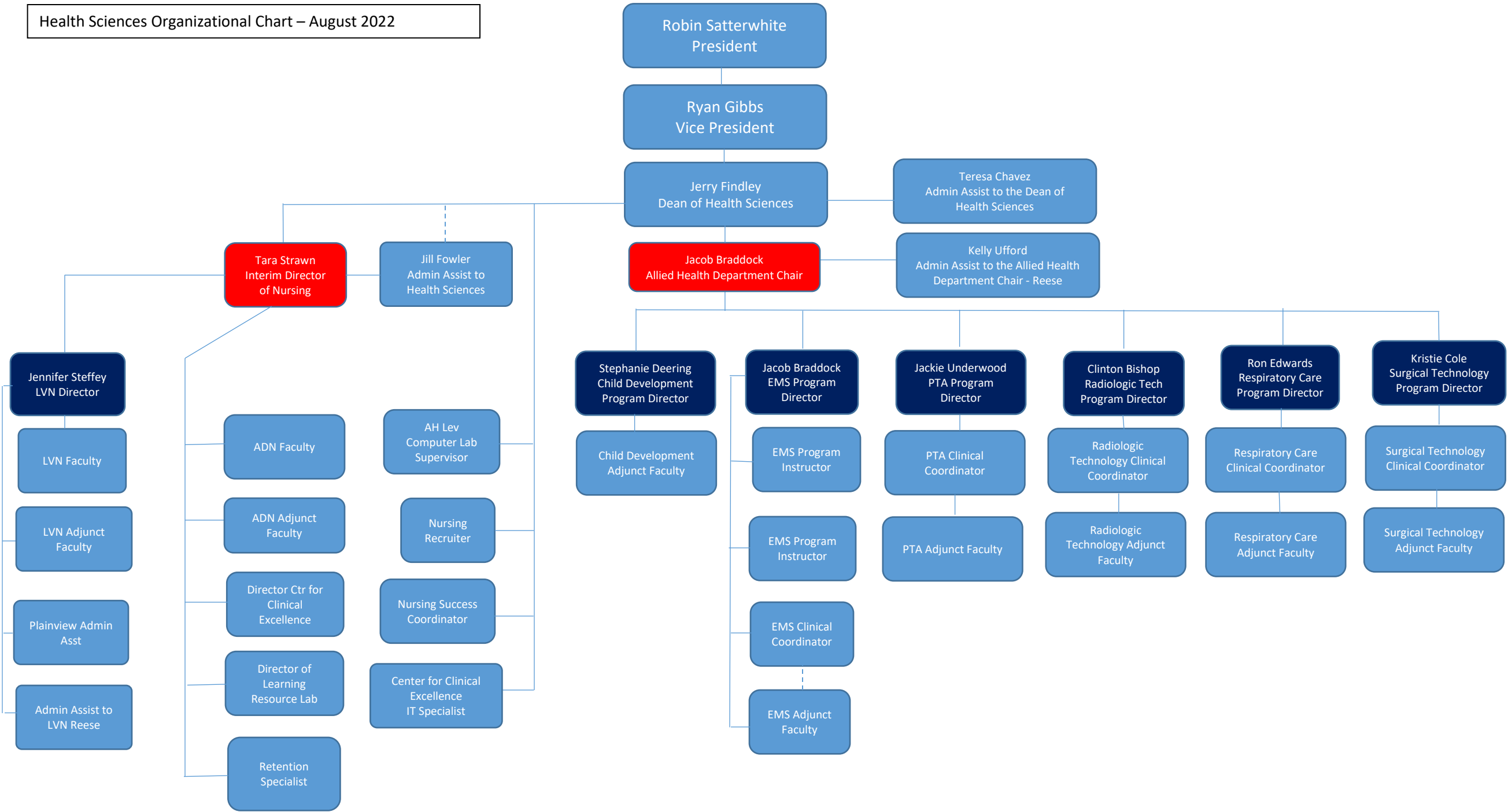
This handbook has been designed to serve as a guide for the student during the Vocational Nursing Program (VNP). It provides information regarding policies and general practices to be followed while attending South Plains College. THE VNP Director and Faculty hope it will guide you in your goal of becoming a licensed vocational nurse.

These policies act as an addendum to the South Plains College Student Handbook. The policies of this program, designed to assist the student to understand his/her responsibilities during the academic year, are based on statutory and Board of Nursing requirements, Texas Higher Education Coordinating Board requirements, as well as the policies established by South Plains College.

Each VNP student will be held responsible for all parts of the Nursing Student Handbook and the South Plains College Student Guide. Policies are subject to change at any time. In the event a policy changes, the student will be notified in writing in a timely manner. The student will sign the notification sheet indicating that he/she has received the policy change and this notification sheet will become a permanent part of the student file.

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Health Sciences Organizational Chart – August 2022



SOUTH PLAINS COLLEGE
VOCATIONAL NURSING PROGRAM

South Plains College is accredited by the Southern Association of Colleges and Schools Commission on Colleges. The South Plains College Vocational Nursing Program is approved by the Texas Higher Education Coordinating Board and the Texas Board of Nursing.

The philosophy of South Plains College incorporates an earnest desire to help students in equipping themselves for effective living and for responsible citizenship in a rapidly changing local, state, national, and world community. To this philosophical end, course offerings are planned in such a way as to extend the individual student's knowledge and to refine his/her skills. In working toward this educational goal, the college encourages students to assume a major share of responsibility for the development of their potentialities and for the relevant utilization of their abilities for their own purpose and for the good of society. South Plains College is an equal opportunity employer.

TEXAS BOARD OF NURSING

The Texas Board of Nursing believes that:

The patient is the most important person in all nursing institutions and is entitled to competent nursing care.

The public must be assured that the nurse is a safe practitioner.

The nurse rendering direct patient care must be someone who is knowledgeable of scientific nursing principles and applies these to patient care.

The Licensed Vocational Nurse is a very vital member of the nursing health team.

Vocational Nursing education adequately prepares the Vocational Nurse for total patient care.

(Rules and regulations relating to Vocational Nursing Education, Licensure, and practice in the State of Texas.)

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SOUTH PLAINS COLLEGE VOCATIONAL NURSING PROGRAM

PHILOSOPHY

The philosophy of the Vocational Nursing Program is consistent with the values and ideals of South Plains College and the Texas Board of Nursing and the community at large. We, the faculty of the Nursing Program, believe that human beings are a highly complex interrelated system. This system is composed of biological, social, psychological, cultural, and spiritual aspects. Together, and in varying forms, these composite aspects impact on health and human behavior. Furthermore, we believe that human beings are rational persons whose value and worth are explicit. We respect the rights and dignity of all individuals to self-determination. In keeping with this philosophy, we accept that all individuals, to the extent of their ability, are responsible for their own life choices.

Related to our beliefs about humanity, we believe that the purpose and goal of the practice of nursing is to enhance the health and well-being of the individual as an integral member of society. Nursing care is a service primarily concerned with the quality of human life and the support of the highest level that each individual is capable of achieving. Nursing roles and functions are directed to the performance of such caring behaviors which when administered in an organized way, will have a maximum positive effect on the individual's potential for daily living. Consistent with our understanding of the complexity of human life and behavior, we acknowledge that the performance of nursing care is conducted on several levels and in multiplicity of settings. The practice of vocational nursing is but one level of nursing practice, which derives its body of knowledge and scope of practice from selected elements of the total body of professional nursing knowledge. Vocational nursing graduates are prepared to function as members of the health care team under the supervision of registered nurses and physicians. Vocational nurses are providing health care settings requiring increasing levels of technical expertise. The preparation of nursing practitioners will be based on scientific principles and structured so as to provide the foundation of skills upon which the vocational nurse may build in the future. Vocational nursing education is designed to assist the graduate to be a Member of a Profession, a Provider of Patient Centered Care, a Patient Safety Advocate, and a Member of the Health Care Team.

We believe that learning is a life-long process that enables the survival and enhancement of human existence. Learning has occurred when there has been a change in behavior as a result of a recognized need. Learning is best brought about when it occurs in an environment, which is both positive and nurturing. We believe that the act of teaching is an art and a science whose aim is to bring about learning in a logical and efficient manner so as to achieve the greatest utility and meaning for the student. We believe that education is a process involving the active participation of both learner and teacher, which enables the individual to develop his or her potential in becoming a productive responsible member of our existing and changing society. We further believe that education should allow for upward and/or horizontal mobility according to the individual's capacity. The practice of nursing education will occur in community settings where nursing care is needed and can be delivered.

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We are committed to fostering the values inherent in nursing. These values include...:

Altruism - concern for the welfare of others seen through caring, commitment, and compassion

Human dignity – the belief in the inherent worth and uniqueness of the individual seen through respectfulness, empathy, humanness, and trust

Truth – faithfulness to fact seen through honesty, accountability, and authenticity

Justice - upholding moral and legal principles seen through courage, advocacy, and objectivity

Freedom – the capacity to exercise choice seen through openness, self-direction, and self-discipline

Equality - having the same rights and privileges seen through acceptance, tolerance, and fairness

Esthetics - identifying the qualities of objects, events, and persons that provide satisfaction as seen through creativity, sensitivity, and appreciation

CODE OF ETHICS

Consider as a basic obligation the conservation of life and the prevention of disease.

Promote and protect the physical, mental, emotional, and spiritual health of the patient and his/her family.

Fulfill all duties faithfully and efficiently.

Function within established legal guidelines.

Accept personal responsibility (for her/his acts) and seek to merit the respect and confidence of all members of the health team.

Hold in confidence all matters coming to her/his knowledge, in the practice of her/his profession, and in no way and at no time violate this confidence.

Give conscientious service and charge just remuneration.

Learn and respect the religious and cultural beliefs of her/his patient and of all people.

Meet her/his obligation to the patient by keeping abreast of current trends in health care through reading and continuing education.

As a citizen of the United States of America, uphold the law of the land and seek to promote legislation, which shall meet the health needs of the people.

Code of Ethics from National Association for Practical Nurse Education and Services

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**SOUTH PLAINS COLLEGE
 VOCATIONAL NURSING PROGRAM
 END-OF-PROGRAM STUDENT LEARNING OUTCOMES WITH EXPECTED LEVELS OF
 ACHIEVEMENT**

- Clinical Decision Making---Provides competent nursing interventions based on application of the nursing process, and demonstration of critical thinking, independent judgement, and self-direction while caring for patients and their families.
- Communication & Information Management—communicates effectively utilizing technology, written documentation, and verbal expression with members of the health care team, patients, and their families.
- Leadership—Demonstrates knowledge of basic delegation, leadership management skills, and coordinates resources to assure optimal levels of health care for patients and their families.
- Safety—Implements appropriate interventions to promote a quality and safe environment for patients and their families.
- Professionalism—Demonstrates knowledge of professional development and incorporates evidence-based practice in the nursing profession. Incorporates concepts of caring, including moral, ethical, legal standards while embracing the spiritual, cultural, psychosocial, and religious influences on patients and their families.

Competency	1 st Semester	2 nd Semester	3 rd Semester
Clinical Decision Making	1-2	3	4
Communication & Information Mgt.	1-2	3	4
Leadership	1-2	3	4
Safety	1-2	3	4
Professionalism	1-2	3	4

For each outcome, a level of achievement is indicated. Students must complete the semester at the level indicated, showing progress and increasing competency throughout the program.

Expected Level of Achievement (ELA):

1. **Provisional:** performs safely under supervision; requires continuous supportive and directive cues; performance often uncoordinated and slow; focus is entirely on task or own behavior; beginning to identify principles but application of principles are sometimes lacking.
2. **Assisted:** performs safely and accurately each time observed but requires frequent supportive and occasional directive cues; time management skills still developing; skill accuracy still developing; focus is primarily on task or own behavior with more attention to client; identifies principles but still may need direction in application of principles.
3. **Supervised:** performs safely and accurately each time behavior is observed; requires occasional supportive and directive cues; spends reasonable time on task and appears generally relaxed and confident; applies theoretical knowledge accurately with occasional cues; focuses on clients initially but as complexity increases, may still focus more on task.
4. **Independent:** performs safely and accurately each time behavior is observed and without need of supportive cues; demonstrates dexterity in skills; spends minimum time on task; applies theoretical knowledge accurately; focuses on client while giving care.

**SOUTH PLAINS COLLEGE
VOCATIONAL NURSING PROGRAM
CONCEPTUAL FRAMEWORK**

The South Plains College Vocational Nursing Program conceptual framework is based upon the four nursing roles: member of the profession; provider of patient-centered care, patient safety advocate, and member of the health care team, characterized by the specific entry-level competencies addressed within the four roles. The interrelationship of the four roles allows for development of a curriculum, which is relevant, in terms of content, to the student and the community.

Differentiated Essential Competencies of Graduates of Texas Nursing Education Programs

Member of Profession

- A. Functions within the nurse's legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting
- B. Assumes responsibility and accountability for the quality of nursing care provided to patients and their families
- C. Contributes to activities that promote the development and practice of vocational nursing
- D. Demonstrates responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

Provider of Patient-Centered Care

- A. Uses clinical reasoning and established evidence based policies as the basis for decision making nursing practice
- B. Assists in determining the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families
- C. Reports data to assist in the identification of problems and formulation of goals/outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team.
- D. Provides safe, compassionate, basic nursing care to assigned patients with predictable health care needs through a supervised, directed scope of practice.
- E. Implements aspects of the plan of care within the legal, ethical and regulatory parameters and in consideration of patient factors.
- F. Identifies and reports alterations in patient responses to therapeutic interventions in comparison to expected outcomes
- G. Implements teaching plans for patients and their families with common health problems and well-defined health learning needs.
- H. Assists in the coordination of human, information, and material resources in providing care for assigned patients and their families.

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Patient Safety Advocate

- A. Demonstrates knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
- B. Implements measures to promote quality and a safe environment for patients, self, and others.
- C. Assists in the formation of goals and outcomes to reduce patient risks.
- D. Obtains instruction, supervision, or training as needed when implementing nursing procedures or practices.
- E. Complies with mandatory reporting requirements of the Texas Nursing Practice Act.
- F. Accepts and makes assignments that take into consideration patient safety and organizational policy.

Member of the Health Care Team

- A. Communicates and collaborates with patients, their families, and the interdisciplinary health care team to assist in the planning, delivery, and coordination of patient-centered care to assigned patients.
- B. Participates as an advocate in activities that focus on improving the healthcare of patients and their families
- C. Participates in the identification of patient needs for referral to resources that facilitate continuity of care, and ensures confidentiality.
- D. Communicates and collaborates in a timely manner with members of the interdisciplinary health care team to promote and maintain optimal health status of patients and their families.
- E. Communicates patient data using technology to support decision making to improve patient care
- F. Assigns nursing care to other L VNs or unlicensed personnel based upon an analysis of patient or unit need.
- G. Supervises nursing care provided by others for whom the nurse is responsible.

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**SOUTH PLAINS COLLEGE
VOCATIONAL NURSING PROGRAM
CURRICULUM**

The Vocational Nursing Program curriculum is based on a holistic approach to humankind. Holistic curriculum takes a single subject as its entirety for the core of the educational program. Holistic subject matter is perceived as a continuum, and, therefore, man can be perceived as existing on a birth to death continuum, with health acknowledged as wholeness within a wellness continuum. Each course is presented as a part of the whole, not as a separate entity. Didactic methodology preserves the progression of the curriculum in which each life phase is studied in a given course, with emphasis on the relationship of that phase to the life continuum. Founded in the nursing process, theory is integrated with clinical practice.

The aims, goals and objectives of the program identify the characteristics of vocational nursing education, while the entry-level objectives are organized according to the Texas Board of Nursing Differentiated Essential Competencies (DECS) for Vocational Nursing. These competency statements identify the major roles of nurses include to be a member of a profession, a provider of patient-centered care, a patient safety advocates, and a member of the health care team. These statements, which describe the expected behavior of the graduate vocational nurse, serve as a composite guide for curriculum development to ensure the inclusion of didactic and clinical components in preparing the entry-level graduate to function in a variety of structured practice settings. These threads may be found throughout the course of study and throughout this handbook.

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South Plains College
Vocational Nursing Program
 Curriculum

FIRST SEMESTER		SEMESTER HRS
VNSG 1420	A&P for Allied Health	4
VNSG 1204	Foundations of Nursing	2
VNSG 1400	NSG HLTH & Illness I	4
VNSG 1323	Basic Nsg. Skills	3
VNSG 1160	Clinical-Lic. Prac/Voc Nsg Trng	1
VNSG 1201	Mental Health & Illness	2
	Total Semester	16
SECOND SEMESTER		SEMESTER HRS.
VNSG 1231	Essential of Med. Admin	2
VNSG 1409	Nsg. Hlth & Illness I	4
VNSG 1330	Mat-Neo Nsg.	3
VNSG 2331	Adv. Nsg. Skills	3
VNSG 1460	Clinical Lic. Prac/Voc Nrs. Trng.	4
	Total Semester	16
THIRD SEMESTER		SEMESTER HRS
VNSG 1331	Pharmacology	3
VNSG 1334	Pediatrics	3
VNSG 2510	Nsg. Hlth. & Illness III	5
VNSG 1119	Leadership & Prof Dev	1
VNSG 2461.	Clinical Lic. Prac/Voc Nrs. Trng	4
	Total Semester	16

The program and courses within the program are subject to approval and changes mandated by the Texas Higher Education Coordinating Board and the Texas Board of Nursing.

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**SOUTH PLAINS COLLEGE
VOCATIONAL NURSING PROGRAM
SEMESTER I STUDENT LEARNING OUTCOMES**

Upon satisfactory completion of this level, the student should be able to:

CLINICAL DECISION MAKING

1. Identify theoretical concepts with nursing knowledge and skills to meet the basic needs of patients and their families throughout the lifespan in a variety of settings.
2. Recognize the five steps of the nursing process into nursing practice.
3. Use critical thinking, problem solving, and the nursing process in a variety of setting through direct care assignment.
4. Explore critical thinking and problem-solving skills in prioritizing, management, and coordination of all aspects of care.
5. Analyze and utilize assessment and reassessment data to plan and provide individualized care for the childbearing/childrearing patient and family.
6. Demonstrate the orderly collection of information from multiple sources to establish a foundation of holistic nursing care to meet the needs of the childbearing/childrearing patient and family.
7. Manage and prioritize nursing care of the childbearing/childrearing patient and family

COMMUNICATION

8. Develop effective skills of communication and collaboration with members of the health care team, patient and their families.
9. Identify principles of teaching learning in providing information to patients and their families, regarding health promotion, maintenance, and restoration of health or the process of death and dying.

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10. Demonstrate effective communication through caring, compassion, and cultural awareness for the childbearing/childrearing patient and family.
11. Develop, implement, and evaluate individualized teaching plans for the childbearing/childrearing patient and family.

LEADERSHIP

12. Identify the nurse's function within the organizational framework of various healthcare settings and recognize appropriate delegation of care to patients and their families.
13. Identify the health care team in delivering care to patients and their families.
14. Identify appropriate referral sources to meet the needs of patients and their families.

SAFETY

15. Recognize National Patient Safety Goals, Standards of Care, and Policy and Procedures in a variety of health care settings.
16. Implement safe care for cost effective nursing care in collaboration with members of the health care team.

PROFESSIONALISM

17. Recognize clinical data, current literature, and responses and outcomes to therapeutic interventions to make appropriate nursing practice decisions.
18. Define the responsibility for professional and personal growth and development.
19. Recognize ethical and legal responsibility and accountability for one's nursing practice.
20. Understanding the actions of a health care advocate to provide quality health care while embracing the spiritual, cultural, psychosocial, and religious influences on patients and their families.
21. Recognize one's own caring behavior when interacting with patients, their families, and members of the health care professions.

**SOUTH PLAINS COLLEGE
VOCATIONAL NURSING PROGRAM
SEMESTER II STUDENT LEARNING OUTCOMES**

Upon satisfactory completion of this level, the student should be able to:

CLINICAL DECISION MAKING

1. Integrate theoretical concepts with nursing knowledge and skills to meet the basic needs of adult patients in a variety of settings.
2. Analyze evidenced based practice and research supporting clinical reasoning regarding characteristics, concepts, and processes related to patients, including anatomy and physiology; pathophysiology; disease processes; pharmacotherapeutics and other therapies and treatments.
3. Apply steps of the nursing process, which includes comprehensive nursing assessment of patients, analysis, planning, implementation and evaluation.

COMMUNICATION AND INFORMATION MANAGEMENT

4. Apply technological skills including word-processing, e-mailing, accessing search engine databases, bibliographic retrieval and accessing multiple online resources.
5. Identify regulatory and ethical guidelines necessary to protect confidentiality when using technology.
6. Demonstrates effective communication with adult patients, families, and members of the health care team to achieve positive outcomes.

LEADERSHIP

7. Collaborate/delegate effectively with members of the health care team in planning and decision-making to achieve desired outcomes for the adult patient.
8. Identify the role of the nurse as an advocate for patients and their families.

SAFETY

9. Demonstrate clinical decision-making that results in finding solutions, individualizing care, and assuring the delivery of accurate, safe care that facilitates advancing the patient and support person(s) toward positive outcomes.
10. Analyze the process for safe medication administration.
11. Identify current National and State standards and guidelines and local procedures to reduce patient risk.
12. Apply current National and State standards and guidelines and carry out procedures in a manner that will reduce the patient's risk of unfavorable outcomes.

PROFESSIONALISM

13. Analyze one's own caring behavior when interacting with patients, families, and members of the health care profession
14. Apply ethical and legal responsibility for one's nursing practice.
15. Assume responsibility for professional and personal growth and development.

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**SOUTH PLAINS COLLEGE
VOCATIONAL NURSING PROGRAM
SEMESTER III STUDENT LEARNING OUTCOMES**

Upon satisfactory completion of this level, the student should be able to:

Clinical Decision Making—Provides competent nursing interventions based on application of the nursing process, and demonstration of critical thinking, independent judgment, and self-direction while caring for patients and their families.

1. Utilize critical thinking and systematic problem-solving process as a framework for providing care for adult patients in structured health care setting with complex health care needs.
2. Integrate theoretical concepts with nursing knowledge and skills to meet the basic needs of patients, families, and/or groups throughout the life span in a variety of settings.
3. Integrate the five steps of the nursing process into nursing practice.
4. Formulate safe cost-effective nursing care in collaboration with members of health care team using critical thinking, problem solving and the nursing process in a variety of setting through direct care, assignment, or delegation of care.
5. Utilize critical thinking and problem-solving skills in prioritizing the management and coordination of all aspects of care.

Communication & Information Management—Communicates effectively utilizing technology, written documentation, and verbal expression with members of the health care team, patients and their families.

6. Incorporate effective skills of communication and collaboration with patients, families, and/or groups in a variety of settings.
7. Integrate principles of teaching-learning in providing information to patients, families, and/or groups regarding promotion, maintenance, and restoration of health or the process of death and dying.
8. Communicating in the applicable language of the occupation and the business industry.

Leadership—Demonstrates knowledge of basic delegation, leadership management skills, and coordinates resources to assure optimal levels of health care for patients and their families.

9. Coordinate appropriate referral sources to meet the needs of patients, families, and/or groups.
10. Delegates appropriate assignments to members of the health care team.
11. Evaluate the effectiveness of community resources in the delivery of health care to patients, families, and/or groups.
12. Coordinate the health care team in delivering care to patients, families, and/or groups.

Safety—Implements appropriate interventions to promote a quality and safe environment for patients and their families.

13. Integrate principles of advocacy to provide quality health care for patients, families, and/or groups.
14. Demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills.
15. Integrate actions and act as a health care advocate to provide quality health care for patients, families, and/or groups.

Professionalism—Demonstrates knowledge of professional development and incorporates evidence-based practice in the nursing profession. Incorporates concepts of caring, including moral, ethical, legal standards while embracing the spiritual, cultural, psychosocial and religious influences on patients and their families.

16. Integrate the roles of the professional associate degree nurse in the provision of care for adult patients and families.
17. Evaluate clinical data and current literature and responses and outcomes to therapeutic interventions to make appropriate nursing practice decisions.
18. Evaluate the responsibility for professional and personal growth and development.
19. Integrate ethical and legal responsibility and accountability for one's nursing practice.
20. Evaluate one's own caring behavior when interacting with patients, families, and members of health care profession.
21. Apply the theory, concepts, and skills involving specialized materials, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with the particular occupation and the business/industry.
22. Assume responsibility for professional and personal growth and development.

Essential Competencies of Graduates of Texas Vocational Nursing Educational Programs

I. Member of the Profession:

- A. Function within the nurse's legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.
- B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.
- C. Contribute to activities that promote the development and practice of vocational nursing.
- D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

II. Provider of Patient-Centered Care:

- A. Use clinical reasoning and established evidence-based policies as the basis for decision-making in nursing practice.
- B. Assist in determining the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based on interpretation of health-related data.
- C. Report data to assist in the identification of problems and formulation of goals/outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team.
- D. Provide safe, compassionate, basic nursing care to assigned patients with predictable health care needs through a supervised, directed scope of practice.
- E. Implement aspects of the plan of care within legal, ethical, and regulatory parameters and in consideration of patient factors.
- F. Identify and report alterations in patient responses to therapeutic interventions in comparison to expected outcomes.
- G. Implement teaching plans for patients and their families with common health problems and well-defined health learning needs.
- H. Assist in the coordination of human, information, and materiel resources in providing care for assigned patients and their families.

III. Patient Safety Advocate:

- A. Demonstrate knowledge of the Texas Nursing Practice Act (NPA) and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
- B. Implement measures to promote quality and a safe environment for patients, self, and others.
- C. Assist in the formulation of goals and outcomes to reduce patient risks.
- D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
- E. Comply with mandatory reporting requirements of the Texas NPA.
- F. Accept and make assignments that take into consideration patient safety and organizational policy.

IV. Member of the Health Care Team:

- A. Communicate and collaborate with patients, their families, and the interdisciplinary health care team to assist in the planning, delivery, and coordination of patient-centered care to assigned patients.
- B. Participate as an advocate in activities that focus on improving the health care of patients and their families.
- C. Participate in the identification of patient needs for referral to resources that facilitate continuity of care and ensure confidentiality.
- D. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain optimal health status of patients and their families.
- E. Communicate patient data using technology to support decision-making to improve patient care.
- F. Assign nursing care to LVNs or unlicensed personnel based upon an analysis of patient or unit need.
- G. Supervise nursing care provided by others for whom the nurse is responsible.

**SOUTH PLAINS COLLEGE
VOCATIONAL NURSING
PROGRAM ADMISSIONS CRITERIA**

South Plains College (SPC) accepts all students regardless of race, creed, color, non- disqualifying disability, or national origin. The admissions requirements for the college are found in the current General Catalog. All students applying for the VN program must be TSI compliant. In addition, the Vocational Nursing Program (VNP) has the following requirements for admission to the nursing program.

Admission Requirements

All prospective candidates who wish to be admitted should contact the office of the Vocational Nursing Program. Applicants must submit the following to the Director of the Vocational Nursing Program:

1. An official copy of their high school transcripts or GED scores.
2. An official copy of all college transcripts

Prospective students must also do the following:

1. Complete the requirements for admission to South Plains College.
Admission to South Plains College DOES NOT guarantee admission to the Vocational Nursing Program.
2. Complete an application to the Vocational Nursing Program at the time of the pre-entrance exam.
3. Achieve a passing score on the pre-entrance exam.
4. Complete a Criminal Background questionnaire.
5. Applicants will be notified by letter of the committee's action. Due to limited class numbers, some applicants who meet all the admission requirements may not be accepted. Students must apply each time they wish to be considered.
6. Prior to starting the nursing program, all students will undergo a DPS and FBI criminal history check. If any arrests and/or convictions are revealed, the student is required to submit a declaratory order to the Board of Nursing (BON). The student may not enroll in any nursing classes until notification of licensure eligibility is received from the Board of Nursing. A copy of the eligibility notification will be placed in the student's file. Once the

student is deemed eligible for licensure, he/she may make an application to the program. Should the BON determine the student is ineligible for LVN licensure, the student will no longer be eligible to enroll in the nursing program. The student can, however, enroll in other programs at SPC.

7. Once conditionally accepted into the Vocational Nursing Program, each student is required to have a Criminal Background Check before the student may attend class. **The criminal record check is mandatory; students who refuse the check forfeit the class position in the Vocational Nursing Program.**
 - a. Once the class roster is confirmed, the roster will be sent to the BON for a DPS/FBI Criminal Background Check. The BON will notify the school that it has received the roster. The student will arrange a fingerprint scanning appointment with Identogo and pay the required fee.
 - b. Identogo will electronically submit the finger scan to the Texas Department of Public Safety to initiate the background check. DPS will transmit the results of the scan to the BON. Once the BON receives the DPS/FBI criminal background check, the BON will do the following:
 - Mail a postcard directly to those students who have a clear background check
 - Correspond with those students who have a positive background check and request a petition for a Declaratory Order, or
 - Correspond with those students who have a rejected fingerprint scan and request another fingerprint scan
 - c. Students who have a positive criminal history will be required to go through the declaratory order process provided by the BON. Because this process may take from three (3) months to two (2) years, **the student will not be allowed to enter the VN program until the student receives a clear Declaratory Order from the BON.** Once the student has received approval for licensure, the student may re-apply for admission to the VNP.
 - d. Once students have been entered into the BON system, any future arrest will automatically be transmitted to the BON for review. Therefore, *if at any time during the year, the student's criminal history changes, the student must notify the Director of the VNP. The student will be required to withdraw from the VNP and go through the D. O. process BEFORE the student can continue. Should it be later discovered that the student has had a change in their criminal background that was not disclosed to the Director of the VNP, the student will be immediately dismissed with no option for readmission.* The VNP must be able to assure clinical affiliates that all students have a cleared background!

Additional criteria include:

1. Students accepted must attend VN orientation.
2. Students accepted will receive a Physical Examination Form provided by the VNP, which must be completed and returned at orientation to maintain their acceptance status. Students must have physical, mental, and emotional health necessary to meet the required competencies of the Vocational Nursing Program.
3. Immunizations: written proof of immunizations specified on the physical exam form is required before the student can be placed in clinical. These include MMR, Tdap, Hepatitis B, and Varicella. A Mantoux test (TB) and Influenza vaccine will also be required on a yearly basis.
4. COVID Policy:

COVID -19 Exposure Policy—this policy applies as long as Covid-19 is widespread in the community; it may be superseded by governor’s order or by order of the SPC President.

This policy is to assure the safety and health of all students, faculty, staff, and patients in the SPC Nursing Programs related to the current COVID-19 crisis.

Currently, clinical facilities require that all students who have clinical experiences at their institutions be vaccinated against Covid 19. Students are required to present documentation of Covid vaccine OR have an approved exemption from the Dean of Health Sciences. **Students who have an approved exemption MUST WEAR an N95 mask in clinicals.**

COMMUNITY EXPOSURE: (potential or unknown exposure)

Daily, students will monitor themselves and answer the screening questions (and be screened in clinical facilities):

- Have you had a cough?
- Have you been short of breath?
- Have you had chills/shaking with chills?
- Have you had muscle pain?
- Have you had a headache?
- Have you had a sore throat?
- Have you lost your sense of taste or smell?
- Have you had diarrhea?
- Have you run a fever at or above 100 degrees F?
- Have you been in contact* with anyone in the community who has a confirmed case of COVID-19?
- Have you been in contact* with a patient in the clinical setting who has a confirmed case of COVID-19?

*CONTACT is any contact with a person of 5 minutes or more duration without social distancing and wearing

a facial covering.

- In keeping with CDC guidelines, anyone with a known exposure should wear a mask for 10 days and should seek a COVID-19 test on day five after exposure. You may continue to class/clinical as long as you are asymptomatic.
- If you test positive or develop symptoms, you should immediately self-isolate and seek a COVID-19 test.
- Anyone who tests positive is required to self-isolate for five days. Following the five-day isolation period, if you are asymptomatic or your symptoms are resolving, you may return to clinical or class but should wear a mask for five additional days.
- If you are still symptomatic, please contact DeEtte Edens, Associate Director of Health and Wellness, prior to your return date at dedens@southplainscollege.edu or 806-716-2376.

Please immediately notify your instructor and program director, and DeEtte Edens (Associate Director of Health and Wellness) any time you test positive for COVID-19.

CLINICAL EXPOSURE: If a student is exposed to COVID-19 during a clinical experience, which is verified by clinical affiliates, the SPC Nursing Programs will follow the guidelines of the clinical facility as far as monitoring and quarantine. This will be handled on a case-by-case basis.

MAKE UP CLASSROOM EXPERIENCES:

Students with a known exposure may continue to class wearing a mask and should follow the guidelines above.

Students who test positive for Covid, must self-isolate for 5 days—be out of class for 5 days. If the Covid-positive student feels up to it, the student may “attend” class via a Zoom link IF the student requests the instructor to Zoom the student in to that day’s class before 0730. Many instructors have a pre-recorded lecture available that a sick student may access.

—**ONLY A STUDENT OUT WITH COVID WILL BE SENT A ZOOM LINK; ALL OTHER ABSENCES FOLLOW THE CLASS ATTENDANCE POLICY.** All requirements for the class apply. The student must email all required assignments that are due on that class day PRIOR to the start of the class.

Should there be a MANDATED SHUTDOWN of class work, the program will switch to a hybrid/online format which would include (1) pre-recorded lectures, (2) posted powerpoint lectures, and/or (3) Zoom meetings for **all** students. Full attendance is required.

ZOOM meeting etiquette: (this applies to all Zoom meetings)

1. Instructor’s usually start admitting students to the Zoom classroom approximately 5 minutes before the start of the class. Students must be on time to the Zoom lectures. Once the class starts, faculty usually do not have time to go back and admit late students. The absence will count.
2. Students should be up, dressed, and ready for classroom work. The student should be seated at a desk or table, having all required textbooks, notes, etc. ready for classwork.
3. Students MAY not be
 - a. Driving
 - b. Eating
 - c. At a restaurant
 - d. At work

- e. Out shopping
 - f. Or any other place that is not “classroom” appropriate
4. Students should be isolated from other people in the home: no children, no pets, no other family members to talk to
 5. The camera must be on at all times; if the camera is off, the student is counted as absent.
 6. The microphone should be muted. If the student has a question or is asked for discussion, then the microphone should be turned on.

Hybrid Etiquette: If the program is required to switch to a hybrid program (some in class, some online), the same etiquette rules apply. The student is expected to do the work during regularly scheduled class hours and should not request another time or an exception. If part of the class is a Zoom lecture, all Zoom Etiquette rules apply.

MISSED EXAMS DUE to Covid:

Because of the fast pace of the VNP, make up exams are not given. For students who must miss examinations due to covid absence, the following policy will apply:

- (1) The first missed exam (if no other exams have been missed prior to the Covid quarantine) will have the final examination grade substituted for that grade.
- (2) Subsequent missed exams will be made up on an individual basis with the course instructor and should be done as soon as possible when the student returns to school.
- (3) If the student misses the final exam due to covid and cannot complete the course in a timely manner, the student will receive an “incomplete” in the course and must take the final exam and complete the course prior to moving on to the next semester.

MISSED ASSIGNMENTS Due to Covid illness:

Assignments are made well in advance in the courses. Students usually have a calendar of when things are due at the start of the course. Students who are ill with Covid-19 and who have notified the instructor of being too ill to complete assignment on the due date, must turn in assignments on the first class meeting after the student has returned from the illness.

MISSED LAB EXPERIENCES due to Covid illness:

Lab due dates are established with the beginning of the skills and clinical courses. Students should be continually practicing all skills as soon as they are taught to get to “proficiency” level. Should a student miss a skills check-off due to a Covid illness, the student must check off on the first return back to school. Students who miss the (1) assessment, (2) foley, (3) wound care or (4) BSCCL, will not attend clinicals until these have all be established as proficient. Students must be successful in these areas in order to be safe practitioners in the clinical setting and therefore cannot attend clinicals until these are complete. Clinical absences will apply, and clinical make-up days will be required.

For clinical labs, students must complete the labs upon returning to school. All virtual simulations, case studies and other written clinical assignments are due the first day back in class/clinical settings.

MAKE UP CLINICAL EXPERIENCES for Covid—only:

The SPC Nursing Program faculty is committed to providing a quality education complete with clinical experiences that meet the Board of Nursing requirements as well as prepare the student for nursing

practice. With this in mind, the nursing faculty will continually evaluate clinical performance of each student individually to assure that they are meeting the clinical objectives as found in the clinical course syllabi. Additional time may be needed at the end of the semester in order to meet these objectives.

If students have to miss more than the days that can be made up within the allowable time available, additional make up days will be added into the student's total time until the days can be made up. ONLY COVID-RELATED ABSENCES WILL HAVE ANY EXTENDED MAKE UP OPPORTUNITIES; EXCESSIVE ABSENCES NOT RELATED TO COVID WILL MEAN FAILURE IN THE CLINICAL COURSE. These extended clinical opportunities may extend the student's completion date. Covid make-up days must be coordinated with clinical agencies, college, and faculty schedules and are not scheduled at the student's request. The student will receive an "incomplete" in the course until the days can be completed. Students are not cleared for licensure until all days have been made up.

In the clinical setting, students are required to wear a mask and follow all Standard Precautions while delivering patient care. For lunch in the clinical setting, no more than 3 students should lunch together and a 6-foot distance should be maintained as long as students are eating. Conversation should be minimal, and the masks should not be off more than 10 minutes at a time. For a break, no more than 2 students should break at the same time and social distancing should be maintained while the students are eating/drinking. When the students are not eating/drinking, the masks should be on.

Students should maintain social distancing while eating, taking a break, and walking to and from the clinical site. Students who share rides should maintain social distancing or wear facial coverings while sharing the ride.

Students are encouraged to remove their shoes prior to getting into the vehicles, remove their uniform at the door, and shower before hugging children and other family members. Students should wash their cloth masks daily and allow shoes to sit in the sun for several hours after the clinical experience.

FAILURE TO DISCLOSE

Because nurses are expected to place patient welfare above all and are expected to be truthful and honest, students are expected to self-disclose any potential exposures. Should it be discovered that the student failed to disclose a potential exposure or illness, that student will be dismissed for unprofessional conduct and will not be given any additional opportunity to complete the program.

Because Covid affects each person differently, Covid positive students should communicate to their instructor if they are too ill to complete assignments/participate in class. Faculty cannot know this about the student and will assume the student is able to participate unless otherwise notified.

5. American Heart Association Basic Life Support certification (Health Care Provider) must be acquired prior to assigned clinical rotations in nursing courses and maintained throughout the Vocational Nursing Program.

6. Drug Testing Policy:

- a. All students conditionally accepted for admission/readmission into the LVN or VN program will be required to undergo drug screening. This will be done at the lab identified by the program and the cost will be paid by the student. The results will be submitted directly to the Department of Nursing by the lab. Failure to submit to drug testing will result in forfeiture of their admission into the program. Any conditionally admitted student whose drug screen is positive will forfeit their admission into the program.
2. If a student is arrested for any drug/alcohol offense while in the nursing program, they will be immediately withdrawn from the program and must go through the Declaratory Order process before the student can continue in the program. Once the student is cleared for licensure by the Texas Board of Nursing, they may request readmission to the program. The request will go before the Admissions/Academic Standards Committee for a final decision.
3. All students enrolled in the program will be subject to random and for cause drug screening throughout their tenure in the program.
4. Any time there is a complaint or report of a student suspected of being impaired, the student will be required to undergo drug testing.
5. Should a student refuse to be tested, this will be considered a positive screen and treated in the same manner as an actual positive screen. If a student's test comes back positive, the student will be dismissed from the program immediately. A drug screen, which shows the presence of an adulterant, will be considered a positive screen.
6. Costs for drug testing will be the responsibility of the student. Students will pay \$50.00 at the beginning of each semester for random drug screening.

Progression Criteria

The VNP student must receive a minimum course grade of "C" in nursing courses in order to qualify to continue in the Vocational Nursing Program.

**SOUTH PLAINS COLLEGE
VOCATIONAL NURSING PROGRAM
TRANSFER STUDENT**

COURSE CREDIT for specific nursing courses will be granted to students on an individual basis and in accordance with the nursing curriculum and by examinations and evaluation.

Qualification

Candidates for transfer include students with documented courses in professional nursing education with approval of the Director of the Vocational Nursing Program.

All applicants must be TSI compliant.

Credit will not be given for academic science courses more than five years old.

Admission Requirements

For Progression to Certification of Proficiency in Vocational Nursing:

1. All Applicants must:
 - A. Meet all admission criteria for admission to South Plains College.
 - B. Meet the admission criteria of the Vocational Nursing Program.
 - C. Provide official transcripts from all colleges or universities attended with Catalog Course descriptions for those courses, which they desire, transfer credit to the South Plains College Vocational Nursing Program.
 - D. Complete with a grade of "C" prior to admission, academic courses, which are prerequisite to, vocational nursing courses.

2. Students requesting transfer from other professional nursing programs:

- A. Must have a letter sent to the Director of the Vocational Nursing Programs of South Plains College from the Director of the Nursing Program from which they wish to transfer, indicating their eligibility to continue in the nursing program. Should the student not be eligible for readmission to the former program, the student is NOT eligible for transfer to South Plains College VNP.
- B. Credit will not be given for nursing course work more than one year old.
- C. Present for evaluation his/her Vocational Nursing Program Skills Competency list.
- D. Must successfully pass a Medication math test with a grade of 90. May have two (2) attempts. If second attempt is unsuccessful admission will not be granted.
- E. Must demonstrate the following critical skills to the Vocational Nursing instructors with a grade of pass. The applicant may repeat each critical skill one time only. Skills will be graded based on skills modules from current year's skills textbook. Specific instructions will be made available from instructors.
 - i Medication administration
 - ii Sterile Asepsis
 - iii Catheterization
 - iv If entering into 3rd semester, tracheotomy care & IV Therapy

Additional criteria include:

- 7. Students accepted must attend a three (3) day VN orientation in the summer and family night.
- 8. Students accepted will receive a Physical Examination Form provided by the VNP, which must be completed and returned at orientation to maintain their acceptance

status. Students must have physical, mental, and emotional health necessary to meet the required competencies of the Vocational Nursing Program.

9. Immunizations: written proof of immunizations specified on the physical exam form is required before the student can be placed in clinical. These include MMR, Tdap, Hepatitis B, and Varicella. A Mantoux test (TB) and Influenza vaccine will also be required on a yearly basis.
10. American Heart Association Basic Life Support certification (Health Care Provider) must be acquired prior to assigned clinical rotations in nursing courses and maintained throughout the Vocational Nursing Program.
11. All students conditionally accepted for admission are required to undergo drug testing. Failure to submit to drug testing will result in immediate removal from the program. Any conditionally accepted student who has a positive drug screen will forfeit their position in the class. Any drug screen, which is positive for an adulterant, will result in forfeiture of their position in the program.

Progression Criteria

The VNP student must receive a minimum course grade of "C" in nursing courses in order to qualify to continue in the Vocational Nursing Program.

PHYSICAL AND PERSONAL ATTRIBUTES REQUIREMENTS

The applicant must be able to adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many clients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities of a Licensed Vocational Nurse.

It is assumed that an applicant/student in Vocational Nursing will be able to independently, with or without accommodations:

- Use functionally the senses of vision, hearing, smell and touch with or without technical compensation.
- Observe a client accurately at a distance and close at hand.
- Perform functional psychomotor movements to provide general nursing care and emergency treatments. These actions include coordination of both gross and fine muscular movements, equilibrium and uses of touch and vision. Must be able to sit, stand, bend, squat for periods.
- Effectively communicate with clients and members of the health care team, including speaking, writing and reading. Must be able to speak English effectively to enhance patient communication.
- Use intellectual abilities, exercise good judgment, complete nursing tasks and understand spatial relationships.
- Demonstrate the emotional health required for full utilization of intellectual abilities and exercise good judgment. The applicant must be able to promptly complete all responsibilities in patient care. The applicant must be able to tolerate physically taxing workloads and work effectively under stress.

Candidates with questions concerning their ability to meet program requirements should contact the Coordinator of Special Services prior to applying to the Vocational Nursing Program. Only students diagnosed with disabilities covered by the Americans with Disabilities Act may be allowed special accommodation

**SOUTH PLAINS COLLEGE VOCATIONAL
NURSING PROGRAM READMISSION
POLICY**

1. READMISSION POLICY

- a. A student may request only one (1) readmission to the VN program, regardless of the campus attended.
- b. A student may be denied readmission to any course or the VN program.
- c. **Enrollment of readmitted students will be contingent on space available.**
- d. All students requesting readmission will undergo drug testing. Failure to do so will result in removal from the program. A positive drug screen will result in removal from the program.
- e. Students requesting readmission must successfully complete and pass a skills lab and math check-off. The VNP instructors will determine these skills.
- f. Admission to the course begins the first offered class day. Withdrawal at any point after the first day require readmission to the program.

2. READMISSION PROCESS

- a. Student Responsibility
 - To apply for readmission to the VNP, the student must schedule an interview with their instructor.
 - To apply for readmission to the VNP, the student must schedule an appointment with the VNP Director of Nursing Programs.
 - Students to be considered for readmission to the VNP must submit a readmission request in writing to the VNP Director of Nursing Programs upon withdrawal from a course or upon course failure.
 - The VNP Admissions/Academic Standards Committee will stipulate the conditions for readmission.
- b. The student must re-enter the VNP within one year to ensure continuity in his/her program of learning. Students must complete the program within two (2) years of entry into the VNP.

3. STUDENTS INELIGIBLE FOR READMISSION

- a. Students who withdraw and/or fail a nursing course for reasons of unsafe clinical performance and/or personal behavioral problems related to didactic and/or clinical performance.

Any student who makes a direct or implied terrorist threat, threat of violence of any nature, or commission of any violent act "against a person or property" will be reported to the SPC campus police for investigation. During the investigative process, and, if applicable, the appeal process, the student will not be allowed in class, lab, or clinical. If the student is exonerated, the faculty will provide any missed material to the student. Any missed clinical experiences will be made up. If the allegations are substantiated by the college investigation, he/she will be dismissed from the nursing program without eligibility for readmission. The incident will be promptly reported to the Texas Board of Nursing. If the student is exonerated and makes any future terrorist threat or threat of violence of any nature, the student will be immediately dismissed from the nursing program without eligibility for readmission. The threat will be reported to the appropriate authorities/agencies.

Students are encouraged to report threats, whether direct or implied, unusual behavior, suspicious persons or objects immediately to the campus police and/or nursing faculty.

- b. Students who are found to exhibit dishonest and/or unethical behavior. (See Honesty Policy)
- c. Any student who exhibits behavior in violation of the Rules and Regulations Relating to Professional Nurse Education, Licensure, and Practice, as outlined by The Texas Board of Nursing, section 213.27, Good Professional Character, shall be dismissed from the Vocational Nursing Program with no option for readmission.
- d. The Admissions/Academic Standards Committee may deny readmission for reasons other than those listed above.

2.5 Any breach of confidentiality or HIPAA violation of any type will be grounds for immediate dismissal from the program with no opportunity for readmission to any nursing program at South Plains College.

SOUTH PLAINS COLLEGE
VOCATIONAL NURSING PROGRAM CRITERIA FOR GRADUATION

Certificate of Proficiency

Upon satisfactory completion of the curriculum as outlined for the Vocational Nursing Program, a student will be eligible to receive a Certificate of Proficiency.

The general requirements from the South Plains College catalog include:

1. Completion of entrance requirements.
2. Satisfactory completion of the course of study as required with a minimum of 76% in each course and pass clinical evaluation.
2. Be in good financial standing with South Plains College.
3. Complete formal application for graduation by March 1. All students must participate in the May commencement exercises and program-end pinning ceremony.
4. Completion of application for licensure to the Texas Board of Nursing and completion of the application for the NCLEX-PN exam.

Vocational Nursing Program: In addition to the South Plains College requirements for graduation, the VNP requires that the VNP student must receive a minimum grade of “C” in each support (non-nursing) course as well as each nursing course.

SOUTH PLAINS COLLEGE VOCATIONAL NURSING PROGRAM

CONFIDENTIALITY AGREEMENT

In the Florence Nightingale Pledge, we pledge, "I will do all in my power to maintain and elevate the standards of my profession and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my profession." This statement makes it quite clear that any information gained by the nurse/student during examination, treatment, observation or conversation with the client or his/her family is confidential. Unless the nurse is authorized by the client to disclose this information or is ordered by a court to do so, he/she has a clear moral obligation to keep the information secret.

The nurse may use the knowledge to improve the quality of client care but he/she never shares information about the client with anyone not involved with his/her care.

Even when sharing with caregivers, the nurse must be extremely cautious that he/she does not share around persons not involved in the client's care. Students need to be very aware of confidentiality and be extremely careful with whom and where they discuss their assignments. **There shall be no discussion of clinical experiences in any form, verbal or written including any electronic media.**

All students have been educated about the HIPAA (Health Insurance Portability and Accountability Act) rules and regulations. No copies of client records may be removed from the clinical setting. Any copies used during clinical must be returned to the instructor prior to leaving the unit. No copies may be made or taken from medical records.

Any breach of confidentiality or HIPAA violation of any type will be grounds for immediate dismissal from the program with no opportunity for readmission to any nursing program at South Plains College.

ATTENDANCE POLICY

Punctual and regular attendance, as stated in the SPC handbook, is required of all students attending South Plains College. There are no excused absences.

1. **Lecture**

Please see individual course requirement per syllabus.

2. **Clinical**

- a. Students are expected to attend all scheduled days of the clinical experience. In the event of illness, it is the student's responsibility to notify his/her instructor, and the clinical site.
- b. Information regarding absences can be found in the syllabus for each clinical course.
- c. A student exceeding the number of allotted absences for the clinical course will automatically fail that clinical course. The instructor will initiate the drop if the student does not do so. Note: Courses that must be taken concurrently (see individual syllabi) will have to be repeated if the student fails one or more of those courses.
- d. If a student is removed from clinical for any reason, or sent to the lab to remediate, this will count as a clinical absence. Course instructors will determine further requirements for the absence.
- e. A student will be removed from the clinical area for Unsafe/Unsatisfactory clinical performance. Any incidence of Unsafe/Unsatisfactory clinical performance will result in a clinical failure and/or dismissal from the LVNP.

The clinical instructor will remove the student from the clinical setting if the student demonstrates unsafe/unsatisfactory clinical performance as evidenced by the following:

1. Places a client in physical or emotional jeopardy.
2. Inadequately and/or inaccurately utilizes the nursing process.
3. Violates previously mastered principles/learning objectives in carrying out nursing care skills and/or delegated medical function.
4. Assumes inappropriate independence in action or decisions.
5. Fails to recognize own limitations, incompetence and/or ethical legal responsibilities; or
6. Fails to accept moral and legal responsibility for his/her own actions; thereby, violating professional integrity as expressed in the Code for Nurses.
7. The clinical instructor may also remove a student from the clinical setting for failure to adhere to the policies and procedures of the nursing program and/or agency.
- f. A student who has poor personal hygiene and/or inappropriate clinical attire will be sent home and will receive a clinical absence for the day.
- g. Any student found in noncompliance with program clinical requirements and criteria may be suspended from the program AND/OR declared ineligible for continuation in the program. (See readmission criteria.)

3. Skills/Computer Lab

Students are expected to attend all scheduled skills/computer lab experiences. A skills/computer lab absence counts as a full clinical absence as determined by course leader. Since completion of the skills/computer covered in the lab is part of the requirement to successfully pass clinical, makeup for the missed lab must be done within two weeks of the absence. (Any extenuating circumstance should be handled by the student and their clinical instructor.) Failure to complete this makeup within those two weeks will result in a written contract outlining specific dates of completion or the result will be clinical failure. The student cannot perform missed skills/computer lab procedures in the clinical setting until successful completion is demonstrated to the course instructor.

4. Tardiness to Clinical, Class, or Skills/Computer Lab

Please see the course syllabus for guidelines.

Classroom Policy

Textbooks:

Students are required to have all assigned textbooks for class. The textbook needs to be brought to class each day. Sharing will not be allowed. If the student does not bring the textbooks, a written warning will be given on the first incident. On the second incident or subsequent incidents, students will leave class and will have absences recorded until the student returns to class with the appropriate books. Students must have the most recent edition of assigned texts.

Workbooks must be new and have no writings; no e-books or photocopies will be allowed.

**SOUTH PLAINS COLLEGE
VOCATIONAL NURSING PROGRAM**

EMERGENCY MESSAGES

The student should notify his/her family that in case of an emergency (during class or clinical), they should call the **Nursing Office at (806)716-2193 or (806)716-2391.**

Class or clinical will not be interrupted unless it is an emergency, so they must identify themselves and say it is an emergency to get immediate action.

Inclement Weather Policy

Students are reminded to provide faculty with two (2) accurate phone numbers and to utilize SPC accounts to facilitate SPC notification of delays and cancellations. SPC can notify students and faculty via the Emergency Notification System (home phone, cell phone, text messaging, and emails)

Class days: If classes are cancelled per SPC President, then class is cancelled without affecting the attendance record. Course work will be made up as quickly as possible, which could affect previously set schedules.

If classes are delayed per SPC President, then class will start at the time announced. Students will be responsible for attendance at that point. Late starts may involve staying later in the day. Lunch will be shortened. Students should bring a bag lunch.

Clinical Days: If classes are cancelled per SPC President, then clinical is cancelled without affecting the attendance record. Clinical will be made up as quickly as possible, which could affect previously set schedules.

If classes are delayed per SPC President, the students will NOT attend clinical, but will report to the school at the announced times for class. Clinical dates will possibly be "switched" for class dates at a later time. Students should bring a bag lunch and anticipate a short lunch break and possible late dismissal.

SPC Nursing Faculty recognize that most students are already "on the road" before 6am when announcements regarding school delays and cancellations are usually made. In this event, please proceed to the safest place possible. In the event of a delay, the school buildings are usually opened earlier to provide shelter until classes begin.

On some occasions, faculty will contact students via phone, text, or email via ("Remind") alter schedules.

Delays and cancellations require flexibility and ingenuity---something nurses do all the time!

CLASS AND CLINICAL PRACTICE HOURS

Class hours shall include actual hours of classroom instruction and laboratory practice. Clinical practice hours shall include actual hours of practice in the clinical area and clinical conferences. The total weekly schedule throughout the year's Vocational Nursing Program shall not exceed 40 hours per week including both classroom and clinical practice hours.

MINIMUM VOCATIONAL NURSING PROGRAM HOURS

Ratio of didactic hours to clinical hours 1:3. Reference 214.9c (3)

PREGNANCY

1. If a student becomes pregnant during the academic year, a statement from the attending physician must be provided permitting the student to continue in the Vocational Nursing Program. Further statements may be required throughout the progression of the pregnancy. Students cannot attend clinical with activity restrictions.
2. Notify instructors as soon as pregnancy is determined in order to facilitate safe clinical rotations.

VACATIONS - HOLIDAYS

Holidays and vacations will be designated by South Plains College Vocational Nursing Program and will be the same for all students.

**SOUTH PLAINS COLLEGE
VOCATIONAL NURSING PROGRAM**

GRADING SYSTEM

A grade is assigned for all courses in which a student is regularly enrolled during any semester. A grade once earned and entered upon a student's record cannot be removed and may not be changed without the approval of the instructor and the appropriate Divisional Dean/Director. If a student repeats a course, it is with the understanding that the last grade earned is the one to be counted toward fulfillment of degree requirements.

The grade "I" is given only when a student's work is satisfactory in quality but, due to reasons beyond his or her control, has not been completed. It is not given in lieu of an "F". The instructor assigning the grade will stipulate in writing at the time the grade is given, the conditions under which the "I" may be removed. The "I" will be changed to an "F" if the work is not completed within six months unless an extension of time is granted. The student is entirely responsible for completing the work, which will remove the "I".

Student grades may be interpreted as follows:

Grade	Interpretation	Grade Point Per Semester Hour
A	Excellent	4
B	Good	3
C	Average	2
D	Below Average	1
F	Failure	0
I	Incomplete	Not computed
P	Pass	Not computed
PR	Progress	Not computed
W	Student Initiated Withdrawal	Not computed
X	Administrative Withdrawal	Not computed

WEIGHT OF COURSE GRADES IN NURSING DEPARTMENT

Theory and lab grades are determined by averaging tests, quizzes, and/or written work. **The student must have a passing test average in order to receive bonus and/or participation points.** Grades for clinical courses are determined by written clinical assignments and application of clinical skills. Clinical evaluation tools, maintained by the student and evaluated by faculty, are used to determine progress. Each course syllabus contains the grading policy for that course.

Clinical grades are on a pass/fail basis. A student must meet the clinical objectives of the course in order to receive a passing grade. Failure of either theory or clinical will necessitate repeating all concurrent courses. When repeating any course, the student is required to retake all aspects of the course including the required written work.

Grades will not be rounded in any nursing course. (Example: 60 to 75.9 = D)

The grading scale for all nursing courses will be as follows:

- A = 90 - 100
- B = 80 - 89
- C = 76 - 79
- D = 60 – 75.99
- F = Below 60

The student must receive a minimum of 76% in each course and meet the specified clinical criteria within a semester in order to qualify for progression to the following semester.

1. Refer to your course syllabus grading criteria for individual courses.
2. Below 76% in exam average, clinical average, is failing.
3. Students will be graded daily in clinical. The daily grades will be averaged into weekly grades. The weekly grades will be averaged into semester grades.
4. In clinical, students will be evaluated for a course grade at the end of Level I, midterm Level II, end of Level II, and end of Level III. Other evaluations may occur as deemed necessary by the faculty. All clinical evaluations are intended to provide students with feedback to improve performance.

**SOUTH PLAINS COLLEGE
VOCATIONALNURSING
PROGRAM
GRADE OR ACADEMIC DISCIPLINE APPEAL PROCESS**

1. PROCESS:

- a. Grades are recorded by each course instructor in a gradebook of their choosing. BlackBoard may be used for reporting of grades. HOWEVER, students should know that faculty do not consider BlackBoard to be the official gradebook but a reporting program. Faculty keep their own records of the actual grades. Additionally, the "total" grade shown on BlackBoard is inaccurate-it does not breakdown the percentages of the grades in the calculation. The student should refer to each course syllabus to determine the actual course grade.
- b. Each student should know current course averages for all classes. To obtain the average, the student should add each grade and divide by the number of grades. If a new grade is added to the *average* rather than to the grades, the final number will be incorrect. For example, if the student grades were: 85, 90, 60, 74 = $309/4 = 77$ average. If a 5th grade of 88 was added, the new average would be 79 ($309+88$) rather than $88 + 77/2$ (the former average) to give the student an 82 average.
- c. The grading scale is as follows:
 - "A" -90-100
 - "B" -80-89.9
 - "C" -76-79.9
 - "D" -70-75.9
 - "F"-below 69.9
- d. Final course grades **ARE NOT** rounded up. For example, 79.9 is a "C"; 74.5 is a "D".
- e. Because licensure requires that a "C" or better be earned for all nursing classes, students who earn a "D" or an "F" in a course do not meet the criteria for licensure. That student must repeat the course in which a "D" or "F" was earned within one year of earning that grade.
- f. Students who earn a "D" or "F" in any course must withdraw from the program completely ***no matter when it occurs in the semester.***
- g. Students who fail the clinical course are withdrawn from the entire program
- h. Students who do not repeat Level U or III courses within one year are required to begin the program as a new student. *Refer to the Readmission Policy.*
- i. Students have the opportunity to review all grades as they are recorded. Should the student have any questions about a specific grade or specific test question, the student must discuss this with the instructor within 48 hours of notification of

grade assignment. Once the 48 hours have passed without the student questioning the grade or question, the assigned grade is final and may not be challenged at the end of the course.

- j. FINAL EXAM GRADES are not posted to Blackboard or distributed. Final Exams ARE NOT reviewed.
- k. The FINAL COURSE GRADE will be posted as a letter grade in accordance with the transcript grade for SPC. This grade will be posted to MySPC. Numerical FINAL GRADES are not posted.

Any student wishing to appeal a final course grade must do so within 48 hours (Forty-Eight Hours) of completing the final exam. Only final grades or dismissal resulting from academic discipline will be considered.

- a. The student will schedule an appointment with the instructor and/or course leader of the course to discuss the final grade or disciplinary action.
- b. If the student is not satisfied, he/she should schedule an appointment with the VN Program Director to discuss the situation.
- c. If the student is not satisfied with the decision of the program director, they should be referred to the Dean of Health Occupations.
- d. If the student is still not satisfied, he/she should be advised of the Formal Appeal Process and sent to the Vice President of Academic Affairs. (South Plains College catalog & Student Guide)

All students must follow the above outlined steps to the appeals process.

**DEPARTMENT OF
NURSING
HONESTY POLICY**

*All violations of the honesty policy will result in dismissal from the program.

DECs: Member of a Profession, Patient-Centered Care, Patient Safety Advocate,
Member of the Health Care Team

All phases of the DEC's apply **to this section because it deals directly with professional conduct and patient safety!**

Student Conduct

(See also General Rules and Regulations of SPC Catalog & Student Guide)

POLICY: *Failure to comply* with lawful direction of classroom or clinical instructor relative to maintaining good order is considered *misconduct* on the part of the student.

Academic Integrity-Honesty Policy

POLICY: It is the aim of the faculty of South Plains College to foster a spirit of complete honesty and a high standard of integrity. The attempt of any student to present as his or her own, work which he/she has not honestly performed, is regarded by the faculty and administration as a most serious offense and renders the

A. ***Cheating*** violations include, but are not limited to the following:

- Obtaining an examination by theft or collusion.
- Discovering the content of an examination before it is given.
- Using an unauthorized source of information during an examination (this includes test banks that are "googled")
- Entering an office or building to obtain unfair advantage.
- Taking an examination for another.
- Altering grade records.
- Getting answers from students in previous classes.

Testing Conduct and Violations:

- The instructor controls the option of students' seating arrangement, student movement within the classroom, students leaving the classroom, and stopping

an exam for violation of cheating.

- All books, papers, notebooks and personal belongings will be placed at the front of the classroom or other designated area (locker) before entering a testing situation.
- Any information found in the immediate vicinity of an individual during a testing situation will be grounds for termination of the student's test. A grade of "O" will be recorded and averaged into the final grade.
- Any verbal or nonverbal communication between students during a test situation will be grounds for termination of the test for the students involved. A grade of "O" will be recorded and averaged into the final grade.
- Instructors will not discuss any aspect of the test or grading during the test. Should a student need to communicate with the instructor, the student should remain seated and raise his/her hand until acknowledged by the instructor.
- If the preponderance of evidence suggests a student has cheated, the student's grade will be negated for the exam. Grade of "O" is recorded and cannot be dropped.

B. **Plagiarism:** The using, stating, offering, or reporting as one's own an idea, expression or reproduction of another person without giving proper credit as to its origin. This applies to ANY written work-including papers, drug cards, letters, etc.

A student found guilty of plagiarism (submitting someone else's work as his/her own) will be dismissed from the Vocational Nursing Program.

1. The plagiarism policy covers any written assignment, case studies and care plans, homework or any other required work.

2. The plagiarism policy applies to others who allow others to plagiarize, "such as allowing another student to copy a paper or providing exam answers" (Smith, 2016, pg 17).

3. Examples of student plagiarism (Smith, 2016) include but are not limited to:

- copying material without quotes, in-text citations, and/or referencing
- paraphrasing content without in-text citation and/or referencing
- copying ideas, words, answers, exams or shared work from others when individual work is required
- using another's paper in whole or in part
- allowing another student to use one's work

4. claiming someone else's work is one's own

5. resubmitting one's own coursework when original work is required (self-plagiarism)

6. falsifying references or bibliographies

7. getting help from another person without faculty knowledge or approval

8. purchasing, borrowing, or selling content with the intent of meeting an academic requirement for oneself or others

9. using electronic media (watches, phones, iPads, tablets, computers) to share information, cut and paste information, or allow others to read that information in order to meet academic requirements

10. Falsification of Records:

- a. Alteration or falsification of records is a violation of honesty and full disciplinary action will result in dismissal from the program.

Classroom Conduct

[POLICY: Students are expected to be courteous to instructors, staff, guest speakers and classmates at all times.

GUIDELINES:

1. Instructors should be addressed as "Mrs.", "Miss" or "Mr."
2. Talking during a lecture, video, or presentation is not allowed. The student may be asked to leave the classroom for excessive talking and an absence given.
3. During breaks and other assigned times, classrooms are considered "study" areas and should be kept quiet for students who wish to study.
4. Students MAY NOT leave a class without permission or declared "break time."
5. Students are expected to show common courtesy to classmates, instructors, staff, guest speakers and others by the use of etiquette words such as "please," "thank you," "excuse me," and to use an appropriate tone of voice and body language at all times.
6. Students should daily check the bulletin boards for information related to their class.
7. Please provide your own tissues and dispose of them in a paper or plastic bag rather than leaving them on classroom desks. DO NOT take toilet paper from the bathrooms to use as tissues - this is stealing!
8. Students should also frequently wash hands or use a commercial hand sanitizer.

Please Note: Students ARE NOT ENTITLED to behave in any manner simply because they may pay tuition!

Threats of Violence

POLICY: Any student, student's family member, significant other or friend who makes a terrorist threat or threat of violence of any nature will be reported to the police for investigation.

PROCEDURE:

1. During the investigative process, and if applicable, the appeal process, the student will not be allowed in class, lab, or clinical. If the student is exonerated, the faculty will provide any missed material to the student.
2. Any missed clinical experiences will be made up.
3. If the allegations are substantiated by the investigation, the student will be dismissed from the nursing program **without eligibility for readmission.**
4. The incident will be promptly reported to the Board of Nurses for the State of Texas.

5. If the student is exonerated and makes any future terrorist threat or threat of violence of any nature, the student will be immediately dismissed from the nursing program without eligibility for readmission.
6. The threat will be reported to the appropriate authorities and/or agencies.

Adopted 4-12-05

Disciplinary Probation

POLICY: The student who demonstrates an inability to follow the guidelines, policies, and procedures of the Vocational Nursing Program may be placed on disciplinary probation with specific terms being documented on the probation form.

PROCEDURE:

1. The student who demonstrates disrespect to faculty, patients, facility staff or other Individuals through verbal or body language may be placed on disciplinary probation, with specific terms being documented on the probation form.
2. The student on disciplinary probation who does not meet the Vocational Nursing Program's objectives will be dismissed from the program.

Dismissal/Debarment Policy

(See Also Unprofessional Conduct}

POLICY: A high standard of conduct is expected of all students. It is assumed that obedience to the law, respect for properly constituted authority, personal honor, integrity, and common sense will guide the actions of each member of the college community both in and out of

A student may be debarred from class, laboratories, clinical practice and examinations for persistent absenteeism, unsafe clinical practice and/or failure to produce assignments to the satisfaction of the instructor. Students that are disbarred will have failed the course and will be administratively withdrawn from the program.

Program Specific Causes for Dismissal include but are not limited to the following:

1. Failure to maintain a 75 average for final nursing course grades.
2. Failure to meet clinical objectives at any level or failure of medication rotation.
3. Failure in professional conduct including but not limited to the following:
 - a. violation of refusal to submit to drug screening
 - b. spreading gossip
 - c. mistreatment of patients
 - d. abusive or profane language to faculty, staff, fellow students, or supervisors
 - e. lack of cooperation
 - f. habitual tardiness
 - g. absenteeism
 - h. uncleanness
 - i. violation of confidentiality of patient/program information

- j. unsafe nursing practice as deemed by the nursing faculty
- 4. The affiliating agency may file a written request that a student be placed on probation or be removed from that institution.
- 5. Complete disregard or disrespect for faculty. This behavior includes rolling eyes, ignoring instructions, facing backward, putting head on desk, etc.
- 6. Continued disciplinary problem in the classroom or clinical setting.
- 7. Evidence of criminal history.
- 8. UNSAFE NURSING PRACTICE
- 9. Plagiarism

Other areas of misconduct which would receive disciplinary action include the following, and are also found in the SPC Student Guide:

VANDALISM THEFT

The **willful** malicious destruction, damage or defacing of property, whether it belongs to the college or another student.

The removal of property belonging to the college or another person, or the possession/transfer of such property.

FIGHTING OR PHYSICAL ABUSE

The use of physical violence against another person or the threat to do so.

ANONYMOUS ACTIVITIES

The conduct or participation in such anonymous activities as threatening or obscene letters, disturbing telephone calls, terrorist threats, and false alarms by an unknown person.

DISTRIBUTION OF LITERATURE ADVERTISING, SELLING OR SOLICITATION

Selling and soliciting on the campus without official authorization. No solicitation of students, faculty, or staff members by personal contact by distribution of advertising leaflets or handbills to promote sales is permitted on the South Plains College campus or in college buildings, residence halls or Student Center without prior approval of the Vice President of Student Affairs, Dean of Student Life, or Dean of Students.

This also applies to students who sell/distribute notes or other material based on test answers obtained illegally through memorizing test answers when reviewing tests or by some other means of cheating.

DISRUPTIONS

The use of force or violence or tactics which cause obstruction or disruption of teaching, administration, disciplinary procedures or other college authorized activities on college premises or the use of language or behavior calculated to provoke or disrupt.

FALSIFICATION OF RECORDS

Knowingly furnishing false information to the college or forging, altering, or making unauthorized use of a college document, record or identification.

FINANCIAL RESPONSIBILITY

The demonstration of financial responsibility relative to such matters as bad checks or failure to pay debts both on and off campus.

FIREARMS, FIREWORKS, AND EXPLOSIVES

The unauthorized possession or use of firearms, fireworks, or explosives of any description on college grounds or property, including residence halls is prohibited.

GAMBLING

Gambling in any form as prohibited by state law on college grounds or property, including college residence halls.

UNAUTHORIZED ENTRY

The unauthorized entry to or use of college buildings, offices, or facilities.

LEWD, INDECENT OR OBSCENE CONDUCT

Lewd, vulgar, indecent or obscene conduct or expression on college property or functions off campus identified with South Plains College.

SMOKING

Smoking is strictly prohibited in all places for formal instruction on campus including, but not limited to, classrooms, laboratories, lecture halls, libraries, and auditoriums, unless specific "Smoking Permitted" notices are posted in such places.

ILLEGAL SELLING OF BOOKS

The selling of books belonging to another person, organization, firm or institution.

VIOLATION OF LOCAL, STATE OR FEDERAL LAW

Any action, event or group of events which provides grounds for a charge of violation of local, state, or federal laws or college regulations.

MISUSE OF STUDENT IDENTIFICATION CARD OR MEAL TICKET

The use of student identification card or student meal ticket by anyone other than the person to whom it is issued.

Failure to present or relinquish student identification card or meal ticket to a member of the faculty staff, or administration.

CAMPUS CONCEALED CARRY

Campus Concealed Carry - Texas Senate Bill - 11 (Government Code 411.2031, et al.) authorizes the carrying of a concealed handgun in South Plains College buildings only by persons who have been issued and are in possession of a Texas License to Carry a Handgun. Qualified law enforcement officers or those who are otherwise authorized to carry a concealed handgun in the State of Texas are also permitted to do so. Pursuant to Penal Code (PC) 46.035 and South Plains College policy, license holders may not carry a concealed handgun in restricted locations. For a list of locations, please refer to the SPC policy at:

(<http://www.southplainscollege.edu/humanresources/policy/procedure/hhc.php>)

Pursuant to PC 46.035, the open carrying of handguns is prohibited on all South Plains College campuses. Report violations to the College Police Department at 806-716-2396 or 9-1-1.

PROFESSIONALISM AND PROFESSIONAL CONDUCT

"So learn this as a first lesson about Life. The only successful beings in any field, including living itself, are those who have a professional viewpoint and make themselves and ARE professionals. --- L. Ron Hubbard

Because nursing is a profession and licensed vocational nurses are professionals, it is important to have a clear understanding of what "professionalism" means. As a nurse-in-training, you will be developing a personal sense of what it means to be a professional.

(<http://depts.washington.edu/bioethx/topics/profes.html>.) It is important to be clear on what "professionalism" means and on the expectations of the Vocational Nursing Program. All judgments made about you and your conduct will stem from the view of "professionalism."

Professionalism is, "a focused, accountable, confident, competent, motivation toward a particular goal, with respect for hierarchy and humanity, less the emotion." What this means is that you leave out the outbursts and emotional thralls that accompany stressful situations and success. You maintain focus, with a sense of urgency, and accept responsibility on a path toward a specific goal. In the process, you maintain respect for your superiors, peers, and subordinates as well as respect them as human beings.

(<http://www.selfgrowth.com/articles/Toupin14.htm1>.)

The words "profession" and "unprofessionalism" come from the Latin word "professio" which means a public declaration with the force of a promise. Professions are groups which declare in a public way that their members *promise* to in certain ways and that the group and the society may discipline those who fail to do so. The profession presents itself to society as a social benefit and society accepts the profession, expecting it to serve some important social goal. The profession usually sees a code of ethics stating the standards by which its members can be judged.

(<http://depts.washington.edu/bioethx/topics/profes.html>)

The marks for a profession include (a) **competence** in a specialized body of knowledge and skills; (b) an acknowledgment of specific **duties and responsibilities** toward the individuals it serves and toward society; and (c) the **right to train, admit, discipline and dismiss** its members for failure to sustain competence or observe the duties and responsibilities.

(<http://depts.washington.edu/bioethx/topics/orofes.html>)

How you look, talk, write, act and work determine whether you are a professional or an amateur. Society does not emphasize the importance of professionalism, so people tend to believe that amateur work is normal.

Many businesses accept less-than-good results. **WE do not!**

Here are some statements about being a professional:

Professionals see situations and they handle what they see. They are not amateur dabblers. A professional learns every aspect of the job. An amateur skip the learning process whenever possible.

A professional carefully discovers what is needed and wanted. An amateur assumes what others need and want.

A professional look, speaks and dresses like a professional. An amateur is sloppy in appearance and speech.

A professional keeps his or her work area clean and orderly. An amateur has a messy, confused or dirty work area.

A professional is focused and clear-headed. An amateur is confused and distracted. A professional does not let mistakes slide by. An amateur ignores or hides mistakes.

A professional jumps into difficult assignments. An amateur tries to get out of difficult work.

A professional completes projects as soon as possible. An amateur is surrounded by unfinished work piled on top of unfinished work.

A professional remains level-headed and optimistic. An amateur gets upset and assumes the worst.

A professional handles money and accounts very carefully. An amateur is sloppy with money or accounts.

A professional faces up to other people's upsets and problems. An amateur avoids other's problems.

A professional uses higher emotional tones: enthusiasm, cheerfulness, interest, contentment. An amateur uses lower emotional tones: anger, hostility, resentment, fear, victim.

A professional persists until the objective is achieved. An amateur gives up at the first opportunity.

A professional produces more than expected. An amateur produces just enough to get by.

A professional produces high-quality product or service. An amateur produces medium-to-low quality product or service.

A professional earns high pay. An amateur earns low pay and

feels it's unfair. A professional has a promising future. An

amateur has an uncertain future.

The first step to making yourself a professional is to decide you ARE a professional!

As a student vocational nurse, you MUST decide to become a professional from Day 1!

What are classroom/clinical behaviors that are "UNPROFESSIONAL?"

- V. Talking during lecture, videos, guest speakers or during student presentations.
- VI. Sleeping during class or clinicals.
- VII. Texting on your cell phone or making personal phone calls during class or clinicals.
- VIII. Playing games on your computer during class.
- IX. Chewing gum.
- X. Rolling your eyes.
- XI. Interrupting another's speech.
- XII. Using profanity.
- XIII. Touching inappropriately. Any touch that is romantic or sexual in implication is inappropriate.
- XIV. Arguing with professionals. This includes arguing with your instructor.
- XV. Yelling at any time.
- XVI. Making obscene gestures.
- XVII. Cheating or allowing others to cheat.
- XVIII. Deciding you run the class instead of the instructor.
- XIX. Sitting on tops of desks

UNPROFESSIONAL CONDUCT

POLICY: Students are expected to exhibit professional conduct at all times while in the student role.

VIOLATION: Unprofessional Conduct

Definition of "Unprofessional Conduct": Unprofessional or dishonorable conduct is conduct **likely** to deceive, defraud or injure the public and may include the following described acts or omissions: (but not limited to this list)

3. Misappropriating supplies, equipment or medications or personal items of patients, families, clinical facilities, students or South Plains College.
4. Administering medications and treatments in a negligent manner.
5. Failing to accurately or intelligibly report and/or document a patient's status including signs, symptoms, or responses to nursing care given.
6. Failing to make entries, destroying entries and/or making false entries in records pertaining to the care of patients. This includes falsifying attendance records or other student documents.
7. Providing information that is false, deceptive or misleading in connection with the practice of student vocational nursing.
8. Practicing as a student vocational nurse while the individual's ability to practice is impaired by alcohol, drugs, physical or mental disability and/or testing positive for alcohol, illicit drugs or other substances not prescribed.
9. Failing to report to instructors any violation or attempted violation by self or others of VNP program policies, facility policies, or other rules and regulations or ethics of vocational nursing.
10. Failing to cooperate with instructors and clinical nurses.
11. Knowingly failing to adhere to universal precautions for infection control as taught in Applied Nursing Skills I.
12. Refusing to treat a patient who suffers from an infectious and communicable disease involving serious risk to public health.
13. Disclosing confidential information or knowledge concerning the patient except where required or allowed by law.
14. Knowingly causing or permitting physical or emotional injury to any person or engaging in sexual contact with a patient.
15. Physically, emotionally or financially exploiting the patient or the patient's family, including acceptance of gifts (money or other) from the patient or the patient's family (Boundary Crossing)
16. Failing to follow the clinical guidelines and objectives of the VNP, regardless of whether or not actual injury to any person was sustained, including but not limited to:
 - failing to assess and evaluate a patient's status or failing to institute appropriate nursing interventions within student's capabilities, such as beginning CPR, answering call lights, etc.
 - failing to obtain supervision as required or for those nursing procedures the student lacks preparation, ability or experience.
 - abandoning patients by terminating responsibility for nursing care without

notifying the appropriate nurse to assume care. This includes leaving the unit for meals and/or breaks without proper report to the TPC nurse and leaving the hospital without notifying the instructor.

- engaging in unnecessary violence towards any person in connection with the practice of vocational nursing.
 - failing to comply with TPC nurse or instructor instructions.
 - negligently or intentionally violating a physician's order addressing patient care.
 - failing to recognize and honor the professional interpersonal boundaries appropriate to any therapeutic relationship or health care setting.
17. Violation of dress code.
 18. Acts of harassment, including sexual harassment.
 19. Threats of violence.
 20. Profanity.
 21. Reading magazines at the nurse's station.
 22. Sleeping on the unit. Students sleeping on the unit may have their picture taken by staff and/or faculty.
 23. Failing to identify self as requested by a legitimate source.
 24. Behaviors as found in the Dismissal section of this handbook.
 25. Unsafe clinical practice, defined as behavior that places the client, family, staff OR instructors in either physical or emotional jeopardy. Emotional jeopardy means that the student creates an environment of anxiety or distress which puts another person at risk for emotional or psychological harm.
 26. Drinking drinks and having food at the nurse's station is unprofessional. Sitting on the desktops or sitting at the desk for long periods is also considered unprofessional.

Physically unsafe practices include but are not limited to:

1. Violations of previously mastered principles/teaming objectives in carrying out nursing care skills and/or delegated medical functions.
2. Assuming inappropriate independence in actions or decisions.
3. Failing to recognize own limitations, incompetence and/or legal responsibilities.
4. Failing to accept moral and legal responsibility for his/her own actions.
5. Noncompliance with all aspects of the LVN student handbook and clinical guidelines.
6. Violating confidentiality in ANY VNP situation.
7. Being unprepared to answer instructor or staff questions regarding patient's medications, doctor's orders, progress notes, H&P and current status of patient(s).
8. Becoming aggressive in demeanor such that a hostile environment is perceived by the other person.

Unsafe clinical practice or unprofessional conduct (misconduct) is:

1. An occurrence or;
2. A pattern of behavior involving unacceptable risk!

All offenses of misconduct, both minor and major, shall be dealt with by the faculty and Program Director as soon as possible after the incident. The Division Dean may be consulted. Gross inappropriate behaviors or risky behaviors may be referred to the Dean of Students or Dean of Student Life. All offenses that lead to dismissal or expulsion shall be regarded as major offenses.

Boundary Crossings

For more information, please refer to the NCBSN Brochure, *A Nurse's Guide to Professional Boundaries*. "Patients can expect a nurse to act in their best interests and to respect their dignity. This means that a nurse abstains from obtaining personal gain at the patient's expense... " (NCBSN, pg 2). Student vocational nurses are expected to maintain professional boundaries at all times with patients and families. The SVN does this by refraining from excessive self-disclosure, secretive behavior, "super-nurse" behavior, "singled-out patient treatment or patient attention to the nurse (including gifts), selective communication, flirtations, "you and me against the world" behavior and failure to protect the patient.

Rul of Evidence and Burden of Proof

Disciplinary decisions will be based on the preponderance of evidence. *In other words, it is more likely than not an alleged incident occurred.* A totality of all available and relevant evidence will be used to establish this preponderance. The burden and responsibility for gathering and evaluating evidence rests with the college. The accused student may submit documentation to support his/her position. The intent of the disciplinary process is to provide an educational remedy that is best in the interest of all students and the preservation of the academic process. Remedies in extreme cases may provide educational opportunities by utilizing punitive actions such as dismissal or expulsion. Expulsion means that the student cannot return to any program at South Plains College.

Disciplinary Counseling/Hearing

In the clinical setting, patient safety is of utmost importance. Therefore, clinical faculty on site will take appropriate action as deemed necessary to ensure patient safety. The individual faculty member may consult with other faculty in the clinical setting or may confer with the Program Director. Consequences of the student behavior will be discussed with the student as soon as possible.

In some instance, the faculty may need to sit as the Vocational Education Standards Committee (VESC) to review the incident and to evaluate the evidence and to determine the most appropriate disciplinary action. In this instance, the student will be given all necessary information. The student may submit written documentation to support his/her position and may attend the VESC meeting as desired. The student does not sit in on the VESC meeting for the decision phase of the meeting.

Appropriate Disciplinary Action

Disciplinary action for unprofessional conduct includes any single or combination of the following:

1. Probation
2. Being sent home, accruing absence, from the clinical experience.
3. Writing research papers regarding the unprofessional behavior.
4. Writing letters of apology.
5. Other actions as deemed appropriate by the nursing faculty.
6. Dismissal from the program when it is obvious the student does not intend to follow rules of good conduct.
7. Turned over to the Dean of Students for a formal hearing. Refer to the SPC Student Guide.

Conferences between students and instructors may be tape recorded for Quality Assurance purposes.

Words of Wisdom: "The world, more especially the Hospital world, is in such a hurry, is moving so fast, that it is too easy to slide into bad habits before we are aware."

---Florence Nightingale, 1873

CONDUCT PROBLEMS RESULTING IN VESC ACTION FOR IMMEDIATE DISMISSAL

The following student conduct problems will result in immediate dismissal:

- UNSAFE nursing practice
- Falsification of any record, including clocking in/out for another student. All students involved in this situation will be dismissed. Falsifying a hospital record puts the patient at risk.
- Patient Abandonment.
- Misrepresentation of the truth (lying)
- Failure to report - a student who fails to report his/her own or another student's error or potentially dangerous patient care situation.
- Sleeping while in clinical practice.
- Threats of violence/violation of Campus Carry Law
- Alcohol or drug use - any student who is reported to have behaviors indicating alcohol or drug use will:
 - be removed from the clinical setting.
 - have to call a family member or friend to take them for testing. THE TESTING

Will BE PAID FOR BY THE STUDENT. Students should have money **set aside** should this be required. Students who **cannot be tested because of** finances will be **considered as "positive"** and **will be withdrawn.**

be dismissed from clinicals pending the results. Once results are known:

1. If results are positive, the student is dismissed from the VNP.

If results are negative, the student will return to the clinical setting the next day, unless denied rotation by the clinical facility.

The student under suspicion who refuses testing will be dismiss

ANY STUDENT WHO IS TAKING A PHYSIOLOGICAL OR PSYCHOLOGICAL ALTERING MEDICATION SHOULD HAVE A PHYSICIAN'S STATEMENT ON FILE WITH THE PROGRAM COORDINATOR.

SOUTH PLAINS COLLEGE

HANDBOOK REVISIONS

The student will be notified of any additional statements and/or revisions.

REFERENCES

Competencies of Graduates of Educational Programs in Practical Nursing National League for Nursing, 1979, New York

Critical Thinking in Practical/Vocational Nursing, White, Lois, Delmar, 2001

Smith, L. S. (2016). Conquering plagiarism in nursing education. *Nursing 2016*. July, pgs 17-19

South Plains College General Catalog, Texas Board of Nurses Rules and Regulations Relating to Nursing Education, Licensure and Practice in the State of Texas, Texas Higher Education Coordinating Board, South Plains College - Lubbock Student Handbook

South Plains College is an equal opportunity employer. It is the policy of South Plains College to offer all educational and employment opportunities without regard to race, color, national origin, religion, gender, disability or age.

**SOUTH PLAINS COLLEGE
VOCATIONALNURSING PROGRAM**

CONFERENCE/PROBATION FORM

CONFERENCE/PROBATION form records are used in conjunction with the clinical evaluation tool or didactic performance when:

1. Further explanation or documentation of behavior is needed.
2. The student needs to be immediately informed of his/her behavior and/or grades.

CONFERENCE/PROBATION FORM are notations that an instructor keeps to describe specific behaviors/grades of a student. These behaviors, appropriate or inappropriate (positive or negative) are documented and presented to the student to read and sign. The student may also record his/her description of the behavior on the contact record. The instructor uses the contact record to make the student aware of behaviors he/she may be exhibiting.

CONFERENCE/PROBATION FORM:

1. May contain a prescription for changing certain behaviors.
2. Become a permanent part of the student's file.

LIABILITY INSURANCE

Liability insurance is required for all nursing students enrolled at South Plains College (SPC).

SPC carries a blanket liability insurance policy on nursing students. The policy covers the time period from September of each year until the end of August the following year.

At registration each semester, nursing students will be charged for the liability insurance. Liability insurance is not refundable.

**SOUTH PLAINS COLLEGE VOCATIONAL
NURSING PROGRAM**

LICENSURE BY EXAMINATION

The requirements for Licensure by Examination as a Licensed Vocational Nurse in the State of Texas includes the following:

1. Filing of an Application and required fee to the Texas Board of Nursing
2. Certification of the applicant by the VN Program Director as having successfully completed the prescribed curriculum by submission of an Affidavit of Graduation to the Texas Board of Nursing
3. Completion of the NCLEX-PN Application form with the required fee to Pearson Vue
4. Score a "Pass" on the NCLEX-PN Examination.

Clinical Dress Code

You are representing the nursing profession and South Plains College when you are in the clinical setting! Our dress code is designed to maintain SPC's reputation for professionalism and dignity. We pride ourselves on the many compliments students receive about their professional appearance. Details provided in the course student handbook. Please read carefully.

Classroom dress code

Must be in clean scrubs of student's choice, tennis shoes, and must have student badge at all times.

Skills lab dress code

Clean, designated and ironed lab coat required, with hair neatly arranged off the face. Nametags are required. No noisy shoes may be worn. An absence will be recorded until the student has complied with the dress code.

Professional dress

Several times during the year, we will have guest speakers, class presentations, facility tours and job fairs. Students will need to wear professional dress clothes. In addition to the above classroom dress code, please abide by the following: On these occasions, women will need to wear dresses, skirts/blouses or dress pants. Dresses and skirts should be no shorter than knee length. Men will need to wear a shirt with a collar and dress pants or Dockers type pants. Clothing must be of appropriate fit; neither too tight nor too loose. Body odor, food or mouth odor, excessive perfume, after-shave or tobacco odor is objectionable and should not be present. Faculty will ask the student to leave the classroom, tour or job fair if the student is not in compliance with the dress code. An absence will be recorded until the student has complied with the dress code.

Volunteer Dress Code

Students will have an opportunity to participate in volunteer projects. Please wear the T-shirt provided during orientation and black scrub pants for these projects. Faculty will ask the student to leave the volunteer opportunity if the student is not in compliance with the dress code. An absence will be recorded for the volunteer day.

SIM LAB

Students will wear black scrub pants, and T-shirt provided during orientation and clean designated and ironed white lab coat. Body odor, food or mouth odor, excessive perfume, after-shave or tobacco odor is objectionable and should not be present. Faculty will ask the student to leave the Sim Lab if the student is not in compliance with the dress code. An absence will be recorded for the entire Sim Lab day.

SOUTH PLAINS COLLEGE
VOCATIONAL NURSING PROGRAM

UNIFORMS AND GROOMING

1. All students shall wear the South Plains College white uniform during clinical as approved by the Vocational Nursing Faculty.
2. White lab coats with SPC patch may be worn on the units while on duty for warmth when allowed by agency policy. It must be buttoned and washed daily.
3. Tops should completely cover the buttocks. White or skin colored underwear must be worn and not be noticeable through the fabric or during activities.
4. Students are to wear the student designated white crew neck T-shirt, either short or long sleeved under the uniform top. Long sleeved white shirts must be worn to cover arm tattoos.
5. White socks or white hose are permissible with pants. Socks should be crew socks that cover the entire ankle and lower leg. No “no show” or ankle socks will be permitted with the clinical uniform.
6. White leather shoes must be worn with the uniform. Style must be approved by the instructor. The shoes must be all white, no stripes or colors.
7. No open heel or open toe shoes (clogs/crocs) are acceptable. Socks must cover the ankle completely.
8. A student who is pregnant may wear a white maternity uniform as approved by the instructors. This uniform must be professional in appearance. Any alterations made must not change the style of the uniform.
9. The South Plains College Vocational Nursing patch must be bought and sewn on the right sleeve 1 1/2 inches below the shoulder seam of uniform and the left sleeve of the lab coat.
10. All uniforms must be clean, neatly pressed and well fitting. Uniforms that become ill fitting, stained, turn yellow, off white, or dingy must be replaced.
3. Students assigned to specialty areas where scrubs are worn are required to wear the designated student uniform to and from the hospital.
4. All students will acquire a photo clinical badge prior to beginning clinical. It must be worn at all times while in the clinical setting. If the student does not have the badge, they will be sent home from clinical and be counted absent for the day.
 - a. The name badge must be worn on the student's uniform (left side) at all times.
 - b. The student will not be allowed to attend clinical without a badge. You must replace lost badges before attendance of clinical allowed.

5. Bandage scissors, pen, penlight and watch with second hand are necessary articles to be used while in clinical.
6. No jewelry may be worn with the student's uniform other than a watch with a second hand and a wedding band. This is to prevent student/patient injury and infection. In the NICU unit of UMC no rings or wristwatches may be worn. The only jewelry allowed is a silicone or plain metal band, wedding band.
7. No nail polish may be worn with the uniform. Fingernails must be clean and shaped. Fingernails should be kept filed to the edge of the finger to eliminate the danger of scratching or injuring the patient. No artificial nails may be worn.
8. Body powder, tobacco odor, cologne, or perfume will not be worn by the student when on duty. Patients are often offended by OR allergic to scents and odors.
9. Personal and oral hygiene are a must for the student. Makeup should be at a minimum. No eyelash extensions or shaved eyebrows.
10. Deodorants and antiperspirants must be used daily and should be sufficient to control body odors.
11. Hair must be kept clean, neatly arranged and secured.
 - a. Extreme hair styling is inappropriate with the uniform.
 - b. Hair is to be worn in a bun, braid, or tied back in a ponytail. It must be off the collar and off the face.
 - c. Only plain combs, barrettes (a color matching the hair color) can be worn in the hair while the student is on duty
 - d. Hair color must be of an appropriate color.
 - e. No messy buns, loose wisps, and bangs must be out of the eyes.
12. Mustaches must be neatly trimmed or be in accordance with hospital policy. (No beards.)
13. Only one small stud earring may be worn in the lobe of the ear. No body piercing jewelry allowed. No hoop or cartilage earrings. No tongue, facial piercing, or mutilation. No ear gauges may be worn. Holes from the gauges must be pulled together.
14. Tattoos, hematomas, or "hickey" must be covered while in clinical.
15. Visible non-medical facial/body implants are not allowed. Tattoos above wrist must be covered.

16. No pins or paraphernalia may be worn on the student uniform except the student name badge.

17. Chewing gum while in clinical will not be allowed.

18. Acceptance of monetary gifts from patients is not permitted.

19. Sim lab dress code: black scrub pants are required with the fit and style to be approved by the Nursing faculty. No tight or hip-hugger styles may be worn. The T-shirt provided during Orientation should be worn, and must be loose fitting, clean and unwrinkled. The lab coat must be clean and unwrinkled. Hair must be pulled back, off the face, and off the collar. Shoes must be clean, closed toe and heel, non-noisy. Socks must be worn. (See Dress Code)

20. While in the SPC VN uniform, T-shirt, or lab coat, there will be NO consumption of drugs or alcohol. Any reports of this behavior will result in dismissal from the VN program with no readmission. REMEMBER YOU ARE REPRESENTING SOUTH PLAINS COLLEGE.

21. Students may not have a cell phone or any electronic device (including smart watches or Fitbit) while in the clinical setting, sim lab or skills lab. They cannot be in backpack or purse. If a cell phone/electronic device is seen or heard, the student will be sent home and an absence with a grade of "0" recorded for the day.

South Plains College Vocational Nursing students are expected to be well groomed and appropriately dressed. Students must also comply with clinical facility guidelines.

**SOUTH PLAINS COLLEGE
HEALTH OCCUPATIONS
EXPOSURE POLICY**

The following policy is to be followed exactly in the event a person experiences an exposure (needle stick, blood, body fluids or respiratory) while participating in any clinical or lab activity.

1. Report incident to instructor.
2. Treat immediately using the following CDC guidelines
 - a. Wash needle sticks and cuts with soap and water
 - b. Flush splashes to the nose, mouth, or skin with water
 - c. Irrigate eyes with clean water, saline, or sterile irrigates.
3. Notify the appropriate facility representative and complete the appropriate work.
4. Each person is encouraged to initiate testing for blood borne disease within 1 hour of exposure.
 - This may be done with a health care provider of choice. If the individual has no designated health care provider, an appropriate referral will be made.
5. When an event occurs in the lab, the source person will be asked to voluntarily and confidentially share blood borne disease status with instructor and exposed person.
6. The exposed person will initiate follow up care with Health Care Provider of choice as soon as possible. Recommended time is within 1 hour of exposure for initiation of prophylactic treatment.
7. Each person is responsible for all costs associated with his/her testing and follow up.
8. Because of each person's right to privacy, one may decide whether to be tested and whether to disclose test results to faculty or other students.
9. If the source person decides not to be tested or does not disclose test results, the Center for Disease Control guidelines recommend
 - HIV and Hepatitis testing be done on the exposed person immediately post-exposure and three, six and twelve months post-exposure.
 - Beginning prophylactic treatment within one hour, or as soon as possible.
10. Each individual is encouraged to follow the advice given by the health care provider.
11. South Plains College reserves the right to deny laboratory or clinical privileges to any individual whose health status poses a risk to others.
12. Complete the Exposure Report.

**SOUTH PLAINS COLLEGE
HEALTH OCCUPATIONS
EXPOSURE REPORT**

Each individual should retain a copy of this completed form for his/her personal records and is strongly encouraged to share the information regarding this incident with his/her health care provider.

Faculty member: please assist the individuals completing this form and deliver the original completed form to the nursing office for the student file, a copy given to facility, and a copy given to the student.

EXPOSED INDIVIDUAL: _____

FACILITY REPRESENTATIVE: _____

ATTENDING FACULTY MEMBER: _____

DATE OF INCIDENT: _____

DESCRIBE EXPOSURE INCIDENT: _____

FACULTY SIGNATURE DATE

AGENCY SIGNATURE DATE

I have read and been informed of the South Plains College Exposure Policy. I have been strongly advised to seek medical attention. I understand all financial obligations regarding testing and follow-up care is my responsibility. I understand I have a right to privacy. I have been encouraged to share any further information regarding this exposure to the appropriate faculty.

STUDENT SIGNATURE DATE

MEDICATION ADMINISTRATION BY VOCATIONAL STUDENT NURSE

1. Student nurses will follow the Hospital and SPC policies and procedures in medication administration.
2. Student nurses will be supervised by a licensed nurse or instructor during medication preparation, administration, or IV therapy.
3. Students are responsible for having full nursing knowledge of each drug before preparation and administration.
4. Students will not administer Chemotherapy drugs by any route.
5. A student will not administer a medication prepared by another person.
6. Student nurses will not receive or sign for controlled drugs from the pharmacy.
7. Student nurses will not sign out for controlled drugs on the unit with a licensed nurse's co-signature.
8. Student nurses will not carry the narcotic keys or have direct access to the Pyxis.
9. If an error is made, the charge nurse and instructor will be notified, and an incident report completed per agency policy.
10. Students employed as nursing assistants, unlicensed assistive personnel, office assistants, etc. will not administer medications when working in that capacity while in school.
11. Students will not administer medications in any form until the medication administration course is passed, and student is in second semester.
12. Prior to successful completion of the IV Therapy Course, students will not prepare or administer fluid given by the IV route.
13. Students should observe IV fluids and IV sites and report to the Charge Nurse or the TPCN on IV fluid progress.
14. Students will not prepare or administer IV PUSH medications, including Heparin flush.
15. Students will not prepare or administer Blood or Blood products, Rhogam, or IV sedation.

16. Students will not administer or regulate PITOCIN at any time.
17. Students will not administer any medications during rotation in NICU, PICU, or pediatrics at UMC.
18. After successful completion of IV therapy, students will be able to discontinue peripheral IV's, start peripheral IV's on adult patients, and administer IV saline flush on adult INT's.

Students may hang plain IV bags or bags with premixed potassium only on adult patients

MEDICATION ADMINISTRATION

Medication administration clinical objectives: Upon completion of the medication administration course the student vocational nurse should be able to administer medication to patients competently during the remainder of the clinical rotations.

The student vocational nurse should be able to:

- 1.** Prepare and administer any and all medication according to the six rights and three checks under the direct supervision of licensed personnel.
- 2.** Prepare and administer all oral medications by the proper method.
- 3.** Prepare and administer all injectable drugs by the proper method. The student may not give intravenous medication.
- 4.** Prepare and administer all topical medications by the proper methods.
- 5.** Compare the physicians' orders to the medication record according to the institutional policies and procedures.
- 6.** Administer all inhalation drugs by the proper method with any precautions.
- 7.** Calculate the correct dosage and have it checked by faculty and or TPCN before administering.
- 8.** Know, recognize and report errors and reactions to medications.
- 9.** Demonstrate correct procedure in administering medications to children.
- 10.** Recognize any clinical manifestations of adverse reactions the patient may experience upon receiving the drug.
- 11.** State the rationale for the drug to be administered to the patient.
- 12.** State the desired action of the drug for the patient, and potential adverse effects.
- 13.** State any undesired effects nutrition may have with the drug given to the patient.
- 14.** Follow SPC and agency policy regarding medication administration.
- 15.** Correlate Vital Signs and laboratory results with the drug contraindications or adverse effects.

**SOUTH PLAINS COLLEGE
VOCATIONAL NURSING PROGRAM**

POLICY: MEDICATION ERROR

THE POLICY OF SOUTH PLAINS COLLEGE ASSOCIATE DEGREE NURSING PROGRAM IN THE EVENT THAT THE STUDENT MAKES A MEDICATION ERROR IS AS FOLLOWS:

1. The student must immediately inform his/her clinical instructor and the charge nurse of the medication error.
2. The student must fill out an incident report for the Nurse Manager of the unit, course leader, and the Director of the Associate Degree Nursing Program.
3. The student must submit a drug card on the medication in question to the Director of the Associate Degree Nursing Program.
4. The incident report and the drug card will become a part of the student's permanent record.
5. At the discretion of the instructor and/or Director of the Associate Degree Nursing Program, the error will be reviewed by the Admission/Academic Standards Committee. Mandatory review will occur after the first incident.

**SOUTH PLAINS COLLEGE
VOCATIONAL NURSING PROGRAM
GUIDELINES FOR CLINICAL IN ALL CLINICAL AGENCIES**

Student Clinical Rotation

To complete all clinical assignments, there will be no changing of weekly assignments unless approved by both of your instructors.

A student may not refuse a clinical assignment. Refusal of clinical assignment will result in an appearance before the Admissions/Academic Standards Committee.

Limitations

Students are UNABLE to participate in the following procedures:

1. Sign operative permits.
2. Administer medications via the IV route, including Heparin flush. May give saline flush.
3. Change central line or arterial line dressings or perform invasive hemodynamic monitoring.
4. Draw blood via arterial puncture or draw blood via indwelling lines.
5. Perform any procedures not checked-off in lab.
- 6.
4. Take telephone/verbal orders from physicians at any time.

MEDICATIONS/VENIPUNCTURE

1. May not administer intravenous (IV) blood or blood products.
2. Must have knowledge of adverse reactions from the administration of blood or blood products.
3. May not administer IV chemotherapy.
4. May not administer experimental drugs.
5. May not administer Valium/Versed/or any other conscious sedation drugs IV push at any time.
6. May not mix, handle, or adjust epidural drugs at any time.

PATIENT RECORDS:

While in the clinical setting you may only access the medical record for the patient, you are assigned. Should you access the record of another patient, you are in violation of the agency policy and will be immediately dismissed from the program.

Violation of any of these policies or procedures will result in immediate dismissal from the program.

**SOUTH PLAINS COLLEGE
VOCATIONAL NURSING PROGRAM**

STUDENT RECORDS

Student records will be kept in a locked file in the Nursing Department Office. The permanent transcript will be kept in the Registrar's Office.

Student Records included are:

1. Admission information
2. Transcripts
3. Physical Exams
4. Immunization information
5. BLS (CPR) information
6. Specific information regarding the individual student.

Provisions shall be made for the protection of records against loss/destruction and/or invasion of privacy. Student records will be kept for two years beyond graduation, after which time they will be shredded.

**SOUTH PLAINS COLLEGE
VOCATIONAL NURSING PROGRAM**

PROCEDURE AND POLICY FOR EMPLOYMENT IN HEALTH AGENCIES

The South Plains College Vocational Nursing Program supports the Nurse Practice Act of the State of Texas and is committed to excellence in nursing by nurses appropriately prepared for the services they are rendering. Therefore, the position of the Vocational Nursing Program regarding nursing students (who are unlicensed in the State of Texas either as Licensed Vocational Nurse) accepting employment in hospitals or health agencies, is as follows:

1. South Plains College nursing students who accept positions, in which they receive compensation for client care, do so as unlicensed individuals and will not wear the school uniform, laboratory coat with insignia or other indications of their student status, inasmuch as they are not functioning as nursing students but as paid employees.

2. Students are advised to familiarize themselves with the State of Texas Nurse Practice Act so that they will recognize the full scope and responsibility of nursing as being more than just a collection of skills. South Plains College nursing students who accept a position for pay as a nurse's aide, nursing assistant, or nurse tech must recognize that they may be held legally liable for their actions, and therefore, should not accept responsibilities---nor perform nursing interventions beyond their knowledge and skills, NOR those within the responsibilities of the professional nurse as defined in the Nurse Practice Act.

BON Rule 224.8 (c)

Nursing Tasks Prohibited from Delegation. By way of example, and not in limitation, the following are nursing tasks that are not within the scope of sound professional nursing judgement to delegate:

- 1) physical, psychological, and social assessment, which requires professional nursing judgement, intervention, referral, or follow-up;**
- 2) formulation of the nursing care plan and evaluation of the client's response to the care rendered;**
- 3) specific tasks involved in the implementation of the care plan, which require professional nursing judgement or intervention;**
- 4) the responsibility and accountability for client health teaching and health counseling which promotes client education and involves the client's significant others in accomplishing health goals; and**

5) administration of medications, including intravenous fluids, except by medication aides as permitted under 224.9 of this title (relating to The Medication Aide Permit Holder).

3. The student is responsible for maintaining the required grade point average and should consider the demands of part-time employment upon the student's time and energies.

Any student found to be in violation of these rules will be brought before the Admissions/Academic Standards Committee for disciplinary action that could possibly result in dismissal from the VNP.

GUIDELINES FOR THE EMPLOYMENT OF NURSING STUDENTS

Nursing students, as well as many other college students, may seek employment in the nursing department. The Board suggests the following for consideration, which will enable the employer to utilize nursing students in an appropriate manner to contribute to client care and yet not jeopardize the welfare of the client, OR legally implicate the institution or the nursing student.

Recommended Practices

1. require the completion of the usual employment application
2. require a current health record
3. review the written job description for the nursing position with the student
4. arrange for an appropriate orientation to the position
5. require the nursing student to wear the identification and the regular uniform of the position in which employed
6. schedule as any other employee

School of Nursing or Department of Nursing in a College or University:

Schools of nursing should state their broad general policies on student employment in relation to the scholastic standards to be maintained in the school, the wearing of the school uniform, and other requirement that the school may stipulate. Their policies should be clearly stated in the Student Handbook and School Catalog. The performance of students when working for compensation is the legal responsibility of the employing agency and the individual student.

ETHICAL AND LEGAL BEHAVIOR

The nursing faculty at South Plains College strongly believes that the graduate of the nursing program should: Assume ethical and legal responsibility for actions taken in the course of nursing practice" (Program Educational Objective). Further, it is the responsibility of the nursing faculty and administration to recommend only those students who meet these program objectives to the Texas Board of Nursing to write the examination for Registered Nurse. Since there is a transfer of behavior from the classroom, skills lab, and clinical lab to the graduate nurse in the work setting, any student who is involved in cheating is in direct violation of the stated program objective. This places the student in great jeopardy regarding the successful completion of the nursing program and subsequent recommendation to the Texas Board of Nursing.

**SOUTH PLAINS COLLEGE VOCATIONAL
NURSING PROGRAM**

STATEMENT OF UNDERSTANDING OF POLICIES AND PROCEDURES

I, the undersigned, have read the South Plains College VNP Student Handbook and I am aware of the Policies and Procedures.

During Vocational Nursing Program new student orientation, the handbook has been discussed and policies have been covered. I am fully aware that I am responsible for all policies and procedures contained herein. I have also been made aware that should a clinical agency policy differ from the VNP policy, the agency policy takes priority. I have been made aware that I am responsible for reading all agency policies and procedures prior to performing any procedure in the clinical setting.

Included in this handbook are the policies governing licensure in Texas by the Board of Nursing. I have been informed by the program director that program policies may change at any time based on policy changes by any of our accrediting agencies. I have been made aware that policies may change at any time during my tenure in the program following a decision of the full program faculty. I have read this information and understand these policies.

I have an understanding of the Curriculum Requirements of the Nursing Program and I am aware of the Graduation Requirements of the Vocational Nursing Program.

I have also been given a copy of the Board of Nursing Rules and Regulations governing LVN/LPN licensure eligibility, which has been explained to me at orientation.

Date

Student's Signature

Printed Name

APPENDIX

Terrorist Threat/Violent Behavior Policy

Any student who makes a direct or implied terrorist threat, the threat of violence of any nature, or commission of any violent act "against a person or property" will be reported to the SPC campus police for investigation. During the investigative process, and, if applicable, the appeal process, the student will not be allowed in class, lab, or clinical. If the student is exonerated, the faculty will provide any missed material to the student. Any missed clinical experiences will be made up. If the allegations are substantiated by the college investigation, he/she will be dismissed from the nursing program without eligibility for readmission. The incident will be promptly reported to the Texas Board of Nursing. If the student is exonerated and makes any future terrorist threat or threat of violence of any nature, the student will be immediately dismissed from the nursing program without eligibility for readmission. The threat will be reported to the appropriate authorities/agencies.

Students are encouraged to report threats, whether direct or implied, unusual behavior, suspicious persons, or objects immediately to the campus police and/or nursing faculty.

SOUTH PLAINS COLLEGE VOCATIONAL NURSING PROGRAM

CONFERENCE/PROBATION FORM

File/Memo

STUDENT:				DATE:	
				CLASS:	
TYPE:			PROBATION:		
	Academics		Clinical		Academic
	Attitude		Disciplinary		Clinical
	Attendance		Personal		Disciplinary
	Withdrawal		Referral		
Summary of discussion/incident:					
Recommendations:					
Terms of probation (if applicable):					
Date for re-evaluation (if applicable):					
Students Comments:					
Student Signature (verifying discussion)		Date		Instructor Signature	
Faculty Advisor					

Differentiated Essential Competencies of Graduates of Texas Nursing Programs

**Evidenced by Knowledge,
Clinical Judgments, and
Behaviors**



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Introduction

Differentiated Essential Competencies of Graduates Of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors 2021

Background of the DECs

The original Board charge to develop differentiated competencies for nursing education programs was issued by the then Board of Nurse Examiners (BNE) following a legislative mandate in 1988. Three different versions have been developed by Board staff with input from Board-appointed stakeholders (nursing educators, professional organizations, practicing nurses, state agencies, and consumers):

- 1993 – First Edition - Nursing Education Advisory Committee (NEAC)
- 2002 – Second Edition – Differentiated Entry Level Competencies of Graduates of Texas Nursing Programs (DELCS)
- 2010 – Third Edition – Differentiated Essential Competencies of Graduates of Texas Nursing Programs (DECs)

A team of Board Staff that included both Nursing Consultants for Education and Nursing Consultants for Practice collaborated in the 2021 Fourth Edition to ensure a focus on both perspectives. Following the previous processes, a comprehensive review of current literature, practice standards, accreditation requirements, regulations, and research findings ensued.

The guiding principles that were established by the first DECs committee have continued to be sound and useful in making revisions:

1. The DECs are client-focused, rather than institution-focused.
2. The DECs would not be developed as a list of tasks or skills.
3. Competencies will provide essential role responsibilities, knowledge, and clinical behaviors and judgments in broad terms
4. Programs will be able to develop and create curricula for their communities, level of education, and program outcomes by focusing on the DECs.
5. The DECs are not all-inclusive of all nursing competencies but list competencies necessary for the nursing graduate to seek licensure and enter nursing practice.

Nursing Education and Scope of Practice

The legal scope of practice for licensed nurses in Texas is dependent upon the educational preparation in vocational, professional, and graduate nursing education programs. Licensed vocational nurses (LVNs) and registered nurses (RNs) provide a wide range of nursing care through the roles of Member of the Profession, Provider of Patient-Centered Care, Patient Safety Advocate, and Member of the Health Care Team.

The *Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs* include 25 basic competencies within the four nursing roles and describe the required outcomes for VN and RN nursing education with progressive differentiation of competency level for each educational level [Vocational Nursing Education (VN), Associate Degree Nursing Education (LVN), and Baccalaureate Degree Nursing Education (BSN)]. Further delineation of the competencies is expanded through sub-competencies with accompanying required subject content (*Knowledge*) and expected *Clinical Judgments and Behaviors*. Texas-approved nursing education programs are required to operationalize the DECs in the curriculum to assure that graduates have been educated to carry out the competencies. The competencies for each educational level build upon the competencies from the previous level.

Comments about the Competencies

The competencies provide a set of outcomes expected of nursing education programs to ensure that newly licensed nurses enter practice with a knowledge base and a set of skills, including decision-making abilities, for safe practice. As the practicing nurse gains experience and perfects nursing skills and clinical judgment, their competencies continue to grow as they move from novice to expert.

Any redundancies across the initial competencies are intentional to allow the competencies under each role to stand alone as performance characteristics. Some competencies are identical for each educational level since the same expectations apply to all licensed nurses, such as the standards for safety. Differences in competencies among educational levels reflect their respective assignments, level of autonomy in planning and practice decisions, required supervision, administrative roles, leadership responsibilities, and capacity for evaluation of care and caregivers.

The DECs are useful as a basis for curriculum in nursing programs, orientation and internship programs for practicing nurses in health care settings, and the creation of evaluation tools for nursing education and practice. The DECs are consistent with Board Position Statements, Rules and Regulations, Education Guidelines, and other Board documents.

Executive Summary
Differentiated Essential Competencies
Of Graduates of Texas Nursing Programs
Evidenced by Knowledge, Clinical Judgments, and Behaviors
2021

Background

The Differentiated Essential Competencies (DECs) is the fourth generation of the Texas Board of Nursing (BON or Board) competencies with differentiation based upon the education outcomes of the three levels of prelicensure nursing education programs. The current revision was developed through a comprehensive review of current literature and research, nursing standards, state and national regulations, changes in the health care environment, and advances in nursing practice. Board Staff and a Board-appointed DECs Work Group provided guidance and expertise to the process.

Purpose

The DECs were designed to provide guidance to prelicensure nursing education programs to prepare graduates to enter nursing practice as safe, competent nurses, as well as to provide a baseline for the health care setting of the nursing knowledge, skills, abilities, and judgment among graduates from Texas nursing programs. It is acknowledged that not all competencies can be evaluated upon graduation from a nursing program, but the graduate will have received the educational preparation to demonstrate each competency. As the novice nurse gains practice experience, the entry-level competencies from education will continue to grow as the nurse demonstrates an expanding expertise.

Outline of the DECs

Twenty-five core competencies in the DECs are categorized under four main nursing roles:

- Member of the Profession
- Provider of Patient-Centered Care
- Patient Safety Advocate
- Member of the Health Care Team

Each core competency is further developed into specific knowledge areas and clinical judgments and behaviors based upon the knowledge areas. Redundancy is intentional so that the section under each role can stand alone. Competencies for each level of educational preparation are presented in a table format. The competencies are differentiated and progressive by educational preparation. The scope of practice and competency level may be compared across the table.

Implications

For Nursing Education:

- Guideline for curriculum development and revision

- Benchmark for measuring program outcomes
- Statewide standard to ensure that graduates are prepared to enter practice as safe, competent nurses

For Employers of Nurses:

- Guide for development of employee orientation and internship programs
- Baseline for job descriptions and career ladders
- Description of entry-level competencies for new nurses
- Information helpful for reviewing and revising policies and procedures for nursing care

Texas Board of Nursing Vocational Nursing Education – Education and Scope

The curriculum for vocational nursing (VN) education is delivered as a certificate program of approximately one year in length offered by a college, university, or career school or college, or in a hospital or military setting. Texas Board of Nursing (BON or Board) Rule 214 for Vocational Nursing Education requires didactic and clinical learning experiences designed to prepare graduates to practice as safe, competent nurses who are able to demonstrate the competencies outlined in the DECs.

The BON approved curriculum includes requirements for instruction in the five basic areas of nursing care: (1) children; (2) mothers and newborns; (3) elderly; (4) adults; and (5) individuals with mental health problems. The initial clinical instruction takes place in the skills and simulation laboratories, progressing to faculty supervised, hands-on clinical experiences with actual patients in health care settings. Clinical experiences in psychiatric nursing are optional, but the mental status of patients should be considered in all clinical settings.

Required nursing and support courses provide instruction in nursing roles; biological, physical, social, behavioral, and nursing sciences, including body structure and function, microbiology, pharmacology, nutrition, signs of emotional health, human growth and development; vocational nursing scope of practice, and nursing skills. Content may be integrated within the core nursing curriculum or may be taken as stand-alone courses. With advances of education and practice, programs may include content in the use of technology and informatics through learning experiences in the clinical practice arena, simulated practice, and skills laboratories.

All levels of prelicensure nursing education prepare graduates to demonstrate the DECs and the competencies for each educational level are based upon the preparation in the program of study. Graduates of VN nursing education programs who have qualified and completed all aspects of the application to take the NCLEX-PN® will receive a temporary authorization to practice under direct supervision **up to** 75 days while awaiting testing and licensure.

The entry-level graduate of a VN program provides nursing care within a directed scope of practice under appropriate supervision. The vocational nurse uses a systematic problem-solving process in the care of multiple patients with predictable health care needs to provide individualized, goal-directed nursing care. The vocational nurse contributes to the plan of care by collaborating with interdisciplinary team members and with the patient's family. The new graduate can readily integrate technical skills and use of computers and equipment into practice.

Educational opportunities exist for Licensed Vocational Nurses (LVNs) to articulate into professional nursing education programs. Vocational nursing represents the beginning level of the nursing practice continuum in the roles of Member of the Profession, Provider of Patient-Centered Care, Patient Safety Advocate, and Member of the Health Care Team. The entry-level competencies of the VN graduate are listed on the following pages:

Core Competencies of Graduates of Vocational Nursing Education

I. Member of the Profession

- A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.
- B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.
- C. Contribute to activities that promote the development and practice of vocational nursing.
- D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

II. Provider of Patient-Centered Care

- A. Use clinical reasoning and knowledge based on the vocational nursing program of study and established evidence-based practice as the basis for decision-making in nursing practice.
- B. Assist in determining the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their families, and in interpreting health-related data based on knowledge derived from the vocational nursing program of study.
- C. Report data to assist in the identification of problems and formulation of goals/outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team.
- D. Provide safe, compassionate, basic nursing care to assigned patients with predictable health care needs through a supervised, directed scope of practice.
- E. Implement aspects of the plan of care within legal, ethical, and regulatory parameters and in consideration of patient factors.
- F. Identify and report alterations in patient responses to therapeutic interventions in comparison to expected outcomes.
- G. Implement teaching plans for patients and their families with common health problems and well-defined health learning needs.
- H. Assist in the coordination of human, information, and physical resources in providing care for assigned patients and their families.

III. Patient Safety Advocate

- A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
- B. Implement measures to promote quality and a safe environment for patients, self, and others.

- C. Assist in the formulation of goals and outcomes to reduce patient risks.
- D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
- E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
- F. Accept and make assignments that take into consideration patient safety and organizational policy.

IV. Member of the Health Care Team

- A. Communicate and collaborate in a timely manner with patients, their families, and the interdisciplinary health care team to assist in the planning, delivery, and coordination of patient-centered care to assigned patients.
- B. Participate as an advocate in activities that focus on improving the health care of patients and their families.
- C. Participate in the identification of patient needs for referral to resources that facilitate continuity of care, and ensure confidentiality.
- D. Communicate patient data using technology to support decision-making to improve patient care.
- E. Assign nursing activities to LVNs or unlicensed personnel based upon an analysis of patient or work place need.
- F. Supervise nursing care by others for whom the nurse is responsible.
- G. Assist health care teams during local or global health emergencies or pandemics to promote health and safety, and prevent disease.

Texas Board of Nursing
Diploma and Associate Degree Nursing Education – Education and Scope

Although the programs for Diploma Nursing and Associate Degree Nursing (LVN) education vary in missions and philosophies of the governing institutions, competencies have been determined as common for graduates of both programs. These competencies describe the expectations for entry-level into registered nursing practice.

Diploma programs are hospital-based, single purpose schools of nursing usually consisting of two years of general education and nursing courses. These programs follow the missions, values, and purposes of the governing institutions, and prepare graduates to provide and coordinate health care of individuals and their families throughout the life span across the health continuum. General education courses from an accredited college or university may be required as prerequisites courses offered prior to or concurrently with nursing courses. The general education courses may provide a foundation in communication, psychology, human growth and development, and related sciences to support the nursing courses. A Diploma program of study completed after December 31, 2014, must entitle a student to receive a degree [Texas Occupation Code 301.157(a-1)].

LVN programs, located in community colleges, senior colleges, and career schools, are completed within a time frame equivalent to two academic years but not more than four calendar years. The curriculum includes courses in the liberal arts; natural, social, and behavioral sciences; and nursing science. Degree requirements in public colleges and universities must not be greater than 60 semester credit hours, with approximately half the program requirements in nursing courses. General education courses provide a foundation for nursing content in LVN education and enable graduates to apply theoretical content and evidence-based findings in the provision of nursing care. The BON requires didactic instruction and clinical learning experiences in five content areas: medical-surgical, maternal/child health, pediatrics, geriatrics, and mental health nursing.

Nursing courses in Diploma and LVN nursing programs must provide opportunities for students to demonstrate competence in the application of nursing knowledge and clinical judgments and behaviors in health care settings. The entry-level graduate from a Diploma or LVN program integrates knowledge from general education and sciences for the delivery of safe and compassionate care for patients and their families. The nursing content prepares students to establish therapeutic relationships with patients and their families in the promotion, prevention, rehabilitation, maintenance, and restoration of health for individuals of all ages. The curriculum also promotes skills in nursing care supervision and management, and in providing care within legal and ethical parameters.

All levels of prelicensure nursing education prepare graduates to demonstrate the DEC's and the competencies for each educational level are based upon the preparation in the program of

study. Graduates of Diploma and Associate Degree nursing education programs who have qualified and completed all aspects of the application to take the NCLEX-RN® will receive authorization to practice under direct supervision of a registered professional nurse for **up to 75 days** while awaiting testing and licensure.

The primary role of the entry-level graduate of a Diploma or LVN program is to provide direct nursing care to or coordinate care for a limited number of patients in various health care settings. Such patients may have complex multiple needs with predictable or unpredictable outcomes. With additional experience and continuing education, the Diploma or LVN graduate can increase the numbers of assigned patients, provide independent direct care, supervise health care of patients and their families, and receive certification in various specialty areas. Through articulation, graduates may continue their education to prepare for expanded roles.

The entry-level competencies of the Diploma and LVN graduate build upon the entry-level competencies of the Vocational Nursing graduate and are listed on the following pages:

Core Competencies of Graduates of Diploma and Associate Degree Nursing Education

I. Member of the Profession

- A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.
- B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.
- C. Participate in activities that promote the development and practice of professional nursing.
- D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

II. Provider of Patient-Centered Care

- A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision-making in nursing practice.
- B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their families, and the interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.
- C. Analyze comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.
- D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.
- E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.
- F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.
- G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.
- H. Coordinate human, information, and physical resources in providing care for patients and their families.

III. Patient Safety Advocate

- A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
- B. Implement measures to promote quality and a safe environment for patients, self, and others.
- C. Formulate goals and outcomes using evidence-based data to reduce patient risks.
- D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
- E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
- F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

IV. Member of the Health Care Team

- A. Coordinate, collaborate, and communicate in a timely manner with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.
- B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients and their families.
- C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.
- D. Communicate and manage information using technology to support decision-making to improve patient care.
- E. Assign and/or delegate nursing activities to other members of the health care team based upon an analysis of patient or work place need.
- F. Supervise nursing care by others for whom the nurse is responsible by using evidence-based nursing practice.
- G. Participate with health care teams during local or global health emergencies or pandemics to promote health and safety, and prevent disease.

Texas Board of Nursing Baccalaureate Degree Nursing Education – Education and Scope

Baccalaureate Degree Nursing (BSN) education, offered in college and university settings, and career schools, provides students with a broad perspective and understanding of nursing; health and healing; the environment; and persons as diverse individuals, families, populations, and communities. The BSN program integrates approximately 60 semester credit hours from liberal arts and natural, social, and behavioral science courses, and approximately 60 semester credit hours of nursing courses. Graduates of BSN programs are prepared to provide and direct care for patients, families, populations, and communities experiencing complex and unpredictable health care needs in structured and unstructured settings. In addition to the broad liberal arts education that provides a solid foundation for the development of clinical judgment skills, BSN education includes instruction in community health, public health, research, nursing leadership, and nursing management. The studies and clinical learning activities in community health focus on the expanded nurse's role in providing care for groups, vulnerable peoples, and global and public populations, and working collaboratively with other providers in the health care team. The BSN student is prepared to apply theories in management and organization to assume leadership roles in supervising team members and in developing health care policies.

BSN graduates synthesize information from various disciplines, think logically, analyze critically, and communicate effectively with patients, other health care professionals, and the public. The BSN prepares the graduate to use research findings in planning and implementing care. Graduates are expected to demonstrate all the competencies (knowledge, clinical judgments, and behaviors) of the preceding levels of education, but with greater depth and breadth of application and synthesis.

Qualified graduates of BSN programs typically receive authorization to practice under direct supervision of a registered professional nurse **up to 75-days** while waiting to take the licensure examination. These graduates generally begin their careers in structured settings but may move into community-based settings and/or leadership roles. A BSN degree allows the nurse to pursue graduate education to become nurse educators, researchers, administrators, or advanced practice nurses.

All levels of prelicensure nursing education prepare graduates to demonstrate the DEC's and the competencies for each educational level are based upon the preparation in the program of study. The entry-level competencies of the BSN graduate build upon the entry-level competencies of the Diploma and Associate Degree Nursing graduate and are listed on the following pages:

Core Competencies of Graduates of Baccalaureate Degree Nursing Education

I. Member of the Profession

- A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.
- B. Assume responsibility and accountability for the quality of nursing care provided to patients, families, populations, and communities.
- C. Promote the practice of professional nursing through leadership activities and advocacy.
- D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

II. Provider of Patient-Centered Care

- A. Use clinical reasoning and knowledge based on the baccalaureate degree nursing program of study, evidence-based practice outcomes, and research studies as the basis for decision-making and comprehensive patient care.
- B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients, families, populations, and communities and the interpretation of comprehensive health assessment findings compared with evidence-based health data and a synthesis of knowledge derived from a baccalaureate degree nursing program of study.
- C. Synthesize comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients, families, populations, and communities using information from evidence-based practice and published research in collaboration with the above groups and the interdisciplinary health care team.
- D. Provide safe, compassionate, comprehensive nursing care to patients, families, populations, and communities through a broad array of health care services.
- E. Implement the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.
- F. Evaluate and report patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research findings, and plan follow-up nursing care.
- G. Develop, implement, and evaluate teaching plans for patients, families, populations, and communities to address health promotion, maintenance, restoration, and population risk reduction.
- H. Coordinate the management of human, information, and physical resources in providing care for patients, families, populations, and communities.

III. Patient Safety Advocate

- A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
- B. Implement measures to promote quality and a safe environment for patients, self, and others.
- C. Formulate goals and outcomes using an evidence-based and theoretical analysis of available data to reduce patient and community risks.
- D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
- E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
- F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

IV. Member of the Health Care Team

- A. Coordinate, collaborate, and communicate in a timely manner with patients, families, populations, and communities, and the interdisciplinary health care team to plan, deliver, and evaluate care.
- B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients, families, populations, and communities.
- C. Use multiple referral resources for patients, families, populations, and communities, considering cost; confidentiality; effectiveness and efficiency of care; continuity and continuum of care; and health promotion, maintenance, and restoration.
- D. Communicate and manage information using technology to support decision-making to improve patient care and delivery systems.
- E. Assign and/or delegate nursing activities to other members of the health care team based upon an analysis of patient or organizational need.
- F. Supervise nursing care provided by others for whom the nurse is responsible by using best practices of management, leadership, and evaluation.
- G. Coordinate, collaborate, and lead health care teams during local or global health emergencies or pandemics to promote community stability, health, safety, and prevent disease.

**Texas Board of Nursing Differentiated Essential Competencies
(DECs) – Core Competencies**

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
I. Member of the Profession	I. Member of the Profession	I. Member of the Profession
A. Function within the nurse’s legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.	A. Function within the nurse’s legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.	A. Function within the nurse’s legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.
B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.	B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.	B. Assume responsibility and accountability for the quality of nursing care provided to patients, families, populations, and communities.
C. Contribute to activities that promote the development and practice of vocational nursing.	C. Participate in activities that promote the development and practice of professional nursing.	C. Promote the practice of professional nursing through leadership activities and advocacy.
D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self- analysis, self-care, and lifelong learning.	D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self- analysis, self-care, and lifelong learning.	D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self- analysis, self-care, and lifelong learning.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
II. Provider of Patient-Centered Care	II. Provider of Patient-Centered Care	II. Provider of Patient-Centered Care
A. Use clinical reasoning and knowledge based on the vocational nursing program of study and established evidence-based practice as the basis for decision-making in nursing practice.	A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence- based practice outcomes as a basis for decision-making in nursing practice.	A. Use clinical reasoning and knowledge based on the baccalaureate degree nursing program of study, evidence-based practice outcomes, and research studies as the basis for decision-making and comprehensive patient care.
B. Assist in determining the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social	B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their	B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients, families,

diversity of patients and their families, and in interpreting health-related data based on knowledge derived from the vocational nursing program of study.	families, and the interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.	populations, and communities and the interpretation of comprehensive health assessment findings compared with evidence-based health data and a synthesis of knowledge derived from a baccalaureate degree nursing program of study.
C. Report data to assist in the identification of problems and formulation of goals/outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team.	C. Analyze comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.	C. Synthesize comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients, families, populations, and communities using information from evidence-based practice and published research in collaboration with the above groups and the interdisciplinary health care team.
D. Provide safe, compassionate, basic nursing care to assigned patients with predictable health care needs through a supervised, directed scope of practice.	D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.	D. Provide safe, compassionate, comprehensive nursing care to patients, families, populations, and communities through a broad array of health care services.
E. Implement aspects of the plan of care within legal, ethical, and regulatory parameters and in consideration of patient factors.	E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.	E. Implement the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.
F. Identify and report alterations in patient responses to therapeutic interventions in comparison to expected outcomes.	F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.	F. Evaluate and report patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research findings, and plan follow-up nursing care.
G. Implement teaching plans for patients and their families with common health problems and well-defined health learning needs.	G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.	G. Develop, implement, and evaluate teaching plans for patients, families, populations, and communities to address health promotion, maintenance, restoration, and population risk reduction.

H. Assist in the coordination of human, information, and physical resources in providing care for assigned patients and their families.	H. Coordinate human, information, and physical resources in providing care for patients and their families.	H. Coordinate the management of human, information, and physical resources in providing care for patients, families, populations, and communities.
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Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
III. Patient Safety Advocate	III. Patient Safety Advocate	III. Patient Safety Advocate
A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.	A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.	A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
B. Implement measures to promote quality and a safe environment for patients, self, and others.	B. Implement measures to promote quality and a safe environment for patients, self, and others.	B. Implement measures to promote quality and a safe environment for patients, self, and others.
C. Assist in the formulation of goals and outcomes to reduce patient risks.	C. Formulate goals and outcomes using evidence-based data to reduce patient risks.	C. Formulate goals and outcomes using evidence-based and theoretical analysis of available data to reduce patient and community risks.
D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.	D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.	D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.	E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.	E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
F. Accept and make assignments that take into consideration patient safety and organizational policy.	F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.	F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Nursing
IV. Member of the Health Care Team	IV. Member of the Health Care Team	IV. Member of the Health Care Team

A. Communicate and collaborate in a timely manner with patients, their families, and the interdisciplinary health care team to assist in the planning, delivery, and coordination of patient-centered care to assigned patients.	A. Coordinate, collaborate, and communicate in a timely manner with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.	A. Coordinate, collaborate, and communicate in a timely manner with patients, families, populations, communities, and the interdisciplinary health care team to plan, deliver, and evaluate care.
B. Participate as an advocate in activities that focus on improving the health care of patients and their families.	B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients and their families.	B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients, families, populations, and communities.
C. Participate in the identification of patient needs for referral to resources that facilitate continuity of care, and ensure confidentiality.	C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.	C. Use multiple referral resources for patients, families, populations, and communities, considering cost; confidentiality; effectiveness and efficiency of care; continuity and continuum of care; and health promotion, maintenance, and restoration.
D. Communicate patient data using technology to support decision-making to improve patient care.	D. Communicate and manage information using technology to support decision-making to improve patient care.	D. Communicate and manage information using technology to support decision-making to improve patient care and delivery systems.
E. Assign nursing activities to LVNs or unlicensed personnel based upon an analysis of patient or work place need.	E. Assign and/or delegate nursing activities to other members of the health care team based upon an analysis of patient or work place need.	E. Assign and/or delegate nursing activities to other members of the health care team based upon an analysis of patient or organizational need.
F. Supervise nursing care by others for whom the nurse is responsible.	F. Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice.	F. Supervise nursing care provided by others for whom the nurse is responsible by using best practices of management, leadership, and evaluation.
G. Assist health care teams during local or global health emergencies or pandemics to promote health and safety, and prevent disease.	G. Participate with health care teams during local or global health emergencies or pandemics to promote health and safety, and prevent disease.	G. Coordinate, collaborate, and lead health care teams during local or global health emergencies or pandemics to promote community stability, health, safety, and prevent disease.

I. Member of the Profession

A licensed nurse (LVN or RN) who exhibits behaviors that reflect commitment to the growth and development of the role and function of nursing consistent with state and national regulations and with ethical and professional standards; aspires to improve the discipline of nursing and its contribution to society; and values self-assessment, self-care, and the need for lifelong learning.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
A. Function within the nurse’s legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.	A. Function within the nurse’s legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.	A. Function within the nurse’s legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.
Knowledge		
1. a. Texas Nursing Practice Act. b. Texas Board of Nursing Rules, Position Statements, and Guidelines. c. Federal, state, or local laws, rules, and regulations affecting nursing practice.	1. a. Texas Nursing Practice Act. b. Texas Board of Nursing Rules, Position Statements, and Guidelines. c. Federal, state, or local laws, rules, and regulations affecting nursing practice.	1. a. Texas Nursing Practice Act. b. Texas Board of Nursing Rules, Position Statements, and Guidelines. c. Federal, state, or local laws, rules, and regulations affecting nursing practice.
2. Nursing scope of practice in relation to delegated medical acts and facility policies.	2. Nursing scope of practice in relation to delegated medical acts and facility policies.	2. Nursing scope of practice in relation to delegated medical acts and facility policies.
3. Standards and guidelines from professional organizations.	3. Standards and guidelines from professional organizations.	3. Standards and guidelines from professional organizations.
4. Facility policies and procedures.	4. Facility policies and procedures.	4. Facility policies and procedures.
Clinical Judgments and Behaviors		
1. Function within a directed scope of practice of the vocational nurse with appropriate supervision.	1. Function within the scope of practice of the registered nurse.	1. Function within the scope of practice of the registered nurse.
2. Assist in determination of predictable health care needs of patients to provide	2. Use a systematic approach to provide individualized, goal-directed nursing care to	2. Use a systematic approach to provide individualized, goal-directed nursing care to

individualized, goal-directed nursing care.	meet health care needs of patients and their families.	meet health care needs of patients, families, populations, and communities.
3. a. Practice according to facility policies and procedures and provide input in the development of facility policies and procedures. b. Question orders, policies, and procedures that may not be in the patient’s best interest.	3. a. Practice according to facility policies and procedures and participate in the development of facility policies and procedures. b. Question orders, policies, and procedures that may not be in the patient’s best interest.	3. a. Practice according to facility policies and procedures and participate in the development of facility policies and procedures. b. Question orders, policies, and procedures that may not be in the patient’s best interest.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.	B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.	B. Assume responsibility and accountability for the quality of nursing care provided to patients, families, populations, and communities.

Knowledge		
1. a. Texas Board of Nursing Standards of Practice. b. National standards of vocational nursing practice and care. c. National Federation of Licensed Practical Nurses Code of Ethics. d. Advocacy process.	1. a. Texas Board of Nursing Standards of Practice. b. National standards of nursing practice and care. c. American Nurses Association Code of Ethics. d. Models of ethical decision making. e. Advocacy process.	1. a. Texas Board of Nursing Standards of Practice. b. National standards of nursing practice and care; process for the development of standards of nursing practice and care. c. American Nurses Association Code of Ethics. d. Models of ethical decision making. e. Legislative advocacy process. f. Resources and strategies for access to standards of practice.

<p>2. Legal parameters of vocational nursing practice and the Texas Nursing Practice Act, including Nursing Peer Review.</p>	<p>2. a. Legal parameters of professional nursing practice and the Texas Nursing Practice Act, including Nursing Peer Review. b. Legal principles relative to health care.</p>	<p>2. a. Legal parameters of professional nursing practice and the Texas Nursing Practice Act, including Nursing Peer Review. b. Legal principles and practice theories and principles relative to health care.</p>
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<p>3. Issues affecting the vocational nurse role and the delivery of culturally-sensitive care to patients and their families.</p>	<p>3. Issues affecting the registered nurse role and the delivery of culturally-sensitive care to patients and their families.</p>	<p>3. Issues affecting the registered nurse role, the BSN role, and the delivery of culturally-sensitive care to patients, families, populations, and communities.</p>
<p>4. Continuing competency and professional development.</p>	<p>4. Continuing competency and professional development.</p>	<p>4. a. Continuing competency and professional development. b. Principles of staff development and learner behavior</p>
<p>5. Self-evaluation, staff evaluation, and peer evaluation processes.</p>	<p>5. Self-evaluation, staff evaluation, and peer evaluation processes.</p>	<p>5. a. Self-evaluation, staff evaluation, and peer evaluation processes. b. Human resource management and performance evaluation processes.</p>
<p>6. Employment setting policies and procedures.</p>	<p>6. a. Employment setting policies and procedures. b. Methods for the development of policies and procedures.</p>	<p>6. a. Employment setting policies and procedures. b. Methods for the development of policies and procedures. c. Role of committees in the development of health care policies and procedures. d. Communication skills in the areas of writing, speaking, and presenting as required to function in leadership positions.</p>
<p>7. a. Professional characteristics that conform to generally accepted standards of nursing care and of regulation. b. Aspects of professional behavior and in providing service excellence. c. Communication techniques to maintain professional boundaries.</p>	<p>7. a. Professional characteristics that conform to generally accepted standards of nursing care and of regulation. b. Aspects of professional behavior and in providing service excellence. c. Communication techniques and management skills to maintain professional boundaries.</p>	<p>7. a. Professional characteristics that conform to generally accepted standards of nursing care and of regulation. b. Aspects of professional behavior and in providing service excellence. c. Communication techniques, management and leadership skills, and role modeling to maintain professional boundaries.</p>
<p>8. Principles of quality improvement.</p>	<p>8. Principles of quality improvement and basic outcome measurement in health care organizations.</p>	<p>8. Principles and tools of quality improvement and outcome measurement in systems of care delivery.</p>

Clinical Judgments and Behaviors

1. Practice according to the Texas laws and regulations.	1. Practice according to the Texas laws and regulations.	1. Practice according to the Texas laws and regulations.
<p>2. a. Provide nursing care within the parameters of vocational nursing knowledge, scope of practice, education, experience, and ethical/ legal standards of care.</p> <p>b. Participate in evaluation of care administered by the interdisciplinary health care team.</p>	<p>2. a. Provide nursing care within the parameters of professional nursing knowledge, scope of practice, education, experience, and ethical/ legal standards of care.</p> <p>b. Evaluate care administered by the interdisciplinary health care team.</p> <p>c. Advocate for standards of practice through professional memberships.</p>	<p>2. a. Provide nursing care within the parameters of professional nursing knowledge, scope of practice, education, experience, and ethical/ legal standards of care.</p> <p>b. Evaluate care administered by the interdisciplinary health care team.</p> <p>c. Advocate for standards of practice using professional and legislative processes.</p>
<p>3. a. Practice nursing in a caring, nonjudgmental, nondiscriminatory manner.</p> <p>b. Provide culturally sensitive health care to patients and their families.</p> <p>c. Provide holistic care that addresses the needs of diverse individuals across the lifespan.</p>	<p>3. a. Practice nursing in a caring, nonjudgmental, nondiscriminatory manner.</p> <p>b. Provide culturally sensitive health care to patients and their families.</p> <p>c. Provide holistic care that addresses the needs of diverse individuals across the lifespan.</p>	<p>3. a. Practice nursing in a caring, nonjudgmental, nondiscriminatory manner.</p> <p>b. Provide culturally sensitive health care to patients, families, populations, and communities.</p> <p>c. Provide holistic care that addresses the needs of diverse individuals and populations across the lifespan.</p> <p>d. Advocate for policy development to support care of vulnerable populations and communities.</p>
<p>4. a. Use performance and self-evaluation processes to improve individual nursing practice and professional growth.</p> <p>b. Evaluate the learning needs of self, peers, and others and intervene to assure quality of care.</p>	<p>4. a. Use performance and self-evaluation processes to improve individual nursing practice and professional growth.</p> <p>b. Evaluate the learning needs of self, peers, and others and intervene to assure quality of care.</p> <p>c. Apply management skills in collaboration with the interdisciplinary health care team to implement quality patient care.</p>	<p>4. a. Use performance and self-evaluation processes to improve individual nursing practice and professional growth.</p> <p>b. Evaluate the learning needs of self, peers, and others and intervene to assure quality of care.</p> <p>c. Apply leadership and management concepts and skills in collaboration with the interdisciplinary health care team to implement quality patient care.</p>

<p>5. a. Assume accountability for individual nursing practice. b. Follow established evidence-based clinical practice guidelines.</p>	<p>5. a. Assume accountability for individual nursing practice. b. Promote accountability for quality nursing practice through participation on policy and procedure committees. c. Implement established evidence-based clinical practice guidelines.</p>	<p>5. a. Assume accountability for individual nursing practice. b. Promote accountability for quality nursing practice through participation on policy and procedure committees. c. Implement established evidence-based clinical practice guidelines. d. Participate in designing systems that support quality nursing practice. e. Apply research findings and principles of research to enhance evidence-based practice.</p>
<p>6. a. Follow established policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest. c. Use nursing judgment to anticipate and prevent patient harm, including implementing Nursing Peer Review.</p>	<p>6. a. Follow established policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest. c. Use nursing judgment to anticipate and prevent patient harm, including implementing Nursing Peer Review.</p>	<p>6. a. Follow established policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest. c. Use nursing judgment to anticipate and prevent patient harm, including implementing Nursing Peer Review.</p>
<p>7. Demonstrate professional characteristics that display a commitment to nursing care and to recognizing and meeting patient needs.</p>	<p>7. Demonstrate professional characteristics that display a commitment to nursing care and to recognizing and meeting patient needs.</p>	<p>7. Demonstrate professional characteristics that display a commitment to nursing care and to recognizing and meeting patient needs.</p>
<p>8. Use communication techniques to maintain professional boundaries in the nurse/ patient relationship.</p>	<p>8. Use communication techniques and management skills to maintain professional boundaries between patients and individual health care team members.</p>	<p>8. a. Use communication techniques and management skills to maintain professional boundaries between patients and individual health care team members. b. Use leadership and role modeling skills to promote professional boundaries among the members of the interdisciplinary team.</p>
<p>9. Uphold professional behavior in nursing comportment and in following organizational standards and policies.</p>	<p>9. Uphold professional behavior in nursing comportment and in following organizational standards and policies.</p>	<p>9. Uphold professional behavior in nursing comportment and in following organizational standards and policies.</p>

10. Implement principles of quality improvement in collaboration with the health care team.	10. Collaborate with interdisciplinary team on basic principles of quality improvement and outcome measurement.	10. Collaborate with interdisciplinary team on principles and tools of quality improvement and outcome measurement in systems of care delivery.
Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
C. Contribute to activities that promote the development and practice of vocational nursing.	C. Participate in activities that promote the development and practice of professional nursing.	C. Promote the practice of professional nursing through leadership activities and advocacy.
Knowledge		
1. Historical evolution of nursing practice.	1. Historical evolution of professional nursing.	1. Links between nursing history and medical, social, political, religious, and cultural influences.
2. Issues affecting the development and practice of vocational nursing.	2. Issues and trends affecting nursing practice, the nursing profession, and health care delivery.	2. a. Issues and trends affecting nursing practice, the nursing profession, and health care delivery system. b. Inquiry, analysis, and information approaches in addressing practice issues.
3. The role of vocational nursing organizations, regulatory agencies, and health care organizations.	3. The role of professional nursing organizations, regulatory agencies, and health care organizations.	3. a. The role of professional nursing organizations, regulatory agencies, and health care organizations. b. Research related to organizational and societal change.
4. Factors affecting the public image of nursing.	4. Strategies to influence the public perception of nursing.	4. Strategies to influence the public perception of nursing.
5. Distinctions between the evolving vocational and professional nursing roles.	5. a. The evolving practice roles of professional nurses and their contributions to the profession. b. Types of leadership. c. Political processes to promote professional nursing practice.	5. a. Evolving leadership roles in the advancement of the nursing profession; distinction of roles and scopes of practice among nursing and other health care professions. b. Theories of leadership. c. Strategies to influence legislative action processes and public policy.

Clinical Judgments and Behaviors

1. Identify historical evolution of nursing practice and issues affecting the development and practice of vocational nursing.	1. Analyze the historical evolution of professional nursing and the application to current issues and trends.	1. Synthesize the links between nursing history and medical, social, political, religious, and cultural influences to promote professional nursing practice.
2. Work collegially with members of the interdisciplinary health care team.	2. Promote collegiality among interdisciplinary health care team members.	2. Provide leadership in collaboration with the interdisciplinary health care team.
3. Participate in activities individually or in groups through organizations that promote a positive image of the vocational nursing role.	3. <ul style="list-style-type: none"> a. Participate in activities individually or in groups through organizations that promote a positive image of the profession of nursing. b. Collaborate with nursing colleagues and health care organizations to promote the profession of nursing. c. Articulate the values and roles of nursing to the public. 	3. <ul style="list-style-type: none"> a. Participate in activities individually or in groups through organizations that promote a positive image of the profession of nursing. b. Collaborate with nursing colleagues and health care organizations and with others outside the health care industry to promote the profession of nursing. c. Articulate the values and roles of nursing to the public. d. Communicate with state legislators and representatives of other regulatory bodies to promote a competent nursing workforce and protection of the public's safety and welfare.
4. Recognize roles of vocational nursing organizations, regulatory agencies, and organizational committees.	4. Recognize roles of professional nursing organizations, regulatory agencies, and organizational committees.	4. Recognize and analyze the impact of professional nursing organizations, regulatory agencies, and organizational committees upon the nursing profession and the roles of nurses.
5. Practice within the vocational nursing role and Scope of Practice.	5. Practice within the professional nursing role and Scope of Practice.	5. Practice within the professional nursing role and Scope of Practice.
6. Serve as a positive role model for students, peers, and members of the interdisciplinary health care team.	6. <ul style="list-style-type: none"> a. Serve as a positive role model for students, peers, and members of the interdisciplinary health care team. b. Participate in activities that promote consumer awareness of nursing's contribution to society. 	6. <ul style="list-style-type: none"> a. Serve as a positive role model for students, peers, and members of the interdisciplinary health care team. b. Participate in activities that promote consumer awareness of nursing's contribution to society.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.	D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.	D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.
Knowledge		
1. Texas Board of Nursing rules for continuing competence.	1. Texas Board of Nursing rules for continuing competence.	1. Texas Board of Nursing rules for continuing competence.
2. Resources, tools, and processes to assess vocational learning needs.	2. Resources, tools, and processes to assess professional learning needs.	2. Resources, tools, and processes to assess professional learning needs.
3. Lifelong learning opportunities to facilitate continuing competence (e.g., certifications, educational articulation/ mobility, and pathways for academic progression).	3. Lifelong learning opportunities to facilitate continuing competence (e.g., certifications, educational articulation/ mobility, and pathways for academic progression).	3. Lifelong learning opportunities to facilitate continuing competence (e.g. certifications and graduate education).
4. Changing roles and competencies in vocational nursing.	4. Changing roles and competencies in professional nursing.	4. Changing roles and competencies in professional nursing.
5. Research in self-care practices of nurses.	5. Research in self-care practices of nurses.	5. Research in self-care practices of nurses.
Clinical Judgments and Behaviors		
1. Participate in educational activities to maintain/ improve competency, knowledge, and skills.	1. Participate in educational activities to maintain/ improve competence, knowledge, and skills.	1. Participate in educational activities to maintain/ improve competence, knowledge, and skills.
2. <i>* Participate in nursing continuing competency activities to maintain licensure.</i>	2. <i>* Participate in nursing continuing competency activities to maintain licensure.</i>	2. <i>* Participate in nursing continuing competency activities to maintain licensure.</i>
3. Use self-evaluation, reflection, peer evaluation, and feedback to modify and improve practice.	3. Use self-evaluation, reflection, peer evaluation, and feedback to modify and improve practice.	3. Use self-evaluation, reflection, peer evaluation, and feedback to modify and improve practice.
4. Demonstrate accountability to reassess and establish new competency when changing practice areas.	4. Demonstrate accountability to reassess and establish new competency when changing practice areas.	4. Demonstrate accountability to reassess and establish new competency when changing practice areas.
5. Demonstrate commitment to the value of lifelong learning.	5. Demonstrate commitment to the value of lifelong learning.	5. Demonstrate commitment to the value of lifelong learning.

6. Engage in self-care practices that promote work-life balance.	6. Engage in self-care practices that promote work-life balance.	6. Engage in self-care practices that promote work-life balance.
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II. Provider of Patient-Centered Care

A licensed nurse (LVN or RN) who, based on educational preparation and scope of practice, accepts responsibility for the quality of nursing care and provides safe, compassionate nursing care using a systematic process of assessment, analysis, planning, intervention, and evaluation that focuses on the needs and preferences of patients and their families. The nurse incorporates professional values and ethical principles into nursing practice. The patients for LVNs and for Diploma and LVN educated RNs include individual patients and their families; the BSN-educated RN is also prepared to provide care to populations and communities.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
<p>A. Use clinical reasoning and knowledge based on the vocational nursing program of study and established evidence-based practice as the basis for decision-making in nursing practice.</p>	<p>A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision-making in nursing practice.</p>	<p>A. Use clinical reasoning and knowledge based on the baccalaureate degree nursing program of study, evidence-based practice outcomes, and research studies as the basis for decision-making and comprehensive patient care.</p>
Knowledge		
<p>1. A systematic problem-solving process in the care of patients and their families based on sciences taught in the vocational nursing program and evidence-based practice outcomes.</p>	<p>1. a. A systematic problem-solving process in the care of patients and their families based on selected liberal arts and sciences, and evidence-based practice outcomes. b. Conceptual frameworks of nursing practice as a means of planning care and solving clinical problems in care of patients and families.</p>	<p>1. a. A systematic problem-solving process in the care of patients and families based on the liberal arts, sciences, and evidence-based practice outcomes and research studies. b. Conceptual frameworks of nursing practice as a means of planning care and solving clinical problems in care of patients and families. c. Nursing frameworks, theories, and models that relate to managing and evaluating health care delivery with consideration of related costs in care</p>

		of patients, families, populations, and communities.
2. a. Priority setting based on patient health status and individual characteristics. b. Characteristics of vulnerable patients. c. Clinical reasoning processes.	2. a. Priority setting based on patient health status and individual characteristics. b. Characteristics of vulnerable patients. c. Clinical reasoning processes, systematic clinical judgment, and best practices.	2. a. Priority setting based on patient health status and individual characteristics. b. Characteristics of vulnerable populations. c. Clinical reasoning models, systematic clinical judgment, research process, and best practices.
3. Application of current literature, available work setting resources, and evidence-based practice to assist in decision-making.	3. Application of current literature and/ or research findings and evidence-based practice in improving patient care.	3. a. Research utilization and evidence-based practice. b. Analysis of reliability, validity, and limitations of quality of evidence. c. Informed consent for participation in research.
4. Resources from scientifically valid sources.	4. Resources for accurate and scientifically valid current information.	4. a. Resources for accurate and scientifically valid current information. b. Research and evaluation methodologies.
Clinical Judgments and Behaviors		
1. Use problem-solving approach and nursing knowledge to make decisions regarding care of assigned patients.	1. Use clinical reasoning and nursing science as a basis for decision-making in nursing practice.	1. Use systematic approaches for clinical decision-making, including nursing research, epidemiology, and political, social, ethical, and legal processes.

<p>2. a. Organize care for assigned patients based upon problem-solving and identified priorities.</p> <p>b. Proactively manage priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks.</p> <p>c. Recognize potential care needs of vulnerable patients.</p>	<p>2. a. Organize care based upon problem- solving and identified priorities.</p> <p>b. Proactively manage priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks.</p> <p>c. Apply principles of assisting vulnerable patients.</p>	<p>2. a. Organize care based upon problem- solving and identified priorities.</p> <p>b. Proactively manage priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks.</p> <p>c. Apply knowledge from genomics, epidemiology, bioterrorism, and current population demographics in decision-making to reduce health risks in communities and vulnerable populations.</p>
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3. Identify and communicate patient physical and mental health care problems encountered in practice.	3. Use knowledge of societal and health trends and evidence-based outcomes to identify and communicate patient physical and mental health care problems.	3. Use knowledge of societal and health trends and current research findings to identify and communicate patient physical and mental health care problems.
4. Apply relevant, current nursing practice journal articles to practice and clinical decisions.	4. Apply relevant, current nursing practice journal articles and evidence-based outcomes from research findings to practice and clinical decisions.	4. Analyze and incorporate research findings/ studies and evidence-based data into nursing practice and clinical decisions.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
B. Assist in determining the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their families, and in interpreting health-related data based on knowledge from the vocational nursing program of study.	B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their families, and the interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.	B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients, families, populations, and communities and the interpretation of comprehensive health assessment findings compared with evidence-based health data and a synthesis of knowledge derived from a baccalaureate degree nursing program of study.
Knowledge		
1. Steps of a systematic process in clinical decision-making that includes vocational nursing scope of practice in focused assessment, planning, implementation, and evaluation.	1. Steps of a systematic approach, which includes assessment, analysis, planning, implementation, and evaluation.	1. <ul style="list-style-type: none"> a. Steps of a systematic approach, which includes assessment, analysis, planning, implementation, and evaluation. b. Systematic processes, including nursing research, epidemiologic, psychosocial, and management. c. Systematic approach to performing a community assessment.
2. Components of a focused nursing assessment.	2. Comprehensive nursing assessment of patients and their families.	2. Comprehensive nursing assessment of patients, families, populations, and

		communities. Analysis of nursing research, epidemiological, and social data to draw inferences and conclusions.
3. Structured data collection tools and techniques of assessment of patients including interviewing.	3. Structured and unstructured data collection tools and techniques of assessment of patients and their families including interviewing.	3. a. Structured data collection tools and techniques of assessment of patients including interviewing. b. Unstructured data collection tools and techniques for assessment of patients, families, populations, and communities. c. Components of comprehensive databases and methods for data collection, health screening and case finding.
4. Characteristics, concepts, and processes related to patients, including: gross anatomy; basic physiology and pathophysiology; psychosocial growth and development; basic psychopathology; ethical reasoning; and major cultural and spiritual belief and practices related to health, illness, birth, death, and dying.	4. Characteristics, concepts, and processes related to patients, including: anatomy and physiology; physical and psychosocial growth and development; pathophysiology and psychopathology; ethical reasoning; and cultural and spiritual beliefs and practices related to health, illness, birth, death and dying.	4. Characteristics, concepts, processes, and theories related to patients including: anatomy and physiology; physical and psychosocial growth and development; pathophysiology and psychopathology; cultural and spiritual beliefs and practices related to health, illness, birth, death and dying; history; research; statistics; humanities; genomics; global health; ethics; and logical and ethical reasoning.
5. Cultural differences of patients across the lifespan.	5. Cultural differences of patients across the lifespan and major needs of vulnerable patients.	5. Cultural differences and integration of patient needs across the lifespan into the health care system including comprehensive needs of vulnerable patients, families, populations, and communities.
6. Characteristics, concepts, and processes related to transmission of common communicable diseases including individual risk factors and preventive health practices.	6. Characteristics, concepts, and processes related to disease transmission, risk factors, preventive health practices and their implications for selected populations and community resources.	6. Characteristics, concepts, and processes related to communities, including epidemiology, risk factors and preventive health practices and their implications for vulnerable populations, resources and resource assessment techniques, environmental factors and social organizations.

7. Common disease processes, medication administration, and other therapies and treatments.	7. Disease processes, pharmacotherapeutics, and other therapies and treatments.	7. Disease processes, pharmacotherapeutics, and other therapies and treatments.
8. Introduction to established approaches that guide nursing practice.	8. Introduction to established theories, models and approaches that guide nursing practice.	8. Nursing theories, research findings, and interdisciplinary roles to guide nursing practice.
9. Family processes that impact health.	9. Characteristics, concepts and processes related to families, including family development, risk factors, family communication patterns, and decision- making structures. Functional and dysfunctional characteristics of families that impact health.	9. Characteristics, concepts and processes related to families, including family development, risk factors, family communication patterns, and decision- making structures. Functional and dysfunctional characteristics of families that impact health.
10. Application of clinical technology in the delivery of safe patient care and documentation.	10. Application of clinical technology and use of nursing informatics in the delivery of safe patient care.	10. Application of clinical technology, information management, and use of nursing informatics in the delivery of safe patient care.
11. Introduction to patients with multiple healthcare problems.	11. Introduction to complex and multiple healthcare problems and issues, including evidence-based complementary health care practices.	11. Complex and multiple health care problems and issues, integrating evidence-based traditional and complementary healthcare practices, and population interventions and solutions.
12. Political, economic, and societal forces affecting health of individuals. Social determinants of health.	12. Political, economic, and societal forces affecting the health of individuals and their families. Social determinants of health.	12. Political, economic, and societal forces affecting health care for patients, families, populations, and global communities. Social determinants of health.
Clinical Judgments and Behaviors		
1. Use structured assessment tool to obtain patient history.	1. Use structured and unstructured data collection tools to obtain patient and family history in areas of physical, psychiatric/ mental health, spiritual, cultural, familial, occupational, and environmental information, risk factors, and patient resources.	1. a. Use structured and unstructured data collection tools to obtain patient and family history in areas of physical, psychiatric/mental health, spiritual, cultural, familial, occupational, environmental information, risk factors, and patient resources. b. Expand and modify data collection tools using evidence-based practice.

<p>2. Perform focused assessment to assist in identifying health status and monitoring change in patients.</p>	<p>2. Perform comprehensive assessment to identify health needs and monitor changes in health status of patients and families.</p>	<p>2. Perform comprehensive assessment and monitor changes to include factors impacting health status and health needs of patients, families, populations, and communities.</p>
<p>3. Report and document focused patient assessment data.</p>	<p>3. a. Validate, report, and document comprehensive assessment data for patients and families, including physical and mental health status and needs for patients and their families. b. Evaluate the use of safe complementary health care practices.</p>	<p>3. a. Validate, report, and document comprehensive assessment data, including physical and mental health status and needs for patients, families, populations, and communities. b. Evaluate evidence supporting traditional and complementary health care practices being used by patients, families, populations, and communities.</p>
<p>4. Identify predictable and multiple health needs of patients and recognize signs of decompensation.</p>	<p>4. Identify complex multiple health needs of patients, with consideration of signs and symptoms of decompensation of patients and families.</p>	<p>4. Identify complex multiple health needs of patients, with consideration of signs and symptoms of decompensation of patients and families.</p>
<p>5. Share observations that assist members of the health care team in meeting patient needs.</p>	<p>5. Use clinical reasoning to identify patient needs based upon analysis of health data and evidence-based practice outcomes and communicate observations.</p>	<p>5. Use clinical reasoning to identify patient needs based upon analysis of health data, evidence-based practice outcomes and research findings and communicate observations.</p>
<p>6. Assist with health screening.</p>	<p>6. Perform health screening and identify anticipated physical and mental health risks related to lifestyle and activities for prevention.</p>	<p>6. Perform health screening and case finding, and identify links between physical and mental health, lifestyle, prevention, and cost and access to health care.</p>
<p>7. Differentiate abnormal from normal health data of patients.</p>	<p>7. Interpret and analyze health data for underlying pathophysiological changes in the patient's status.</p>	<p>7. Interpret and analyze health data of patients, families, populations, and communities including pathophysiology, genomics and epidemiological considerations.</p>
<p>8. Recognize healthcare outcomes and report patient status.</p>	<p>8. Incorporate multiple determinants of health when providing nursing care for patients and families.</p>	<p>8. Incorporate the multiple determinants of health when providing nursing care for</p>

		patients, families, populations and communities.
9. a. Recognize that economic and family processes affect the health of patients. b. Identify health risks related to social determinants of health.	9. a. Recognize that political, economic, and societal forces affect the health of patients and their families. b. Identify health risks related to social determinants of health.	9. a. Recognize that political, economic, and societal forces affect the health of patients, families, populations, and communities. b. Identify health risks related to social determinants of health. c. Examine populations at risk from epidemiological, social and environmental perspectives.
10. N/A	10. N/A	10. Use epidemiological, social and environmental data to draw inferences about the health status of populations and communities.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
C. Report data to assist in the identification of problems and formulation of goals/outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team.	C. Analyze comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.	C. Synthesize comprehensive assessment data to identify problems, formulate goals/ outcomes, and develop plans of care for patients, families, populations, and communities using information from evidence-based practice and published research in collaboration with the above groups and the interdisciplinary health care team.
Knowledge		
1. Process to establish the nurse-patient/ family relationship including cultural aspects of care.	1. a. Principles of establishing nurse-patient/family relationship including cultural aspects of care. b. Principles for recognizing functional and dysfunctional relationships.	1. a. Principles of establishing nurse-patient/family relationship including cultural aspects of care. b. Models for understanding the dynamics of functional and dysfunctional relationships.

<p>2. Written, verbal, and non-verbal modes of communication including electronic information technologies.</p>	<p>2. a. Techniques of written, verbal, and nonverbal communication including electronic information technologies. b. Principles of effective communication and the impact on nursing practice.</p>	<p>2. a. Techniques of written, verbal, and nonverbal communication including electronic information technologies. b. Communication theories and their impact on nursing practice.</p>
<p>3. Fundamental principles of disease prevention and health promotion/restoration for patients.</p>	<p>3. Principles of disease prevention, health promotion, education, and rehabilitation for patients.</p>	<p>3. a. Principles and theories of disease prevention, health promotion, education, and rehabilitation for patients. b. Principles of epidemiology and genomics.</p>
<p>4. a. Interventions to support the patients and their families during life stages, including end-of-life care. b. Interdisciplinary collaboration.</p>	<p>4. a. Evidence-based clinical practice guidelines as a basis of interventions to support patients and their families throughout the lifespan, including end- of-life care. b. Interdisciplinary collaboration.</p>	<p>4. a. Evidence-based clinical practice guidelines as a basis of interventions to support patients and families throughout the lifespan, including end- of-life care. b. Interdisciplinary interventions, including nursing care across all settings.</p>
<p>5. Relationships among the nursing plan of care, the therapeutic regimen, the plan of care of other interdisciplinary health care team members, and basic cost factors.</p>	<p>5. Congruence of the relationships among the nursing plan of care, the therapeutic regimen, the plan of care of other interdisciplinary health care team members, and basic cost factors.</p>	<p>5. Congruence of the relationships among the nursing plan of care, the therapeutic regimen, the plan of care of other interdisciplinary health care team members and cost factors in multiple settings.</p>
<p>6. Criteria for setting priorities in planning and evaluating care.</p>	<p>6. A systematic approach for problem- solving and decision-making for prioritizing and evaluating the plan of care.</p>	<p>6. A variety of systematic approaches for problem-solving and decision-making for prioritizing and evaluating the plan of care.</p>
<p>7. Steps and procedures in discharge planning process.</p>	<p>7. Strategies for collaborative discharge planning.</p>	<p>7. a. Strategies for collaborative discharge planning. b. Research findings related to nursing care and discharge planning.</p>

8. Concepts from basic sciences and support courses.	8. Concepts from humanities and natural, social, and behavioral sciences applied to care planning for patients and their families.	8. Concepts and principles of arts, humanities, and natural, social, and behavioral sciences as applied to care
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		planning for patients, families, populations, and communities.
Clinical Judgments and Behaviors		
1. Integrate concepts from basic sciences and humanities to deliver safe and compassionate care in delivery of patient care.	1. Integrate knowledge from general education and sciences for the direct and indirect delivery of safe and compassionate care for patients and their families.	1. Synthesize theory and research-based knowledge from arts, humanities, and sciences for the direct and indirect delivery of safe and compassionate care for patients, families, populations, and communities.
2. Identify short-term goals and outcomes, select interventions considering cultural aspects, and establish priorities for care in collaboration with patients, their families, and the interdisciplinary team.	2. Establish short- and long-term goals and outcomes, select interventions considering cultural aspects, and establish priorities for care in collaboration with patients, their families, and the interdisciplinary team.	2. Establish short- and long-term goals and outcomes, select interventions considering cultural aspects, and establish priorities for care with patients, families, populations, communities, and the interdisciplinary team.
3. Participate in the development and modification of the nursing plan of care across the lifespan, including end-of-life care.	3. <ul style="list-style-type: none"> a. Use current technology and evidence- based information to formulate and modify the nursing plan of care across the lifespan, including end-of-life care. b. Assist with collection of data from direct patient care to redefine practice guidelines. 	3. <ul style="list-style-type: none"> a. Use current technology and evidence- based information to formulate and modify the nursing plan of care across the lifespan, including end-of-life care. b. Assist in the development of clinical practice guidelines using evidence- based based practice and research findings.
4. Contribute to the plan of care by collaborating with interdisciplinary team members.	4. Collaborate with interdisciplinary team members to plan for comprehensive services for patients and their families.	4. Collaborate with interdisciplinary team members to plan for comprehensive services for patients, families, populations, and communities.
5. Assist in the discharge planning of selected patients.	5. Plan, implement, and evaluate discharge planning using evidence-based guidelines in collaboration with the interdisciplinary health care team.	5. Use research findings and evidence- based guidelines to plan, implement, and evaluate discharge plans in collaboration with the interdisciplinary health care team.
6. Demonstrate fiscal accountability in providing patient care.	6. Demonstrate fiscal accountability in providing care for patients and their families.	6. In collaboration with the interdisciplinary team, use knowledge of financial resources to demonstrate fiscal accountability for health care of patients, families, populations, and communities.

7. Demonstrate basic knowledge of disease prevention and health promotion in delivery of care to patients and their families.	7. Demonstrate knowledge of disease prevention and health promotion in delivery of care to patients and their families.	7. Demonstrate knowledge of disease prevention and health promotion in delivery of care to patients, families, populations, and communities.
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Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
D. Provide safe, compassionate, basic nursing care to assigned patients with predictable health care needs through a supervised, directed scope of practice.	D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.	D. Provide safe, compassionate, comprehensive nursing care to patients, families, populations, and communities through a broad array of health care services.
Knowledge		
1. a. Components of compassionate, patient-centered care. b. Standards of Care; Standards of Practice; institutional policies and procedures for delivery of nursing care. c. Professional ethics. d. Aspects of professional behavior that conform to generally accepted standards of nursing care and of regulation.	1. a. Components of compassionate, patient-centered care. b. Standards of Care; Standards of Practice; institutional policies and procedures for delivery of nursing care. c. Professional ethics. d. Aspects of professional behavior that conform to generally accepted standards of nursing care and of regulation. e. Nursing unit and staffing management.	1. a. Components of compassionate, patient-centered care. b. Standards of Care; Standards of Practice; institutional policies and procedures for delivery of nursing care. c. Professional ethics. d. Aspects of professional behavior that conform to generally accepted standards of nursing care and of regulation. e. Nursing unit staff management. f. Resource management and organizational behavior.
2. Characteristics, trends, and issues of health care delivery.	2. Characteristics, trends, and issues of health care delivery.	2. a. Characteristics, trends, and issues of health care delivery. b. Models for health care delivery in organizations and communities.

<p>3. a. Basis for determining nursing care priorities in patient care. b. Principles of decision-making.</p>	<p>3. a. Basis for determining nursing care priorities in patient care. b. Principles for determining priorities and organization of nursing care.</p>	<p>3. a. Basis for determining nursing care priorities in patient care. b. Principles for determining priorities and organization of nursing care.</p>
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		c. Models of priority setting and organizational management.
4. Scope of responsibilities and accountability for supervision and collaboration.	4. a. Scope of responsibilities and accountability for supervision and collaboration. b. Principles of delegation, supervision, and collaboration including Texas Board of Nursing delegation rules. c. Models and patterns of nursing care delivery.	4. a. Scope of responsibilities and accountability for supervision and collaboration. b. Principles of delegation, supervision, and collaboration including Texas Board of Nursing delegation rules. c. Systems of nursing care delivery.
5. Channels of communication for decision-making processes within the work setting.	5. a. Channels of communication for decision-making processes within work settings. b. Principles of decision making.	5. a. Channels of communication and decision-making processes within work settings, organizations, and communities. b. Decision-making principles and models.
Clinical Judgments and Behaviors		
1. Assume accountability and responsibility for nursing care through a directed scope of practice under the supervision of a registered nurse, advanced practice registered nurse, physician assistant, physician, podiatrist, or dentist using standards of care and aspects of professional character.	1. Assume accountability and responsibility for nursing care provided within the professional scope of practice, standards of care, and aspects of professional character.	1. Assume accountability and responsibility for nursing care provided within the professional scope of practice, standards of care, and aspects of professional character.

<p>2. a. Identify priorities and make judgments concerning basic needs of multiple patients with predictable health care needs in order to organize care.</p> <p>b. Manage multiple responsibilities.</p> <p>c. Recognize changes in patient status.</p> <p>d. Communicate changes in patient status to other providers.</p>	<p>2. a. Identify priorities and make judgments concerning the needs of multiple patients in order to organize care.</p> <p>b. Anticipate and interpret changes in patient status and related outcomes.</p> <p>c. Communicate changes in patient status to other providers.</p> <p>d. Manage priorities and multiple responsibilities to provide care for multiple patients.</p>	<p>2. a. Identify priorities and make judgments concerning the needs of multiple patients, families, communities, and populations in order to organize care.</p> <p>b. Anticipate and interpret changes in patient and group status and related outcomes.</p> <p>c. Communicate changes in patient status to other providers.</p> <p>d. Manage priorities and multiple responsibilities to provide care for patients and groups.</p>
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<p>3. a. Implement plans of care for multiple patients. b. Collaborate with others to ensure that healthcare needs are met.</p>	<p>3. a. Implement plans of care for multiple patients. b. Collaborate within and across health care settings to ensure that healthcare needs are met, including primary and preventive health care. c. Manage care for multiple patients and their families.</p>	<p>3. a. Implement plans of care for multiple patients. b. Collaborate within and across a broad array of settings to ensure that healthcare needs are met, including primary and preventive health care. c. Manage care for multiple patients, families, communities, and populations.</p>
<p>4. Participate in management activities.</p>	<p>4. Apply management skills to assign and/or delegate nursing care to other members of the nursing team.</p>	<p>4. Apply concepts and skills from management theory to assign and/or delegate nursing care to other members of the nursing team in a variety of settings.</p>

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
<p>E. Implement aspects of the plan of care within legal, ethical, and regulatory parameters and in consideration of patient factors.</p>	<p>E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.</p>	<p>E. Implement the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.</p>
<p>Knowledge</p>		
<p>1. Common health practices and behaviors of patients and their families related to their developmental level, gender, culture, belief system, and the environment.</p>	<p>1. a. Health practices and behaviors and early manifestations of disease in patients and their families related to their developmental level, gender, culture, belief system, and the environment. b. Healthy lifestyles and early manifestations of disease in patients and their families.</p>	<p>1. a. Health practices and behaviors and early manifestations of disease in patients, families, communities, and populations related to developmental level, gender, cultures, belief systems, and the environment. b. Healthy lifestyles, early manifestations of disease, and epidemiology in populations. c. Health behavior change strategies to promote health and manage illness.</p>

2. Methods of therapeutic communication.	2. Patterns and modes of therapeutic and non-therapeutic communication, delegation, and collaboration.	2. Theories, models, patterns, and modes of therapeutic and non-therapeutic communication, delegation, and collaboration.
3. Rights and responsibilities of patients related to health care and basic advocacy.	3. a. Rights and responsibilities of patients related to health care and advocacy. b. Advocacy for health promotion for patients and their families.	3. a. Rights and responsibilities of patients related to health care and advocacy. b. Public policy advocacy.
4. Basic physiological and mental health aspects of nursing interventions.	4. a. Physiological, psychiatric, and mental health aspects of nursing interventions. b. Approaches to comprehensive healthcare, including health promotion and preventive practices for patients and families.	4. a. Physiological, psychiatric, and mental health aspects of nursing interventions. b. Approaches to comprehensive healthcare, including health promotion and preventive practices for patients, families, populations, and communities.
5. Principles and factors that contribute to the maintenance or restoration of health and prevention of illness.	5. Principles and factors that contribute to the maintenance or restoration of health and prevention of illness.	5. Principles and research findings of factors that contribute to the maintenance or restoration of health and prevention of illness.
6. a. Properties, effects, and basic principles underlying the use and administration of pharmacotherapeutic agents, including patients' responses. b. Effects of misuse of prescription and nonprescription medications and other substances.	6. a. Principles and rationale underlying the use, administration, and interaction of pharmacotherapeutic and psychopharmacotherapeutic agents using evidence-based outcomes which impact patients' responses to these agents. b. Effects of misuse of prescription and nonprescription medications and other substances	6. a. Principles and rationale underlying the use, administration, and interaction of pharmacotherapeutic and psychopharmacotherapeutic agents and research studies impacting patients' responses to these agents. b. Effects of misuse of prescription and nonprescription medications and other substances
7. Coping mechanisms for managing stress and identifying resources for crisis management.	7. Principles and strategies of stress management, crisis intervention, and conflict management.	7. Principles, strategies, theories, and models of stress, crisis responses, and conflict management.
8. Code of vocational nurse ethics and patient's rights.	8. Code of ethics, ethical practices, and patient's rights and framework for ethical decision-making.	8. Code of ethics, ethical practices, current issues, and patient's rights in the health care delivery system.

9. Legal parameters of vocational nursing practice and health care.	9. Legal parameters of professional nursing practice and health care.	9. Legal standards and implications for professional nursing care in multiple health care delivery settings.
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10. Available intradisciplinary and interdisciplinary resources within the employment setting.	10. Intradisciplinary and interdisciplinary resources and organizational relationships including structure, function, and utilization of resources.	10. Intradisciplinary and interdisciplinary resources and organizational relationships including structure, function, and utilization of health care delivery system resources.
11. Key federal and state statutes and institutional policies regarding patient confidentiality.	11. a. Key federal and state statutes and institutional policies regarding patient confidentiality. b. Issues and factors impacting confidentiality. c. Management of nursing informatics using principles of confidentiality.	11. a. Key federal and state statutes and institutional policies regarding patient confidentiality. b. Issues and factors impacting confidentiality. c. Information systems management consistent with principles of confidentiality.
12. Nursing interventions to implement plan of care.	12. Nursing interventions to implement plan of care, reduce risks, and promote health for patients and their families.	12. Nursing interventions to implement plan of care, reduce risks, and promote health for individuals, families, populations, and communities.
13. Clinical reasoning in the delivery of care to patients with predictable health care needs using knowledge from the vocational program of study.	13. Clinical reasoning for patients and their families with complex health care needs using framework of knowledge derived from the diploma or associate degree nursing program of study.	13. Clinical reasoning for complex health care needs of patients, families, communities, and populations using a broad framework of knowledge from the baccalaureate nursing program of study.
Clinical Judgments and Behaviors		
1. Implement individualized plan of care to assist patient to meet basic physical and psychosocial needs.	1. Implement individualized plan of care to assist patients and their families to meet physical and mental health needs.	1. Implement individualized plan of care to assist patients, families, communities, and vulnerable populations to meet comprehensive physical and mental health care needs in multiple settings.
2. Implement nursing interventions to promote health, rehabilitation, and implement nursing care for clients with chronic physical and mental health problems and disabilities.	2. a. Implement nursing interventions to promote health and rehabilitation. b. Implement nursing care to promote health and manage acute and chronic physical and mental health problems and disabilities. c. Assist patients and their families to learn skills and strategies to protect and promote health.	2. a. Implement nursing interventions to promote health and rehabilitation. b. Implement nursing care to promote health and manage acute and chronic physical and mental health problems and disabilities. c. Assist patients and families to learn skills that promote and protect health in multiple settings.

<p>3. Initiate interventions in rapidly-changing and emergency patient situations.</p>	<p>3. a. Adjust priorities and implement nursing interventions in rapidly-changing and emergency patient situations. b. Participate with the interdisciplinary team to manage health care needs for patients and their families.</p>	<p>3. a. Adjust priorities and implement nursing interventions in rapidly-changing and emergency patient situations. b. Participate with the interdisciplinary team to manage health care needs of patients, families, populations, and communities.</p>
<p>4. Communicate accurately and completely and document responses of patients to prescription and nonprescription medications, treatments, and procedures to other health care professionals clearly and in a timely manner.</p>	<p>4. Communicate accurately and completely and document responses of patients to prescription and nonprescription medications, treatments, and procedures to other health care professionals clearly and in a timely manner.</p>	<p>4. Communicate accurately and completely and document responses of patients to prescription and nonprescription medications, treatments, and procedures to other health care professionals clearly and in a timely manner.</p>
<p>5. Foster coping mechanisms of patients and their families during alterations in health status and end of life.</p>	<p>5. a. Facilitate coping mechanisms of patients and their families during alterations in health status and end of life. b. Apply evidence-based practice outcomes to support patient and family adaptation during health crises.</p>	<p>5. a. Facilitate patient and family coping during alterations in health status and end of life. b. Apply evidenced-based practice outcomes and research findings to support patient, family, population, and community coping and adaptation during health crises.</p>
<p>6. a. Assist interdisciplinary health care team members with examinations and procedures. b. Seek clarification as needed. c. Provide accurate and pertinent communication when transferring patient care to another provider.</p>	<p>6. a. Collaborate with other health care providers with treatments and procedures. b. Promote interdisciplinary team collaboration in carrying out the plan of care. c. Seek clarification as needed. d. Provide accurate and pertinent communication when transferring patient care to another provider.</p>	<p>6. a. Collaborate with other health care providers with treatments and procedures. b. Promote interdisciplinary team collaboration in carrying out the plan of care. c. Seek clarification as needed. d. Provide accurate and pertinent communication when transferring patient care to another provider.</p>
<p>7. a. Inform patient of Patient Bill of Rights. b. Encourage active engagement of patients and their families in care.</p>	<p>7. a. Inform patient of Patient Bill of Rights. b. Evaluate and clarify patient's understanding of health care rights. c. Encourage active engagement of patients and their families in care.</p>	<p>7. a. Inform patient of Patient Bill of Rights. b. Evaluate and clarify patient's understanding of health care rights. c. Encourage active engagement of patient, family, population, and community in care.</p>

<p>8. Communicate ethical and legal concerns through established channels of communication.</p>	<p>8. Use interdisciplinary resources within the institution to address ethical and legal concerns.</p>	<p>8. Use interdisciplinary, institutional, community, and scholarly resources to address ethical and legal concerns.</p>
<p>9. Use basic therapeutic communication skills when interacting with patients, their families, and other professionals.</p>	<p>9. Use therapeutic communication skills when interacting with and maintaining relationships with patients and their families, and other professionals.</p>	<p>9. a. Use therapeutic communication skills when interacting with and maintaining relationships with patients and families, and other professionals. b. Apply communication theory and techniques in maintaining professional relationships with patients, families, populations, and communities.</p>
<p>10. Apply current technology and informatics to enhance direct patient care while maintaining patient confidentiality and promoting safety.</p>	<p>10. Apply current technology and informatics to enhance patient care while maintaining confidentiality and promoting safety.</p>	<p>10. a. Apply current technology and informatics to enhance patient care while maintaining confidentiality and promoting safety. b. Use informatics to promote health and reduce risk in the community.</p>
<p>11. Facilitate maintenance of patient confidentiality.</p>	<p>11. Facilitate maintenance of patient confidentiality.</p>	<p>11. Facilitate maintenance of patient confidentiality.</p>
<p>12. a. Demonstrate accountability by providing nursing interventions safely and effectively using a directed scope of practice. b. Provide nursing interventions safely and effectively using established evidence-based practice guidelines.</p>	<p>12. a. Demonstrate accountability by using independent clinical judgment and established clinical guidelines to reduce risks and promote health. b. Provide nursing interventions safely and effectively using evidence-based outcomes.</p>	<p>12. a. Demonstrate accountability by using independent clinical judgment and established clinical guidelines to reduce risks and promote health. b. Provide nursing interventions safely and effectively using current research findings and evidence-based outcomes.</p>
<p>13. Provide direct patient care in disease prevention and health promotion and/or restoration.</p>	<p>13. Provide direct and indirect patient and family care in disease prevention and health promotion and/or restoration.</p>	<p>13. a. Provide direct and indirect patient and family care in disease prevention and health promotion and/or restoration. b. Provide direct and indirect care in community-based programs whose primary goals are disease prevention and health promotion and/or restoration.</p>

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
<p>F. Identify and report alterations in patient responses to therapeutic interventions in comparison to expected outcomes.</p>	<p>F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.</p>	<p>F. Evaluate and report patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research findings, and plan follow-up nursing care.</p>
Knowledge		
<p>1. Mechanisms to evaluate specific nursing interventions and patient outcomes.</p>	<p>1. Methods to evaluate health care processes and patient outcomes.</p>	<p>1. Systematic processes to assess methods for evaluating patient outcomes, including reliability and validity of evaluation tools.</p>
<p>2. Factors indicating changes that have potential for life-threatening consequences based on knowledge of life sciences.</p>	<p>2. Factors indicating changes that have potential for life-threatening consequences based on knowledge including physiology, pathophysiology, and pharmacology.</p>	<p>2. Factors indicating changes that have potential for life-threatening consequences based on knowledge including advanced pathophysiology, neurobiology, pharmacology, genomics, chemistry, humanities, and liberal arts education.</p>
<p>3. Basic performance improvement activities in patient care delivery.</p>	<p>3. Introduction to performance improvement concepts in patient care delivery.</p>	<p>3. Performance improvement concepts, motivation theory, and research/evaluation outcome measures to evaluate efficacy and effectiveness of care.</p>
Clinical Judgments and Behaviors		
<p>1. Report changes in assessment data.</p>	<p>1. a. Report changes in assessment data. b. Evaluate need to intervene to stabilize and prevent negative patient outcomes and/or to support end-of-life care. c. Evaluate patterns of behavior and changes that warrant immediate intervention.</p>	<p>1. a. Report changes in assessment data. b. Evaluate need to intervene to stabilize and prevent negative patient outcomes and/or to support end-of-life care. c. Evaluate patterns of behavior and changes that warrant immediate intervention.</p>

<p>2. Use standard references to compare expected and achieved outcomes of nursing care.</p>	<p>2. a. Use standard references to compare expected and achieved outcomes of nursing care. b. Analyze patient data to compare expected and achieved outcomes for patient using evidence-based practice guidelines.</p>	<p>2. a. Use standard references to compare expected and achieved outcomes of nursing care. b. Analyze patient data and use research findings, evidence-based practice guidelines, and a variety of systematic processes to compare expected and achieved outcomes for patient.</p>
<p>3. Communicate reasons for deviations from plan of care to supervisory health care team member.</p>	<p>3. a. Communicate reasons and rationale for deviation from plan of care to interdisciplinary health care team. b. Use nursing knowledge to recommend revisions of plan of care with interdisciplinary team.</p>	<p>3. a. Communicate reasons and rationale for deviation from plan of care to interdisciplinary health care team. b. Use research findings to help explain deviations from plan of care and revise plan of care with interdisciplinary health care team.</p>
<p>4. Assist in modifying plan of care.</p>	<p>4. Modify plan of care based on overt or subtle shifts in patient status and outcomes.</p>	<p>4. Modify plan of care based on overt or subtle shifts in patient status, research findings, and evaluation data.</p>
<p>5. Report and document patient’s responses to nursing interventions.</p>	<p>5. a. Report and document patient’s responses to nursing interventions. b. Evaluate and communicate quality and effectiveness of therapeutic interventions. c. Collaborate with interdisciplinary health care team to evaluate plan of care and to promote quality and effectiveness of care.</p>	<p>5. a. Report and document patient’s responses to nursing interventions. b. Evaluate and communicate quality and effectiveness of therapeutic interventions. c. Collaborate with interdisciplinary health care team to evaluate plan of care and to promote quality and effectiveness of care.</p>

<p>6. Assist in evaluating patient care delivery based on expected outcomes in plan of care and participate in revision of plan of care.</p>	<p>6. Evaluate the effectiveness of nursing interventions based on expected patient outcomes; modify interventions to meet the changing needs of patients; and revise plan of care as a result of evaluation.</p>	<p>6. a. Evaluate the effectiveness of nursing interventions based on expected patient outcomes; modify interventions to meet the changing needs of patients; and revise plan of care as a result of evaluation.</p> <p>b. Evaluate evidence-based data for use in providing comprehensive, efficient, cost-effective care to diverse patients, families, populations, and communities.</p>
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Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
G. Implement teaching plans for patients and their families with common health problems and well-defined health learning needs.	G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.	G. Develop, implement, and evaluate teaching plans for patients, families, populations, and communities to address health promotion, maintenance, restoration, and population risk reduction.
Knowledge		
1. Lifespan development and common situational variables affecting learning, such as stress, pain, and fear.	1. a. Lifespan development and sociocultural variables affecting the teaching/learning process. b. Techniques for assessment of learning needs and factors affecting learning.	1. a. Lifespan development and sociocultural variables affecting the teaching/learning process. b. Techniques for assessment of learning needs and factors affecting learning. c. Techniques for assessment of community health literacy, learning needs, and factors affecting quality of life and health care.
2. Basic principles of the teaching/ learning process.	2. a. Principles, methods, strategies, and outcomes of learning and teaching. b. Methods and strategies to evaluate learning and teaching.	2. a. Principles, methods, strategies, and outcomes of learning and teaching. b. Learning theories and best practices for evaluating methods, strategies, and outcomes of learning and teaching.
3. Resources that support patient health care knowledge, decision-making, and self- advocacy.	3. a. Resources that support patient health care knowledge, decision-making, and self- advocacy. b. Methods for advocating for patient and family health.	3. a. Resources that support patient health care knowledge, decision-making, and self- advocacy. b. Methods for advocating for patient, family, population, and community health.
Clinical Judgments and Behaviors		
1. Identify health-related learning needs of patients and their families.	1. Assess learning needs of patients and their families related to risk reduction and health promotion, maintenance, and restoration.	1. a. Assess learning needs of patients, families, populations, and communities related to health promotion, maintenance, and restoration.

		<ul style="list-style-type: none"> b. Assess genetic, protective, and predictive factors that influence the learning needs of patients, families, populations, and communities, related to risk reduction and health promotion, maintenance, and restoration.
<p>2. Contribute to the development of an individualized teaching plan.</p>	<ul style="list-style-type: none"> 2. <ul style="list-style-type: none"> a. Collaborate with the patient and interdisciplinary health care team to develop individualized teaching plans based upon developmental and health care learning needs. b. Use best practice standards and other evidence-based findings in developing and modifying teaching plans for patients and their families. 	<ul style="list-style-type: none"> 2. <ul style="list-style-type: none"> a. Collaborate with the patient and interdisciplinary health care team to develop individualized teaching plans based upon developmental and health care learning needs. b. Use best practice standards and other evidence-based findings in developing and modifying teaching plans and strategies for patients, families, populations, and communities.
<p>3. Implement aspects of an established teaching plan for patients and their families.</p>	<p>3. Develop and implement comprehensive teaching plans for health promotion, maintenance, and restoration and risk reduction for patients and their families with consideration of their support systems.</p>	<p>3. Develop and implement comprehensive teaching plans for health promotion, maintenance and restoration and risk reduction of patients, families, populations, and communities.</p>
<p>4. Assist in evaluation of learning outcomes using structured evaluation tools.</p>	<p>4. Evaluate learning outcomes of the patients and their families receiving instruction.</p>	<p>4. Evaluate learning outcomes of comprehensive teaching plans for patients, families, populations, and communities.</p>
<p>5. Teach health promotion and maintenance and self-care to individuals from a designated teaching plan.</p>	<ul style="list-style-type: none"> 5. <ul style="list-style-type: none"> a. Modify teaching plans for health promotion and maintenance and self-care to accommodate patient and family differences. b. Teach health promotion and maintenance and self-care to individuals and their families based upon teaching goals. 	<ul style="list-style-type: none"> 5. <ul style="list-style-type: none"> a. Modify teaching plans for health promotion and maintenance and self-care to accommodate patient and family differences. b. Develop teaching plans with special considerations for vulnerable populations. c. Teach health promotion and maintenance and self-care to individuals, families, and groups based upon teaching goals.

6. Provide the patient with the information needed to make choices regarding health.	6. Provide patients and their families with the information needed to make choices regarding health.	6. a. Provide patients, families, populations, and communities with the information
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		needed to make choices regarding health. b. Implement risk reduction strategies to address social and public health issues.
7. Provide patients and families with basic sources of health information.	7. Serve as an advocate and resource for health education and information for patients and their families.	7. Advocate for health education, healthy lifestyles, and early detection and treatment of disease, targeting vulnerable populations.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
H. Assist in the coordination of human, information, and physical resources in providing care for assigned patients and their families.	H. Coordinate human, information, and physical resources in providing care for patients and their families.	H. Coordinate the management of human, information, and management of physical resources in providing care for patients, families, populations, and communities.
Knowledge		
1. Organizational mission, vision, and values as a framework for care.	1. Organizational mission, vision, and values as a framework for care and management.	1. Organizational mission, vision, and values as a framework for care, management, and leadership.
2. Lines of authority and accountability within structured health care settings.	2. Types of organizational frameworks of various health care settings.	2. Organizational theories/principles of organizational behavior.
3. a. Workplace safety and civility consistent with current federal, state, and local regulations and guidelines. b. Prevention of workplace violence. c. Promoting a safe environment and a culture of safety.	3. a. Workplace safety and civility consistent with current federal, state, and local regulations and guidelines. b. Prevention of workplace violence. c. Promoting a safe environment and a culture of safety.	3. a. Workplace safety and civility consistent with current federal, state, and local regulations and guidelines. b. Prevention of workplace violence. c. Safe environmental management and promoting a culture of safety.
4. Vocational nursing role in implementing established cost containment measures.	4. a. Key issues related to budgetary constraints impacting the use of resources. b. Basic models of reimbursement.	4. a. Workplace unit budgeting and workforce resource management. b. Basic models of reimbursement.

5. Communication within organizational framework.	5. Basic principles of management and communication within an organization.	5. a. Management and communication within an organization. b. Leadership and management theory, practice, and skills.
6. Roles and responsibilities of members of the interdisciplinary health care team.	6. Roles and responsibilities of members of the interdisciplinary health care team.	6. Roles and responsibilities of members of the interdisciplinary health care team.
7. Individual response to organizational change.	7. Change process and strategies for initiating and evaluating effectiveness of change.	7. Change theory, processes, and strategies and change agent role, including methods for evaluating effectiveness of change.
Clinical Judgments and Behaviors		
1. Participate in implementing changes that lead to improvement in the work setting.	1. Identify and participate in activities to improve health care delivery within the work setting.	1. a. Identify and participate in activities to improve health care delivery within the work setting. b. Assess the management structure and nursing care delivery system within a health care organization and recommend changes for improvement.
2. a. Report unsafe patient care environment and equipment. b. Report threatening or violent behavior in the workplace.	2. a. Report the need for corrective action within the organization for safe patient care. b. Report threatening or violent behavior in the workplace.	2. a. Report the need for corrective action within the organization for safe patient care. b. Report threatening or violent behavior in the workplace. c. Design and implement strategies (e.g., coaching to increase the effectiveness of teamwork) to respond to the need for corrective action to promote a safe work environment.
3. Implement established cost containment measures in direct patient care.	3. Collaborate with interdisciplinary health care team to select human and physical resources that are optimal, legal, and cost effective to achieve patient-centered outcomes and meet organizational goals.	3. Collaborate with interdisciplinary health care team to use human and physical resources that are optimal, legal, and cost efficient to achieve patient-centered outcomes, meet organizational goals, and promote health in the community.

<p>4. Assign patient care activities taking patient safety into consideration according to Texas Board of Nursing rules (217.11).</p>	<p>4. Use basic management and leadership skills, act as a team leader, supervise and delegate care, and contribute to shared goals.</p>	<p>4. a. Supervise and delegate care and contribute to shared goals. b. Use management, leadership, teambuilding, and administrative skills; organize, manage, and evaluate the functioning of groups of individuals and staff.</p>
<p>5. Use management skills to assign to licensed and unlicensed personnel.</p>	<p>5. a. Use management skills to delegate to licensed and unlicensed personnel. b. Demonstrate leadership role in achieving patient goals.</p>	<p>5. a. Use management skills to delegate to licensed and unlicensed personnel. b. Demonstrate a leadership role in achieving patient/ family/ population/ community goals and management goals.</p>
<p>6. Assist with maintenance of standards of care.</p>	<p>6. Implement established standards of care.</p>	<p>6. a. Implement established standards of care. b. Collaborate in the development of standards of care based on evidence- based practice congruent with organizational structure and goals.</p>

III. Patient Safety Advocate

A licensed nurse (LVN or RN) who promotes safety in the patient and family environment by: following scope and standards of nursing practice; practicing within the parameters of individual knowledge, skills, and abilities; identifying and reporting actual and potential unsafe practices; and implementing measures to prevent harm. The BSN-educated RN is also prepared to be a patient safety advocate for populations and communities.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.	A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.	A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
Knowledge		
1. Texas Nursing Practice Act and Texas Board of Nursing rules.	1. Texas Nursing Practice Act and Texas Board of Nursing rules.	1. Texas Nursing Practice Act and Texas Board of Nursing rules.
2. National Standards of Nursing Practice.	2. National Standards of Nursing Practice.	2. National Standards of Nursing Practice.
3. Federal, state, and local government and accreditation organizations' safety requirements and standards.	3. Federal, state, and local government and accreditation organizations' safety requirements and standards.	3. Federal, state, and local government and accreditation organizations' safety requirements and standards.
4. Facility policies and procedures.	4. Facility policies and procedures.	4. Facility policies and procedures.
5. Facility licensing agency or authority standards.	5. Facility licensing agency or authority standards.	5. Facility licensing agency or authority standards.
6. Principles of quality improvement.	6. Principles of quality improvement and outcome measurement in health care organizations.	6. Principles and tools of quality improvement and outcome measurement in systems of care delivery.

** Advanced competencies italicized and identified by an asterisk are likely to be demonstrated by the graduate following licensure and after a period of transition into practice. Educational activities such as clinical experiences and simulation scenarios provide a foundation for future proficiencies in practice.*

Clinical Judgments and Behaviors		
1. Attain and maintain nursing licensure.	1. Attain and maintain nursing licensure.	1. Attain and maintain nursing licensure.
2. Practice according to Texas Nursing Practice Act and Texas Board of Nursing rules.	2. Practice according to Texas Nursing Practice Act and Texas Board of Nursing rules.	2. Practice according to Texas Nursing Practice Act and Texas Board of Nursing rules.
3. Seek assistance if practice requires behaviors or judgments outside of individual knowledge and expertise.	3. Seek assistance if practice requires behaviors or judgments outside of individual knowledge and expertise.	3. Seek assistance if practice requires behaviors or judgments outside of individual knowledge and expertise.
4. Use standards of nursing practice to provide and evaluate patient care.	4. Use standards of nursing practice to provide and evaluate patient care.	4. Use standards of nursing practice to provide and evaluate patient care.
5. Recognize and report unsafe practices and contribute to quality improvement processes.	5. a. Recognize and report unsafe practices. b. Manage personnel to maintain safe practice including participation in quality improvement processes for safe patient care.	5. a. Recognize and report unsafe practices. b. Manage personnel to maintain safe practice and manage quality improvement processes for safe patient care.
6. Participate in nursing peer review.	6. Participate in nursing peer review.	6. Participate in nursing peer review.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
B. Implement measures to promote quality and a safe environment for patients, self, and others.	B. Implement measures to promote quality and a safe environment for patients, self, and others.	B. Implement measures to promote quality and a safe environment for patients, self, and others.
Knowledge		
1. a. Principles of patient safety including safe patient handling. b. Promoting a culture of safety implementing principles of just culture.	1. a. Principles of patient safety including safe patient handling. b. Management of the patient environment for safety.	1. a. Principles of patient safety including safe patient handling. b. Quality improvement, environmental management, and risk management with a focus on patient safety.

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	c. Promoting a culture of safety implementing principles of just culture.	c. Promoting a culture of safety implementing principles of just culture.
2. Methods for promoting safety in the patient care environment consistent with current standards and guidelines.	2. Methods for promoting safety in the patient care environment consistent with current standards and guidelines.	2. Methods for promoting safety in the patient care environment consistent with current standards and guidelines.
3. a. Role in safety and risk management for patients and others. b. De-escalation of potential or actual violent behavior. c. Civility vs incivility.	3. a. Role in safety and risk management for patients and others. b. De-escalation of potential or actual violent behavior. c. Civility vs incivility.	3. a. Leadership role in quality, safety, and patient risk management and management of the environment for patient and others' safety. b. De-escalation of potential or actual violent behavior. c. Civility vs incivility.
4. Principles of a culture of safety including safe disposal of medications and hazardous materials.	4. Principles of a culture of safety including safe disposal of medications and hazardous materials.	4. Principles of a culture of safety including safe disposals of medications and hazardous materials.
5. Texas Board of Nursing rules related to mandatory reporting, nursing peer review, and "Whistleblower" protection.	5. Texas Board of Nursing rules related to mandatory reporting, nursing peer review, and "Whistleblower" protection.	5. Texas Board of Nursing rules related to mandatory reporting, nursing peer review, and "Whistleblower" protection.
Clinical Judgments and Behaviors		
1. Promote a safe, effective, caring environment conducive to the optimal health, safety, and dignity of the patients, their families, the health care team, and others consistent with the principles of just culture.	1. Promote a safe, effective caring environment conducive to the optimal health, safety, and dignity of the patients, their families, the health care team, and others consistent with the principles of just culture.	1. Promote and manage a safe, effective caring environment conducive to the optimal health, safety, and dignity of the patient, family, health care team, population, and community consistent with the principles of just culture.
2. Accurately identify patients.	2. Accurately identify patients.	2. Accurately identify patients.

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3. a. Safely perform preventive and therapeutic procedures and nursing measures including safe patient handling. b. Safely administer medications and treatments.	3. a. Safely perform preventive and therapeutic procedures and nursing measures including safe patient handling. b. Safely administer medications and treatments.	3. a. Safely perform preventive and therapeutic procedures and nursing measures including safe patient handling. b. Safely administer medications and treatments.
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	c. Reduce patient risk related to medication administration and treatment based on evidenced-based data.	c. Use epidemiologic process to manage and reduce risks related to medication and treatment administration and modify techniques in a variety of settings.
4. Clarify any order or treatment regimen believed to be inaccurate, non-efficacious, contraindicated, or otherwise harmful to the patient.	4. Clarify any order or treatment regimen believed to be inaccurate, non-efficacious, contraindicated, or otherwise harmful to the patient.	4. Clarify any order or treatment regimen believed to be inaccurate, non-efficacious, contraindicated, or otherwise harmful to the patient.
5. Document and report reactions and untoward effects to medications, treatments, and procedures and clearly and accurately communicate the same to other health care professionals.	5. Document and report reactions and untoward effects to medications, treatments, and procedures and clearly and accurately communicate the same to other health care professionals.	5. Document and report reactions and untoward effects to medications, treatments, and procedures and clearly and accurately communicate the same to other health care professionals.
6. Report environmental and systems incidents and issues that affect quality and safety, and promote a culture of safety.	6. Report environmental and systems incidents and issues that affect quality and safety, promote a culture of safety, and participate in organizational initiatives that enhance a culture of safety.	6. a. Report environmental and systems incidents and issues that affect quality and safety, and promote a culture of safety. b. Participate in organizational initiatives that enhance a culture of safety for patients, families, populations, and communities.
7. Use evidence-based information to contribute to development of interdisciplinary policies and procedures related to a safe environment including safe disposal of medications and hazardous materials.	7. Use evidence-based information to participate in development of interdisciplinary policies and procedures related to a safe environment including safe disposal of medications and hazardous materials.	7. Use evidence-based findings to develop interdisciplinary policies and procedures related to a safe environment including safe disposal of medications and hazardous materials.
8. Implement measures to prevent risk of patient harm resulting from errors and preventable occurrences.	8. Assess potential risk for patient harm related to accidents and implement measures to prevent risk of patient harm resulting from errors and preventable occurrences.	8. Use evidence-based findings to initiate accident prevention measures for patients and implement measures to prevent risk of patient harm resulting from errors and preventable occurrences.

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9. Inform patients regarding their plans of care and encourage participation to ensure consistency and accuracy in their care.	9. Inform patients regarding their plans of care and encourage participation to ensure consistency and accuracy in their care.	9. Inform patients regarding their plans of care and encourage participation to ensure consistency and accuracy in their care.
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Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
C. Assist in the formulation of goals and outcomes to reduce patient risks.	C. Formulate goals and outcomes using evidence-based data to reduce patient risks.	C. Formulate goals and outcomes using an evidence-based and theoretical analysis of available data to reduce patient and community risks.
Knowledge		
1. a. Principles of disaster preparedness and fundamental principles of communicable disease prevention for patients and their families. b. Elements of health care setting and community readiness for disrupting events such as disasters and major interferences with the health and well-being of the many.	1. a. Principles of disaster preparedness and communicable disease prevention and control for patients and their families. b. Elements of health care setting and community readiness for disrupting events such as disasters and major interferences with the health and well-being of the many.	1. a. Principles and theoretical models of epidemiology and communicable disease prevention and control for patients, families, populations, and communities. b. Evidence-based risk reduction. c. Epidemic and pandemic prevention and control. d. Disaster preparedness, response, and recovery. e. Elements of health care setting and community readiness for disrupting events such as disasters and major interferences with the health and well-being of the many.
2. Current national and state standards and guidelines and local procedures for infection control.	2. Current national and state standards and guidelines and local procedures for infection control.	2. Current international, national, and state standards and guidelines and local procedures for infection control.

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Clinical Judgments and Behaviors		
1. Assist in the formulation of goals and outcomes to reduce patient risk of health care-associated infections.	1. Formulate goals and outcomes using evidence-based data to reduce the risk of health care-associated infections.	1. Formulate goals and outcomes using an evidence-based and theoretical analysis of available data to reduce the risk of health care-associated infections.
2. a. Implement measures to prevent exposure to infectious pathogens and communicable conditions. b. Anticipate risk for the patient.	2. a. Implement measures to prevent exposure to infectious pathogens and communicable conditions. b. Anticipate risk for the patient.	2. a. Implement measures to prevent exposure to infectious pathogens and communicable conditions. b. Anticipate risk for the patient, family, population, and community.
3. Implement established policies related to disease prevention and control.	3. Participate in development of policies to prevent exposure to infectious pathogens, communicable conditions, and occupational hazards	3. a. Assist in developing policies and procedures to prevent exposure to infectious pathogens, communicable conditions, and other occupational hazards. b. Participate in programs and systems to address safety of patients, families, populations, and communities in the event of emergency or disaster.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.	D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.	D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
Knowledge		
1. a. Standards of Practice. b. Texas Board of Nursing rules (including Scope of Practice), Texas Board of	1. a. Standards of Practice. b. Texas Board of Nursing rules (including Scope of Practice), Texas	1. a. Standards of Practice. b. Texas Board of Nursing rules (including Scope of Practice), Texas

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Nursing Position Statements and Guidelines. c. Facility policies and procedures.	Board of Nursing Position Statements and Guidelines. c. Facility policies and procedures.	Board of Nursing Position Statements and Guidelines. c. Facility policies and procedures.
Clinical Judgments and Behaviors		
1. Evaluate individual scope of practice and competency related to assigned task.	1. Evaluate individual scope of practice and competency related to assigned task.	1. Evaluate individual scope of practice and competency related to assigned task.
2. Seek orientation/ training for competency when encountering unfamiliar patient care situations.	2. Seek orientation/ training for competency when encountering unfamiliar patient care situations.	2. Seek orientation/ training for competency when encountering unfamiliar patient care situations.
3. Seek orientation/ training for competency when encountering new equipment and technology.	3. Seek orientation/ training for competency when encountering new equipment and technology.	3. Seek orientation/ training for competency when encountering new equipment and technology.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.	E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.	E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
Knowledge		
1. a. Standards of Practice. b. Texas Board of Nursing rules, Position Statements and Guidelines. c. Scope of Practice.	1. a. Standards of Practice. b. Texas Board of Nursing rules, Position Statements and Guidelines. c. Scope of Practice.	1. a. Standards of Practice. b. Texas Board of Nursing rules, Position Statements and Guidelines. c. Scope of Practice.
2. Facility policies and procedures.	2. Facility policies and procedures.	2. Facility policies and procedures.
Clinical Judgments and Behaviors		
1. Report unsafe practices of healthcare providers using appropriate channels of communication.	1. Report unsafe practices of healthcare providers using appropriate channels of communication.	1. Report unsafe practices of healthcare providers using appropriate channels of communication.

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2. Understand nursing peer review rules and implement when appropriate.	2. Understand nursing peer review rules and implement when appropriate.	2. Understand nursing peer review rules and implement when appropriate.
3. Report safety incidents and issues through the appropriate channels.	3. Report safety incidents and issues to the appropriate internal or external individual or committee.	3. Report safety incidents and issues to the appropriate internal or external individual or committee.
4. Implement established safety and risk management measures.	4. Participate in committees that promote safety and risk management.	4. <ul style="list-style-type: none"> a. Participate in committees that promote quality, safety, and risk management. b. Interpret and guide others toward safe and legal clinical practice. c. Identify systems issues that impact nursing practice.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
<i>*F. Accept and make assignments that take into consideration patient safety and organizational policy.</i>	<i>*F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.</i>	<i>*F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.</i>
Knowledge		
1. <ul style="list-style-type: none"> a. Standards of Practice. b. Texas Board of Nursing Rules (including awareness of RN Delegation Rules), Position Statements, and Guidelines. c. Scope of Practice. 	1. <ul style="list-style-type: none"> a. Standards of Practice. b. Texas Board of Nursing Rules (including RN Delegation Rules), Position Statements, and Guidelines. c. Scope of Practice. 	1. <ul style="list-style-type: none"> a. Standards of Practice. b. Texas Board of Nursing Rules (including RN Delegation Rules), Position Statements, and Guidelines. c. Scope of Practice.
2. Facility policies and procedures.	2. Facility policies and procedures.	2. Facility policies and procedures.
Clinical Judgments and Behaviors		

** Advanced competencies italicized and identified by an asterisk are likely to be demonstrated by the graduate following licensure and after a period of transition into practice. Educational activities such as clinical experiences and simulation scenarios provide a foundation for future proficiencies in practice.*

1. Accept only those assignments and administrative responsibilities that fall	1. Accept only those assignments and administrative responsibilities that fall	1. Accept only those assignments and administrative responsibilities that fall
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within individual scope of practice based on experience and educational preparation.	within individual scope of practice based on experience and educational preparation.	within individual scope of practice based on experience and educational preparation.
2. * <i>When making assignments, ensure clear communication regarding other caregivers' levels of knowledge, skills, and abilities.</i>	2. * <i>When making assignments and delegating tasks, ensure clear communication regarding other caregivers' levels of knowledge, skills, and abilities.</i>	2. * <i>When making assignments and delegating tasks, ensure clear communication regarding other caregivers' levels of knowledge, skills, and abilities.</i>
3. * <i>When assigning nursing care, retain accountability and supervise personnel based on Texas Board of Nursing rules according to the setting to ensure patient safety.</i>	3. *a <i>When assigning and delegating nursing care, retain accountability and supervise personnel according to Texas Board of Nursing rules based on the setting to ensure patient safety.</i> *b. <i>Implement and participate in development of organizational policies and procedures regarding assignments and delegated tasks.</i>	*a. <i>When assigning and delegating nursing care, retain accountability and supervise personnel according to Texas Board of Nursing rules based on the setting to ensure patient safety.</i> *b. <i>Implement and develop organizational policies and procedures regarding assignments and delegated tasks.</i>

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IV. Member of the Health Care Team

A licensed nurse (LVN or RN) who provides patient-centered care by collaborating, coordinating, and/ or facilitating comprehensive care with an interdisciplinary/multidisciplinary health care team to determine and implement best practices for the patients and their families. The BSN-educated RN is also prepared to become a leader of the health care team as well as to provide care to populations and communities.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
A. Communicate and collaborate in a timely manner with patients, their families, and the interdisciplinary health care team to assist in the planning, delivery, and coordination of patient-centered care to assigned patients.	A. Coordinate, collaborate, and communicate in a timely manner with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.	A. Coordinate, collaborate, and communicate in a timely manner with patients, families, populations, communities, and the interdisciplinary health care team to plan, deliver, and evaluate care.
Knowledge		
1. a. Structure and function of the health care delivery system. b. Roles and functions of interdisciplinary health care team members including group dynamics.	1. a. Structure, function, and interdisciplinary relationships within the health care delivery system. b. Models of care delivery and roles of interdisciplinary health care team members including group process.	1. a. Structure, function, and interdisciplinary relationships within the health care delivery system. b. Models of care delivery and using group process in decision-making and care. c. Social, economic, and political processes impacting the access to and delivery of health care in communities.
2. Principles of effective communication and collaboration with patients, their families, and the interdisciplinary health care team.	2. Patterns and processes of effective communication and collaboration including assertiveness, negotiation, conflict resolution, and delegation.	2. a. Theories and strategies of effective communication and collaboration including assertiveness, negotiation, conflict resolution, and delegation.
3. a. Strategies to deal with b. Principles of interpersonal conflict management, assertiveness, problem-	3. a. Change theory and managing change. b. Principles of conflict management, decision-making, assertiveness,	3. a. Role theory, change theory, management and leadership theory.

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<p>solving, data collection, and basic time management.</p>	<p>motivation, delegation, supervision, and time management.</p>	<p>b. Principles of conflict management, decision-making, motivation, delegation, systems theory, assertiveness, budgeting, delegation, time management, supervision, and performance appraisal.</p>
<p>4. a. Patient advocacy and consumer rights and responsibilities. b. Legal and ethical processes related to health care.</p>	<p>4. a. Patient advocacy and consumer rights and responsibilities. b. Legal and ethical processes related to health care.</p>	<p>4. a. Patient advocacy and consumer rights and responsibilities. b. Legislative, legal, and ethical processes related to health care.</p>
<p>5. Contribution of evidence-based practice in development of health care and quality improvement.</p>	<p>5. a. Principles of evidence-based practice and application of evidence-based outcomes related to health care. b. Methods of evaluation for continuous quality improvement.</p>	<p>5. a. Evidence-based practice and research findings related to health care. b. Process of translating current evidence into practice. c. Methods of evaluation for continuous quality improvement. d. Processes of continuous quality improvement and application of quality improvement data.</p>
<p>Clinical Judgments and Behaviors</p>		
<p>1. Involve patients and their families with other interdisciplinary health care team members in decisions about patient care across the lifespan.</p>	<p>1. Involve patients and their families in collaboration with other interdisciplinary health care team members in planning health care delivery to improve the quality of care across the lifespan.</p>	<p>1. a. Involve patients, families, populations, and communities in collaboration with interdisciplinary health care team members in planning health care delivery to improve the quality of care across the lifespan. b. Use models of health care delivery to plan and improve health care for patients, families, populations, and communities.</p>

** Advanced competencies italicized and identified by an asterisk are likely to be demonstrated by the graduate following licensure and after a period of transition into practice. Educational activities such as clinical experiences and simulation scenarios provide a foundation for future proficiencies in practice.*

2. Cooperate and communicate to assist in planning and delivering interdisciplinary health care.	2. a. Use strategies of cooperation, collaboration, and communication to	2. a. Use strategies of cooperation, collaboration, and communication to
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** Advanced competencies italicized and identified by an asterisk are likely to be demonstrated by the graduate following licensure and after a period of transition into practice. Educational activities such as clinical experiences and simulation scenarios provide a foundation for future proficiencies in practice.*

	<p>plan, deliver, and evaluate interdisciplinary health care.</p> <p>b. Promote the effective coordination of services to patients and their families in patient-centered health care.</p>	<p>plan, deliver, and evaluate interdisciplinary health care.</p> <p>b. Promote and provide leadership in the effective coordination of services to patients, families, populations, and communities.</p>
<p>3. Participate in evidence-based practice in development of patient care policy with the interdisciplinary team to promote care of patients and their families.</p>	<p>3. Apply principles of evidence-based practice and methods of evaluation with the interdisciplinary team to provide quality care to patients and their families.</p>	<p>3. Synthesize evidence-based practices, research findings, and methods of evaluation with the interdisciplinary team by translating current evidence into practice for patients, families, populations, and communities.</p>

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
<p>B. Participate as an advocate in activities that focus on improving the health care of patients and their families.</p>	<p>B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients and their families.</p>	<p>B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients, families, populations, and communities.</p>
Knowledge		
<p>1. a. Rights and responsibilities of patients regarding health care, including self-determination and right of refusal.</p> <p>b. Current legal factors relating to safeguarding patient rights.</p>	<p>1. a. Rights and responsibilities of patients regarding health care, including self-determination and right of refusal.</p> <p>b. Current legal and societal factors that influence access to health care for patients and their families relating to safeguarding patient rights.</p>	<p>1. a. Rights and responsibilities of patients regarding health care, including self-determination and right of refusal.</p> <p>b. Current economic, legal, and political factors that influence access to health care delivery for patients, families, populations, and communities.</p>
<p>2. a. Individual responsibility for quality of nursing care.</p>	<p>2. a. Individual responsibility for quality of nursing care.</p>	<p>2. a. Individual responsibility for quality of nursing care.</p>

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<p>b. Role of the nurse as patient advocate for patients and their families.</p>	<p>b. Role of the nurse as advocate for patients and their families.</p>	<p>b. Role of the nurse as advocate for patients, families, populations, and communities. c. Research and theories related to advocacy for access to health care for patients, families, populations, and communities.</p>
<p>3. a. Role of nurse in quality improvement process. b. Nursing peer review committee. c. Knowledge of reliable online sites for quality health care data.</p>	<p>3. a. Role of organizational committees, nursing peer review committees, nursing organizations, and community groups involved with improving the quality of health care for patients and families. b. Knowledge of reliable online sites and other resources that provide quality health care data.</p>	<p>3. a. Leadership role in organizational committees, nursing peer review committees, nursing organizations, and community groups involved with improving the quality of health care for patients, families, populations, and communities. b. Formal and informal sources of power and negotiation processes. c. Historical development of professional advocacy groups and the growth of consumer advocacy. d. Knowledge of reliable online sites and other resources that provide quality health care data.</p>
<p>4. Responsibility for reporting to licensing and public protective agencies, which may involve mandatory reporting.</p>	<p>4. Role and responsibility for public safety and welfare, which may involve mandatory reporting.</p>	<p>4. Health care policies and regulations related to public safety and welfare, mandatory reporting, and development of the future workforce.</p>
<p>Clinical Judgments and Behaviors</p>		
<p>1. Respect the privacy and dignity of the patient.</p>	<p>1. a. Support the patient’s right of self- determination and choice even when these choices conflict with values of the individual professional.</p>	<p>1. a. Support the patient’s right of self- determination and choice even when these choices conflict with values of the individual professional.</p>

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	b. Apply legal and ethical principles to advocate for patient well-being and preference.	b. Apply legal and ethical principles to advocate for human and societal well-being and preferences.
2. Identify unmet health needs of patients.	2. Identify unmet needs of patients and their families from a holistic perspective.	2. a. Identify the unmet needs of patients, families, communities, and populations from a holistic perspective. b. Identify problems that patients and vulnerable populations have in accessing health care and disparities in health care.
3. Act as an advocate for patient's basic needs, including following established procedures for reporting and solving institutional care problems and chain of command.	3. a. Act as an advocate for patient's basic needs, including following established procedures for reporting and solving institutional care problems and chain of command. b. Advocate on behalf of patients and their families with other members of the interdisciplinary health care team. c. Teach patients and families about access to reliable and valid sources of information and resources including health information.	3. a. Act as an advocate for patient's basic needs, including following established procedures for reporting and solving institutional care problems and chain of command. b. Advocate on behalf of patients, families, populations, and communities with other members of the interdisciplinary health care team by implementing strategies for improving health care delivery systems. c. Teach patients, families, populations, and communities about access to reliable and valid sources of information and resources including health information.
4. Participate in quality improvement activities.	4. a. Participate in quality improvement activities. b. Participate in professional organizations and community groups to improve the quality of health care.	4. a. Participate in quality improvement activities. b. Participate in professional organizations and community groups to improve the quality of health care.
5. Refer patients and their families to community resources.	5. a. Refer patients and their families to community resources.	5. a. Refer patients, families, populations, and communities to resources.

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	b. Serve as a member of health care and community teams to provide services to individuals and their families who experience unmet needs.	b. Serve as a member of health care and community teams to provide services to individuals and communities with unmet needs. c. Initiate and participate in community partnerships and coalitions to provide health care to targeted, diverse populations.
Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
C. Participate in the identification of patient needs for referral to resources that facilitate continuity of care, and ensure confidentiality.	C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.	C. Use multiple referral resources for patients, families, populations, and communities, considering cost; confidentiality; effectiveness and efficiency of care; continuity and continuum of care; and health promotion, maintenance, and restoration.
Knowledge		
1. Work setting and major community resources.	1. Institutional and community resources including agencies/ services and health care providers.	1. Institutional, community, state, and federal resources including agencies/ services and health care providers.
2. Role of the case manager.	2. Principles of case management.	2. Theory and principles of case management, population characteristics, and epidemiology.
3. Roles of family and significant others in providing support to the patient.	3. Roles of family and significant others in providing support to the patient.	3. a. Roles of family and significant others in providing support to the patient. b. Family systems theory.
4. a. Functions of members of the interdisciplinary health care team. b. Confidentiality regulations.	4. a. Roles and functions of members of the interdisciplinary health care team. b. Confidentiality regulations.	4. a. Roles and functions of members of the interdisciplinary health care team. b. Confidentiality regulations.

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5. Need for patient referrals to promote continuity of care.	5. Referral processes for patients and their families to promote continuity of care.	5. Referral processes and methods for promoting continuity of care and improving access to health care for patients, families, populations, and communities.
6. Issues in current treatment modalities.	6. Issues and trends in health care delivery.	6. a. Issues and trends in health care delivery. b. Implications of demographic, epidemiological, and genetics data on the changing needs for health care resources and services.
7. Cost of health care services.	7. Major current issues affecting public/ government/ private health care services, programs, and costs.	7. Past, present, and future issues affecting public/ government/ private health care services, programs, policies and costs.
8. Organizational and local resources for health promotion, maintenance, and restoration.	8. Organizational, local, and state resources for risk reduction, and health promotion, maintenance, and restoration.	8. Organizational, local, state, federal, and global resources for risk reduction and health promotion, maintenance, and restoration.
Clinical Judgments and Behaviors		
1. a. Identify support systems of patients and their families. b. Identify major community resources that can assist in meeting needs.	1. a. Assess the adequacy of the support systems of patients and their families. b. Work with families to use resources to strengthen support systems. c. Identify providers and national and community resources to meet the needs of patients and their families.	1. a. Assess the adequacy of the support systems of patients, families, populations, and communities. b. Work with family and community resources to develop and strengthen support systems for patients, families, populations and communities. c. Identify providers and national and community resources to meet the needs of patients, families, populations and communities.
2. a. Communicate patient needs to the family and members of the health care team.	2. a. Facilitate communication among patients, their families, and members of the health care team to use institutional	2. a. Facilitate communication among patients, families, and interdisciplinary

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<ul style="list-style-type: none"> b. Maintain confidentiality. c. Promote system-wide verbal, written, and electronic confidentiality. 	<p>or community resources to meet health care needs.</p> <ul style="list-style-type: none"> b. Maintain confidentiality. c. Promote system-wide verbal, written, and electronic confidentiality. 	<p>team to use institutional or community resources to meet health care needs.</p> <ul style="list-style-type: none"> b. Maintain confidentiality. c. Promote system-wide verbal, written, and electronic confidentiality.
<p>3.</p> <ul style="list-style-type: none"> a. Advocate with other members of the interdisciplinary health care team on behalf of patients and families to procure resources for care. b. Assist patient to communicate needs to their support systems and to other health care professionals. 	<p>3.</p> <ul style="list-style-type: none"> a. Advocate with other members of the interdisciplinary health care team on behalf of patients and families to procure resources for care. b. Assist patients and their families to communicate needs to their support systems and to other health care professionals. 	<p>3.</p> <ul style="list-style-type: none"> a. Advocate with members of the interdisciplinary health care team and community resources on behalf of patients, families, and vulnerable populations to procure resources for care. b. Assist patients, families, and vulnerable populations to communicate needs to their support systems and to other health care professionals. c. Advocate for public policies to support health care access for vulnerable populations.
<p>4. Identify treatment modalities and cost of health care services for patients and their families.</p>	<p>4. Collaborate with interdisciplinary team concerning issues and trends in health care delivery affecting public/ government/ private health care services, programs, and cost to patients and families.</p>	<p>4.</p> <ul style="list-style-type: none"> a. Collaborate with interdisciplinary team concerning issues and trends in health care delivery. b. Analyze demographic and epidemiology data on the changing needs for health care resources and services. c. Participate in meetings/ organizations addressing past, present, and future issues affecting public/ government/ private health care services, programs, and cost to patients, families, populations, and communities.

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Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
D. Communicate patient data using technology to support decision-making to improve patient care.	D. Communicate and manage information using technology to support decision-making to improve patient care.	D. Communicate and manage information using technology to support decision-making to improve patient care and delivery systems.
Knowledge		
1. a. Current information and communication systems for managing patient care, data, and the medical record. b. Current technology-based information and communication systems.	1. a. Current information and communication systems for managing patient care, data, and the medical record. b. Current technology-based information and communication systems.	1. a. Current information and communication systems for managing patient care, data, the medical record, and population-based data. b. Current technology-based information and communication systems. c. Information management for health care systems.
2. Regulatory and ethical considerations protecting confidentiality when using technology.	2. Regulatory and ethical considerations protecting confidentiality when using technology.	2. Regulatory and ethical considerations protecting confidentiality when using technology.
3. Technology skills including word-processing, e-mailing, and accessing multiple online resources.	3. Technology skills including word-processing, e-mail, accessing databases, bibliographic retrieval, and accessing multiple online resources.	3. Technology skills including word-processing, e-mail, accessing databases, bibliographic retrieval, and accessing multiple online resources.
Clinical Judgments and Behaviors		
1. a. Identify, collect, process, and manage data in the delivery of patient care and in support of nursing practice and education. b. Use recognized, credible sources of information, including internet sites.	1. a. Identify, collect, process, and manage data in the delivery of patient care and in support of nursing practice and education. b. Evaluate credibility of sources of information, including internet sites.	1. a. Identify, collect, process, and manage data in the delivery of patient care and in support of nursing practice, administration, education, and research. b. Evaluate credibility of sources of information, including internet sites.

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c. Access, review, and use electronic data to support decision-making.	C. Access, review, and use electronic data to support decision-making. d. Participate in quality improvement studies.	C. Access, review, and use electronic data to support decision-making. d. Participate in designing, conducting, and evaluating quality improvement studies.
2. a. Apply knowledge of facility regulations when accessing client records. b. Protect confidentiality when using technology. c. Intervene to protect patient confidentiality when violations occur.	2. a. Apply knowledge of facility regulations when accessing client records. b. Protect confidentiality when using technology. c. Intervene to protect patient confidentiality when violations occur.	2. a. Apply knowledge of facility regulations when accessing client records. b. Protect confidentiality when using technology. c. Intervene to protect patient confidentiality when violations occur.
3. a. Use current technology and informatics to enhance communication, support decision-making, and promote improvement of patient care. b. Advocate for availability of current technology.	3. a. Use current technology and informatics to enhance communication, support decision-making, and promote improvement of patient care. b. Advocate for availability of current technology. c. Use informatics to promote health care delivery and reduce risk in patients and their families.	3. a. Use current technology and informatics to enhance communication, support decision-making, and promote improvement of patient care and delivery systems. b. Advocate for availability of current technology. c. Use informatics to promote health care delivery and reduce risk in patients, families, populations, and communities.
4. Document electronic information accurately, completely, and in a timely manner.	4. Document electronic information accurately, completely, and in a timely manner.	4. Document electronic information accurately, completely, and in a timely manner.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
<i>*E. Assign nursing activities to LVNs or unlicensed personnel based upon an analysis of patient or work place need.</i>	<i>*E. Assign and/ or delegate nursing activities to other members of the health care team based upon an analysis of patient or work place need.</i>	<i>*E. Assign and/ or delegate nursing activities to other members of the health care team based upon an analysis of patient or organizational need.</i>

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Knowledge		
1. Awareness of Texas Board of Nursing RN Delegation Rules.	1. Texas Board of Nursing RN Delegation Rules.	1. Texas Board of Nursing RN Delegation Rules.
2. a. Principles of supervision and team work/ group dynamics. b. Competencies of assistive personnel and other licensed team members. c. Structure and function of the interdisciplinary team. d. Patient care requirements and focused assessments.	2. a. Principles of supervision and management, team work/ group dynamics, and nursing care delivery systems. b. Competencies of assistive personnel and other licensed team members. c. Structure and function of the interdisciplinary team. d. Patient care requirements and assessment techniques. e. Evaluation processes and methods to assess competencies.	2. a. Principles of supervision, team work/ group dynamics, nursing care delivery systems, and health policy. b. Competencies of assistive personnel and other licensed team members. c. Structure and function of the interdisciplinary team. d. Patient care requirements and assessment techniques. e. Evaluation processes and methods to assess competencies. f. Management and systems theory.
3. Time management.	3. Time management.	3. Time management.
4. a. Principles of communication. b. Regulatory laws and facility policies	4. a. Principles of communication. b. Regulatory laws and facility policies.	4. a. Principles of communication. b. Regulatory laws and facility policies. c. Motivational theories.
Clinical Judgments and Behaviors		
1. <i>* Compare needs of patient with knowledge, skills, and abilities of assistive and licensed personnel prior to making assignments.</i>	1. <i>*a. Compare needs of patient with knowledge, skills, and abilities of assistive and licensed personnel prior to making assignments or delegating tasks. *b. Assess competency level and special needs of nursing team members. *c. Facilitate decision-making related to delegation and assigned tasks.</i>	1. <i>*a. Compare needs of patient with knowledge, skills, and abilities of assistive and licensed personnel prior to making assignments or delegating tasks. *b. Assess competency level and special needs of nursing team members. *c. Facilitate decision-making and establishing facility policy related to delegated and assigned tasks.</i>

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<p>2. <i>*a. Assign and monitor tasks of unlicensed and licensed personnel in compliance with Texas Board of Nursing rules.</i> <i>*b. Reassess adequacy of care provided.</i></p>	<p>2. <i>*a. Assign, delegate, and monitor performance of unlicensed and licensed personnel in compliance with Texas Board of Nursing rules.</i> <i>*b. Assign patient care based on analysis of patient or organizational need</i> <i>*c. Reassess competency and learning needs of team members.</i></p>	<p>2. <i>*a. Assign, delegate, and monitor performance of unlicensed and licensed personnel in compliance with Texas Board of Nursing rules.</i> <i>*b. Use leadership skills to promote team building and team work.</i> <i>*c. Assign patient care based on analysis of patient or organizational need.</i> <i>*d. Reassess competency and learning needs of team members.</i></p>
<p>3. <i>*a. Document and/ or report responses to care or untoward effects.</i> <i>*b. Provide feedback on competency levels of team members.</i></p>	<p>3. <i>*a. Evaluate responses to delegated and assigned tasks and make revisions based on assessment.</i> <i>*b. Plan activities to develop competency levels of team members</i></p>	<p>3. <i>*a. Evaluate responses to delegated and assigned tasks and make revisions based on assessment.</i> <i>*b. Plan and manage activities to develop competency levels of team members.</i></p>

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
<p><i>*F. Supervise nursing care provided by others for whom the nurse is responsible.</i></p>	<p><i>*F. Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice.</i></p>	<p><i>*F. Supervise nursing care provided by others for whom the nurse is responsible by using best practices of management, leadership, and evaluation.</i></p>
Knowledge		
<p>1. Principles of supervision and group dynamics.</p>	<p>1. Principles of management and organizational behavior.</p>	<p>1. Theories of management and leadership, and evaluation of organizational behavior.</p>
<p>2. Principles of communication in groups.</p>	<p>2. Principles of communication and group process.</p>	<p>2. Communication theory and group process.</p>
<p>3. Principles of teaching and learning.</p>	<p>3. a. Assessment of learning needs. b. Instructional methods.</p>	<p>3. a. Assessment of learning needs. b. Instructional methods.</p>

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	c. Evaluation of teaching effectiveness.	c. Evaluation of teaching effectiveness.
4. a. Facility policies and procedures. b. Organizational structure including chain of command.	4. a. Facility policies and procedures. b. Organizational structure including chain of command.	4. a. Facility policies and procedures. b. Organizational structure including chain of command and various health care delivery systems.
Clinical Judgments and Behaviors		
1. <i>* Provide instruction where needed to members of the health care team to promote safe care.</i>	1. <i>* Provide staff education to members of the health care team to promote safe care.</i>	1. <i>*a. Use leadership skills to provide staff education to members of the health care team to promote safe care. *b. Evaluate the effectiveness of the process for staff education. *c. Develop new policies and procedures.</i>
2. <i>* Seek direction and clarification from supervisors when questions arise to promote safe care by health care team.</i>	2. <i>* Provide direction and clarification to health care team members or seek additional direction and clarification to promote safe care by health care team.</i>	2. <i>* Provide direction and clarification to health care team members or seek additional direction and clarification to promote safe care by health care team.</i>
3. <i>*a. Oversee and monitor patient care provided by unlicensed assistive personnel and vocational licensed personnel as assigned. *b. Base assignments on individual team member competencies.</i>	3. <i>*a. Oversee and follow through on patient care provided by health team members. *b. Base assignments and delegation on team member competencies.</i>	3. <i>*a. Oversee and follow through on patient care provided by health team members. *b. Base assignments and delegation on team member competencies.</i>
4. <i>*Ensure timely documentation by assigned health team members.</i>	4. <i>*a. Ensure timely documentation by assigned health team members. *b. Ensure documentation of patient care follow-up.</i>	4. <i>*a. Ensure timely documentation by assigned health team members. *b. Ensure documentation of patient care follow-up</i>

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
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G. Assist health care teams during local or global health emergencies or pandemics	G. Participate with health care teams during local or global health emergencies or	G. Coordinate, collaborate, and lead health care teams during local or global health
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to promote health and safety, and prevent disease.	pandemics to promote health and safety, and prevent disease.	emergencies or pandemics to promote community stability, health, and safety, and prevent disease.
Knowledge		
1. Impact of global health on local communities.	1. Impact of global health on local communities.	1. Impact of global health on local communities.
2. a. Global health organizations. b. Sources of global health information and data.	2. a. Global health organizations. b. Sources of global health information and data.	2. a. Global health organizations. b. Sources of global health information and data.
3. Nursing roles during global or local emergencies and pandemics.	3. Nursing roles during global or local emergencies and pandemics.	3. Nurse leader roles during global or local emergencies and pandemics.
4. Factors that impact global and local health: social justice and equity; holistic care; advocacy for global health; sustainability of nurses in global health (including environmental conditions and self-care); and interprofessional collaboration.	4. Factors that impact global and local health: social justice and equity; holistic care; advocacy for global health; sustainability of nurses in global health (including environmental conditions and self-care); and interprofessional collaboration.	4. Factors that impact global and local health: social justice and equity; holistic care; advocacy for global health; sustainability of nurses in global health (including environmental conditions and self-care); and interprofessional collaboration.
Clinical Judgments and Behaviors		
1. Recognize the impact and prepare to respond to an emergent global or local health issue in an assistant role.	1. Recognize the impact and prepare to respond to an emergent global or local health issue in a supportive role.	1. Recognize the impact and prepare to respond to an emergent global or local health issue in a leadership role.
2. Guide patients, staff, and others in understanding the extent of the emergency and their response.	2. Provide information to patients, staff, and others in understanding the extent of the emergency and their response.	2. Take a leadership role with patients, staff, and others in understanding the extent of the emergency and taking any necessary actions.
3. Participate with the health care team to promote safety and maintain health during an emergency or pandemic.	3. Fulfill an assigned role with the health care team to promote safety and health for the staff and public during an emergency or pandemic.	3. Assume a leadership role with the health care team to promote safety and health for the staff and public during an emergency or pandemic.

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4. Include public health strategies in the care of individuals and communities that address	4. Include public health strategies in the care of individuals and communities that address	4. Include public health strategies in the care of individuals and communities that
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<p>resolution of a global or local crisis and promotion of health among the population.</p>	<p>resolution of a global or local crisis and promotion of health among the population.</p>	<p>address resolution of a global or local crisis and promotion of health among the population.</p>
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**Differentiated Essential Competencies Of Graduates
of Texas Nursing Programs
Evidenced by Knowledge, Clinical Judgments, and Behaviors 2021**

Implementing the DEC's in Education and Practice

The competencies in the DEC's describe the outcomes for graduates of the Texas prelicensure nursing education programs and they ensure that graduates have received the preparation to practice at their educational level as safe, competent entry-level nurses. The DEC's provide a common standard of expectation in practice abilities of new nursing graduates as they seek employment in health care settings.

It is recommended that nursing education programs:

- Review the revised DEC's for alignment with the curriculum and make adjustments as needed;
- Consider how each core competency is addressed in the curriculum and whether curriculum changes are in order;
- Ensure that the DEC's are integrated into course and clinical objectives;
- Reinforce the meaning of the DEC's throughout the program reminding students that competencies will continue to be developed in the program and as they gain experience in nursing practice.

This exercise in curriculum review and revision will update the curriculum and familiarize the faculty with the entire program of study.

Implementing the DEC's in Practice Settings

The DEC's provide an expected level of knowledge, skills, abilities, and clinical judgment for new graduates and offer a starting point for the growth of competencies as they enter practice.

It is recommended that practice settings:

- Review the revised DEC's to ensure that the expectations for new graduates are consistent with the competencies taught in nursing programs;
- Consider the DEC's in a review of the orientation of new graduates or for internships offered to new nurses;
- Utilize the leveling of the core competencies when considering the scope of practice for each educational preparation.

The DEC's also will provide a guideline for establishing career ladders, making assignments to new graduates, reviewing job descriptions, establishing policies and procedures, and planning in- services and staff development programs.

Glossary
Explanation of Terms Used in the DEC's

1. **Civility** - behavior usually demonstrated through manners, courtesy, politeness, and a general awareness of the rights, wishes, concerns, and feelings of others. Civil behavior in nursing contributes to a positive environment and is related to the health and well-being of the nurses and patients. Aspects of civil behavior includes tolerating, listening, respecting, and treating others with dignity and honor. Incivility is recognized by actions such as berating and insulting others, showing disrespect, and blaming and accusing with the intent to hurt. Incivility in healthcare can lead to unsafe working conditions, stress, poor patient care, burnout, and increased medical costs (My American Nurse, 2012; Clark, 2017; Laschinger et al., 2009.)
2. **Clinical Reasoning** - the process by which nurses collect cues, process and analyze the information, come to an understanding of a patient problem or situation, weigh alternative actions, plan and implement interventions, evaluate outcomes, and reflect on and learn from the process (Griffits et al., 2017).
3. **Competency** - an expected and measurable level of nursing performance that integrates knowledge, skills, abilities, and judgment, based on established scientific knowledge and expectations for nursing practice (ANA, 2015, p. 86).
4. **Delegation** - a registered nurse authorizing an unlicensed person to provide nursing services while retaining accountability for how the unlicensed person performs the task. It does not include situations in which an unlicensed person is directly assisting a RN by carrying out nursing tasks in the presence of a RN [Texas Board of Nursing §224.4(3)]. [Another pertinent rule is §225.4(6)].
5. **Evidence-based Practice** - a conscientious, problem-solving approach to clinical practice that incorporates the best evidence from well-designed studies, patient values and preferences, and a clinician's expertise in making decisions that individualize a patient's care (Stevens, 2013).
6. **Global Health** - the health and well-being of the global population and as such, is linked to public health; content in global health that promote competencies include travel and migration, determinants of health, environmental factors, cultural competency, communication, health care delivery, ethics, human rights, collaboration, and management skills (Clark et al., 2016).
7. **Just Culture** - a culture in which the reporting of errors and near misses in practice is supported without fear of retribution, creating an atmosphere of trust and encouraging and rewarding nurses and health care workers (Barnsteiner & Disch, 2019).
8. **Nursing Peer Review** - the evaluation of nursing services, the qualifications of a nurse, the quality of patient care rendered by a nurse, the merits of a complaint concerning a nurse or nursing care, and a determination or recommendation regarding a complaint (NPA Sec. 303.001).

9. **Predictable Health Care Needs** - health issues that follow a common course of patterned symptoms and expected prescribed care with likely outcomes.
10. **Social Determinants of Health** - conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. Retrieved from: <https://www.cdc.gov/socialdeterminants/index.htm>)
11. **Service Excellence** - caring in action that is fundamental to the achievement of optimal health outcomes for the patient, nurse, and system. Service excellence is a combination of compassionate caring and competent practice. Nurses may experience challenges in providing service excellence such as the changing demographics and increasing diversity, the growing use of technology, globalization of the world's economy and society, consumer education, the increasing complexity of patient care, the rising cost of health care, the impact of health policy and regulation, interdisciplinary practice, the nursing shortage, the need for lifelong learning, and advances in nursing science and research (Aliyu et al., 2014).
12. **Vulnerable Patients/Populations** - those at greater risk for poor health status and healthcare access, experience significant disparities in life expectancy, access to and use of healthcare services, morbidity, and mortality. Their health needs are complex, intersecting with social and economic conditions they experience. This population is also likely to have 1 or more physical and/or mental health conditions. (The American Journal of Managed Care, 2006). Retrieved from: <https://www.ajmc.com/view/nov06-2390ps348-s352>

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Members of the DEC's Work Group and Board Staff

Board-Appointed Committee:

Name	Representing
Joan Becker, MA, BSN, RN	Texas Organization of Associate Degree Nursing (TOLVN)
April Ernst, MSN, RN, CNE	Texas Association of Vocational Nurse Educators (TAVNE)
Heather M. McKnight, DNP, MSN, RN, NE- BC	Texas Organization of Baccalaureate and Graduate Nursing Education (TOBGNE)
Paula J. Webb, DNP, RN, NEA-BC, FAONL Valerie Kiper, DNP, MSN, RN, NEA-BC	Texas Organization of Nurse Leaders (TONL)
Rena Schumann, PhD, RN, CNE	Texas Nurses Association (TNA)
Tara Dailey, DNP, MSN, RN	Texas League for Nursing (TLN)
Adam Ramirez, LVN	Licensed Vocational Nurses Association of Texas (LVNAT)
Karen Schwind, RN	Texas School Nurses Organization (TSNO)
Karen Kendrick, MSN, RN	Texas Hospital Association (THA)
Robin Hayes, RN, CDP	Texas Health Care Association (THCA)

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Glossary

1. **Best Practice:** nursing practices that are based on the “best evidence” available from nursing research, the goal being to apply the most recent, relevant, and helpful nursing interventions based on research in real-life practice (University of Iowa, 2009).
2. **Case Management:** a dynamic and systemic collaborative approach to providing and coordinating health care services to a defined population; a participative process to identify and facilitate options and services for meeting individual health care needs, while decreasing fragmentation and duplication of care and enhancing quality, cost-effective, clinical outcomes (American Nurses Association, 2003).
3. **Clinical Reasoning:** the ability to reason as a clinical situation changes, taking into account the context and concerns of the patient and family (Benner, Sutphen, Leonard-Kahn, & Day, 2008).
4. **Clinical Practice Guidelines:** systematically developed statements that are designed to assist nurses toward decisions on appropriate health care for specific conditions and provide various diagnostic criteria and therapeutic interventions from national health advisory boards and authoritative sources with which to carefully judge patient care (Broughton & Rathbone, 1999).
5. **Competency:** an expected level of performance that integrates knowledge, skills, abilities, and judgment (American Nurses Association, 2008).
6. **Complementary Health Care Practices:** please reference <http://www.bon.texas.gov/practice/position.html#15.23>
7. **Comprehensive Nursing Assessment:** please reference <http://www.bon.texas.gov/practice/pdfs/position15-27.pdf>
8. **Culture of Safety:** an organizational commitment to safety that permeates all levels of the organization and is characterized by the following features: an acknowledgment of the high-risk, error prone nature of health care activities; promotion of a blame-free environment where staff are able to report errors or close calls without fear of reprisal; an expectation of collaboration across disciplines; and a willingness on the part of the organization to direct resources for addressing safety concerns (Marquis & Huston, 2009).
9. **Directed Scope of Practice:** please reference <http://www.bon.texas.gov/practice/pdfs/position15-27.pdf>

10. Evidence-Based Practice: a problem-solving approach to clinical decision-making within a health care organization that integrates the best available scientific evidence with the best available experiential (patient and practitioner) evidence (Newhouse, Dearholt, Poe, Pugh, & White, 2007).
11. Focused Nursing Assessment: please reference
<http://www.bon.texas.gov/practice/pdfs/position15-27.pdf>
12. Interdisciplinary Health Care Team (IHCT): a group of individuals with diverse training and backgrounds who work together as an identified unit or system. Team members consistently collaborate to solve patient problems that are too complex to be solved by one discipline or many disciplines in sequence. Team members determine the team's mission and common goals, work interdependently through shared leadership to define and treat patient problems, work through formal and informal structures, accept and capitalize on disciplinary differences and overlapping roles (Drinka & Clark, 2000).
13. Materiel: equipment, apparatus, and supplies used by an organization or an institution (Merriam-Webster Dictionary, 2010).
14. Scope of Practice: please reference
http://www.bon.texas.gov/practice/gen_practice.html#Scope_of_Practice

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Implementing the DEC's

Implementing the DEC's in Nursing Education Programs:

The competencies in the DEC's describe the outcomes of prelicensure graduates of Texas nursing education programs ensuring that graduates are safe, competent entry-level nurses. The question is: How does the program's curriculum guide students to achieve these outcomes?

Critical steps:

First, make sure the philosophy of the nursing program supports a curriculum based upon the DEC's. Secondly, the program objectives should describe outcomes that are consistent with the DEC's. Thirdly, course descriptions and content should include the knowledge base seen as necessary for development of the competencies. Additionally, the course and clinical objectives should indicate that students have opportunities to develop and demonstrate the competencies. A process to ensure that the DEC's are integrated into the curriculum includes that:

- faculty should review each competency in the DEC's and find where it is covered in the curriculum plan,
- faculty may develop a matrix matching the DEC's to curriculum objectives,
- faculty should review the knowledge areas in the DEC's to ensure inclusion in the program,
- it may be necessary to rewrite the philosophy or program objectives, and
- faculty may find it necessary to add or delete didactic content.

This exercise in curriculum review updates and improves the curriculum, and familiarizes the faculty with the entire program of study.

Implementing the DEC's in the Employment Setting:

The DEC's may be used in the practice area to assist employers in:

- Developing orientation and internship programs.
The DEC's provide a starting point for the orientation of new nursing graduates since the DEC's describe the basic educational preparation of graduates of Board approved nursing programs, including the knowledge base to guide

students in developing clinical judgments and behaviors for entry-level practice.

- Establishing career ladders for the employment setting.
The DEC's provide descriptions of entry-level expectations of new graduates as well as offer potential for individual growth based upon educational background and preparation.
- Determining entry-level competencies.
The DEC's outline the basic competencies for each level of education and the educational preparation for each competency. The graduate may or may not have demonstrated higher level competencies in the hands-on clinical area but the graduate has been educated and prepared to perform the competencies.
- Determining job descriptions.
The competencies in the DEC's will provide descriptors for job descriptions and will assist the employer in finding appropriate candidates for positions based upon candidates' educational preparation and clinical opportunities.
- Reviewing and revising policies and procedures.
The DEC's offer a baseline for developing and revising policies and procedures. Policies can be written with an understanding of the knowledge base of nurses at different levels of entry.
- Making appropriate assignments to new nursing graduates. The DEC's provide an understanding of the beginning practice level of nurses who have completed vocational, diploma, associate degree, or baccalaureate degree programs.
- Planning in-services and staff development programs.
The DEC's outline the level of educational preparation for new graduates and allows employers to develop programs promoting professional growth for the nurse's full potential.
- Differentiating scope of practice between vocational, diploma, associate degree, and baccalaureate degree entry-level nurses.

Appendix A

Committee Members

The Texas Board of Nursing acknowledges the commitment and effort of the following committee members in the revision process of the DECs:

Advisory Committee on Education:

Eileen Deges Curl, PhD, RN, Chair, representing Texas Association of Deans and Directors of Professional Nursing Programs

Alicia Anger, MSN, RN, representing Diploma Programs (2009-2010)

Frances Chatman, LVN, representing Licensed Vocational Nurses Association of Texas

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Kendra Slatton, MSN, RN, CDE, representing Texas Organization of Nurse Executives

Susan Sportsman, PhD, RN, representing Texas Nurses Association

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Blanca Rosa Garcia, PhD, RN

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Josefina Lujan, PhD, RN

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Dianna Miller, EdD, MSN, RN, representing Associate Degree Education

Diane Moy, MSN, RN, representing Texas Department of State Health Services

Gail Roberts, MSN, RN, representing St. David's HealthCare Clinical Nurse Coordinator

Betty Sims, MSN, RN, representing Texas Association of Vocational Nurse Educators

Beth Skeleton, BSN, RN, representing Texas Department of Aging and Disability

Susan Sportsman, PhD, RN, representing Texas Nurses Association

Appendix B

Survey Respondents – Nursing Education Programs

(List of nursing education programs who provided feedback on the draft of the DECs.)

The Texas Board of Nursing recognizes the following nursing education programs that contributed to the development of the DECs by offering feedback to the first draft:

VN Programs

Alvin Community
College Amarillo College
Anamarc College
Austin Community College
Blinn College
Brazosport College
Central Texas College
Childress Regional Medical Center School of Vocational Nursing
Cisco College
Clarendon College
Computer Career Center/Vista College
Concorde Career Institute
El Centro College
Grayson County
College
Houston Community College
Howard College
Joe G. Davis School of Vocational Nursing
Kilgore College
Lee College
Lone Star College – CyFair
Navarro College
Odessa College
San Jacinto
College
South Plains College
South Texas College
Southwest Texas Junior College
Sul Ross State University
Temple College
Texarkana College
Tyler County Hospital School of Vocational Nursing
Universal Health Services School of Vocational Education
Vernon College
Weatherford College
Wharton County Junior College

LVN Programs

Amarillo College
Angelina College
Angelo State University
Austin Community College

Blinn College
Central Texas College
Cisco College
Del Mar College
Grayson County
College Kilgore College
Lamar State College - Orange
Lamar University
Lone Star College – CyFair
McLennan Community
College Midland College
Navarro College
Northeast Texas Community College
San Antonio College
South Texas College
Tarrant County College
Temple College
Texarkana College
Trinity Valley Community College
University of Texas at Brownsville & Texas Southmost College
Victoria College
Weatherford College

BSN Programs

Baylor University
Lamar University at Beaumont
Patty Hanks Shelton School of Nursing
Prairie View A&M University
Tarleton State University
Texas A&M Health Science Center
Texas Christian University
Texas State University
Texas Tech University Health Sciences Center
Texas Woman's University
University of Houston-Victoria
University of Mary Hardin-Baylor
University of Texas at Arlington
University of Texas at Austin
University of Texas at El Paso
University of Texas at Tyler
University of Texas Health Science Center at Houston
University of the Incarnate Word
Western Governors University

Appendix C

Survey Respondents – Clinical Affiliating Agencies

The Texas Board of Nursing recognizes the following clinical affiliating agencies who provided feedback on the final draft of the DEC's:

Allegiance Behavioral Health Center of Plainview
Allegiance Specialty Hospital of Kilgore
Austin State Hospital
Bay City Independent School District
Big Bend Regional Medical Center
Brownwood Regional Medical Center
Catholic School Office, Archdiocese of Galveston-Houston
Citizens Medical Center
Cleveland Regional Medical Center
Cogdell Home Health
College Station Medical Center
Covenant Health System
Cuero Community Hospital
Cuero Nursing and Rehabilitation Center
Dallas County Health and Human Services
DeTar Healthcare System
Devereux Texas Treatment Network
Driscoll Children's Hospital
Ennis Care Center
Exceptional Home Care
Fort Duncan Regional Medical Center
Good Shepherd Medical Center
Harlingen Medical Center
HealthSouth City View Rehabilitation Hospital
HealthSouth Rehabilitation Hospital of Humble
Highlands Regional Rehabilitation Hospital
Hospice of the Heart, Inc.
Kingwood Medical Center
Klein Independent School District
Las Palmas Medical Center
Laurel Ridge Treatment Center
Lee HealthCare, Inc.
Leon Independent School District
LifeCare Hospital of Fort Worth
LifeCare Hospitals of San Antonio
Longview Regional Medical Center
Matagorda Regional Medical Center
Medical Center Hospital
MedWay Home Healthcare
Memorial Homecare
Memorial Medical Center – Livingston
Midland Independent School District
Newton Family Clinic
North Texas Medical Center
Northeast Baptist Hospital
Providence Health Center

Reunion Plaza Senior Care Center
San Marcos Treatment Center
South Texas Rehabilitation Hospital
Southwest General Hospital
St. Luke's The Woodlands Hospital
Stone Oak Care Center
Stonewall Head Start, Inc.
Texas Children's Hospital
Texas Health Cleburne
Texas Health Harris Methodist Fort Worth Hospital
Texas Health Harris Methodist Hospital Southwest Fort Worth
Texas Health Harris Methodist Hospital Stephenville
Texas Health Harris Methodist Southwest Hospital
Texas Health Presbyterian Hospital
The Arbors
The Forum at Lincoln Heights
The Methodist Hospital, The Texas Medical Center
Tri County Services
Trinity Mother Frances Hospitals and
Clinics Twilight Home
Twin Creeks Hospital
Tyler County Hospital
Universal Health
Services
UTMB Correctional Managed Care
Uvalde Memorial Hospital
Warm Springs Specialty Hospital
Weatherford Regional Medical Center
Whispering Oaks Manor
Winkler County Memorial Hospital
Wise Regional Health Systems
Woodland Heights Medical Center

Appendix D

Employer Focus Groups for DEC's

The Texas Board of Nursing recognizes the following employer groups for their participation in focus groups providing feedback regarding the DEC's:

Baylor College of Medicine
Brookhaven College
Christus Health System
Harris County Hospital District
Houston Northwest Medical Center
JPS Health Network
Memorial Hermann Healthcare System
Methodist Hospital System
Methodist Richardson Medical Center
Mother Francis Hospital
North Central Texas
College Palo Pinto General
Hospital Parkland Hospital
Plaza Medical Center
Shriners Hospital for Children
St. Luke's Episcopal Health System
Texas Children's Hospital
Texas Christian University
Texas Health Arlington
Memorial Texas Health Care
Association Texas Scottish Rite
Hospital Texas Woman's
University United Regional
University of Texas at Arlington
University of Texas at Brownsville & Texas Southmost College
University of Texas MD Anderson Cancer Center
University of Texas Medical Branch
Valley Baptist Medical Center
Workforce Solutions

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Texas Administrative Code

[TITLE 22](#)

EXAMINING BOARDS

[PART 11](#)

TEXAS BOARD OF NURSING

[CHAPTER 213](#)

PRACTICE AND PROCEDURE

RULE §213.27

Good Professional Character

(a) Every individual who seeks to practice nursing in Texas must have good professional character related to the practice of nursing. This requirement includes all individuals seeking to obtain or retain a license or privilege to practice nursing in Texas.

(b) The Board defines good professional character as the integrated pattern of personal, academic, and occupational behaviors that indicate an individual is able to consistently conform his/her conduct to the requirements of the Nursing Practice Act, the Board's rules, and generally accepted standards of nursing practice. An individual who provides satisfactory evidence that he/she has not committed a violation of the Nursing Practice Act or a rule adopted by the Board is considered to have good professional character related to the practice of nursing.

(c) A determination that an individual does not have good professional character related to the practice of nursing must be based on a showing by the Board of a clear and rational connection between a violation of the Nursing Practice Act or a rule adopted by the Board and the individual's ability to effectively practice nursing. When evaluating the rationale connection between the relevant conduct and the ability to effectively practice nursing, the Board will consider the following factors:

(1) whether the individual will be able to practice nursing in an autonomous role with patients/clients, their families, significant others, healthcare professionals, and members of the public who are or who may become physically, emotionally, or financially vulnerable;

(2) whether the individual will be able to recognize and honor the interpersonal boundaries appropriate to any therapeutic relationship or health care setting;

(3) whether the individual will be able to make appropriate judgments and decisions that could affect patients/clients and/or the public;

(4) whether the individual has exhibited an inability to conform his/her behavior to the requirements of the Nursing Practice Act, Board rules and regulations, including §217.11 (relating to Standards of Nursing Practice) and §217.12 (relating to Unprofessional Conduct) of this title, and generally accepted standards of nursing practice; and

(5) whether the individual will be able to promptly and fully self-disclose facts, circumstances, events, errors, and omissions, when such disclosure could enhance the health status of patients/clients or the public and/or could protect patients/clients or the public from an unnecessary risk of harm.

(d) Actions from Other Jurisdictions A certified copy of the order of the denial, suspension, or revocation or other action relating to an individual's license or privilege to practice nursing in another jurisdiction or under federal law is conclusive evidence of that action.

Source Note: The provisions of this §213.27 adopted to be effective October 29, 2015, 40 TexReg 7403; amended to be effective February 25, 2018, 43 TexReg 863

TITLE 22

PART 11

CHAPTER 213

RULE §213.28

EXAMINING BOARDS

TEXAS BOARD OF NURSING

PRACTICE AND PROCEDURE

Licensure of Individuals with Criminal History

(a) Purpose and Applicability. This section establishes the criteria utilized by the Board in determining the effect of criminal history on nursing licensure and eligibility for nursing licensure and implements the requirements of Texas Occupations Code §53.025. This section applies to all individuals seeking to obtain or retain a license or multistate licensure privilege to practice nursing in Texas.

(b) An individual is subject to denial of licensure or to disciplinary action for a conviction for, or placement on deferred adjudication community supervision or deferred disposition for, a felony that is directly related to the practice of nursing or for a misdemeanor involving moral turpitude that is directly related to the practice of nursing (collectively referred to as *crimes* hereafter). This section applies to crimes that have been adjudicated through agreement or judicial order by a state or federal criminal justice system, without re-litigation of the underlying factual basis for the agreement or judicial order.

(c) The Board considers the crimes listed in the attached Criminal Guidelines (Guidelines) to be directly related to the practice of nursing. The Guidelines reflect the most common or well known crimes. The vast majority of an individual's criminal history that is reviewed by the Board will fall within the Guidelines. However, the Guidelines are not intended to be an exhaustive listing, and they do not prohibit the Board from considering an offense not specifically listed in the Guidelines. In matters involving an offense that is not specifically listed in the Guidelines, such as a violation of another state's law, federal law, or the Uniform Code of Military Justice, a determination shall be made by comparing that offense to the crime listed in the Guidelines that contains substantially similar elements. The offense must meet the requirements of subsection (b) of this section to be actionable.

[Attached Graphic](#) (See Board of Nursing Website)

(d) The Board has determined that the crimes listed in the Guidelines in subsection (c) of this section are directly related to the practice of nursing for the following reasons.

(1) Nursing is a unique profession. Nurses practice autonomously in a wide variety of settings and provide care to individuals who are, by virtue of their illness or injury, physically, emotionally, and financially vulnerable. These individuals include the elderly; children; individuals with mental disorders; sedated and anesthetized patients; individuals with mental or cognitive disorders; and disabled and immobilized individuals. Nurses that engage in criminal conduct potentially place patients, healthcare employers, and the public at future risk of harm.

(2) Crimes involving fraud or theft. Nurses often have unfettered access to individuals' privileged information, financial information, and valuables, including medications, money, jewelry, credit cards/checkbook, and sentimental items. Nurses also provide around the clock care, working night and weekend shifts at hospitals, long term care facilities, nursing homes, assisted living facilities, and in home health and home-like settings, where there is often no direct supervision of the nurse. Patients in these settings are particularly

vulnerable to the unethical, deceitful, and illegal conduct of a nurse. When a nurse has engaged in criminal

behavior involving fraud or theft in the past, the Board is mindful that similar misconduct may be repeated in these nursing settings, thereby placing patients, healthcare employers, and the public at risk.

(3) Crimes involving sexual misconduct. Nurses also frequently provide care to partially clothed or fully undressed individuals, who are particularly vulnerable to exploitation. Due to the intimate nature of nursing care, professional boundaries in the nurse-patient relationship are extremely important. When a nurse has engaged in criminal behavior involving any type of sexual misconduct in the past, the Board is mindful that similar misconduct may be repeated in nursing settings. Such conduct may involve touching intimate body parts when the touch is not necessary for care, voyeurism, exposure of body parts when not necessary, and surreptitious touching. As such, the Board considers crimes involving any type of sexual misconduct to be highly relevant to an individual's ability to provide safe nursing care..

(4) Crimes involving lying, falsification, and deception. Nurses are expected to accurately and honestly report and record information in a variety of sources, such as medical records, pharmacy records, billing records, nursing notes, and plans of care, as well as report errors in their own nursing practice. When a nurse has engaged in criminal behavior involving lying, falsification, or deceptive conduct, the Board is mindful that similar misconduct may be repeated in nursing settings, thereby placing patients, healthcare employers, and the public at risk.

(5) Crimes involving drugs and alcohol.. Nurses have a duty to their patients to provide safe, effective nursing care and to be fit to practice. Nurses who have a substance use disorder may exhibit impairment in both cognitive and motor functioning. A nurse affected by a substance use disorder may be unable to accurately assess patients, make appropriate judgments, or intervene in a timely and appropriate manner. This danger may be heightened when the nurse works in an autonomous setting where other healthcare providers are not present to provide interventions for the patient. As such, the Board considers crimes related to the use or possession of drugs or alcohol to be highly relevant to a nurse's fitness to practice.

(6) Crimes involving violence or threatening behavior. Nurses provide care to the most vulnerable of populations, including individuals who often have no voice of their own and cannot advocate for themselves. Further, patients are dependent on the nurse-patient relationship for their daily care. When a nurse has engaged in violent or threatening criminal behavior in the past, the Board is mindful that patients may be at risk for similar behavior in a healthcare setting. As such, the Board considers crimes involving violence and threatening behavior to be highly relevant to a nurse's fitness to practice.

(e) The Board has considered the nature and seriousness of each of the crimes listed in the Guidelines in subsection (c) of this section, the relationship of the crime to the purposes for requiring a license to engage in nursing; the extent to which a license to practice nursing might offer an opportunity to engage in further criminal activity of the same type as that in which the individual previously was involved; and the relationship of the crime to the ability, capacity, or fitness required to perform the duties and discharge the responsibilities associated with the practice of nursing. The Board has determined that each crime listed in the Guidelines in subsection (c) of this section raises concerns about the propensity of the individual to repeat similar misconduct in the workplace, if provided the opportunity. The Board has also determined that similar misconduct in the workplace would place vulnerable individuals at risk of exploitation or victimization. As a result, if an individual has committed a crime listed in the

Guidelines in subsection (c) of this section, the Board will evaluate that conduct to determine if disciplinary action is warranted.

(f) Additionally, a crime will be considered to be directly related to the practice of nursing if the act:

(1) arose out of the practice of vocational, professional, or advanced practice nursing, as those terms are defined by the Nursing Practice Act (NPA);

(2) involves a current or former patient;

(3) arose out of the practice location of the nurse;

(4) involves a healthcare professional with whom the nurse has had a professional relationship; or

(5) constitutes a criminal violation of the NPA or another statute regulating another profession in the healing arts that also applies to the individual.

(g) Sanction. Not all criminal conduct will result in a sanction. The Board recognizes that an individual may make a mistake, learn from it, and not repeat it in the nursing practice setting. As such, each case will be evaluated on its own merits to determine if a sanction is warranted. If multiple crimes are present in a single case, a more severe sanction may be considered by the Board pursuant to Texas Occupations Code §301.4531. If a sanction is warranted, the Board will utilize the schedule of sanctions set forth in §213.33(e) (relating to Factors Considered for Imposition of Penalties/Sanctions) of this chapter. At a minimum, an individual will be required to successfully complete the terms of his/her criminal probation and provide evidence of successful completion to the Board. If an individual's criminal behavior is due to, or associated with, a substance use disorder or a mental health condition, evidence of ongoing sobriety, effective clinical management, and/or appropriate ongoing treatment may be required. Further, if an individual's criminal history implicates his/her current fitness to practice, the individual may also be required to meet the requirements of §213.29 to ensure he/she is safe to practice nursing.

(h) Factors. The following factors will be considered when determining the appropriate sanction, if any, in eligibility and disciplinary matters involving criminal conduct:

(1) the nature, seriousness, and extent of the individual's past criminal activity;

(2) the age of the individual when the crime was committed;

(3) the amount of time that has elapsed since the individual's last criminal activity;

(4) the conduct and work activity of the individual before and after the criminal activity;

(5) evidence of the individual's rehabilitation or rehabilitative effort while incarcerated or after release;

(6) other evidence of the individual's fitness, including letters of recommendation from prosecutors and law enforcement and correctional officers who prosecuted, arrested, or had custodial responsibility for the individual; the sheriff or chief of police in the community where the individual resides; and any other individual in contact with the convicted individual;

(7) a record of steady employment;

(8) support of the individual's dependents;

(9) a record of good conduct;

(10) successful completion of probation/community supervision or early release from probation/community supervision;

(11) payment of all outstanding court costs, supervision fees, fines, and restitution ordered;

(12) the actual damages, physical or otherwise, resulting from the criminal activity;

- (13) the results of an evaluation performed pursuant to Texas Occupations Code §301.4521 and §213.33(k) and (l) of this chapter;
- (14) evidence of remorse and having learned from past mistakes;
- (15) evidence of current support structures that will prevent future criminal activity;
- (16) evidence of current ability to practice nursing in accordance with the NPA, Board rules, generally accepted standards of nursing; and other laws that affect nursing practice; and
- (17) any other matter that justice requires.

(i) Evaluations. Pursuant to Texas Occupations Code §301.4521 and §213.33(k) and (l) of this chapter, the Board may request or require an individual to undergo an evaluation with a Board- approved evaluator to better determine whether the individual is safe to practice nursing and is able to comply with the NPA, Board rules, and generally accepted standards of nursing. If an individual's criminal behavior is due to, or associated with, a substance use disorder or a mental health condition, evidence of ongoing sobriety, effective clinical management, and/or appropriate ongoing treatment may also be required.

(j) Youthful Indiscretions. Some criminal behavior may be deemed a youthful indiscretion under this paragraph. In that event, a sanction will not be imposed. The following criteria will be considered in making such a determination:

- (1) the offense was not classified as a felony;
- (2) absence of criminal plan or premeditation;
- (3) presence of peer pressure or other contributing influences;
- (4) absence of adult supervision or guidance;
- (5) evidence of immature thought process/judgment at the time of the activity;
- (6) evidence of remorse;
- (7) evidence of restitution to both victim and community;
- (8) evidence of current maturity and personal accountability;
- (9) absence of subsequent criminal conduct;
- (10) evidence of having learned from past mistakes;
- (11) evidence of current support structures that will prevent future criminal activity; and
- (12) evidence of current ability to practice nursing in accordance with the NPA, Board rules, generally accepted standards of nursing, and other laws that affect nursing practice.

(k) Bars to Licensure.

(1) Texas Occupations Code §301.4535. The Board is required under Texas Occupations Code §301.4535(b) to deny an individual initial licensure or licensure renewal and to revoke an individual's nursing license or privilege to practice nursing in Texas upon a final conviction or a plea of guilty or nolo contendere for a criminal offense specified in §301.4535(a). Further, an individual is not eligible for initial licensure or licensure endorsement in Texas or for licensure reinstatement before the fifth anniversary of the date the individual successfully completed and was dismissed from community supervision or parole for an offense specified in §301.4535(a).

(2) Imprisonment. Pursuant to Texas Occupations Code §53.021(b), an individual's license or multistate licensure privilege to practice nursing in Texas will be revoked by operation of law upon the individual's imprisonment following a felony conviction, felony community supervision revocation, revocation of parole, or revocation of mandatory supervision.

(l) Arrests. The fact that an individual has been arrested will not be used as grounds for sanction. If, however, evidence ascertained through the Board's own investigation from information contained in the arrest record regarding the underlying conduct suggests actions violating the NPA or Board rules, the Board may consider such evidence.

(m) The Executive Director is authorized to close an eligibility file when the individual seeking licensure has failed to respond to a request for information, a proposed eligibility order, or denial of licensure within 60 days of the request for information, proposed eligibility order, or denial.

(n) Pursuant to the Nurse Licensure Compact, Texas Occupations Code §304.0015, Article III, (c)(7), an individual will not be eligible to hold a multistate licensure privilege if the individual has been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law. Further, pursuant to the Nurse Licensure Compact, Texas Occupations Code §304.0015, Article III, (c)(8), an individual will not be eligible to hold a multistate licensure privilege if the individual has been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing, as determined on a case-by-case basis by the Board.

Source Note: The provisions of this §213.28 adopted to be effective February 25, 2018, 43 TexReg 867

Texas Administrative Code

[TITLE 22](#)

EXAMINING BOARDS

- (a) Each individual who seeks to practice nursing in Texas must possess current fitness to practice. This requirement includes all individuals seeking to obtain or retain a license or privilege to practice nursing in Texas and applies in all eligibility and disciplinary matters. Each individual has a duty to self-evaluate to ensure that he/she is fit to practice before providing nursing care.
- (b) An individual's fitness to practice will be determined by evaluating the individual's ability to consistently comply with the requirements of the Nursing Practice Act, the Board's rules and regulations, and generally accepted standards of nursing practice. An individual's fitness to practice may be subject to Board review due to an individual's substance use disorder; possession, abuse, or misuse of alcohol or drugs, prescribed or otherwise; or physical or mental health condition. This is not an exhaustive list. If an individual exhibits any conduct that may prevent him/her from practicing nursing with reasonable skill and safety, the Board will review the individual's conduct to determine if he/she possesses current fitness to practice.
- (c) Evaluations. If an individual exhibits conduct that raises questions about his/her fitness to practice, the Board may require the individual to undergo a physical and/or psychological evaluation that meets the criteria of the Occupations Code §301.4521 and §213.33 of this chapter (relating to Factors Considered for Imposition of Penalties/Sanctions). Pursuant to §301.4521, an individual subject to this rule is responsible for paying the costs of the evaluation. Utilizing the results of the evaluation and the individualized facts of the case, the Board may deny licensure (including renewal, reinstatement/reactivation, or the return to direct patient care from a limited license); suspend or revoke the individual's license or privilege to practice nursing in this state; or impose probationary conditions or restrictions on the individual's ability to practice nursing in this state.
- (d) Substance Use Disorders and Abuse/Misuse of Alcohol or Drugs.
- (1) Individuals who have been diagnosed, treated, or hospitalized for a substance use disorder that may impair their ability to practice nursing safely, will, at a minimum, be required to demonstrate sobriety and abstinence from drugs and alcohol for a minimum of twelve consecutive months, through verifiable and reliable evidence, in order to obtain or retain licensure. Verifiable and reliable evidence of sobriety and abstinence from drugs and alcohol may include evidence of the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance. Depending upon the individualized facts of each case, an individual may be required to establish this period of sobriety and abstinence prior to being permitted to practice nursing in this state. If appropriate, based upon the individualized facts of the case, an individual may also be eligible to obtain or retain licensure and practice nursing under an encumbered license with conditions/restrictions determined by the Board or through participation in a Board-approved peer assistance program created pursuant to the Texas Health and Safety Code Chapter 467 or other lawfully authorized peer assistance program. Licensure conditions/restrictions may include the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group

attendance. The outcome of any particular case will be based upon an

evaluation of the individualized factors of the case and the potential risk of harm the individual's practice may pose to patients/clients and/or the public.

(2) Individuals who have not been diagnosed, treated, or hospitalized for a substance use disorder, but have nonetheless exhibited behaviors raising concerns about the individual's ability to practice nursing with reasonable skill and safety due to the possession, misuse, or abuse of alcohol or drugs, prescribed or otherwise, including related criminal conduct, may be required to demonstrate sobriety and abstinence from drugs and alcohol for a minimum of twelve consecutive months, through verifiable and reliable evidence, in order to obtain or retain licensure. Verifiable and reliable evidence of sobriety and abstinence from drugs and alcohol may include evidence of the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance. If appropriate, and depending upon the individualized facts of each case, an individual may be eligible to obtain or retain licensure and practice nursing under an encumbered license with conditions/restrictions determined by the Board, which may include the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance. The outcome of any particular case will be based upon an evaluation of the individualized factors of the case and the potential risk of harm the individual's practice may pose to patients/clients and/or the public.

(3) An individual's prior substance use disorder diagnosis or history of prior criminal conduct involving drugs or alcohol, prescribed or otherwise; or misuse or abuse of alcohol or drugs, prescribed or otherwise; will be considered by the Board only to the extent that it may be indicative of the individual's current lack of fitness to practice nursing.

(e) Mental Health Conditions and Diminished Capacity.

(1) Individuals who have been diagnosed, treated, or hospitalized for a mental health condition that may impair their ability to practice nursing safely, will, at a minimum, be required to demonstrate controlled behavior and consistent compliance with recommended treatment, including compliance with a prescribed medication regime, for a reasonable amount of time, through verifiable and reliable evidence, in order to obtain or retain licensure. Depending upon the individualized facts of each case, an individual may be required to establish controlled behavior and compliance with recommended treatment, including compliance with a prescribed medication regime, prior to being permitted to practice nursing in this state. If appropriate, and depending upon the individualized facts of the case, an individual may also be eligible to obtain or retain licensure and practice nursing under an encumbered license with conditions/restrictions determined by the Board or through participation in a Board-approved peer assistance program created pursuant to the Texas Health and Safety Code Chapter 467. The outcome of any particular case will be based upon an evaluation of the individualized factors of the case and the potential risk of harm the individual's practice may pose to patients/clients and/or the public.

(2) Individuals who have not been diagnosed, treated, or hospitalized for a mental health condition, but have nonetheless exhibited behaviors raising concerns about the individual's fitness to practice due to a mental health condition or diminished capacity may be required to demonstrate controlled behavior and compliance with recommended treatment, including compliance with a prescribed medication regime, for a reasonable amount of time, through verifiable and reliable evidence, in order to obtain or retain licensure. If appropriate, and depending upon the individualized facts of each case, an individual may also be eligible to obtain or retain licensure and practice nursing under an encumbered license with

conditions/restrictions determined by the Board. The outcome of any particular case will be based upon an evaluation of the individualized factors of the case and the potential risk of harm the individual's practice may pose to patients/clients and/or the public.

(3) An individual's prior mental health diagnosis or behavioral history will be considered by the Board only to the extent that it may be indicative of the individual's current lack of fitness to practice nursing.

(f) Other Medical Conditions.

(1) The Board recognizes that individuals may have a variety of medical conditions that require medical treatment and/or a medication regime that includes prescription drugs. Although authorized by law and medically necessary, prescription drugs may affect an individual's fitness to practice. An individual must be able to function safely while under the effects of prescription drugs. An individual who abuses his/her prescription drugs or who has been unable to stabilize the synergistic effect of his/her medications may not possess current fitness to practice. Further, some prescription medications may cause side effects that affect an individual's fitness to practice, even when taken properly. In some cases, an individual's physical condition may prevent the individual from practicing nursing safely. In addition to an individual's medication regime, the Board will review an individual's behavior, diagnosis/condition, and treatment plan to determine if he/she possesses current fitness to practice. Based upon the individualized facts of the case, including the results of a required evaluation, if any, the Board may deny licensure (including renewal, reinstatement/reactivation, or the return to direct patient care from a limited license); suspend or revoke the individual's license or privilege to practice nursing in this state; or impose probationary conditions or restrictions on the individual's ability to practice nursing in this state, including limiting the practice setting to one in which the individual is safe to practice nursing.

(2) An individual's prior medical condition and/or diagnosis will be considered by the Board only to the extent that it may be indicative of the individual's current lack of fitness to practice nursing.

(g) Authority of Executive Director. In eligibility and disciplinary matters involving an individual's fitness to practice, the Executive Director may:

(1) review information submitted by the individual and materials and information gathered or prepared by Board Staff; including evidence of the individual's safe practice, compliance with the Nursing Practice Act, Board rules and regulations, and generally accepted standards of nursing practice; verification of compliance with treatment; and evidence of sobriety;

(2) identify any deficiencies in the information necessary for a determination regarding the individual's current fitness to practice;

(3) close any eligibility file in which the individual seeking licensure has failed to respond to a request for information from the Board or to a proposal for denial of licensure within 60 days of the request or proposed denial, as applicable;

(4) approve an individual's eligibility for licensure, enter eligibility orders as authorized in §211.7 (relating to Executive Director) of this title, and approve renewals, without Board ratification, when the evidence is clearly insufficient to support denial of licensure; and

(5) propose eligibility and disciplinary orders in eligibility, disciplinary, and renewal matters consistent with the Board's rules and regulations and the interests of public safety and enter disciplinary orders as authorized in §211.7 of this title.

(h) The following eligibility and disciplinary sanction policies, as applicable, shall be used by the Executive Director, SOAH, and the Board in evaluating the impact of criminal conduct on nurse licensure in eligibility and disciplinary matters:

(1) Sanctions for Behavior Involving Fraud, Theft, and Deception, approved by the Board and published on August 28, 2015, in the *Texas Register* and available on the Board's website at <http://www.bon.state.tx.us/disciplinaryaction/dsp.html>;

(2) Sanctions for Behavior Involving Lying and Falsification, approved by the Board and published on August 28, 2015, in the *Texas Register* and available on the Board's website at <http://www.bon.state.tx.us/disciplinaryaction/dsp.html>;

(3) Sanctions for Sexual Misconduct approved by the Board and published on February 22, 2008, in the *Texas Register* (33 TexReg 1649) and available on the Board's website at <http://www.bon.state.tx.us/disciplinaryaction/dsp.html>; and

(4) Sanctions for Substance Use Disorders and Other Alcohol and Drug Related Conduct, approved by the Board and published on August 28, 2015, in the *Texas Register* and available on the Board's website at <http://www.bon.state.tx.us/disciplinaryaction/dsp.html>.

Source Note: The provisions of this §213.29 adopted to be effective October 29, 2015, 40 TexReg 7416

Texas Administrative Code

[TITLE 22](#)

EXAMINING BOARDS

[PART 11](#)

TEXAS BOARD OF NURSING

[CHAPTER 213](#)

PRACTICE AND PROCEDURE

RULE §213.30

Declaratory Order of Eligibility for Licensure

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- (a) For purposes of this section only, "petitioner" means an individual who:
- (1) is enrolled or planning to enroll in an educational nursing program that prepares individuals for initial licensure as a registered or vocational nurse;
 - (2) seeks licensure by endorsement pursuant to §217.5 of this title (relating to Temporary License and Endorsement); or
 - (3) seeks licensure by examination pursuant to §217.2 (relating to Licensure by Examination for Graduates of Nursing Education Programs Within the United States, its Territories, or Possessions) or §217.4 (relating to Requirements for Initial Licensure by Examination for Nurses Who Graduate From Nursing Education Programs Outside of United States' Jurisdiction) of this title.
- (b) An individual who has reason to believe that he or she may be ineligible for initial licensure or licensure by endorsement due to issues discussed in this rule may petition the Board for a declaratory order as to his or her eligibility.
- (c) A petitioner must submit a petition, on forms provided by the Board, and the following information:
- (1) a statement by the petitioner indicating the reason(s) and basis of his/her potential ineligibility;
 - (2) if the potential ineligibility is due to the petitioner's criminal history, all court documents, including, but not limited to: indictments, agreements for pre-trial diversion or deferred prosecution, orders of deferred adjudication, judgments, probation records, and evidence of completion of probation, as applicable;
 - (3) if the potential ineligibility is due to the petitioner's mental health condition or diminished capacity, verifiable and reliable evidence of controlled behavior and consistent compliance with recommended treatment, including compliance with a prescribed medication regime, for a reasonable amount of time, as applicable;
 - (4) if the potential ineligibility is due to the petitioner's substance use disorder and/or the abuse/misuse of alcohol or drugs, verifiable and reliable evidence of sobriety and abstinence from drugs and alcohol, which may include evidence of the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance;
 - (5) the required fee, which is not refundable; and
 - (6) an evaluation that meets the criteria of the Occupations Code §301.4521 and §213.33 of this chapter (relating to Factors Considered for Imposition of Penalties/Sanctions), as applicable.
- (d) Once the Board has received all necessary information, including the information required by subsection (c) of this section, an investigation of the petition and the petitioner's eligibility shall be conducted. The investigation will be based upon an evaluation of the individualized factors of the case, the potential risk of harm the individual's practice may pose to

patients/clients and/or the public, and the petitioner's ability to meet the requirements of §213.27 (relating to Good Professional Character), §213.28 (relating to Licensure of Individuals with Criminal History), and §213.29 (relating to Fitness to Practice) of this chapter, as applicable. Based upon the individualized facts of the case, the Board may approve licensure without encumbrance, impose probationary conditions or restrictions on the individual's ability to practice nursing in this state, or deny licensure.

(e) The petitioner or the Board may amend the petition to include additional grounds for potential ineligibility at any time before a final determination is made.

(f) If an individual is seeking licensure by endorsement pursuant to §217.5 of this title and has been licensed to practice nursing in any jurisdiction and has been disciplined in that jurisdiction or allowed to surrender in lieu of discipline in that jurisdiction, the provisions of §213.27(e) of this chapter will apply to the eligibility of the petitioner.

(g) If a petitioner's potential ineligibility is due to his/her criminal history, the provisions of §213.28 of this chapter will apply to the eligibility of the petitioner.

(h) If a petitioner's potential ineligibility is due to a substance use disorder and/or the abuse/misuse of alcohol or drugs, a mental health condition or diminished capacity, or another issue relating to the individual's fitness to practice, the provisions of §213.29 of this chapter will apply to the eligibility of the petitioner.

(i) If the Executive Director proposes to find the petitioner ineligible for licensure, the petitioner may obtain a hearing before the State Office of Administrative Hearings (SOAH). The Executive Director shall have discretion to set a hearing and give notice of the hearing to the petitioner. The hearing shall be conducted in accordance with §213.22 of this chapter (relating to Formal Proceedings) and the rules of SOAH. When in conflict, SOAH's rules of procedure will prevail. The decision of the Board shall be rendered in accordance with §213.23 of this chapter (relating to Decision of the Board).

(j) A final Board order is issued after an appeal results in a Proposal for Decision from SOAH. The Board's final order must set out each basis for potential ineligibility and the Board's determination as to eligibility. In the absence of new evidence not disclosed by the petitioner or not reasonably available to the Board at the time the order is issued, the Board's ruling determines the petitioner's eligibility with respect to the grounds for potential ineligibility as set out in the order. An individual whose petition is denied by final order of the Board may not file another petition or seek licensure by endorsement or examination until after the expiration of three years from the date of the Board's order denying the petition. If the petitioner does not appeal or request a formal hearing at SOAH after a letter proposal to deny eligibility made by the Eligibility and Disciplinary Committee of the Board or the Executive Director, the petitioner may re-petition or seek licensure by endorsement or examination after the expiration of one year from the date of the proposal to deny eligibility, in accordance with this section and the Occupations Code §301.257.

(k) The following eligibility and disciplinary sanction policies, as applicable, shall be used by the Executive Director, SOAH, and the Board in evaluating an eligibility matter under this section:

(1) Sanctions for Behavior Involving Fraud, Theft, and Deception, approved by the Board and published on August 28, 2015, in the *Texas Register* and available on the Board's website at <http://www.bon.state.tx.us/disciplinaryaction/dsp.html>;

(2) Sanctions for Behavior Involving Lying and Falsification, approved by the Board and published on August 28, 2015, in the *Texas Register* and available on the Board's website at <http://www.bon.state.tx.us/disciplinaryaction/dsp.html>;

(3) Sanctions for Sexual Misconduct approved by the Board and published on February 22, 2008, in the *Texas Register* (33 TexReg 1649) and available on the Board's website at <http://www.bon.state.tx.us/disciplinaryaction/dsp.html>; and

(4) Sanctions for Substance Use Disorders and Other Alcohol and Drug Related Conduct, approved by the Board and published on August 28, 2015, in the *Texas Register* and available on the Board's website at <http://www.bon.state.tx.us/disciplinaryaction/dsp.html>.

(l) If an individual seeking licensure by endorsement under §217.5 of this title or licensure by examination under §217.2 or §217.4 of this title should have had an eligibility issue addressed pursuant to the Occupations Code §301.257, the filed application will be treated and processed as a petition for declaratory order under this section, and the individual will be treated as a petitioner under this section and will be required to pay the non-refundable fee required by this section and §223.1 of this title (relating to Fees).

(m) This section implements the requirements of the Occupations Code Chapter 53 Subchapter D and the Occupations Code §301.257.

Source Note: The provisions of this §213.30 adopted to be effective August 15, 2002, 27 TexReg 7107; amended to be effective May 17, 2004, 29 TexReg 4884; amended to be effective February 19, 2006, 31 TexReg 847; amended to be effective October 10, 2007, 32 TexReg 7058; amended to be effective July 2, 2008, 33 TexReg 5007; amended to be effective November 15, 2009, 34 TexReg 7812; amended to be effective July 12, 2010, 35 TexReg 6074; amended to be effective July 10, 2013, 38 TexReg 4342; amended to be effective October 29, 2015, 40 TexReg 7422

Nursing Practice Act — Chapter 301

Subchapter A. General Provisions Sec.

301.252. License Application.

(a) Each applicant for a registered nurse license or a vocational nurse license must submit to the Board a sworn application that demonstrates the applicant's qualifications under this chapter, accompanied by evidence that the applicant:

- (1) has good professional character;
- (2) has successfully completed a program of professional or vocational nursing education approved under Section 301.157(d); and
- (3) has passed the jurisprudence examination approved by the Board as provided by Subsection (a-1).

(a-1) The jurisprudence examination shall be conducted on the licensing requirements under this chapter and board rules and other laws, rules, or regulations applicable to the nursing profession in this state. The board shall adopt rules for the jurisprudence examination under Subsection (a)(3) regarding:

- (1) the development of the examination;
- (2) applicable fees;
- (3) administration of the examination;
- (4) reexamination procedures;
- (5) grading procedures; and
- (6) notice of results.

(b) The board may waive the requirement of Subsection (a)(2) for a vocational nurse applicant if the applicant provides satisfactory sworn evidence that the applicant has completed an acceptable level of education in:

- (1) a professional nursing school approved under Section 301.157(d); or
- (2) a school of professional nurse education located in another state or a foreign country.

(c) The board by rule shall determine acceptable levels of education under Subsection (b).

[Amended by Acts 2007 (H.B. 2426), 80th Leg., eff. Sept. 1, 2007. The requirement to pass a jurisprudence examination, as amended by this Act, applies only to an individual who applies for a license as a nurse on or after September 1, 2008.]

Sec. 301.257. Declaratory Order of License Eligibility.

(a) A person may petition the board for a declaratory order as to the person's eligibility for a license under this chapter if the person has reason to believe that the person is ineligible for the license and:

(1) is enrolled or planning to enroll in an educational program that prepares a person for an initial license as a registered nurse

or vocational nurse; or

(2) is an applicant for a license.

(b) The petition must state the basis for the person's potential ineligibility.

(c) The Board has the same powers to investigate the petition and the person's eligibility that it has to investigate a person applying for a license.

(d) The petitioner or the Board may amend the petition to include additional grounds for potential ineligibility at any time before a final determination is made.

(e) If the Board determines that a ground for ineligibility does not exist, instead of issuing an order, the Board shall notify the petitioner in writing of the Board's determination on each ground of potential ineligibility. If the Board proposes to find that the petitioner is ineligible for a license, the petitioner is entitled to a hearing before the State Office of Administrative Hearings.

(f) The Board's order must set out each basis for potential ineligibility and the Board's determination as to eligibility. In the absence of new evidence known to but not disclosed by the petitioner or not reasonably available to the Board at the time the order is issued, the Board's ruling on the petition determines the person's eligibility with respect to the grounds for potential ineligibility set out in the written notice or order.

(g) The Board may require an individual accepted for enrollment or enrolled in an educational program preparing a student for initial licensure as a registered nurse or vocational nurse to submit information to the Board to permit the Board to determine whether the person is aware of the conditions that may disqualify the person from licensure as a registered nurse or vocational nurse on graduation and of the person's right to petition the Board for a declaratory order under this section. Instead of requiring the person to submit the information, the Board may require the educational program to collect and submit the information on each person accepted for enrollment or enrolled in the program.

(h) The information required under Subsection

(g) must be submitted in a form approved by the Board.

(i) If, as a result of information provided under Subsection (g), the Board determines that a person may not be eligible for a license on graduation, the Board shall notify the educational program of its determination.

(j) The board may file a petition under this section based on the results of a criminal history record information check conducted under Section 301.2511. The board by rule shall adopt requirements for the petition and determination under this subsection. The rules must:

- (1) identify the criminal offenses that constitute grounds for the board to file the petition; and
- (2) describe the documents required by the board to make a determination of license eligibility.

(k) The board shall make a determination of license eligibility under Subsection

(j) not later than the 120th day after the date the person submits the required documents to the board under that subsection.

[Amended by Acts 2009 (H.B. 3961), 80th Leg., eff. June 1, 2009. Subsections (j) and (k) added by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

Sec. 301.4521. Physical and Psychological Evaluation.

(a) In this section:

- (1) "Applicant" means:
 - (A) a petitioner for a declaratory order of eligibility for a license; or
 - (B) an applicant for an initial license or renewal of a license.
- (2) "Evaluation" means a physical or psychological evaluation conducted to determine a person's fitness to practice nursing.

(b) The board may require a nurse or applicant to submit to an evaluation only if the board has probable cause to believe that the nurse or applicant is unable to practice nursing with reasonable skill and safety to patients because of:

- (1) physical impairment;
- (2) mental impairment; or
- (3) chemical dependency or abuse of drugs or alcohol.

(c) A demand for an evaluation under Subsection (b) must be in writing and state:

- (1) the reasons probable cause exists to require the evaluation; and
- (2) that refusal by the nurse or applicant to submit to the evaluation will result in an administrative hearing to be held to make a final determination of whether probable cause for the evaluation exists.

(d) If the nurse or applicant refuses to submit to the evaluation, the board shall schedule a hearing on the issue of probable cause to be conducted by the State Office of Administrative Hearings. The nurse or applicant must be notified of the hearing by personal service or certified mail. The hearing is limited to the issue of whether the board had probable cause to require an evaluation. The nurse or applicant may present testimony and other evidence at the hearing to

show why the nurse or applicant should not be required to submit to the evaluation. The board has the burden of proving that probable cause exists. At the conclusion of the hearing, the hearing officer shall enter an order requiring the nurse or applicant to submit to the evaluation or an order rescinding the board's demand for an evaluation. The order may not be vacated or modified under Section 2001.058, Government Code.

(e) If a nurse or applicant refuses to submit to an evaluation after an order requiring the evaluation is entered under Subsection (d), the board may:

- (1) refuse to issue or renew a license;
- (2) suspend a license; or
- (3) issue an order limiting the license.

(f) The board may request a nurse or applicant to consent to an evaluation by a practitioner approved by the board for a reason other than a reason listed in Subsection (b). A request for an evaluation under this subsection must be in writing and state:

- (1) the reasons for the request;
- (2) the type of evaluation requested;
- (3) how the board may use the evaluation;
- (4) that the nurse or applicant may refuse to submit to an evaluation; and
- (5) the procedures for submitting an evaluation as evidence in any hearing regarding the issuance or renewal of the nurse's or applicant's license.

(g) If a nurse or applicant refuses to consent to an evaluation under Subsection (f), the nurse or applicant may not introduce an evaluation into evidence at a hearing to determine the nurse's or applicant's right to be issued or retain a nursing license unless the nurse or applicant:

- (1) not later than the 30th day before the date of the hearing, notifies the board that an evaluation will be introduced into evidence at the hearing;
- (2) provides the board the results of that evaluation;
- (3) informs the board of any other evaluations by any other practitioners; and
- (4) consents to an evaluation by a practitioner that meets board standards established under Subsection (h).

(h) The board shall establish by rule the qualifications for a licensed practitioner to conduct an evaluation under this section. The board shall maintain a list of qualified practitioners. The board may solicit qualified practitioners located throughout the state to be on the list.

(i) A nurse or applicant shall pay the costs of an evaluation conducted under this section.

(j) The results of an evaluation under this section are:

- (1) confidential and not subject to disclosure under Chapter 552, Government Code; and
- (2) not subject to disclosure by discovery, subpoena, or other means of legal compulsion for

release to anyone, except that the results may be:

- (A) introduced as evidence in a proceeding before the board or a hearing conducted by the State Office of Administrative Hearings under this chapter;
- (B) included in the findings of fact and conclusions of law in a final board order; and
- (C) disclosed to a peer assistance program approved by the board under Chapter 467, Health and Safety Code, and to which the board has referred the nurse.

(k) If the board determines there is insufficient evidence to bring action against a person based on the results of any evaluation under this section, the evaluation must be expunged from the board's records.

(l) The board shall adopt guidelines for requiring or requesting a nurse or applicant to submit to an evaluation under this section.

(m) The authority granted to the board under this section is in addition to the board's authority to make licensing decisions under this chapter.

[Added by Acts 2009 (H.B. 3961), 81st Leg., eff. June 19, 2009. Subsection (j) amended by Acts 2011 (S.B. 193), 82nd Leg., eff. Sept. 1, 2011.]

Sec. 301.453. Disciplinary Authority of Board; Methods of Discipline.

(a) If the Board determines that a person has committed an act listed in Section 301.452(b), the Board shall enter an order imposing one or more of the following:

- (1) denial of the person's application for a license, license renewal, or temporary permit;
- (2) issuance of a written warning;
- (3) administration of a public reprimand;
- (4) limitation or restriction of the person's license, including:
 - (A) limiting to or excluding from the person's practice one or more specified activities of nursing; or
 - (B) stipulating periodic board review;
- (5) suspension of the person's license;
- (6) revocation of the person's license; or
- (7) assessment of a fine.

(b) In addition to or instead of an action under Subsection (a), the Board, by order, may require the person to:

- (1) submit to care, counseling, or treatment by a health provider designated by the Board as a condition for the issuance or renewal of a license;
- (2) participate in a program of education or counseling prescribed by the Board, including a

program of remedial education;

(3) practice for a specified period under the direction of a registered nurse or vocational nurse designated by the Board;

(4) perform public service the Board considers appropriate; or

(5) abstain from the consumption of alcohol or the use of drugs and submit to random periodic screening for alcohol or drug use.

(c) The Board may probate any penalty imposed on a nurse and may accept the voluntary surrender of a license. The Board may not reinstate a surrendered license unless it determines that the person is competent to resume practice.

(d) If the Board suspends, revokes, or accepts surrender of a license, the Board may impose conditions for reinstatement that the person must satisfy before the Board may issue an unrestricted license.

[Amended by Acts 2009 (H.B. 3961), 81st Leg., eff. June 19, 2009. Amended by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

Sec. 301.4531. Schedule of Sanctions.

(a) The Board by rule shall adopt a schedule of the disciplinary sanctions that the Board may impose under this chapter. In adopting the schedule of sanctions, the Board shall ensure that the severity of the sanction imposed is appropriate to the type of violation or conduct that is the basis for disciplinary action.

(b) In determining the appropriate disciplinary action, including the amount of any administrative penalty to assess, the Board shall consider:

(1) whether the person:

(A) is being disciplined for multiple violations of either this chapter or a rule or order adopted under this chapter; or

(B) has previously been the subject of disciplinary action by the Board and has previously complied with board rules and this chapter;

(2) the seriousness of the violation;

(3) the threat to public safety; and

(4) any mitigating factors.

(c) In the case of a person described by:

(1) Subsection (b)(1)(A), the Board shall consider taking a more severe disciplinary action, including revocation of the person's license,

than the disciplinary action that would be taken for a single violation; and

(2) Subsection (b)(1)(B), the Board shall consider taking a more severe disciplinary action,

including revocation of the person's license,

than the disciplinary action that would be taken for a person who has not previously been the subject of disciplinary action by the Board.

Sec. 301.4535. Required Suspension, Revocation, or Refusal of License for Certain Offenses.

(a) The board shall suspend a nurse's license or refuse to issue a license to an applicant on proof that the nurse or applicant has been initially convicted of:

(1) murder under Section 19.02, Penal Code, capital murder under Section 19.03, Penal Code, or manslaughter under

Section 19.04, Penal Code;

(2) kidnapping or unlawful restraint under Chapter 20, Penal Code, and the offense was punished as a felony or state jail felony;

(3) sexual assault under Section 22.011, Penal Code;

(4) aggravated sexual assault under Section 22.021, Penal Code;

(5) continuous sexual abuse of young child or children under Section 21.02, Penal Code, or indecency with a child under Section 21.11, Penal Code;

(6) aggravated assault under Section 22.02, Penal Code;

(7) intentionally, knowingly, or recklessly injuring a child, elderly individual, or disabled individual under Section 22.04, Penal Code;

(8) intentionally, knowingly, or recklessly abandoning or endangering a child under Section 22.041, Penal Code;

(9) aiding suicide under Section 22.08, Penal Code, and the offense was punished as a state jail felony;

(10) an offense involving a violation of certain court orders or conditions of bond under Section 25.07, 25.071, or 25.072, Penal Code, punished as a felony;

(11) an agreement to abduct a child from custody under Section 25.031, Penal Code;

(12) the sale or purchase of a child under Section 25.08, Penal Code;

(13) robbery under Section 29.02, Penal Code;

(14) aggravated robbery under Section 29.03, Penal Code;

(15) an offense for which a defendant is required to register as a sex offender under Chapter 62, Code of Criminal Procedure; or

(16) an offense under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements that are

substantially similar to the elements of an offense listed in this subsection.

(a-1) An applicant or nurse who is refused an initial license or renewal of a license or whose license is suspended under Subsection (a) is not eligible for a probationary, stipulated, or

otherwise encumbered license unless the board establishes by rule criteria that would permit the issuance or renewal of the license.

(b) On final conviction or a plea of guilty or nolo contendere for an offense listed in Subsection (a), the board, as appropriate, may not issue a license to an applicant, shall refuse to renew a license, or shall revoke a license.

(c) A person is not eligible for an initial license or for reinstatement or endorsement of a license to practice nursing in this state before the fifth anniversary of the date the person successfully completed and was dismissed from community supervision or parole for an offense described by Subsection (a).

[NOTE: Section 301.4535, Occupations Code, applies only to a person who is initially convicted of an offense or placed on deferred adjudication after a plea of guilty or nolo contendere for an offense on or after September 1, 2005. A person initially convicted of an offense or placed on deferred adjudication before that date is governed by the law in effect on the date the conviction or plea occurred, and the former law is continued in effect for that purpose. Amended by Acts 2009 (H.B. 3961), 81st Leg., eff. June 19, 2009. Subsection (a) amended by Acts 2013 (S.B. 743), 83rd Leg., eff. Sept.1, 2013.]

Sec. 301.454. Notice and Hearing.

(a) Except in the case of a temporary suspension authorized under Section 301.455 or 301.4551 or an action taken in accordance with an agreement between the board and a license holder, the board may not take any disciplinary action relating to a license unless:

(1) the board has served notice to the license holder of the facts or conduct alleged to warrant the intended action; and

(2) the license holder has been given an opportunity, in writing or through an informal meeting, to show compliance with all requirements of law for the retention of the license.

(b) If an informal meeting is held, a board member, staff member, or board representative who attends the meeting is considered to have participated in the hearing of the case for the purposes of ex parte communications under Section 2001.061, Government Code.

(c) A person is entitled to a hearing conducted by the State Office of Administrative Hearings if the Board proposes to:

(1) refuse to admit the person to examination;

(2) refuse to issue a license or temporary permit;

(3) refuse to renew a license; or

(4) suspend or revoke the person's license or permit.

(d) The State Office of Administrative Hearings shall use the schedule of sanctions adopted by the Board for any sanction imposed as the result of a hearing conducted by that office.

(e) Notwithstanding Subsection (a), a person is not entitled to a hearing on a refusal to renew a license if the person:

- (1) fails to submit a renewal application; or
- (2) submits an application that:
 - (A) is incomplete;
 - (B) shows on its face that the person does not meet the renewal requirements; or
 - (C) is not accompanied by the correct fee.

[Subsection (a) amended by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

Sec. 301.455. Temporary License Suspension or Restriction.

(a) The license of a nurse shall be temporarily suspended or restricted on a determination by a majority of the Board or a three-member committee of board members designated by the Board that, from the evidence or information presented, the continued practice of the nurse would constitute a continuing and imminent threat to the public welfare.

(b) A license may be temporarily suspended or restricted under this section without notice or hearing on the complaint if:

- (1) institution of proceedings for a hearing before the State Office of Administrative Hearings is initiated simultaneously with the temporary suspension or determination to restrict; and
- (2) a hearing is held as soon as possible under this chapter and Chapter 2001, Government Code.

(c) The State Office of Administrative Hearings shall hold a preliminary hearing not later than the 17th day after the date of the temporary suspension or restriction to determine whether probable cause exists that a continuing and imminent threat to the public welfare exists. The probable cause hearing shall be conducted as a de novo hearing.

(d) A final hearing on the matter shall be held not later than the 61st day after the date of the temporary suspension or restriction.

[Subsection (c) amended by Acts 2011 (S.B. 193), 82nd Leg., eff. Sept. 1, 2011.]

Sec. 301.4551. Temporary License Suspension for Drug or Alcohol Use.

(a) The board shall temporarily suspend the license of a nurse as provided by Section 301.455 if the nurse is under a board order prohibiting the use of alcohol or a drug or requiring the nurse to participate in a peer assistance program, and the nurse:

- (1) tests positive for alcohol or a prohibited drug;
- (2) refuses to comply with a board order to submit to a drug or alcohol test; or
- (3) fails to participate in the peer assistance program and the program issues a letter of dismissal and referral to the board for noncompliance.

(b) For the purposes of Section 301.455(c), proof of the elements required for the board to suspend a license under this section is proof that probable cause of a continuing and imminent threat to the public welfare exists.

[Added by Acts 2009 (H.B. 3961), 81st Leg., eff. June 19, 2009. Amended by Acts 2011 (S.B. 193), 82nd Leg., eff. Sept. 1, 2011.]

Sec. 301.456. Evidence.

A certified copy of the order of the denial, suspension, or revocation or other action under Section 301.452(b)(8) is conclusive evidence of that action.

Sec. 301.457. Complaint and Investigation.

(a) The Board or any person may initiate a proceeding under this subchapter by filing with the Board a complaint against a nurse. The complaint must be in writing and signed by the complainant.

(b) Except as otherwise provided by this section, the Board or a person authorized by the board shall conduct each investigation. Each complaint against a nurse that requires a determination of nursing competency shall be reviewed by a board member, consultant, or employee with a nursing background the Board considers sufficient.

(c) On the filing of a complaint, the board:

- (1) may conduct a preliminary investigation into the identity of the nurse named or described in the complaint;
- (2) shall make a timely and appropriate preliminary investigation of the complaint; and
- (3) may issue a warning or reprimand to the nurse.

(d) After any preliminary investigation to determine the identity of the subject of the complaint, unless it would jeopardize an investigation, the Board shall notify the nurse that a complaint

has been filed and the nature of the complaint. If the investigation reveals probable cause to take further disciplinary action, the Board shall either attempt an informal disposition of the complaint or file a formal charge against the nurse stating the provision of this chapter or board rule that is alleged to have been violated and a brief description of each act or omission that constitutes the violation.

(e) The Board shall conduct an investigation of the complaint to determine:

(1) whether the nurse's continued practice of nursing poses a risk of harm to clients or other persons; and

(2) whether probable cause exists that a nurse committed an act listed in Section 301.452(b) or that violates other law.

(f) In making a determination under Subsection (e), the board shall review the evidence to determine the extent to which a deficiency in care by the registered nurse was the result of deficiencies in the registered nurse's judgment, knowledge, training, or skill rather than other factors beyond the nurse's control. A determination that a deficiency in care is attributable to a registered nurse must be based on the extent to which the registered nurse's conduct was the result of a deficiency in the registered nurse's judgment, knowledge, training, or skill.

(g) If the board determines after investigating a complaint under Subsection (e) that there is reason to believe that a nurse's deficiency in care was the result of a factor beyond the nurse's control, the board shall report that determination to the patient safety committee at the facility where the nurse's deficiency in care occurred, or if the facility does not have a patient safety committee, to the chief nursing officer.

Sec. 301.458. Initiation of Formal Charges; Discovery.

(a) Unless there is an agreed disposition of the complaint under Section 301.463, if probable cause is found under Section 301.457(e)(2), the Board or the Board's authorized representative shall file formal charges against the nurse.

(b) A formal charge must:

(1) be written;

(2) be specific enough to enable a person of common understanding to know what is meant by the formal charge; and

(3) contain a degree of certainty that gives the person who is the subject of the formal charge notice of each particular act alleged to violate a specific statute, board rule, or board order.

(c) A copy of the formal charge shall be served on the nurse or the nurse's counsel of record.

(d) The Board shall adopt reasonable rules to promote discovery by each party to a contested case.

[Subsection (a) amended by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

Sec. 301.459. Formal Hearing.

(a) The Board by rule shall adopt procedures under Chapter 2001, Government Code, governing formal disposition of a contested case. The State Office of Administrative Hearings shall conduct a formal hearing.

(b) In any hearing under this section, a nurse is entitled to appear in person or by counsel.

Sec. 301.460. Access to Information.

(a) Except for good cause shown for delay and subject to any other privilege or restriction set forth by statute, rule, or legal precedent, the Board shall, not later than the 30th day after the date the board receives a written request from a license holder who is the subject of a formal charge filed under Section 301.458 or from the license holder's counsel of record, provide the license holder with access to:

- (1) all known exculpatory information in the Board's possession; and
- (2) information in the Board's possession that the board intends to offer into evidence in presenting its case in chief at the contested hearing on the complaint.

(b) The Board is not required to provide:

- (1) Board investigative reports or investigative memoranda;
- (2) the identity of non-testifying complainants;
- (3) attorney-client communications;
- (4) attorney work product; or
- (5) other materials covered by a privilege as recognized by the Texas Rules of Civil Procedure or the Texas Rules of Evidence.

(c) The provision of information under Subsection (a) does not constitute a waiver of privilege or confidentiality under this chapter or other applicable law.

Sec. 301.461. Assessment of Costs.

The Board may assess a person who is found to have violated this chapter the administrative costs of conducting a hearing to determine the violation.

Sec. 301.462. Voluntary Surrender of License.

The Board may revoke a nurse's license without formal charges, notice, or opportunity of hearing if the nurse voluntarily surrenders the nurse's license to the Board and executes a sworn statement that the nurse does not desire to be licensed.

Sec. 301.463. Agreed Disposition.

(a) Unless precluded by this chapter or other law, the Board may dispose of a complaint by:

- (1) stipulation;
- (2) agreed settlement;
- (3) agreed order; or
- (4) dismissal.

(b) An agreed disposition of a complaint is considered to be a disciplinary order for purposes of reporting under this chapter and an administrative hearing and proceeding by a state or federal regulatory agency regarding the practice of nursing.

(c) An agreed order is a public record.

(d) In civil or criminal litigation an agreed disposition is a settlement agreement under Rule 408, Texas Rules of Evidence.

Sec. 301.464. Informal Proceedings.

(a) The Board by rule shall adopt procedures governing:

- (1) informal disposition of a contested case under Section 2001.056, Government Code; and
- (2) an informal proceeding held in compliance with Section 2001.054, Government Code.

(b) Rules adopted under this section must:

- (1) provide the complainant and the license holder an opportunity to be heard; and
 - (2) require the presence of a representative of the Board's legal staff or of the Attorney General to advise the Board or the Board's employees.
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Sec. 301.465. Subpoenas; Request for Information.

(a) Notwithstanding Section 2001.089, Government Code, the Board may request issuance of a subpoena to be served in any manner authorized by law, including personal service by a board investigator or by certified mail.

(b) Each person shall respond promptly and fully to a request for information by the board or to a subpoena issued by the Board. A request or subpoena may not be refused, denied, or resisted unless the request or subpoena calls for information within the attorney-client privilege. No other privilege applies to a board proceeding.

(c) The Board may pay a reasonable fee for photocopies subpoenaed at the Board's request. The amount paid may not exceed the amount the Board charges for copies of its records.

(d) The Board shall protect, to the extent possible, the identity of each patient named in information received by the Board.

[Subsection (a) amended by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

Sec. 301.466. Confidentiality.

(a) A complaint and investigation concerning a nurse under this subchapter, all information and material compiled by the board in connection with the complaint and investigation, and the information described by Subsection (d) are:

- (1) confidential and not subject to disclosure under Chapter 552, Government Code; and
- (2) not subject to disclosure, discovery, subpoena, or other means of legal compulsion for

release to anyone other than the Board or a

board employee or agent involved in license holder discipline.

(b) Notwithstanding Subsection (a), information regarding a complaint and an investigation may be disclosed to:

- (1) a person involved with the Board in a disciplinary action against the nurse;
- (2) a nursing licensing or disciplinary board in another jurisdiction;
- (3) a peer assistance program approved by the Board under Chapter 467, Health and Safety

Code;

(4) a law enforcement agency; or

(5) a person engaged in bona fide research, if all information identifying a specific individual has been deleted.

(c) The filing of formal charges against a nurse by the Board, the nature of those charges, disciplinary proceedings of the board, and final disciplinary actions, including warnings and reprimands, by the Board are not confidential and are subject to disclosure in accordance with Chapter 552, Government Code.

(d) Notwithstanding Subsection (c), if the board orders a nurse to participate in a peer assistance program approved by the board under Section 467.003, Health and Safety Code, the complaint, filing of formal charges, nature of those charges, final board order, and disciplinary proceedings are subject to disclosure:

(1) only to the same extent as information regarding a complaint is subject to disclosure under Subsection (b); or

(2) in a subsequent matter relating to the board order or a subsequent violation of this chapter or a board rule.

[Subsection (a) amended and Subsection (d) added by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

Sec. 301.467. Reinstatement.

(a) On application, the Board may reinstate a license to practice nursing to a person whose license has been revoked, suspended, or surrendered.

(b) An application to reinstate a revoked license:

(1) may not be made before the first anniversary of the date of the revocation; and

(2) must be made in the manner and form the Board requires.

(c) If the Board denies an application for reinstatement, it may set a reasonable waiting period before the applicant may reapply for reinstatement.

Sec. 301.468. Probation.

(a) The Board may determine that an order denying a license application or suspending a license be probated. A person subject to a probation order shall conform to each condition the Board sets as the terms of probation, including a condition:

(1) limiting the practice of the person to, or excluding, one or more specified activities of professional nursing or vocational nursing;

(2) requiring the person to submit to supervision, care, counseling, or treatment by a practitioner designated by the Board; or

(3) requiring the person to submit to random drug or alcohol tests in the manner prescribed by the board.

(b) At the time the probation is granted, the Board shall establish the term of the probationary period.

(c) At any time while the person remains subject to the probation order, the Board may hold a hearing and rescind the probation and enforce the Board's original action in denying or suspending the license. The hearing shall be called by the presiding officer of the Board, who shall issue a notice to be served on the person or the person's counsel not later than the 20th day before the date scheduled for the hearing that:

- (1) sets the time and place for the hearing; and
- (2) contains the charges or complaints against the probationer.

(d) Notice under Subsection (c) is sufficient if sent by registered or certified mail to the affected person at the person's most recent address as shown in the Board's records.

(e) A hearing under this section is limited to a determination of whether the person violated the terms of the probation order under Subsection (a) and whether the board should:

- (1) continue, rescind, or modify the terms of probation, including imposing an administrative penalty; or
- (2) enter an order denying, suspending, or revoking the person's license.

(f) If one of the conditions of probation is the prohibition of using alcohol or a drug or participation in a peer assistance program, violation of that condition is established by:

- (1) a positive drug or alcohol test result;
- (2) refusal to submit to a drug or alcohol test as required by the board; or
- (3) a letter of noncompliance from the peer assistance program.

[Amended by Acts 2009 (H.B. 3961), 81st Leg., eff. June 19, 2009.]

Sec. 301.469. Notice of Final Action.

If the Board takes a final disciplinary action, including a warning or reprimand, against a nurse under this subchapter, the Board shall immediately send a copy of the Board's final order to the nurse and to the last known employer of the nurse.