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Scott Walker, Governor
Dave Ross, Secretary

BOARD OF NURSING
Room 121A, 1400 East Washington Avenue, Madison
Contact: Dan Williams (608) 266-2112
November 13, 2014

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of actions and deliberation of the Board.

8:00 A.M.

AGENDA

CALL TO ORDER – ROLL CALL – OPEN SESSION

A. **Adoption of the Agenda (1-4)**

B. **Approval of the Minutes of October 9, 2014 (5-14)**

C. **Administrative Matters – Discussion and Consideration**
1) Staff Updates
2) Board Member – Term Expiration Date
   a. Paul Abegglen – 7/1/2015
   b. Julie Ellis – 7/1/2015
   c. Maria Joseph – 7/1/2013
   d. Sheryl Krause – 7/1/ 2018
   e. Jeffrey Miller – 7/1/2016
   f. Peter Kallio – 7/1/ 2018
   g. Lillian Nolan – 7/1/2015
   h. Luann Skarlupka – 7/1/2017
   i. Cheryl Streeter – 7/1/2017

D. **Legislative and Administrative Rule Matters – Discussion and Consideration**
1) Update on N 5, 6 Relating to Renewal and Practice Standards
2) Update on N 8 Relating to APNP
3) Scope Amending N 7.01 Relating to Authority and Intent of N 7 **(15-17)**
4) Update on Pending and Possible Rulemaking Projects
5) WNA Proposed Legislation Relating to APRN Licensure **(18-138)**

E. **Accreditation Matters – Discussion and Consideration**
1) Bryant & Stratton College (ACEN) **(139-214)**
2) Herzing University – Brookfield/Kenosha (CCNE) **(215-224)**

F. Discussion and Consideration of Items Received After Preparation of the Agenda:

1) Introductions, Announcements, and Recognition
2) Presentations of Petition(s) for Summary Suspension
3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
4) Presentation of Final Decision and Order(s)
5) Informational Item(s)
6) DLSC Matters
7) Status of Statute and Administrative Rule Matters
8) Education and Examination Matters
9) Credentialing Matters
10) Practice Questions
11) Legislation / Administrative Rule Matters
12) Liaison Report(s)
13) Speaking Engagement(s), Travel, or Public Relations Request(s)
14) Consulting with Legal Counsel

G. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

H. **Deliberation of Proposed Final Decision and Order**

1) Lisa L. Strange, Respondent – (DHA Case SPS-14-0026) (DLSC Cases 13NUR404) **(225-247)**

I. **Deliberation of Division of Legal Services and Compliance Matters**

1) **Monitoring matters including but not limited to; Modifications, Reinstatements, and consideration of Board Order violations**
   a. **APPEARANCE:** Gold Omereonye, R.N. – Requesting Full Licensure **(248-276)**
   b. Elizabeth Gabryel, R.N. – Requesting Full Licensure **(277-286)**
   c. Judi (Olson) Graham, R.N. – Requesting Full Licensure **(287-321)**
   d. Kelly Hagman, R.N. – Requesting Modifications **(322-343)**
   e. Diane Hollick, R.N. – Requesting Full Licensure **(344-377)**
   f. Charlene Kuecherer, R.N. – Requesting Full Licensure **(378-407)**
   g. Brian Reynolds, R.N. – Requesting Modifications **(408-428)**
   h. Julie Wilcox, R.N. – Requesting Modifications **(429-451)**

2) **DLSC Attorney Amanda Florek**
   a. **Proposed Stipulations, Final Decisions and Orders**
      1. 13NUR252 (S.K.W.) **(452-458)**
      2. 14NUR102 (K.I.L.) **(459-464)**
      3. 14NUR107 (S.L.M.) **(465-476)**
      4. 14NUR114 (M.L.T.) **(477-488)**
      5. 14NUR163 (A.R.E.) **(489-494)**
      6. 14NUR208 (E.N.K.) **(495-501)**
      7. 14NUR293 (S.A.M.) **(502-507)**
      8. 14NUR339 (R.M.G.) **(508-513)**
      9. 14NUR365 (R.A.W.) **(514-521)**
   b. **Administrative Warnings**
      1. 13NUR372 (P.S.B.) **(522-523)**

3) **DLSC Attorney Kim M. Kluck**
   a. **Proposed Stipulations, Final Decisions and Orders**
      1. 13NUR301 (P.I.S.) **(524-536)**
      2. 13NUR650 (N.M.P.) **(537-548)**
      3. 14NUR112 (K.S.B.) **(549-555)**
      4. 14NUR170 (R.A.K.) **(556-562)**
      5. 14NUR413 (K.A.M.) **(563-574)**
      6. 14NUR414 (K.V.G.) **(575-580)**
   b. **Administrative Warnings**
      1. 13NUR384 (E.C.) **(581-582)**
      2. 13NUR384 (R.B.) **(583-584)**
      3. 13NUR629 (J.Y.P.) **(585-586)**
      4. 14NUR437 (T.M.K.) **(587-588)**
      5. 14NUR543 (P.C.M.) **(589-590)**

J. Case Status Report **(591-598)**

K. Case Closures

L. **Deliberation of Credentialing Matters**
   1) Maribeth Beck – Time Extension Request **(599-604)**
   2) Kristen Boyd – Conviction Review **(605-793)**
   3) Mary Gallagher – Reinstatement Review **(794-811)**
   4) Noreen Paulsen – Unlicensed Practice Review **(812-825)**
   5) Eunice Warren – Discipline Review **(826-834)**

M. Deliberation of Items Received After Preparation of the Agenda

1) Professional Assistance Procedure (PAP)
2) Monitoring Matters
3) Administrative Warnings
4) Review of Administrative Warnings
5) Proposed Stipulations, Final Decisions and Orders
6) Proposed Final Decisions and Orders
7) Orders Fixing Costs/Matters Related to Costs
8) Petitions for Summary Suspension
9) Petitions for Re-hearings
10) Complaints
11) Examination Issues
12) Credential Issues
13) Appearances from Requests Received or Renewed
14) Motions
15) Consulting with Legal Counsel

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION
Voting on Items Considered or Deliberated on in Closed Session, If Voting is Appropriate

N. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration

O. Board Strategic Planning and its Mission, Vision, and Values – Discussion and Consideration

ADJOURNMENT

The next scheduled meeting is December 11, 2014.

BOARD OF NURSING
MEETING MINUTES
October 9, 2014

PRESENT: Jeffrey Miller, Lillian Nolan, Julie Ellis (*joined via teleconference at 10:10 a.m.*), Maria Joseph, Peter Kallio, Luann Skarlupka, Cheryl Streeter

EXCUSED: Paul Abegglen, Sheryl Krause

STAFF: Dan Williams – Executive Director, Jelena Gagula – Bureau Assistant, and other DSPS Staff

CALL TO ORDER

Jeffrey Miller called the meeting to order at 8:00 a.m. A quorum of six (6) members was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda:

- ***Remove item*** *a. APPEARANCE: Gold Omereonye, R.N. – Requesting Full Licensure from I.1) Monitoring matters including but not limited to; Modifications, Reinstatements, and consideration of Board Order violations*
- ***Add item*** *8. 14NUR674 (S.J.R.) under I.3)a. Proposed Stipulations, Final Decisions and Orders*

MOTION: Peter Kallio moved, seconded by Luann Skarlupka, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF SEPTEMBER 11, 2014

MOTION: Lillian Nolan moved, seconded by Cheryl Streeter, to approve the minutes of September 11, 2014 as published. Motion carried unanimously.

WISCONSIN NURSES ASSOCIATION PRESENTATION ON PROPOSED LEGISLATION REGARDING THE PRACTICE OF ADVANCED PRACTICE NURSES

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to acknowledge the appearance of Tina Bettin, Tim Heyse, Jim Albrecht, Kathryn Osborne, and Gina Dennik-Champion representing WNA's APRN Coalition. Motion carried unanimously.

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to acknowledge that the late documents submitted by WNA will be provided to the board members following the meeting for review and possible further consideration at a future board meeting. Motion carried unanimously.

DRAFT

LEGISLATIVE AND ADMINISTRATIVE RULE MATTERS

MOTION: Luann Skarlupka moved, seconded by Maria Joseph, to request DSPS staff draft a Scope Statement revising N7 relating to Unprofessional Conduct. Motion carried unanimously.

SPEAKING ENGAGEMENT(S), TRAVEL, OR PUBLIC RELATIONS REQUEST(S)

MOTION: Luann Skarlupka moved, seconded by Lillian Nolan, to designate Peter Kallio to provide Board information for the Wisconsin Association of Nurse Anesthetists Newsletter. Motion carried unanimously.

CLOSED SESSION

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85 (1)(b), Stats.); to consider closing disciplinary investigation with administrative warning (ss.19.85(1)(b), Stats. and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and, to confer with legal counsel (s.19.85(1)(g), Stats.). Jeffrey Miller read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Maria Joseph – yes; Peter Kallio-yes; Jeffrey Miller-yes; Lillian Nolan-yes; Luann Skarlupka-yes; and Cheryl Streeter-yes. Motion carried unanimously.

The Board convened into Closed Session at 8:57 a.m.

RECONVENE TO OPEN SESSION

MOTION: Luann Skarlupka moved, seconded by Lillian Nolan, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 11:50 a.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Maria Joseph moved, seconded by Julie Ellis, to affirm all motions made in closed session. Motion carried unanimously.

DELIBERATION OF PROPOSED FINAL DECISION AND ORDER IN CASE NUMBERS 13NUR059 and 14NUR079 – SABRINA C.K. GILES

Jeffrey Miller recused himself and left the room for deliberation, and voting in the matter concerning 13NUR059 and 14NUR079 – Sabrina C.K. Giles.

MOTION: Peter Kallio moved, seconded by Cheryl Streeter, to **adopt** the Findings of Fact, Conclusions of Law, and Proposed Decision and Order in the matter of disciplinary proceedings against Sabrina C.K. Giles, Respondent – DLSC case numbers 13NUR059 and 14NUR079. Motion carried unanimously.

MONITORING

Gold Omereonye, R.N. – Requesting Full Licensure

MOTION: Luann Skarlupka moved, seconded by Maria Joseph, to **table** the request of Gold Omereonye for Full Licensure until a future meeting, per Respondent's request. Motion carried unanimously.

Melissa Anderson, R.N. – Reduction in Drug and Alcohol Screens

MOTION: Lillian Nolan moved, seconded by Peter Kallio, to **grant** the request of Melissa Anderson for a Reduction in Drug and Alcohol Screens to 14 per year and an annual hair test. Motion carried unanimously.

David Cross, R.N. – Requesting Full Licensure

MOTION: Julie Ellis moved, seconded by Cheryl Streeter, to **grant** the request of David Cross for Full Licensure. Motion carried unanimously.

Linda Galarza, R.N. – Reduction in Drug and Alcohol Screens

MOTION: Julie Ellis moved, seconded by Lillian Nolan, to **grant** the request of Linda Galarza for termination of AODA treatment. The Board further **denies** the request of Linda Galarza for a Reduction in Drug and Alcohol Screens. **Reason for Denial:** Non-compliance, in the last twelve (12) months, with the April 2, 2009 board order. Motion carried unanimously.

Nikkolee Grabow, R.N. – Reduction in Drug and Alcohol Screens

MOTION: Peter Kallio moved, seconded by Maria Joseph, to **grant** the request of Nikkolee Grabow for a Reduction in Drug and Alcohol Screens to 36 drug and alcohol test per year, and an annual hair test. Motion carried unanimously.

Theresa Lubich, L.P.N. – Requesting Full Licensure

MOTION: Lillian Nolan moved, seconded by Maria Joseph, to **grant** the request of Theresa Lubich for Full Licensure as a licensed practical nurse. Motion carried unanimously.

Stacy Pautz, L.P.N. – Requesting Full Licensure

MOTION: Peter Kallio moved, seconded by Cheryl Streeter, to **grant** the request of Stacy Pautz for Full Licensure as a licensed practical nurse. Motion carried unanimously.

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Ann Stanton, R.N. – Modification of Practice Restrictions and Reduction of AA/NA Meetings

MOTION: Peter Kallio moved, seconded by Maria Joseph, to **grant** the request of Ann Stanton for access to controlled substances and Modification of Practice Restrictions to allow work in home health care, hospice, pool nursing or agency settings. The Board further **denies** the request of Ann Stanton for Reduction of AA/NA Meetings. **Reason for Denial:** Applicant needs to practice nursing under the current conditions before the Board will consider amending other requirements. Motion carried unanimously.

STIPULATIONS, FINAL DECISIONS AND ORDERS

S.L.V. – 13NUR123

MOTION: Peter Kallio moved, seconded by Maria Joseph, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against S.L.V. – 13NUR123. Motion carried unanimously.

T.M.M. – 13NUR688

MOTION: Peter Kallio moved, seconded by Maria Joseph, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against T.M.M. – 13NUR688. Motion carried unanimously.

I.G.W. – 14NUR078

MOTION: Peter Kallio moved, seconded by Maria Joseph, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against I.G.W. – 14NUR078. Motion carried unanimously.

S.N.B. – 14NUR144

MOTION: Peter Kallio moved, seconded by Maria Joseph, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against S.N.B. – 14NUR144. Motion carried unanimously.

A.W.C. – 14NUR237

MOTION: Peter Kallio moved, seconded by Maria Joseph, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against A.W.C. – 14NUR237. Motion carried unanimously.

M.L.C. – 14NUR379

MOTION: Peter Kallio moved, seconded by Maria Joseph, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against M.L.C. – 14NUR379. Motion carried unanimously.

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T.S.B. – 13NUR324 and 13NUR561

MOTION: Peter Kallio moved, seconded by Lillian Nolan, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against T.S.B. – 13NUR324 and 13NUR561. Motion carried unanimously.

K.R.T. – 14NUR040

MOTION: Peter Kallio moved, seconded by Lillian Nolan, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against K.R.T. – 14NUR040. Motion carried unanimously.

R.M.L. – 14NUR150

MOTION: Peter Kallio moved, seconded by Lillian Nolan, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against R.M.L. – 14NUR150. Motion carried unanimously.

C.A.H. – 14NUR308

MOTION: Peter Kallio moved, seconded by Lillian Nolan, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against C.A.H. – 14NUR308. Motion carried unanimously.

J.L.S. – 14NUR314

MOTION: Peter Kallio moved, seconded by Lillian Nolan, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against J.L.S. – 14NUR314. Motion carried unanimously.

D.V.P. – 14NUR402

MOTION: Peter Kallio moved, seconded by Lillian Nolan, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against D.V.P. – 14NUR402. Motion carried unanimously.

D.L.C.J. – 14NUR415

MOTION: Peter Kallio moved, seconded by Lillian Nolan, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against D.L.C.J. – 14NUR415. Motion carried unanimously.

S.J.R. – 13NUR674

MOTION: Peter Kallio moved, seconded by Lillian Nolan, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against S.J.R. – 13NUR674. Motion carried unanimously.

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T.A.J. – 14NUR074

MOTION: Cheryl Streeter moved, seconded by Julie Ellis, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against T.A.J. – 14NUR074. Motion carried unanimously.

R.M.M. – 14NUR023 and 14NUR281

MOTION: Lillian Nolan moved, seconded by Maria Joseph, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against R.M.M. – 14NUR023 and 14NUR281. Motion carried unanimously.

L.M.H. – 14NUR352

MOTION: Peter Kallio moved, seconded by Maria Joseph, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against L.M.H. – 14NUR352. Motion carried unanimously.

ADMINISTRATIVE WARNINGS

14NUR386 – L.A.H.

MOTION: Luann Skarlupka moved, seconded by Cheryl Streeter, to **issue** the Administrative Warning and close DLSC case number 14NUR386 – L.A.H. Motion carried unanimously.

14NUR430 – T.T.K.

MOTION: Luann Skarlupka moved, seconded by Cheryl Streeter, to **issue** the Administrative Warning and close DLSC case number 14NUR430 – T.T.K. Motion carried unanimously.

RECONSIDERATION OF LICENSURE BY EXAM DENIAL

14NUR362 – JANA K. JUNGWIRTH

Cheryl Streeter recused herself and left the room for deliberation, and voting in the matter concerning 14NUR362 – Jana K. Jungwirth.

MOTION: Lillian Nolan moved, seconded by Maria Joseph, to rescind the May 15, 2014 denial of the application of Jana K. Jungwirth for initial licensure as a Licensed Practical Nurse, and to acknowledge that her application remains open. The Board finds that her conviction record as of October 9, 2014 is not substantially related to the practice of nursing. Motion carried unanimously.

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CASE CLOSURES

14NUR246 – R.B.

MOTION: Peter Kallio moved, seconded by Luann Skarlupka, to close DLSC case number 14NUR246 – R.B. for insufficient evidence (IE). Motion carried unanimously.

14NUR392 – A.H.

MOTION: Cheryl Streeter moved, seconded by Maria Joseph, to close DLSC case number 14NUR392 – A.H. for no violation (NV). Motion carried unanimously.

14NUR377 – Y.P.

MOTION: Maria Joseph moved, seconded by Peter Kallio, to close DLSC case number 14NUR377 – Y.P. for prosecutorial discretion (P1). Motion carried unanimously.

14NUR487 – T.S.

MOTION: Peter Kallio moved, seconded by Maria Joseph, to close DLSC case number 14NUR487 – T.S. for prosecutorial discretion (P7). Motion carried unanimously.

14NUR450 – J.K.

MOTION: Luann Skarlupka moved, seconded by Cheryl Streeter, to close DLSC case number 14NUR450 – J.K. for prosecutorial discretion (P2). Motion carried unanimously.

14NUR264 – R.O.

MOTION: Maria Joseph moved, seconded by Peter Kallio, to close DLSC case number 14NUR264 – R.O. for prosecutorial discretion (P7). Motion carried unanimously.

14NUR486 – J.S.

MOTION: Luann Skarlupka moved, seconded by Maria Joseph, to close DLSC case number 14NUR486 – J.S. for prosecutorial discretion (P5 with a flag). Motion carried unanimously.

14NUR361 – S.F.

MOTION: Maria Joseph moved, seconded by Peter Kallio, to close DLSC case number 14NUR361 – S.F. for prosecutorial discretion (P2). Motion carried unanimously.

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14NUR350 – S.D.

MOTION: Peter Kallio moved, seconded by Maria Joseph, to close DLSC case number 14NUR350 – S.D. for no jurisdiction (L2). Motion carried unanimously.

14NUR193 – J.W.

MOTION: Cheryl Streeter moved, seconded by Maria Joseph, to close DLSC case number 14NUR193 – J.W. for no violation (NV). Motion carried unanimously.

14NUR483 – M.L.

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to close DLSC case number 14NUR483 – M.L. for prosecutorial discretion (P5 with a flag). Motion carried unanimously.

13NUR710 – J.D.

MOTION: Maria Joseph moved, seconded by Peter Kallio, to close DLSC case number 13NUR710 – J.D. for prosecutorial discretion (P7). Motion carried unanimously.

13NUR407 – T.T.

MOTION: Lillian Nolan moved, seconded by Cheryl Streeter, to close DLSC case number 13NUR407 – T.T. for prosecutorial discretion (P2). Motion carried unanimously.

13NUR604 – R.W.

MOTION: Lillian Nolan moved, seconded by Peter Kallio, to close DLSC case number 13NUR604 – R.W. for insufficient evidence (IE). Motion carried unanimously.

14NUR054 – M.K.

MOTION: Lillian Nolan moved, seconded by Maria Joseph, to close DLSC case number 14NUR054 – M.K. for prosecutorial discretion (P5 with a flag). Motion carried unanimously.

14NUR280 – P.B.

MOTION: Lillian Nolan moved, seconded by Maria Joseph, to close DLSC case number 14NUR280 – P.B. for insufficient evidence (IE). Motion carried unanimously.

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14NUR387 – D.S.

MOTION: Peter Kallio moved, seconded by Maria Joseph, to close DLSC case number 14NUR387 – D.S. for prosecutorial discretion (P5 with a flag). Motion carried unanimously.

14NUR358 – P.C.

MOTION: Lillian Nolan moved, seconded by Cheryl Streeter, to close DLSC case number 14NUR358 – P.C. for no violation (NV). Motion carried unanimously.

14NUR403 – G.P.

MOTION: Lillian Nolan moved, seconded by Peter Kallio, to close DLSC case number 14NUR403 – G.P. for prosecutorial discretion (P5 with a flag). Motion carried unanimously.

CREDENTIALING MATTERS

Amy Bazuzi – Medical Condition Review

MOTION: Julie Ellis moved, seconded by Maria Joseph, to **approve** the application of Amy Bazuzi for licensure once all other requirements have been met. Motion carried unanimously.

Kristi Cook – Conviction Review

MOTION: Lillian Nolan moved, seconded by Maria Joseph, to **approve** the application of Kristi Cook for licensure once all requirements have been met. Motion carried unanimously.

Amelia Fay – Conviction Review

MOTION: Lillian Nolan moved, seconded by Luann Skarlupka, to issue an **intent to deny** letter in the matter of the application of Amelia Fay for licensure unless the applicant provides an AODA Assessment completed no earlier than October 1, 2014 by a Board-approved AODA Counselor. **Reason for Intent to Deny:** Convictions are substantially related to the Practice of Nursing. Motion carried unanimously.

Marie Meader – Conviction Review

MOTION: Peter Kallio moved, seconded by Maria Joseph, to **approve** the application of Marie Meader for licensure as a licensed practical nurse once all other requirements have been met. Motion carried unanimously.

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Ashley Nordmeyer – Conviction Review

MOTION: Lillian Nolan moved, seconded by Maria Joseph, to **approve** the application of Ashley Nordmeyer for licensure once all other requirements have been met. Motion carried unanimously.

ADJOURNMENT

MOTION: Cheryl Streeter moved, seconded by Luann Skarlupka, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 12:13 p.m.

DRAFT

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: **Sharon Henes** **Administrative Rules Coordinator**	2) Date When Request Submitted: **3 November 2014** Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:

Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
13 November 2014	☐ Yes ☐ No	**Legislation and Rule Matters – Discussion and Consideration** **1. Update on N 5, 6 relating to renewal and practice standards** **2. Update on N 8 relating to APNP** **3. Scope amending N 7.01 relating to authority and intent of N 7** **4. Update on Pending and Possible Rulemaking Projects** **5. WNA Proposed Legislation relating to APRN licensure**

7) Place Item in:	8) Is an appearance before the Board being scheduled?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes (Fill out Board Appearance Request) ☐ No	

10) Describe the issue and action that should be addressed:

11) Authorization

Sharon Henes — *3 November 2014*

Signature of person making this request — Date

Supervisor (if required) — Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda) — Date

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Revised 8/13

STATEMENT OF SCOPE

BOARD OF NURSING

Rule No.: N 7.01

Relating to: Authority and intent of chapter N 7

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only):

N/A

2. Detailed description of the objective of the proposed rule:

The objective is to update the authority and intent section to reflect the change resulting from 2013 Act 114. Section 441.07 was amended to give authority to the board to deny an initial license or certificate.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

Currently the rules indicate that the intent of the rules of conduct chapter is to specify grounds for limiting, suspending, revoking or denying renewal of a license or certificate or for reprimanding a licensee or certificate holder. The proposed rule would include the denial of a initial license or certificate.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

s. 15.08(5)(b) Each examining board: shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.

s. 441.01(3) The board may establish minimum standards for schools for professional nurses and schools for licensed practical nurses, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools. It may also establish rules to prevent unauthorized persons from practicing professional nursing. It shall approve all rules for the administration of this chapter in accordance with ch. 227.

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

30 hours

6. List with description of all entities that may be affected by the proposed rule:

Applicants for practical nurse license, registered nurse license or advance practice nurse prescriber certificates.

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

None

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

None to minimal. There is not likely to be significant economic impact on small businesses.

Contact Person: Sharon Henes, Administrative Rules Coordinator, (608) 261-2377

_____
Authorized Signature

_____
Date Submitted

APRN Uniformity Act

education • accreditation • certification • licensure

October 28, 2014

Jeffery Miller, RN, DNP
Chairperson
State of Wisconsin Board of Nursing
1400 E. Washington Ave
Madison WI 53708-8366

RE: Board of Nursing approval of legislative principles in the APRN Uniformity Act

Dear Dr. Miller and members of the Wisconsin Board of Nursing:

On behalf of the Wisconsin Nurses Association and members of the APRN Coalition I would like to thank you for taking the time at your October 9, 2014 Board of Nursing meeting for us to present our legislative proposal, the APRN Uniformity Act, which addresses APRN practice in Wisconsin.

This is a follow-up to our conversation requesting the Board of Nursing to support the legislative principles of the APRN Uniformity Act that amend Wisconsin State Statute Chapter 441 to achieve uniformity with the National Consensus Model on Advanced Practice Registered Nurses. These principles are as follows:

1. Change the titles to Advanced Practice Registered Nurse (APRN) and Advanced Practice Registered Nurse-Prescriber (APRN-P)
2. Provide title protection for
    - APRN and APRN-P
    - Certified Nurse Midwife (CNM)
    - Certified Registered Nurse Anesthetist (CRNA)
    - Clinical Nurse Specialist (CNS)
    - Nurse Practitioner (NP)
3. Create licensure for APRN-CNM, APRN-CRNA, APRN-CNS and APRN-NP
4. The CNM license found in s. 441.15 is deleted to offset the new license for the APRN.
5. Define APRN.
6. Require all APRN-Ps to participate in the Injured Patients and Families Compensation Fund (Chapter 655)
7. Include the APRN-P in existing non-discrimination language for admitting privileges in s. 50.36.
8. Provide technical amendments to state statutes clarifying the title APNP to APRN-P.

We thank you in advance for your consideration of our request. Please feel free to contact to me if you have any questions or concerns.

Sincerely,

Gina Dennik-Champion

Gina Dennik-Champion MSN, RN, MSHA

Coalition Members

Wisconsin Association of Clinical Nurse Specialists

Wisconsin Association of Nurse Anesthetists

Wisconsin Affiliate of American College of Nurse Midwives

Wisconsin Nurses Association

Wisconsin Nurses Association Advanced Practice Registered Nurse Forum

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APRN Uniformity Act

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The Advanced Practice Registered Nurse Uniformity Act

Goal of Legislation: Wisconsin's Nurse Practice Act , State Statute Chapter 441, will better reflect the legal practice of Advanced Practice Nursing in Wisconsin using the agreed upon principles and terminology identified in the National Consensus Model for Advanced Practice Registered Nurses including their title, role, educational preparation, certification and licensure.

Recommendation

Amend Wisconsin State Statute Chapter 441 to achieve uniformity with the National Consensus Model on Advanced Practice Registered Nurses that includes the following:

- Change the titles to Advanced Practice Registered Nurse (APRN) and Advanced Practice Registered Nurse-Prescriber (APRN-P)
- Provide title protection for
  - APRN and APRN-P
  - Certified Nurse Midwife (CNM)
  - Certified Registered Nurse Anesthetist (CRNA)
  - Clinical Nurse Specialist (CNS)
  - Nurse Practitioner (NP)
- Create licensure for APRN-CNM, APRN-CRNA, APRN-CNS and APRN-NP
- Define APRN
- Require all APRN-Ps to participate in the Injured Patients and Families Compensation Fund
- Provide technical amendments to state statutes clarifying the title APNP to APRN-P

Issue:

- Wisconsin's Nurse Practice Act, State Statute 441, is relatively silent when it comes to defining the role and responsibility of advanced practice nurses (APNs) and advanced practice nurse prescribers (APNPs).
- Legislation granted prescriptive authority to APNs in 1995, via state statute 441.16. As their increase in the number and utilization continues to grow so has the need for greater clarity regarding their legal practice authority which will be good for consumers.

Facts About Wisconsin's Advanced Practice Registered Nurses

Below are some helpful facts about APNs. For the remainder of this document, APNs will be referred to as APRNs, or advanced practice registered nurses, as called for within the National Consensus Model.

- APRNs are registered nurses who have acquired, through graduate-level education, advanced clinical knowledge and skills to provide direct patient care.[1]
- APRNs have advanced education, knowledge and skills to care for a specific population of patients, including adults, families, children and newborns.

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- APRNs can also provide gender specific health care (such as women's health) or provide psychiatric/mental health services. They are educationally prepared to assess, diagnose, and manage patient problems, including ordering tests and prescribing medications.
- APRNs work in a variety of settings, including hospitals, clinics, private offices and schools. They may provide care in places where there is a shortage of physicians and where health care is badly needed.
- In 2012 there were about 8,900 APRNs in Wisconsin.[1]
- In Wisconsin, approximately 3,500 APRN-Ps[1] have legal authority to prescribe medications, order laboratory, radiography, EKGs and durable medical equipment (DME) for their patients.
- There are four distinct types or roles of APRN/APRN-Ps:
    - Certified Nurse Midwife (CNM)
    - Certified Registered Nurse Anesthetist (CRNA)
    - Clinical Nurse Specialist (CNS)
    - Nurse Practitioner (NP)

Demand for APRNs is growing because:

- Hospitals throughout Wisconsin are facing serious provider shortages and need expert clinicians like Nurse Practitioners, Clinical Nurse Specialists and Nurse Anesthetists[1].
- Increase in the use of same day surgical centers in urban and rural settings is dependent on the services of Certified Registered Nurse Anesthetists and other on-site APRNs.
- Primary care is focusing on patient-centered care coordination that will require prevention and health promotion services particularly for patients with chronic diseases that can be effectively managed by Nurse Practitioners and Nurse Midwives.
- Comprehensive women's health care across the life-span including obstetrics is increasingly the preferred method of health care delivery which is provided by Nurse Midwives.
- The growth in Medicare eligible individuals in Wisconsin will increase from 13% (726,280) in 2005 to 22.3% (1,485,570) in 2035. This will require greater numbers of practitioners, including APNPs, to provide collaborative and coordinated team-based care in order to achieve quality health care outcomes and cost-efficiencies[1].
- The number of businesses offering on-site primary care and occupational health services benefits will continue to increase due to timely employee access to cost-effective and high-quality care provided by APRNs and APRN-Ps.
- Health care systems can attest to the benefits of utilizing APRNs in both acute, primary and community settings.

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[1] The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care, (2012), National Governor's Association. http://www.nga.org/files/live/sites/NGA/files/pdf/1212NursePractitionersPaper.pdf

[1] 2012 RN Workforce Survey, At a Glance. Department of Workforce Development. http://www.wisconsincenterfornursing.org/documents/2012%20RN--2013%20LPN%20Survey--DWD.pdf

[1] 2012 RN Workforce Survey, At a Glance. Department of Workforce Development. http://www.wisconsincenterfornursing.org/documents/2012%20RN--2013%20LPN%20Survey--DWD.pdf

[1] Report: 2013 Wisconsin's Health Care Workforce. Wisconsin Hospital Association. http://www.wha.org/pubarchive/reports/2013workforcereport.pdf

[1] Wisconsin Plan for Older People 2013-2015. Wisconsin Department of Health Services. http://www.dhs.wisconsin.gov/publications/p0/p00373.pdf

For more information contact the Wisconsin Nurses Association at info@wisconsinnurses.org

The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care

Abstract

With the demand for primary care services already straining capacity in most states, more than 16 million individuals projected to gain health insurance coverage by 2016, and a rapidly aging population, many states are considering options to increase the number and role of primary care providers. One option for states is to reexamine their scope of practice laws governing nurse practitioners (NPs). NPs, the largest group of advanced practice registered nurses (APRNs), currently serve patients in a wide variety of settings under varying degrees of physician supervision.

The National Governors Association (NGA) undertook a review of the literature and state rules governing NPs' scope of practice to answer three questions pertaining to their potential role in meeting the increasing demand for primary care: (1) to what extent do scope of practice rules for NPs, as well as licensure and other conditional requirements, vary across states?; (2) to what extent do states' rules and requirements for NPs deviate from evidence-based research of appropriate activities for NPs?; and (3) given current evidence, what would be the effect of changes to state scope of practice laws and regulations on health care access and quality?

Research suggests that NPs can perform many primary care services as well as physicians do and achieve equal or higher patient satisfaction rates among their patients. The review of state laws and regulations governing NPs reveals wide variation among the states' with respect to rules governing NPs' scope of practice, including the extent to which states allow NPs to prescribe drugs, to practice independently of physician oversight, and to bill insurers and Medicaid under their own provider identifier. Sixteen states and the District of Columbia allow NPs to practice completely independently of a physician and to the full extent of their training (i.e., diagnosing, treating, and referring patients *as well as* prescribing medications for patients); the remaining 34 states require NPs to have some level of involvement with a physician, but the degree and type of involvement varies considerably by state. To better meet the nation's current and growing need for primary care providers, states may want to consider easing their scope of practice restrictions and modifying their reimbursement policies to encourage greater NP involvement in the provision of primary care.

Introduction

The demand for primary care services in the United States is expected to increase over the next few years, particularly with the aging and growth of the population and passage of the Affordable Care Act (ACA). Research suggests that NPs and other health professionals are trained to and already do deliver many primary care services and may therefore be able to help increase access to primary care, particularly in underserved areas.

For that reason, NGA undertook a review of the literature and state rules governing NPs' scope of practice to answer three questions pertaining to the role of NPs in meeting the increasing demand for primary care: (1)

to what extent do scope of practice rules for NPs, as well as licensure and other conditional requirements, vary across states?; (2) to what extent do the rules and requirements of states vary from the evidence-based research of appropriate activities for NPs?; (3) given current evidence, what would be the effects of changes to state scope of practice laws and regulations on health care access and quality?

This NGA paper summarizes the literature relevant to NP practice and current state scope of practice rules governing NPs.

Regulations and policies governing the NP profession vary widely across states. Half the states allow NPs to practice somewhat independently (i.e., diagnosing, treating and referring patients but *not* necessarily prescribing), differing significantly in the level of physician involvement they require such as in regard to NPs' authority to prescribe drugs and their ability to bill for services. A more detailed, state-by-state assessment of scope of practice and reimbursement rules governing NPs by state is presented in the appendix.

To better meet the nation's current and growing need for primary care providers, states may want to consider easing their current scope of practice restrictions, as well as their reimbursement policies, as a way of encouraging and incentivizing greater NP involvement in the provision of primary care.

Background

Primary Care and Health Care Reform

The aging and growth of the U.S. population, along with the health care coverage expansions and other initiatives under the ACA, is expected to significantly increase demand for primary care services in the coming years. Since the passage of the ACA in 2010, more than two million Americans have been added to health insurance rolls. The total number of people expected to gain health insurance had been expected to increase to 30 million by the year 2016, but states were given flexibility about whether to expand (or not expand) their Medicaid programs by the U.S. Supreme Court's June 2012 decision upholding the ACA overall. For that reason, it is now unclear what the full extent of the insurance expansion under the ACA will be.[1] However, regardless of each state's decision regarding expansion of Medicaid, there will be increased coverage stemming from the 16 million people who are eligible to obtain new subsidies for private coverage offered through the health insurance exchanges authorized by the ACA, as well as by the ACA's mandate for most individuals to carry health insurance.[2]

Beyond expanding health insurance coverage, the ACA provides new incentives for enrollees in public and private health insurance plans to seek preventive health care services by eliminating patient cost-sharing. Insurers will be required to cover—without patient cost-sharing—a number of preventive services the U.S. Preventive Services Task Force recommends, as well as additional services specifically recommended for women and children which, even if considered alone, would create a substantial increase in demand for primary care.[3]

One study projects that by the year 2019, the demand for primary care in the United States will increase by between 15 million and 25 million visits per year, requiring between 4,000 and 7,000 more physicians to meet this new demand.[4] Moreover, any increased demand for primary care will be added to an already existing shortage of primary care practitioners. The federal Health Resources and Services Administration (HRSA) estimates that more than 35.2 million people

[1] Congressional Budget Office, "Updated Estimates for the Insurance Coverage Provisions of the Affordable Care Act," Washington, DC, March 2012. Available at: <http://cbo.gov/sites/default/files/cbofiles/attachments/03-13-Coverage%20Estimates.pdf> (accessed Nov. 29, 2012).
[2] Congressional Budget Office, 2012.
[3] Patient Protection and Affordable Care Act, Public Law No. 111-148, §1001, 124 STAT. 131 (2010).
[4] A. N. Hofer, J. M. Abraham and I. Moscovice, "Expansion of Coverage Under the Patient Protection and Affordable Care Act and Primary Care Utilization," *The Milbank Quarterly* 89(1) (2011): 69-89.

living within the 5,870 Health Professional Shortage Areas (HPSAs) nationwide do not currently receive adequate primary care services.[5]

Primary care providers are often a patient's first point of contact in the health care system. Such providers offer a wide array of services, including treatment of many illnesses and accidents, delivery of preventive care and health education, and ongoing management of acute and chronic conditions. Increasing the role of NPs in providing such primary care services has the potential to help alleviate the expected primary care workforce shortage.

In 2010, the Institute of Medicine (IOM) released a report entitled *The Future of Nursing: Leading Change, Advancing Health*, which recommended that nurses play a critical role in responding to the demands expected to result from the ACA and other forces (e.g., the aging of the U.S. population). The IOM report criticized state laws that prevented APRNs, including NPs, from practicing to the full extent of their training.[6]

In 2011, partly as a result of the IOM report, Kaiser Permanente (KP), an integrated care organization whose physicians and other clinicians are largely salaried, began to discuss internally the possible expansion of the role of NPs from team member to clinic lead in certain geographic and practice settings. KP's Colorado sites seemed particularly well suited to pilot this change because Colorado's scope of practice laws were substantially more flexible than those of other states in which KP operated, and 50 percent of Colorado KP's obstetrician-gynecologist providers in 2011 were already non-physicians.

KP selected one of its Colorado prenatal clinics in which to pilot an NP-led team model. Protocols were developed for referral to specialists, a communication plan for patients was developed, and metrics were put into place to measure quality of care, clinician, employee and member satisfaction, cost, and many other indicators. Although it is too early to compare the total cost of the prenatal clinic led by NPs with the cost of prenatal clinics led by physicians, all other metrics have been found to be indistinguishable between the two models. KP is so satisfied with the result that it is planning to consider the expansion of the NP-run model to additional prenatal clinic sites in Colorado.

Nurse Practitioners and Scope of Practice

In the United States, the practice of medicine, including who may practice and under what condition, is generally regulated by individual states. States are responsible for ensuring, through licensure and certification, that health care professionals provide services commensurate with their training.

State medical laws originated by defining the practice of medicine expansively and restricting such activities to licensed physicians. Subsequent efforts to alter scope of practice laws to account for other developing health professions have taken the form of "carving out" services that non-physician providers could perform.[7]

The term APRN refers to a nurse who has acquired, through graduate-level education, advanced clinical knowledge and skills to provide direct patient care. Graduate and postgraduate programs provide training to APRNs in advanced health assessment, physiology, and pharmacology, among other areas. APRNs

[5] Office of Shortage Designation, Bureau of Health Professions, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, "Designated Health Professional Shortage Areas (HPSA) Statistics as of Nov. 27, 2012." Available at: <http://ersrs.hrsa.gov/ReportServer?/HGDW_Reports/BCD_HPSA/BCD_HPSA_SCR50_Smry&rs:Format=HTML3.2> (accessed Nov. 29, 2012).

[6] Institute of Medicine (IOM), *The Future of Nursing: Leading Change, Advancing Health* (Washington, DC: National Academies Press, 2011), 9.

[7] B. J. Safriet, "Federal Options for Maximizing the Value of Advanced Practice Nurses in Providing Quality, Cost-Effective Health Care" in Institute of Medicine, *The Future of Nursing: Leading Change, Advancing Health* (Washington, DC: National Academies Press, 2011), 443-475.

include NPs, certified registered nurse anesthetists, certified nurse-midwives, and clinical nurse specialists. NPs are the largest group of APRNs[8] and practice in a variety of population focus areas including family practice, pediatrics, geriatrics, and women's health. NPs are the most common non-physician health care providers of primary care[9] and provide comprehensive services including health promotion, disease prevention, and counseling.[10]

State licensing boards determine the full extent of services NPs can perform, such as prescribing drugs, admitting patients to a hospital, and diagnosing patient conditions. Medicaid agencies and individual hospitals can further refine NP-permitted activities. Almost half the states permit NPs to practice largely independently of a supervising physician (i.e., diagnose, treat, and refer patients but *not* necessarily prescribe) although in some cases with significant limitations on their scope of services. NP certification and licensure laws and regulations relating to NP scope of practice vary widely by state and often are not as broad as APRN training (see *Current State Rules Governing NPs' Scope of Practice* section below for further discussion on this topic).[11]

The 2010 IOM report *The Future of Nursing: Leading Change, Advancing Health* suggests that state laws and regulations have failed to keep pace with advanced practice nursing's evolution over the past 40 years. In an effort to modernize state regulations, the National Council of State Boards of Nursing APRN Advisory Committee and the APRN Consensus Work Group issued the APRN Consensus Model in 2008. Endorsed by over 40 APRN stakeholder organizations, the APRN Consensus Model aims to better align licensure, accreditation, certification and educational requirements across states by 2015.[12]

Although every state's board of nursing has signed onto the APRN Consensus Model, changes to rules and regulations are often required to be approved by the state legislatures. Some states have successfully adopted portions of the APRN Consensus Model, but to date, only five states—Montana, New Mexico, North Dakota, Utah, and Vermont—have achieved full implementation.[13] Ten additional states had pending legislation that related to the APRN Consensus Model during the 2012 legislative session.

The 2010 IOM report notes that certain physician groups have raised concerns about broadening state scope of practice rules for nurses, citing questions related to patient safety and quality of care. Evidence from the research literature that addresses patient safety and quality of care provided by NPs is discussed below. Some observers believe that physician groups also have financial concerns about broadening state scope of practice rules for nurses but it is important to note that a recent analysis shows no variation in physician earnings between states that have expanded APRN scope of practice laws and states that have not.[14]

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[8] IOM, 2011, 26.

[9] Colorado Health Institute, *Collaborative Scopes of Care Advisory Committee: Final Report* (Denver, CO: Colorado Health Institute, Dec. 30, 2008). Available at: <http://www.innovationlabs.com/pa_future/1 /background_docs/CHI%20SOC%20Report%2008.pdf> (accessed Nov. 29, 2012).

[10] APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee, *Consensus Model for APRM Regulation: Licensure, Accreditation, Certification & Education*, July 7, 2008, 9. Available at: <http://www.aacn.nche.edu/education-resources/APRNReport.pdf> (accessed Nov. 29, 2012).

[11] IOM, 2011.

[12] APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee, 2008.

[13] National Council of State Boards of Nursing (NCSBN), "APRN Maps: NCSBN's APRN Campaign for Consensus: State Progress Toward Uniformity Consensus Model Implementation Status," updated June 2012. Available at: <https://www.ncsbn.org/2567.htm> (accessed Nov. 29, 2012).

[14] Patricia Pittman and Benjamin Williams, "Physician Wages in States with Expanded APRN Scope of Practice," *Nursing Practice and Research* (2012): Article ID 671974, 5 pages; doi:10.1155/2012/671974. Available at: <http://www.hindawi.com/journals/nrp/2012/671974/#B16> (accessed Nov. 29, 2012).

Literature Review

Methodology

Building on previous work published in 2008 by the Colorado Healthcare Institute and in 2011 by Newhouse et al.,[15] NGA performed an up-to-date review of peer-reviewed literature relevant to NP scope of practice policy. This review of the literature focused primarily on research that compares health care offered by NPs (working either solo or in teams with physicians) to health care offered exclusively by physicians.

Articles were selected for inclusion in the review on the basis of a systematic search of peer-reviewed journal databases and a comprehensive review of abstracts and full articles. Relevant abstracts were identified with PubMed and EBSCO databases using the following search terms: "NP," "primary care," "community-based," "family medicine," "public health," "child health," "pediatrics," or "general practice."

Every abstract selected for inclusion in the full-article review was relevant to NPs, was peer-reviewed, focused on primary care, and either contained empirical findings or systematic meta-analysis. Selected abstracts also had to address scope of practice and health care quality (process of care and outcomes of care) and/or access.

The full-article review assessed each article on numerous criteria, including appropriateness of study design, methods of data analysis, research limitations, and external validity. Use of cost research from other countries was excluded because of its limited generalizability. Quality research from other countries with similar NP models was included.

Ultimately, the literature review related to NP scope of practice policy consisted of a total of 22 articles. Among them were 12 articles prior to 2009 identified by the Colorado Healthcare Institute and 10 new articles from 2009 to the present identified by this expanded review.

Results

The results of the articles included in NGA's literature review of peer-reviewed literature relevant to NP scope of practice policy are summarized below. The results are organized into two broad thematic areas: quality and access. The quality-relevant results are divided into process measures and outcome measures. Meta-analyses are described separately from empirical studies.

Quality—Process Measures: Several studies have attempted to measure differences in the quality of care offered by NPs and physicians. Among the quality of care components that these studies measure are several process measures, among them patient satisfaction, time spent with patients, prescribing accuracy, and the provision of preventive education. In each of these categories, NPs provided at least equal quality of care to patients as compared to physicians (all studies cited below).

NPs were found to have equal or higher patient satisfaction rates than physicians and also tended to spend more time with patients during clinical visits. Notably, two studies showed higher patient satisfaction among NPs,[16,17] and three studies found no significant difference between patient satisfaction among those seen by

[15] Robin P. Newhouse et al., "Advanced Practice Nurse Outcomes 1990-2008: A Systematic Review," *Nursing* Economics 29(5) (September-October 2011). Available at: <https://www.nursingeconomics.net/ce/2013/article3001021.pdf> (accessed Nov. 29, 2012).

[16] P. Venning et al., "Randomised Controlled Trial Comparing Cost Effectiveness of General Practitioners and Nurse Practitioners in Primary Care," *British Medical Journal* 320 (2000): 1048-1053. Available at: <http://www.bmj.com/content/320/7241/1048> (accessed Nov. 29, 2012).

[17] Miranda G. H. Laurant et al., "An Overview of Patients' Preference for, and Satisfaction with, Care Provided by General Practitioners and Nurse Practitioners," *Journal of Clinical Nursing* 17(20) (2008): 2690-2698. Abstract available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2702.2008.02288.x/abstract> (accessed Nov. 29, 2012).

physicians and those seen by NPs.[18,19,20]

In these studies patient satisfaction was generally measured through patient surveys. One of the studies that showed higher patient satisfaction among NPs' patients also asked patients about their preference for provider type. Although patients showed no preference between a physician and an NP for nonmedical aspects of care, patients did report a general preference for care from a physician for medical aspects of care.[21] Three studies showed that NPs spent more time with patients than did physicians.[22,23,24] and one study showed no significant difference.[25]

Several studies also attempted to compare NPs and physicians in the provision of care according to appropriate practice standards. These studies showed that NPs generally prescribe medications well and follow clinical care guidelines. Two chart-review studies show no differences in the prescribing quality between NPs and physicians. A 2009 study that tracked second opinions of Medicaid psychotropic medication prescriptions for children found no difference between the number of adjustments made to the prescriptions written by physicians and those written by NPs.[26] A 1998 study found that physician reviews of APRNs' (including NPs) prescribing practices were generally positive.[27] One study showed NPs practiced greater adherence to geriatric quality care guidelines[28] and another study showed NPs are better able to provide preventive education through the delivery of anticipatory guidance.[29]

Quality—Outcome Measures: In addition to process-related quality measures, some of the papers identified in the literature review evaluated data on patient care provided by NPs, reporting on quality-related outcomes as determined by actual changes in physiological measures such as decreased cholesterol, blood pressure, and weight. These studies conclude that NPs are capable of successfully managing chronic conditions in patients suffering from hypertension, diabetes, and obesity. In one study, NP participation in physician teams resulted in better control of hypertensive patients' cholesterol levels.[30]

A separate study found that patients of independent NPs were better able to achieve weight loss than the control group under traditional physician-based care.[31] Three studies showed that care provided by

[18] Mary O. Mundinger et al., "Primary Care Outcomes in Patients Treated by Nurse Practitioners or Physicians: A Randomized Trial," *Journal of the American Medical Association* 283 (2000): 59-68; and Mary O. Mundinger et al., "Primary Care Outcomes in Patients Treated by Nurse Practitioners or Physicians: Two-Year Follow-Up," *Medical Care Research and Review* 61 (2004): 332-351.
[19] A. T. Dierick-van Daele et al., "Nurse Practitioners Substituting for General Practitioners: Randomized Controlled Trial," *Journal of Advanced Nursing* 65(2) (2009): 391-401.
[20] A. Guzik et al., "Patient Satisfaction with NP and Physician Services in the Occupational Health Setting," *American Association of Occupational Health Nurses Journal* 57(5) (2009): 191-197.
[21] Laurant et al., 2008.
[22] Venning et al., (2000).
[23] D. Litaker et al., "Physician-Nurse Practitioner Teams in Chronic Disease Management: The Impact on Costs, Clinical Effectiveness, and Patients' Perception of Care," *Journal of Interprofessional Care* 17(3) (2003): 223-234.
[24] Dierick-van Daele et al., 2009.
[25] Guzik et al., 2009.
[26] J. N. Thompson et al., "Second Opinions Improve ADHD prescribing in a Medicaid-Insured Community Population," *Journal of the American Academy of Child & Adolescent Psychiatry* 48(7) (2009): 740-748.
[27] A. B. Hamric et al., "Outcomes Associated with Advanced Nursing Practice Prescriptive Authority," *Journal of the American Academy of Nurse Practitioners* 10(3) (1998): 113-16.
[28] D. A. Ganz et al., "Nurse Practitioner Comanagement for Patients in an Academic Geriatric Practice," *American Journal of Managed Care*, 16(12) (1998): e343-e355.
[29] Litaker et al., 2003.
[30] Litaker et al., 2003.
[31] N. C. ter Bogt et al., "Preventing Weight Gain: One-Year Results of a Randomized Lifestyle Intervention," *American Journal of Preventive Medicine* 37(4) (2009): 270-277.

NPs resulted in reductions in patient blood pressure readings.[32,33,34] Patient self-reporting of overall health status was higher among those cared for by NPs in another study.[35] Three studies specifically compared the quality of diabetes-related care delivered by physician/NP teams to physicians alone, and all three found significantly better patient outcomes among the team-treated group.[36,37,38] Another study found no difference between provider types in diabetes outcomes based on physiologic measures.[39] One study found that high quality chronic disease management was associated with the presence of an NP in the practice.[40]

Quality—Meta-Analyses: The results of three meta-analyses similarly support the conclusions of this literature review related to NP care and quality measures. The three analyses concluded that NPs rate favorably in terms of achieving patients' compliance with recommendations, reductions in blood pressure and blood sugar, patient satisfaction, longer consultations, and general quality of care.[41,42,43]

Access: Very few studies that met the criteria for this literature review analyzed issues specifically related to access to care. However, one 2003 review found that NPs are more likely to serve underserved urban populations and rural areas and a 2009-2010 American Academy of Nurse Practitioners national sample survey showed that roughly 18 percent of the respondents indicated that they practiced in rural areas.[44,45]

Nationally, the number of NPs is projected to nearly double by 2025, according to a recently published RAND study in which the researchers modeled the future growth of NPs.[46] Specifically, the study predicts that the number of trained NPs would increase 94 percent from 128,000 in 2008 to 244,000 in 2025. "Nurse practitioners really are becoming a growing presence, particularly in primary care," said David I. Auerbach, Ph.D., the author and a health economist at RAND Corp. Auerbach also concluded that "NPs will likely fulfill a substantial amount of future demand for care." Auerbach's projections are reflective of current trends that suggest a consistently upward increase in the number of trained and qualified NPs.

Conclusion: None of the studies in NGA's literature review raise concerns about the quality of care offered

[32] Mundinger et al., 2000.
[33] W. L. Wright et al., "Hypertension Treatment and Control Within an Independent NP Setting," *American Journal of Managed Care* 17(1) (2011): 58-65.
[34] P. C. Conlon, "Diabetes Outcomes In Primary Care: Evaluation Of The Diabetes Nurse Practitioner Compared to the Physician," *Primary Health Care* 20(5) (2010): 26-31.
[35] Dierick-van Daele et al., 2009
[36] Litaker et al., 2003.
[37] P. Ohman-Strickland et al., "Quality of Diabetes Care in Family Medicine Practices: Influence of NPs and PAs," *Annals of Family Medicine* 6(1) (2008):14-22.
[38] M. Spigt et al., "The Relationship Between Primary Health Care Organization and Quality of Diabetes Care," *European Journal of General Practice* 15(4) (2008): 212-218.
[39] Mundinger et al., 2000.
[40] G. M. Russell et al., "Managing Chronic Disease in Ontario Primary Care: The Impact of Organizational Factors," *Annals of Family Medicine* 7(4) (2009): 309-318.
[41] S. Horrocks, E. Anderson, and C. Salisbury, "Systematic Review of Whether Nurse Practitioners Working in Primary Care Can Provide Equivalent Care to Doctors," *British Medical Journal* 324 (2002): 819-823.
[42] M. Laurant et al., "Substitution of Doctors by Nurses in Primary Care," Cochrane Database of Systematic Reviews, Issue 4, Article #CD001271, published online Jan. 21, 2009. Available at: <http://summaries.cochrane.org/CD001271/in-primary-care-it-appears-that-appropriately-trained-nurses-can-produce-as-high-quality-care-and-achieve-as-good-health-outcomes-for-patients-as-doctors.-however-the-research-available-is-quite-limited> (accessed Nov. 29, 2012).
[43] S. Brown and D. Grimes, "A Meta-Analysis of Nurse Practitioners and Nurse Midwives in Primary Care," *Nursing Research* 44(6) (1995): 332-339.
[44] K. Grumbach et al., "Who is Caring for the Underserved? A Comparison of Primary Care Physicians and Nonphysician Clinicians in California and Washington," *Annals of Family Medicine* 1(2) (1995): 97-104.
[45] D. Auerbach, "Will the NP Workforce Grow in the Future? New Forecasts and Implications for Healthcare," *Medical Care* 50 (7) 2012: 606-610.
[46] D. Auerbach, 2012.

by NPs. Most studies showed that NP-provided care is comparable to physician-provided care on several process and outcome measures. Moreover, the studies suggest that NPs may provide improved access to care.

Current State Rules Governing NPs' Scope of Practice

As noted previously, individual states determines NP licensure requirements, scope of practice regulations for NPs, and reimbursement policies for NPs. In most cases, the state board of nursing regulates NPs, but in some states, the task of regulating NPs is jointly shared with the board of medicine or handled by a special subsidiary board. Current rules and regulations governing NP qualifications, practice and prescription authority, and reimbursement vary greatly across states.

To document current state NP qualification requirements and scope of practice rules, the authors of this paper reviewed state legislative statutes, administrative codes, and board rules as listed on each state's board of nursing web site. NPs were considered *independent* health care practitioners if states explicitly authorized NPs to practice independently or did not specify any supervisory conditions or requirements for NP practice. In states where NP practice required some form of relationship with a physician, states were categorized into two groups: (1) states that required a minimal or informal collaborative relationship with a physician to guide overall NP practice; and (2) states that required written documentation specifying the scope of practice functions or procedures NPs are authorized to perform in collaboration with a physician. Current scope of practice laws and regulations for NPs for each state and the District of Columbia are summarized in the appendix.

The authors of this paper also reviewed state Medicaid policies as documented on each state's Medicaid web site to determine whether NPs are explicitly authorized to be eligible for reimbursement and/or to be designated as a primary care provider by state-contracted Medicaid managed care organizations through which two-thirds of Medicaid enrollees now receive most or all of their benefits.[47] Information on these Medicaid rules for NPs for each state and the District of Columbia is also summarized in the appendix.

Required Qualifications for NPs

All states require applicants to hold a registered nurse license before becoming an NP. In addition, states have certification and educational requirements to establish NP competency. Forty-five states and the District of Columbia require certification from a nationally recognized certifying body such as the American Academy of Nurse Practitioners, the American Nurses Credentialing Center or the Pediatric Nursing Certification Board. Completion of a master's, postgraduate or doctorate degree from an accredited NP program is required before applicants can sit for a national certification exam, which tests the applicant's knowledge and skill in diagnosing, determining treatments, and prescribing for their patient population of focus.

Although California, Indiana, Kansas, Nevada, and New York do not require national certification for NP licensure, they do require completion of a board-approved master's degree with similar course requirements to those accepted by the national certifying bodies. In most of these same states a national certification exam is accepted as a method for fulfilling these states' educational requirements.

Scope of Practice Rules for NPs

State scope of practice rules define the exact care functions NPs are allowed to perform—such as diagnosing, treating, and referring patients, as well as prescribing medications for them — and the conditions under which they are allowed to perform them. Overall, 16 states and the District of Columbia allow NPs to practice completely independently of a physi-

[47] Kaiser Commission on Medicaid and the Uninsured, "Medicaid Managed Care: Key Data, Trends, and Issues," Kaiser Family Foundation, Washington, DC, February 2012. Available at: <http://www.kff.org/medicaid/upload/8046-02.pdf> accessed Nov. 29, 2012.

cian and to the full extent of their training *including* the right to prescribe medications. An additional eight states allow NPs to diagnose, treat, and refer patients independently but *not* prescribe independently. If one analyzes rules governing NP practice and prescription authority separately, one finds that states tend to place most of their restrictions on NPs' ability to prescribe.

NPs' Practice Authority: Of the 26 states that require some level of physician involvement in NP practice, 11 of them require NPs to establish a collaborative relationship with a physician to ensure a means for consultation, referral, and review of provided care.

The other 15 states among the 26 not only require NPs to practice collaboratively with a physician but also require detailed written guidelines or protocols that document the scope of practice functions NPs may follow. These written protocols establish the specific steps or procedures NPs are able to perform when providing patient care, which may be more limited in scope than their training. In some states, NP practice is considered independent after written protocols are established, whereas in other states, they are used to provide ongoing physician oversight and direction to NPs.

NPs' Prescriptive Authority: States tend to place greater restrictions on NPs' prescriptive authority than on NPs' other practice authority and the restrictions may differ depending on the type of drugs and devices prescribed. Sixteen states and the District of Columbia allow NPs to prescribe both non-controlled and controlled prescription drugs independently while one, Utah, requires oversight only on NP prescription of controlled drugs; nine states require some form of collaboration with a physician across both categories of prescription drugs while 23 states require formal written protocols with a physician across both categories. Two states, Alabama and Florida, prohibit NPs from prescribing controlled substances altogether.

Although NP graduate programs do provide training and clinical practice in prescribing, many states require additional experience before allowing NPs full prescriptive authority under state laws. Colorado, for example, requires an additional 3,600 hours of provisional prescribing before NPs are able to prescribe independently, and Ohio requires an initial externship with greater physician supervision before NPs prescribe within their standard collaborative relationship.

NPs' Reimbursement and Costs: Although on average NPs are paid lower salaries than physicians, few studies actually compare the cost of NP-led care to the cost of physician-led care. Given that the health care system seems to be moving in the direction of a team-based treatment model, in which physicians and NPs work as part of a team along with several other types of clinicians and support staff, a head-to-head comparison of each type of providers' average cost per (risk-adjusted) patient may not be as relevant going forward as it would have been in the past.

A team-based treatment model, particularly deployed in the care of patients with chronic medical and/or behavioral illness, is increasingly seen as key to better patient care, important to better patient self-management, and a way to reduce hospital readmissions and unnecessary emergency department visits. Such a model holds promise for improved patient outcomes at a lower overall cost, at least partially because it should allow individual clinicians to work at the peak of their training and licensure.

Ideally, all the members of the team (e.g., behavioralists, patient educators) would be available to perform more efficiently the tasks for which they were trained—including interventions that would historically default to the physician or perhaps not be performed at all, such as patient education. With NPs playing a more prominent role in providing ongoing patient care in a team model, primary care physicians should be freed up to perform the tasks that only physicians have been trained to perform.

Limitations on NPs' ability to be directly reimbursed and the amount of NPs' reimbursement under both public and private insurance models can also restrict NPs from practicing to the full extent of their training. Medicaid and third-party insurance reimbursement policies for NPs and NPs' ability to be recognized as a primary care provider vary significantly by state. Current federal law requires state Medicaid programs to provide direct reimbursement to pediatric and family practice NPs under the traditional fee-for-service system.[48] However, states set their own reimbursement rates which vary between states. Kentucky, for example, reimburses NPs at 75 percent of the physician's charge for the same service, whereas Texas reimburses at 92 percent and Virginia at 100 percent of the physician's charge.

Moreover, most states have moved a majority of their Medicaid enrollees to managed care models such as primary care case management programs or managed care organizations that assign patients to a primary care provider responsible for their overall health and who acts as their first point of contact in the health care system. Although federal law allows states to designate NPs as primary care providers under Medicaid managed care models, only 33 states and the District of Columbia explicitly grant them this authority.

Beyond being set at the state level, third-party NP reimbursement and primary care provider designation policies are often specified by each separate insurance plan. Consequently, private insurance reimbursement and coverage of NPs as primary care providers often differs greatly both within individual states and across states. A few states, including Hawaii, Massachusetts, New Jersey, and North Carolina, have enacted laws mandating direct reimbursement of NPs by third parties for any covered services and prohibiting third-party payers from discriminating against NPs as a class of primary care providers.

Medicare policies regarding reimbursement for NPs are standardized across states because it is administered by the federal government. Currently, NPs are eligible for direct reimbursement—generally at 85 percent of the Medicare Physician Fee Schedule—under Medicare Part B and may serve as primary care providers for Medicare Managed Care Plans under Part C.[49]

Limitations of the Review

There remain significant gaps in research relevant to state rules governing NPs' scope of practice. Although there is a growing body of evidence from health services research that suggests that NPs can deliver certain elements of primary care as well as physicians, there is a dearth of rigorous research that isolates the effect of NP scope of practice rules on health care quality, cost, and access at the state level. No studies included in this review were designed to measure differences in health care quality, access, or costs between states with more and less restrictive scope of practice laws. Future changes in state-level NP scope of practice rules may produce the opportunity for researchers to study these policy changes as natural experiments—assessing the impacts of such changes by comparing similar states that do and do not alter their regulations.

Because of the data collection method used to collect current state scope of practice rules and reimbursement policies for this study, the findings reflect only the written rules and regulations that are publicly available on each state's web sites. Consequently, the findings do not capture any informal practices or norms states may have adopted that remove restrictions on NP practice.

Conclusion

The demand for primary care services in the United States is expanding as a result of the growth and aging of the U.S. population and the passage of the 2010

[48] American Nurses Association (ANA), "ANA Factsheet on Medicaid Reimbursement," Silver Spring, MD, 2011. Available from: <http://ana.nursingworld.org/MainMenuCategories/ANAPoliticalPower/Federal /AGENCIES/HCFA/HCFAFCT211690.aspx> (accessed Nov. 29, 2012).

[49] American Academy of Nurse Practitioners (AANP), "Reimbursement: Medicare Update," 2012. Available from: <http://www.aanp.org/practice/reimbursement/68-articles/326-medicare-update> accessed Nov. 29, 2012.

ACA, and this trend is expected to continue over the next several years. NPs may be able to mitigate projected shortages of primary care services. Existing research suggests that NPs can perform a subset of primary care services as well as or better than physicians.[50] Expanded utilization of NPs has the potential to increase access to health care, particularly in historically underserved areas.

State boards of nursing and APRN stakeholder organizations have attempted to modernize and harmonize NP practice, but there remains great variation among states in current regulations governing NP qualifications, practice and prescription authority, and reimbursement. Half of the states and the District of Columbia allow NPs to practice independently, although not necessarily to the full extent of their training or with prescribing authority, while the remaining 25 states require varying degrees of physician involvement in NP practice. Substantial variation exists among state laws granting NPs the authority to prescribe drugs and the ability to be reimbursed for services or designated as a primary care provider.

NGA's review of health services research suggests that NPs are well qualified to deliver certain elements of primary care. In light of the research evidence, states might consider changing scope of practice restrictions and assuring adequate reimbursement for their services as a way of encouraging and incentivizing greater NP involvement in the provision of primary health care.

Appendix: Summary of State Scope of Practice Rules Governing Nurse Practitioners

Scope of practice laws and regulations in each state and the District of Columbia were reviewed to determine whether national certification was a licensure requirement for nurse practitioners (NPs), as well as whether state Medicaid rules explicitly authorized NPs to be eligible for reimbursement or designated as a primary care provider (PCP) under Medicaid managed care programs. The findings are presented in the table below.

Also presented in the table below are findings with respect to whether NPs are authorized to practice as independent health care practitioners or not. If states explicitly authorized NPs to practice independently or did not specify any conditions or requirements for NP practice, they were considered to allow NPs to practice independently. States in which NPs were required to have *some form of relationship with a physician* in order to practice are categorized in two groups: (1) states that required a *minimal or informal collaborative relationship* with a physician to guide overall NP practice; and (2) states that required *written documentation* specifying the scope of practice functions or procedures NPs are authorized to perform in collaboration with a physician.

[50] Robin P. Newhouse et al., "Policy Implications for Optimizing Advanced Practice Registered Nurse Use Nationally," *Policy, Politics & Nursing Practice* 13(2) (2012):81-9. doi: 10.1177/1527154412456299. Epub Aug. 31, 2012. Abstract available at: <http://ppn.sagepub.com/content/early/2012/08/29/1527154412456299.abstract> (accessed Nov. 29, 2012)

Table: Summary of State Scope of Practice Rules Governing Nurse Practitioners

Key to Symbols Used in the Table	
Symbol	Definition
X	Identifies that the condition is met as established in state legislation or regulation
	Identifies that the condition is not met
I	NPs authorized to practice independently without any conditions or requirements
C	NP practice requires a collaborative relationship with a physician
P	NP practice requires written protocols that establish specific steps or procedures to be carried out in providing care
N/A	No authority

Table: Summary of State Scope of Practice Rules Governing Nurse Practitioners

State	Number of Primary Care HPSA Designations[1]	State NP License Requires National Certification[2]	NPs Explicitly Authorized for Medicaid Reimbursement[3]	NPs Explicitly Authorized to be a Medicaid PCP[3]	NPs' Practice Authority[2]			NPs' Prescription Authority[2]	
					Diagnose	Treat	Refer	Non-controlled Substances	Controlled Substances
Alabama	80	X	X		P	P	P	P	N/A
Alaska	77	X	X		I	I	I	I	I
Arizona	137	X	X	X	I	I	I	I	I
Arkansas[4]	87	X	X		I	I	I	P	P
California	515		X	X	P	P	P	P	P[5]
Colorado	103	X	X		I	I	I	I[6]	I[6]
Connecticut	39	X	X	X	C	C	C	C	P[7]
District of Columbia	14	X	X	X	I	I	I	I	I
Delaware	9	X	X		C	C	C	C	C
Florida	248	X	X		P	P	P	P	N/A
Georgia	183	X	X	X	P	P	P	P	P
Hawaii	26	X	X	X	I	I	I	I	I
Idaho	68	X	X		I	I	I	I	I
Illinois	225	X	X	X	P	P	P	P	P
Indiana	102		X		C	C	C	P	P
Iowa	121	X	X	X	I	I	I	I	I
Kansas	160		X	X	P	P	P	P	P
Kentucky	126	X	X	X	I	I	I	C	C
Louisiana	124	X	X		P	P	P	P	P
Maine	64	X	X	X	I[8]	I[8]	I[8]	I[8]	I[8]
Maryland	46	X	X	X	C[9]	C[9]	C[9]	C[9]	C[9]
Massachusetts	75	X	X	X	P	P	P	P	P

Table: Summary of State Scope of Practice Rules Governing Nurse Practitioners

State	Number of Primary Care HPSA Designations[1]	State NP License Requires National Certification[2]	NPs Explicitly Authorized for Medicaid Reimbursement[3]	NPs Explicitly Authorized to be a Medicaid PCP[3]	NPs' Practice Authority[2]			NPs' Prescription Authority[2]	
					Diagnose	Treat	Refer	Non-controlled Substances	Controlled Substances
Michigan	215	X	X		C[10]	C	C	C	P
Minnesota	105	X	X	X	C	C	C	P	P
Mississippi	106	X	X		P	P	P	P	P
Missouri	190	X	X	X	P	P	P	P	P
Montana	101	X	X	X	I	I	I	I	I
Nebraska	109	X	X		C	C	C	C	C
Nevada	63		X		P	P	P	P	P
New Hampshire	24	X	X		I	I	I	I	I
New Jersey	25	X	X	X	I	I	I	P	P
New Mexico	94	X	X	X	I	I	I	I	I
New York	178		X	X	P	P	P	P	P
North Carolina	111	X	X	X	P	P	P	P	P
North Dakota	82	X	X	X	I	I	I	I	I
Ohio	123	X	X	X	C	C	C	C[11]	C[11]
Oklahoma	166	X	X	X	I	I	I	P	P
Oregon	97	X	X	X	I	I	I	I	I
Pennsylvania	156	X	X	X	C	C	C	C	C
Rhode Island	17	X	X	X	I	I	I	I	I
South Carolina	94	X	X		P	P	P	P	P
South Dakota	86	X	X		P	P	P	P	P
Tennessee	101	X	X	X	I	I	I	P	P
Texas	382	X	X	X	P	P	P	P	P
Utah	59	X	X	X	I	I	I	I	C[12]
Vermont	29	X	X	X	I[13]	I[13]	I[13]	I[13]	I[13]
Virginia	111	X	X		C	C	C	P	P
Washington	146	X	X	X	I	I	I	I	I
West Virginia	84	X	X	X	I	I	I	P[14]	P[14]
Wisconsin	106	X	X	X	I	I	I	C	C
Wyoming	37	X	X	X	I	I	I	I	I

Notes:

[1] Total number of Health Professional Shortage Areas (HPSAs) designated in the state including all geographic area, population group and facility designations as reported by the Health Resources and Services Administration (HRSA). (Source: Data published Office of Shortage Designation, Bureau of Health Professions, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, on May 3, 2012 and available at: http://ersrs.hrsa.gov/ReportServer?/HGDW_Reports/BCD_HPSA/BCD_HPSA_SCR50_Smry&rs:Format=HTML3.2)

[2] State NP qualifications and scope of practice and prescriptive authority data sourced from each state's legislative statutes, administrative codes, board of nursing rules and other relevant regulations, as well as the 2012 Pearson Report.

[3] State Medicaid NP reimbursement policies and primary care provider (PCP) designation rules sourced from each state's Medicaid regulations and administrative rules.

[4] Arkansas regulations differentiate between a registered nurse practitioner (RNP) and advanced nurse practitioner (ANP); Information displayed here is for ANP only. RNPs may only practice under a collaborative agreement and established written protocols with a physician; they do not have any prescription authority. (Source: Arkansas Board of Nursing Rules, Chapters 3 & 4)
[5] Additional prescription protocols required for schedule II and III controlled substances. (Source: CA Business & Professions Code; 2836.1.C.2)
[6] APNs may receive Full Prescriptive Authority only after completing: (1) an initial 1,800 hour preceptorship to obtain Provisional Prescriptive Authority and (2) an 1800 hour Mentorship and one-time Articulation Plan signed by a physician within five years of receiving the Provisional Prescriptive Authority. (Source: 3 CCR 716-1, Chapter XV)
[7] Written protocols required for schedule II and III controlled substances only. (Source: 378 C. Sec. 20-94b)
[8] NPs must initially practice under the supervision of a licensed physician or supervising NP for the first two years of practice; after which NPs are able to practice and prescribe independently. (Source: Department of Professional and Financial Regulation; 380 Chapter 8 Section 2.2)
[9] NPs must file an Attestation form with the state that declares the NP will collaborate with a named physician and will adhere to the Nurse Practice Act and all rules governing the scope of practice for their certification, but the Attestation does not require the physician collaborator's signature and, once filed, NPs may practice independently. (Source: COMAR 10.27.07.04)
[10] APNs do not have specified advanced practice authority, but effectively practice under the Michigan's Public Health Code for registered nurses.
[11] Direct and indirect supervision by a physician is required during an initial Prescriptive Externship, after which the NP is able to prescribe formulary drugs as determined by the Board of Nursing under the Standard Care Arrangement made jointly between an NP and a collaborating physician. (Source: Ohio Revised Code, Title 47, Chapter 4723.48)
[12] Collaboration with a physician is required only for NP prescriptive authority of Schedule II or III controlled substances. (Source: Nurse Practice Act 58-31b-102)
[13] Graduates with fewer than 24 months and 2,400 hours of licensed active advanced nursing practice shall have a formal agreement with a collaborating provider until the APRN satisfies the requirements in engage in solo practice. (Source: 26 V.S.A. § 1613)
[14] NPs may not prescribe schedule I or II controlled substances, anticoagulants, anti neoplastics, radio-pharmaceuticals, general anesthetics, or MAO Inhibitors (except when in a collaborative agreement with a psychiatrist). (Source: 19 CSR 8)

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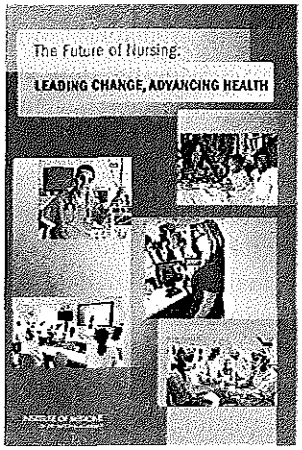

With more than 3 million members, the nursing profession is the largest segment of the nation's health care workforce. Working on the front lines of patient care, nurses can play a vital role in helping realize the objectives set forth in the 2010 Affordable Care Act, legislation that represents the broadest health care overhaul since the 1965 creation of the Medicare and Medicaid programs. A number of barriers prevent nurses from being able to respond effectively to rapidly changing health care settings and an evolving health care system. These barriers need to be overcome to ensure that nurses are well-positioned to lead change and advance health.

In 2008, The Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) launched a two-year initiative to respond to the need to assess and transform the nursing profession. The IOM appointed the Committee on the RWJF Initiative on the Future of Nursing, at the IOM, with the purpose of producing a report that would make recommendations for an action-oriented blueprint for the future of nursing.

Nurses practice in many settings, including hospitals, schools, homes, retail health clinics, long-term care facilities, battlefields, and community and public health centers. They have varying levels of education and competencies—from licensed practical nurses, who greatly contribute to direct patient care in nursing homes, to nurse scientists, who research and evaluate more effective ways of caring for patients and promoting health. The committee considered nurses across roles, settings, and education levels in its effort to envision the future of the profession. Through its deliberations, the committee developed four key messages that structure the recommendations presented in this report:

A number of barriers prevent nurses from being able to respond effectively to rapidly changing health care settings and an evolving health care system. These barriers need to be overcome to ensure that nurses are well-positioned to lead change and advance health.

1) Nurses should practice to the full extent of their education and training.

While most nurses are registered nurses (RNs), more than a quarter million nurses are advanced practice registered nurses (APRNs), who have master's or doctoral degrees and pass national certification exams. Nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives all are licensed as APRNs.

Because licensing and practice rules vary across states, the regulations regarding scope-of-practice—which defines the activities that a qualified nurse may perform—have varying effects on different types of nurses in different parts of the country. For example, while some states have regulations that allow nurse practitioners to see patients and prescribe medications without a physician's supervision, a majority of states do not. Consequently, the tasks nurse practitioners are allowed to perform are determined not by their education and training but by the unique state laws under which they work.

The report offers recommendations for a variety of stakeholders—from state legislators to the Centers for Medicare & Medicaid Services to the Congress—to ensure that nurses can practice to the full extent of their education and training. The federal government is particularly well suited to promote reform of states' scope-of-practice laws by sharing and providing incentives for the adoption of best practices. One sub-recommendation is directed to the Federal Trade Commission, which has long targeted anti-competitive conduct in the health care market, including restrictions on the business practices of health care providers, as well as policies that could act as a barrier to entry for new competitors in the market.

High turnover rates among new nurses underscore the importance of transition-to-practice residency programs, which help manage the transition from nursing school to practice and help new graduates further develop the skills needed to deliver safe, quality care. While nurse residency programs sometimes are supported in hospitals and large health systems, they focus primarily on acute care. However, residency programs need to be developed and evaluated in community settings.

2) Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.

To ensure the delivery of safe, patient-centered care across settings, the nursing education system must be improved. Patient needs have become more complicated, and nurses need to attain requisite competencies to deliver high-quality care. These competencies include leadership, health policy, system improvement, research and evidence-based practice, and teamwork and collaboration, as well as competency in specific content areas including community and public health and geriatrics. Nurses also are being called upon to fill expanding roles and to master technological tools and information management systems while collaborating and coordinating care across teams of health professionals.

Nurses must achieve higher levels of education and training to respond to these increasing demands. Education should include opportunities for seamless transition into higher degree programs—from licensed practical nurse (LPN)/licensed vocational nurse (LVN) diplomas; to the associate's (ADN) and bachelor's (BSN) degrees; to master's, PhD, and doctor of nursing practice (DNP) degrees. Nurses also should be educated with physicians and other health professionals both as students and throughout their careers in lifelong learning opportunities. And to improve the quality of patient care, a greater emphasis must be placed on making the nursing workforce more diverse, particularly in the areas of gender and race/ethnicity.

To ensure the delivery of safe, patient-centered care across settings, the nursing education system must be improved. Patient needs have become more complicated, and nurses need to attain requisite competencies to deliver high-quality care.

3) Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.

Efforts to cultivate and promote leaders within the nursing profession—from the front lines of care to the boardroom—will prepare nurses with the skills needed to help improve health care and advance their profession. As leaders, nurses must act as full partners in redesign efforts, be accountable for their own contributions to delivering high-quality care, and work collaboratively with leaders from other health professions.

Being a full partner involves taking responsibility for identifying problems and areas of system waste, devising and implementing improvement plans, tracking improvement over time, and making necessary adjustments to realize established goals. In the health policy arena, nurses should participate in, and sometimes lead, decision making and be engaged in health care reform-related implementation efforts. Nurses also should serve actively on advisory boards on which policy decisions are made to advance health systems and improve patient care.

In order to ensure that nurses are ready to assume leadership roles, nursing education programs need to embed leadership-related competencies throughout. In addition, leadership development and mentoring programs need to be made available for nurses at all levels, and a culture that promotes and values leadership needs to be fostered. All nurses must take responsibility for their personal and professional growth by developing leadership competencies and exercising these competencies across all care settings.

4) Effective workforce planning and policy making require better data collection and an improved information infrastructure.

Planning for fundamental, wide-ranging changes in the education and deployment of the nursing workforce will require comprehensive data on the numbers and types of health professionals—including nurses—currently available and required to meet future needs. Once an improved infrastructure for collecting and analyzing workforce data is in place, systematic assessment and projection of workforce requirements by role, skill mix, region, and demographics will be needed to inform changes in nursing practice and education.

The 2010 Affordable Care Act mandates the creation of both a National Health Care Workforce Commission to help gauge the demand for health care workers and a National Center for Workforce Analysis to support workforce data collection and analysis. These programs should place a priority on systematic monitoring of the supply of health care workers across professions, review of the data and methods needed to develop

accurate predictions of workforce needs, and coordination of the collection of data on the health care workforce at the state and regional levels. All data collected must be timely and publicly accessible.

Conclusion

The United States has the opportunity to transform its health care system, and nurses can and should play a fundamental role in this transformation. However, the power to improve the current regulatory, business, and organizational conditions does not rest solely with nurses; government, businesses, health care organizations, professional associations, and the insurance industry all must play a role.

The recommendations presented in this report are directed to individual policy makers; national, state, and local government leaders; payers; and health care researchers, executives, and professionals—including nurses and others—as well as to larger groups such as licensing bodies, educational institutions, philanthropic organizations, and consumer advocacy organizations. Working together, these many diverse parties can help ensure that the health care system provides seamless, affordable, quality care that is accessible to all and leads to improved health.

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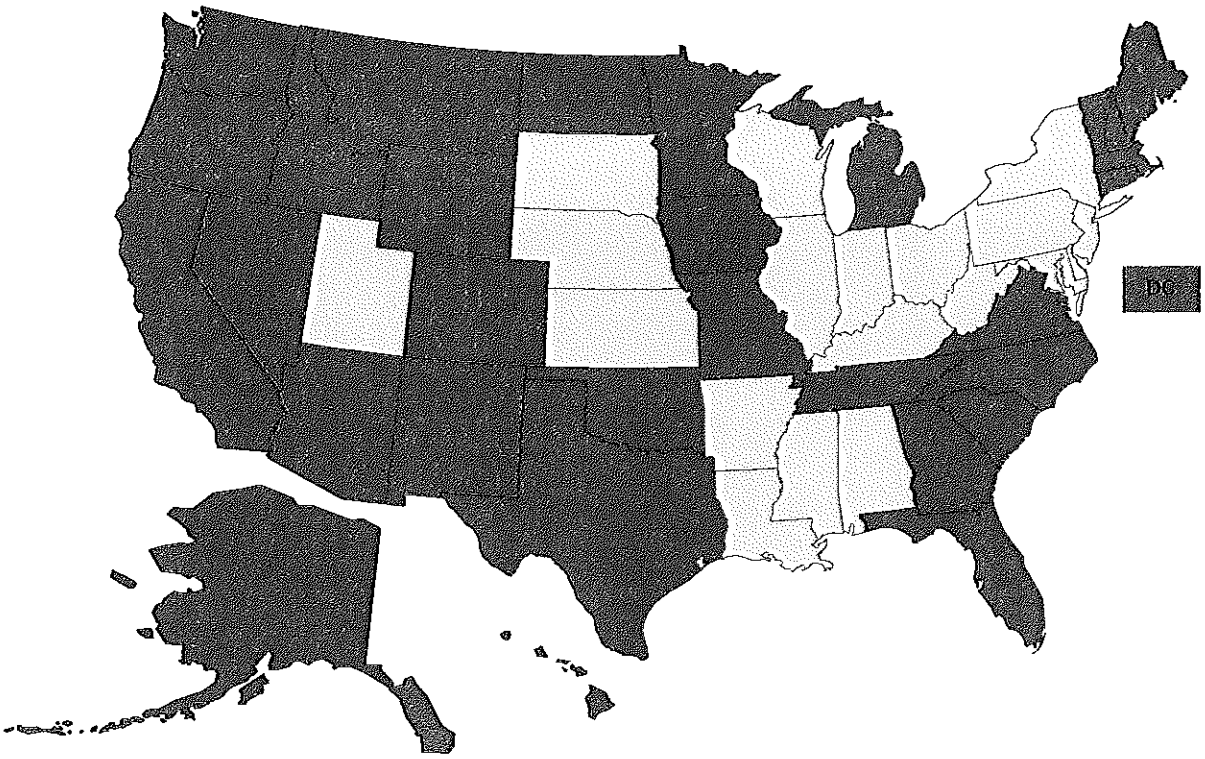
AANP | American Association of NURSE PRACTITIONERS

2014 Nurse Practitioner State Practice Environment



Full Practice
State practice and licensure law provides for nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribe medications—under the exclusive licensure authority of the state board of nursing. This is the model recommended by the Institute of Medicine and National Council of State Boards of Nursing.

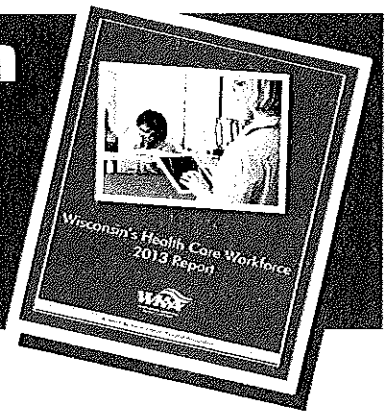
Reduced Practice
State practice and licensure law reduces the ability of nurse practitioners to engage in at least one element of NP practice. State requires a regulated collaborative agreement with an outside health discipline in order for the NP to provide patient care.

Restricted Practice
State practice and licensure law restricts the ability of a nurse practitioner to engage in at least one element of NP practice. State requires supervision, delegation, or team-management by an outside health discipline in order for the NP to provide patient care.

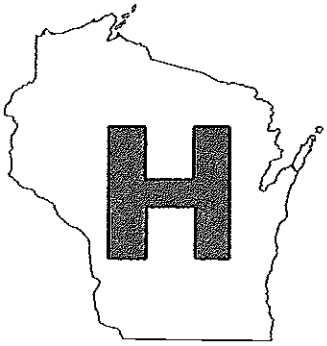
Source: State Nurse Practice Acts
and Administrative Rules, 2014
©American Association of Nurse Practitioners, 2014

Update: 5.13.2014

Wisconsin Hospital Association
2013 Health Care Workforce Report

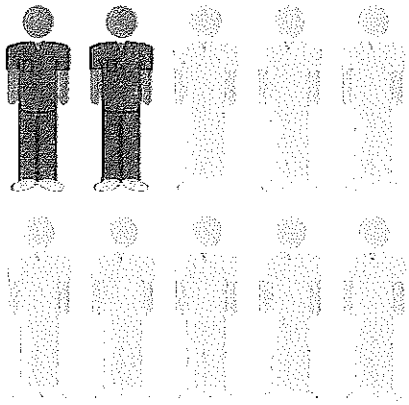


94,000
Full-Time Equivalent Employees in Wisconsin Hospitals



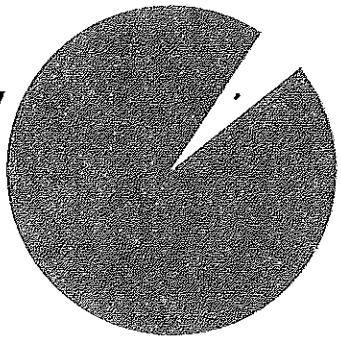
Registered Nurses are *largest* hospital occupation
- Over 15,500 Full-time
- Over 16,000 Part-time

One third of nurses are over the age of 55 and 30% plan to retire over the next decade.



20%
Wisconsin Health Care Workers Older Than
55

5
Wisconsin Hospital Professions Have Vacancy Rates Greater Than
5%



Greatest Vacancies:
Physician Assistants, Advanced Practice Nurses, Licensed Practical Nurses, Certified Nurse Aides, and Physical Therapists

For more information on Wisconsin hospitals' workforce visit WHA's website at: www.wha.org/workforce.aspx

WHA
A Valued Voice

Sources: Wisconsin Hospital Association Health Care Workforce 2013 Report, and 2012 Hospital Personnel Survey

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Charting Nursing's Future

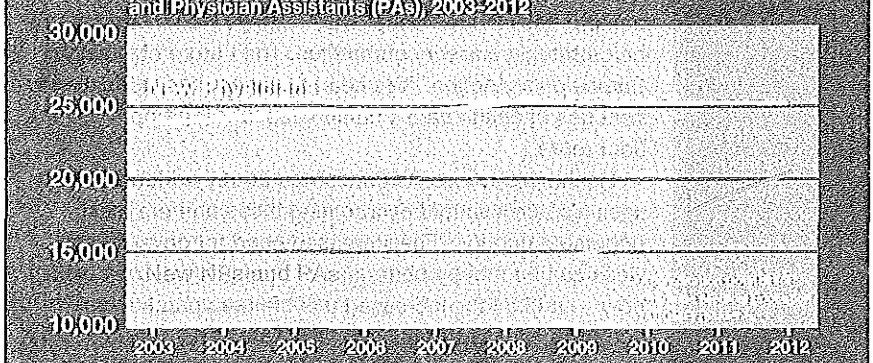
Reports on Policies That Can Transform Patient Care

JUNE 2013

Improving Patient Access to High-Quality Care: **How to Fully Utilize the Skills, Knowledge, and Experience of Advanced Practice Registered Nurses**

Spurred by increased demand resulting from health care reform measures, looming workforce shortages, and concerns about access and barriers to care, many leaders are focused on transforming the delivery of health care in ways that promote interprofessional collaboration, with everyone—including nurses—practicing to the full extent of their education and training (see fig. 1, below). This brief, the 20th in the *Charting Nursing's Future (CNF)* series, focuses on advanced practice registered nurses (APRNs); describing the important roles they play; identifying some of the legal, institutional, and cultural barriers they face; highlighting three models for leveraging their skills, knowledge, and experience in different settings; and digesting recent studies on the capacity, safety, and quality of APRN patient care. Information about barriers faced by registered nurses (RNs) appears on page 5, along with a listing of related *CNF* issues. To access pdfs in the complete *CNF* series archive, visit www.rwjf.org/goto/cnf.

Figure 1. Production of New Physicians, Nurse Practitioners (NPs), and Physician Assistants (PAs), 2003–2012



Between 2003 and 2012, the annual production of new NPs and PAs nearly doubled, while that of new physicians increased by less than one percent per year. Because of this growth, practices in the workforce, NPs and PAs are positioned to make even larger contributions to patient care—if they are empowered to work to the full extent of their education and training, deployed optimally, and integrated into effective practice models.

Source: [illegible]

Issue Number 20

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The Value of Practice

The work of Julie Marcum, APRN-BC, CCRN, has many facets. As a critical care clinical nurse specialist at the Boise VA Medical Center, she cares for a panel of about 102 implantable cardioverter defibrillator (ICD) patients throughout Idaho and Eastern Oregon; collaborates with Portland VA nurse practitioners and cardiologists in a telemedicine clinic twice a month; reviews remote transmissions sent by the ICD patients, who transmit data from their devices every three months; and as needed, manages daily patient contacts to troubleshoot issues and adjust medications. She also collaborates with nurse managers to develop and assess the critical thinking, interpersonal, and technical skills of staff nurses on the critical care units, incorporating the best evidence available.

"My responsibilities include program development, system analysis, problem solving, direct patient care, and quality improvement activities, with the ultimate goal of providing safe, cost-effective care to our veterans," says Marcum. She is a member of the VA's Advanced Practice Nurse Advisory Group, which has been involved in developing a new policy that will expand core privileges for APRNs systemwide. For more information, see page 6.

Photo: Michael Shipman/Blue Planet Photography

Almost 50 years have passed since the first program to educate public health nurses for advanced clinical practice was established by Loretta C. Ford, EdD, RN, PNP, professor and dean emeritus, University of Rochester School of Nursing, and her colleague at the University of Colorado, pediatrician Henry K. Silver, MD. Ford had worked as a public health nurse assigned to Colorado's remote mountain communities. As she made the rounds immunizing infants and tracking communicable diseases, she was struck by the fact that she was the only contact many of her patients had with a health care provider. She suspected that investments in additional education and training for practitioners like herself—uniquely positioned to bring prevention and health maintenance efforts into communities—could have huge returns in access to quality care.

Ford and Silver put this hypothesis to the test several years later, after Ford joined the University of Colorado faculty. In 1965, they launched a pilot program to give practicing public health nurses who were already educated at the baccalaureate level the additional skills they would need to effectively provide well-baby and well-child care. In the process, a new health care provider was born: the pediatric nurse practitioner.

Types of Advanced Practice Registered Nurses

Nurse practitioners (NPs) take health histories and conduct physical examinations, diagnose and treat acute and chronic problems, interpret laboratory results, prescribe and manage medications and other therapies, plan and run disease prevention and health maintenance programs, make appropriate referrals to other health care professionals, and conduct research. Practice settings include primary and specialty care practices, retail health clinics, hospitals, school-based health centers, long-term care facilities, and patients' homes. (Refer to *CNF* 9 for more information about the NP workforce.)

Clinical nurse specialists (CNSs) provide case management services, conduct research, design and implement quality improvement programs, mentor other nurses, and serve as educators and consultants. Focusing on a specific population (e.g., children), disease (e.g., diabetes), or type of care (e.g., wound care), CNSs are employed in hospitals, rehabilitation facilities, nursing homes, and other settings.

Certified registered nurse anesthetists (CRNAs) administer anesthesia before, during, and after surgical, therapeutic, diagnostic, and obstetrical procedures and provide pain management and emergency services, including airway management. They work in hospital operating rooms, dental offices, and outpatient surgical centers.

Certified nurse midwives (CNMs) provide primary care to women, including gynecological exams, family planning advice, prenatal care, management of low-risk labor and delivery, and neonatal care. Practice settings include hospitals, birthing centers, community clinics, and patients' homes.

Source: Adapted from AARP 2010 Policy Supplement Scope of Practice for Advanced Practice Registered Nurses.

"Although research suggests that APRNs are well equipped to deliver safe and effective care, legal, regulatory, institutional, and cultural barriers prevent many from practicing to the full extent of their training and education. We need to change that to make the best use of health care's human capital."

Lloyd H. Dean, CEO, Dignity Health, and member, strategic advisory committee, The Future of Nursing: *Campaign for Action*

"It created quite a stir for the nurse to move the stethoscope from the arm for the blood pressure to the chest to listen to the heart," says Ford, but she recalls that right from the beginning, the nurses who acquired these basic diagnostic skills and expanded knowledge of treatment were well received by their patients.

Today, nurse practitioner (NP) practice extends to patients of all ages, and three other types of APRNs have emerged (see "Types" box, at left). Yet a variety of barriers hamper their practice. "Although research suggests that APRNs are equipped to deliver safe, effective care, legal, regulatory, institutional, and cultural barriers prevent many from practicing to the full extent of their education and training," says Lloyd Dean, CEO, Dignity Health, and member, strategic advisory committee, The Future of Nursing: *Campaign for Action*. "We need to change that to make the best use of health care's human capital." (See pp. 4, 5, and 8 for more.)

Health policy experts concerned about workforce shortages also believe that overcoming these barriers must become a priority. "The increased need for physician services can be met by better use of the physicians we have now ... and by the increased use of nurse practitioners and physician assistants in primary care and specialty care settings," says Fitzhugh Mullan, MD, the Murdock Head Professor of Medicine and Health Policy at the George Washington University School of Public Health. "The important principle underlying this latter strategy is that all clinicians should work to the maximum of their training and licensure," he says (see fig. 2, p. 3, for APRN preparation).

This principle is at work in the three innovative models profiled in this brief (see pp. 6–7). All fully leverage APRN skills, knowledge, and experience and represent a variety of contexts: the nation's largest integrated health care system, the Veterans Health Administration; the transition from acute care to other settings; and a specialty practice within a university health system. The diversity of these models suggests that this principle is widely applicable.

These models also embrace the new paradigm of interprofessional collaborative care (see *CNF* 17). The growing adoption of this patient-centered, team-based approach may create additional incentives to eliminate barriers

continued on page 3

preventing all practitioners from maximizing access to care.

"I don't perceive that any one profession—whether it's a physician, a pharmacist, a social worker, or a nurse—can be totally independent," says Ford, who encouraged her first NP students to see themselves as full professionals prepared to engage in collegial relationships with physicians. "We have to move to interdependence, which is the highest level of functioning, in the interest of public good."

What will it take to achieve this vision? In Ford's view, "Statesmanship on the part of both medicine and nursing and other professions that see the big picture and have a vision of what could be—in prevention and health promotion and serving people who are really in need."

Photo: Courtesy of Montefiore Medical Center

Amy Rowe, P/FNP, a pediatric and family NP, examines a student at the Dewitt Clinton High School school-based health center (SBHC), part of Montefiore Medical Center's School Health Program, which provides comprehensive primary care to 27,000 New York City students living in the Bronx.

An estimated 2,000 plus SBHCs serve at least 1.7 million students nationwide. SBHCs are typically staffed by an NP or a physician assistant (PA), often in partnership with a mental health professional, and situated in poor communities where residents have limited access to care. NPs and PAs are more likely than physicians to practice in underserved remote and rural areas and constitute a significant portion of the nation's safety net providers. The more rural the hospital location, the greater the likelihood that patients will receive care from an APRN. (For more information, see www.cdc.gov/nchs/data/databriefs/db77.htm.)

Table 1 **Preparation for Advanced Practice Nursing**
(as of December 2012)

	Nurse Practitioner (NP)	*Clinical Nurse Specialist (CNS)*	*Certified Registered Nurse Anesthetist (CRNA)*	*Certified Nurse Midwife (CNM)*
Undergraduate Education	Bachelor's degree in nursing from an accredited program or an associate's degree in nursing plus additional undergraduate course work acceptable for entry into graduate programs			
Licensure	Current licensure as a registered nurse. Achieved by graduating from a nursing program accepted by the state board of nursing, passing a national standardized exam (NCLEX), and meeting additional state board of nursing requirements			
Graduate Education	Master's degree, postgraduate certificate, or practice doctorate from an accredited program, with advanced course work in physical/health assessment, pharmacology, and pathophysiology			
	Content in health promotion, disease prevention, differential diagnosis, and disease management, plus advanced course work related to the population served	Advanced course work related to the population served	Advanced course work related to anesthesia. CRNA students must complete at least one year of nursing in an acute care setting prior to enrolling	Advanced course work related to midwifery, care of newborns, primary and reproductive health care for women, and treatment of sexually transmitted diseases in male partners
Graduate-Level Clinical Training	A minimum of 500 faculty-supervised clinical hours	A minimum of 500 faculty-supervised clinical hours	A minimum of 550 cases across designated categories (2,500 hours on average)	As many hours as needed to attain core competencies
Certification	National examination	National examination	National examination	National examination
Postcertification Professional Development	Clinical practice and continuing education hours required for periodic recertification. Specific requirements vary by role, population focus, specialty, and credentialing body and, in some cases, include reexamination.			

Sources: American Academy of Nurse Practitioners Certification Program, American Association of Diabetes Educators, American Association of Nurse Anesthetists, American College of Nurse Midwives, American Midwifery Certification Board, American Nurses Credentialing Center, National Council of State Boards of Nursing, Pediatric Nursing Certification Board, and the National Certification Corporation.

Voices from the Frontlines

APRN Barriers Pose Challenges for Patients

"Before I started offering chronic pain management, patients in this part of Texas had to drive at least an hour for that service. I got lots of referrals, but then the problems began. A doctor might prescribe one kind of injection, but in evaluating the patient, I might realize that another was more appropriate. To make that change, I need a physician's order. I remember times when the patient went home in pain because their physician was on vacation.

I had another patient I'd treated regularly. I wanted her to see a physical therapist, but then someone questioned whether I had the authority to make the referral. This patient was in pain and had to go home and come back another day just because someone was confused.

I hung in for four years and saw some really good results, but I couldn't resolve all these problems. Now I limit my practice to anesthesia."

Mary Oman, CRNA, DNP, FAAN, president, Sleepy Anesthesia Associates

"In Michigan, where I practice, CNMs do not have prescriptive authority. That seriously impacts the women who come to me for birth control. I can place IUDs and implant contraceptives that are inserted under the skin, but most insurance plans won't reimburse me for the devices, which can cost up to $800. I can refer my patients to a physician who does get reimbursed, but many patients don't want to visit another provider's office and choose less effective methods instead.

My Medicaid clients have a similar issue with Depo-Provera (a long-acting injectable contraceptive). Medicaid will not reimburse my office for Depo, so my patients have to go to a pharmacy, pick up the medication, then bring it to my office for the injection."

Kris LaVary, CNM, MS, owner, Midwifery Women's Health Care

Barriers to Patient-Centered Care

Many patients and their families have to travel long distances, experience delays or discontinuities, and incur higher out-of-pocket costs because of barriers faced by APRNs who are well qualified to provide needed services (see p. 8 for findings on APRN care safety and quality). These barriers—legal/regulatory, institutional, and cultural—unnecessarily restrict access to high-quality care by preventing APRNs from practicing to the full extent of their education and training.

Legal/Regulatory Barriers

- The majority of states (see fig. 2, p. 5) require most APRNs to have a joint protocol with a collaborating physician in order to diagnose, treat, and/or prescribe. Yet there is no evidence that these requirements result in better outcomes, according to the IOM's 2010 report, *The Future of Nursing: Leading Change, Advancing Health.* Further, some physicians charge fees for their services that APRNs cannot afford. *The risk of delays in care is high when collaborating physicians are not readily available.*

- Under some Medicare programs, APRNs are not allowed to admit patients, serve as personal care physicians (PCPs), or sign orders for long-term care services. *For patients who have already established a good relationship with an APRN, admission restrictions can compromise continuity of care.*

- In some states, Medicaid won't reimburse APRNs for certain codes or pharmacy supplies. *Restrictive reimbursement practices can force patients to pay out of pocket or find a different provider.*

- In some parts of the country, APRNs are not recognized as PCPs by Medicare or private health insurance companies. *Excluding APRNs from panels can limit the supply of available clinicians in a time of growing demand.*

"For reasons ranging from natural disaster relief to living and working in communities that straddle state borders, nurses need to be able to cross state lines easily to deliver care. They can't do that now because practice acts vary."

Catherine Dower, JD, associate director, Center for the Health Professions at the University of California, San Francisco, and a member of the committee that helped draft the IOM's 2010 report, *The Future of Nursing: Leading Change, Advancing Health*

Institutional Barriers

- In states with joint protocol mandates for APRNs (see "Legal/Regulatory," left), some hospital policies restrict the pool of collaborating physicians, by, for example, requiring them to have full medical staff privileges. *Institutional barriers further restrict access in states where mandates exist.*

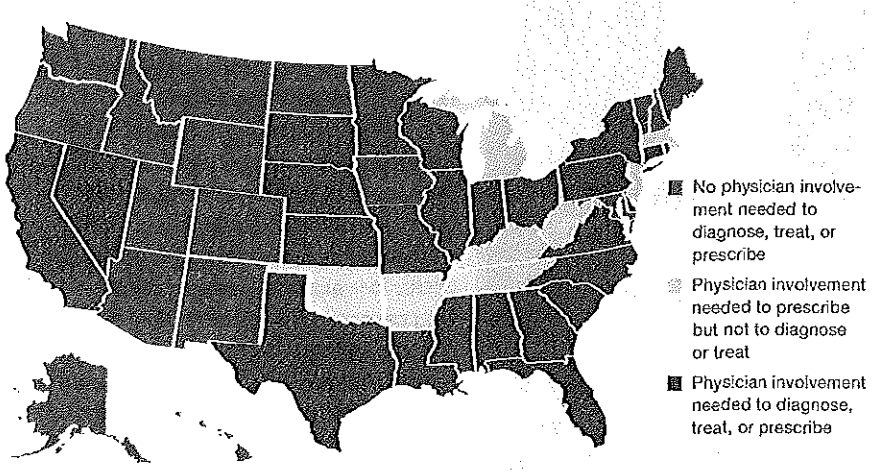
- At some hospitals, medical staff bylaws prohibit APRNs from admitting patients or performing certain procedures (e.g., only anesthesiologists can do invasive monitor placements). *At some hospitals, patients might have to wait for treatment even if a qualified APRN is available.*

Cultural Barriers

- While the benefits of team-based interprofessional care are well documented, implementation remains a challenge, because some patients prefer care by doctors only and because old authoritarian leadership models persist in some organizations. *"Achieving a cultural shift to allow utilization of APRNs as full partners can bring marked increases in patient satisfaction and timeliness of care,"* says Allison Dimsdale, DNP, RN, NP, who is helping to change the way services are delivered to cardiology patients at Duke University Health System (see "Team-Based Care," p. 7).

continued on page 5

Figure 2 **Nurse Practitioner Scope-of-Practice Authority, 2012**



The majority of states require NPs to enter into collaborative agreements (or joint protocols) with physicians to do things they have already been trained and educated to do, such as prescribing controlled substances, diagnosing diseases, and treating patients. Finding a physician willing to collaborate is not always easy, furthermore, and waiting for a doctor to sign off on orders can delay treatment and undermine continuity of care.

North Dakota eliminated its collaborative agreement requirement for prescriptive authority in 2011. "It wasn't helping us provide safe, timely, patient-centered care ... [so] we capitalized on our positive relationships with physicians and other providers to mobilize widespread support for getting rid of this regulatory barrier," explains Billie Madler, DNP, NP, FNP, director of Graduate Nursing Programs at the University of Mary and president of the North Dakota Nurse Practitioner Association, which organized a grassroots campaign to educate state legislators about factors jeopardizing access to care. Coalitions are working on similar reforms in other states, many with support from the Center to Champion Nursing in America, an initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation.

Map source: The Pearson Report 2012, Linda Pearson, DNSc, MSN, APRN-BC, FAANP, www.webnpon'ne.com.

For More Information

- For more on state-level scope-of-practice initiatives, visit www.championnursing.org.
- For a discussion of scope-of-practice reform, see *Health Policy Brief: Nurse Practitioners and Primary Care, Health Affairs*, October 25, 2012.
- To explore cultural barriers related to patient preferences, see Laurant, M. G., et al. 2008. An overview of patients' preferences for, and satisfaction with, care provided by general practitioners and nurse practitioners. *Journal of Clinical Nursing* 17 (20): 2690–98.

Maximizing the Potential of Registered Nurses

RNs, like APRNs, face barriers that prevent them from working to the full extent of their education and training. Although more research on RN barriers is needed, many compelling anecdotes show that patients and their families pay a high price when RNs are barred from doing what they are qualified to do.

Gary Chisamore understands this from personal experience, as the principal supervisor of his wife Wendy's care during her decade-long struggle with ovarian cancer. "I remember having to carry my very sick wife to our car in the middle of winter to get her to a doctor's appointment, drive her to her doctor's parking lot, and watch the doctor examine her through a passenger-side door."

Repeated hospital readmissions had led to atrophied calf muscles, making it hard for her to walk. The standard treatment for this condition is styrofoam boots worn in bed to prevent "foot drop." "Why couldn't Wendy's home health nurses prescribe those boots?" Chisamore wonders.

> "If we continue to cripple the mass of RNs with barriers to full practice, we will further increase health care costs, treatment delays, and human suffering."
>
> Diana Mason, RN, PhD, FAAN, Rudin Professor of Nursing and codirector of the Center for Health, Media, and Policy at Hunter College of the City University of New York, and strategic adviser, The Future of Nursing: *Campaign for Action*

His question is apt, says Diana Mason, RN, PhD, FAAN, Rudin Professor of Nursing and codirector of the Center for Health, Media, and Policy at Hunter College of the City University of New York, and strategic adviser, The Future of Nursing: *Campaign for Action*. "So much could be done in cases like this, with a standing physician order allowing RNs to prescribe a standard treatment."

RN barriers fall into three categories, says Mason: (1) problematic state and federal regulations; (2) organizational policies and cultures that don't understand what nurses can safely do or that hark back to outmoded thinking about RN roles; (3) nurses' fears about challenging unnecessary workplace barriers to full practice and, in some cases, nurses' lack of full awareness of their scope of practice.

Mason calls for a broad conversation about RN barriers and their patient impacts and more research to guide advocacy for change.

For More Information

- For more on RN barriers and solutions, see *GNF* 3, 5, 10, 11, 14, 15, 17, and 18.

Visionary Nurse a Leader in the Nation's Largest Integrated Health System

Charting Nursing's Future ***salutes Cathy E. Rick, RN, MSN, FAAN, chief officer, Office of Nursing Services, U.S. Department of Veterans Affairs (VA)***

With 80,000 nurses in her charge, Cathy Rick is keenly aware of their value to patient-centered care and highly motivated to ensure that the nation's largest integrated health care system can fully utilize their diverse capabilities. She has been instrumental in creating a program to develop nursing leaders within the VA, fostering the role of the nursing care manager within primary care, and developing a training academy for new hires that has markedly increased the VA's ability to retain nurses.

"She advocates on behalf of the nursing staff, which, in general, is advocating on behalf of patients," says Robert L. Jesse, MD, PhD, principal deputy undersecretary for health at the VA. He describes her as a "major driver of the VA's efforts to transform the currency of health care from encounters to relationships," a shift he says involves significant investments in the nursing workforce.

One of her signature accomplishments is the Advanced Practice Nurse Advisory Group (APNAG), which facilitates communication, policy development, and continuing education among the VA's more than 5,000 APRNs.

Recent APNAG chair Mary E. Falls, RN, MSN, APNP-BC, praises Rick's leadership in this area. "She has the ability to look into the future, see what changes are coming for health care, and place nursing in the forefront," Falls says. "To have that vision and support from the top—it's phenomenal."

Innovative Models That Leverage APRNs' Skills and Experience

Expanded Core Privileges: The U.S. Department of Veterans Affairs (VA)

The VA employs more than 5,000 APRNs to deliver primary, specialty, acute, ambulatory, telehealth, and home health care services across the nation. While a single unrestricted license allows these APRNs to work at any VA facility—traveling between a medical center and a community clinic, for example—rules concerning prescriptive authority, admissions, physician supervision, etc., vary. This means that APRNs have to change the way they practice when they change their location, even when they are treating the same patients.

To eliminate confusion and standardize care, the VA has developed a new policy, slated for systemwide implementation in 2013, that allows all APRNs who meet certain criteria to practice to the full extent of their education and training without direct supervision from a physician, even in states that do not recognize APRNs as independent practitioners. The VA believes the policy's linchpin is federal supremacy, which gives the VA the authority to supersede state laws.

Along with this new policy, the VA will issue guidance concerning an expanded list of APRN core privileges that includes signing admission and discharge orders, making patient rounds, preparing progress notes, and carrying out other tasks advanced clinicians are equipped to perform safely and effectively.

"We see this as a way to align our system to fully utilize the talent we have," says Cathy E. Rick, chief officer in the VA's Office of Nursing Services. "The timing is right, thanks to the good work the Robert Wood Johnson Foundation did in conjunction with the IOM [*Future of Nursing*] report."

Rick's team has solicited input from APRNs, physicians, and regional quality management officers to develop an internal communication plan that addresses questions and concerns about patient care, license protection, etc. They have also worked with the National Council of State Boards of Nursing and Joint Commission to try to anticipate potential issues and challenges.

"My hope and expectation is we will provide a new model for health care reform," says Rick. "Rather than restricting practice, we should be supporting nursing and holding nurses accountable for what they are able to do."

The Transitional Care Model

In 1981, a team of researchers at the University of Pennsylvania led by Dorothy Brooten, PhD, RN, FAAN (now at Florida International University) developed and began testing a new model of care designed to cut health care costs by smoothing the transition between acute care and other settings. Cost controls instituted at that time were reducing the length of hospital stays, but postdischarge complications often led to rehospitalization and undermined the cost effectiveness of earlier discharge.

The Transitional Care Model (TCM), as it is now known, uses APRN specialists to design and implement comprehensive discharge plans that

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Nurse Managed Health Clinics (NMHCs)

"Recognizing that advanced practice nurses are a powerful tool to expand access to primary care services, I supported the establishment of the NMHC program authorized by the Affordable Care Act. NMHCs improve access to primary health care, disease prevention, and health promotion in medically underserved areas while enhancing nursing practice through expansion of clinical sites for undergraduate and graduate nursing education. In fiscal year 2010, the Health Resources and Services Administration awarded 10 grants totaling $15 million to expand NMHCs in nine states."

Senator Daniel K. Inouye, D-HI

include regular phone contact and home visits while patients convalesce.

The TCM has been tested with high-risk, high-cost, high-volume patients across the life span and shows impressive outcomes. The first randomized clinical trial provided follow-up care by APRN specialists in perinatal or neonatal nursing to infants with very low birthweights. They were released from the hospital an average of 11 days earlier and achieved equivalent health outcomes at a net savings of $18,560 per patient.

Later trials involving women with high-risk pregnancies prolonged gestation and reduced costs for infants who were born prematurely or at term.

In 1989, Mary D. Naylor, PhD, RN, FAAN, Marian S. Ware Professor in Gerontology and director, NewCourtland Center for Transitions and Health at the University of Pennsylvania School of Nursing, and her multidisciplinary team applied the TCM with chronically ill older adults being treated for common medical and surgical conditions. Three randomized controlled clinical trials that tested the TCM with this population demonstrated improved health outcomes, patient satisfaction, and cost savings (see fig. 3).

A TCM protocol for cognitively impaired older adults (in partnership with their family caregivers) has also had positive outcomes.

The University of Pennsylvania Health System has adopted the TCM, and more than two dozen health systems and communities are using aspects of the model. The TCM evidence base has also influenced provisions of the Affordable Care Act, and more recently, there have been other policy efforts aimed at using the TCM model to support and coordinate care for beneficiaries as they move from the hospital to their homes or other care settings.

"If brought to scale, the TCM could accelerate efforts within the U.S. to move from a fragmented health care system to an integrated, high-performing one," says Naylor.

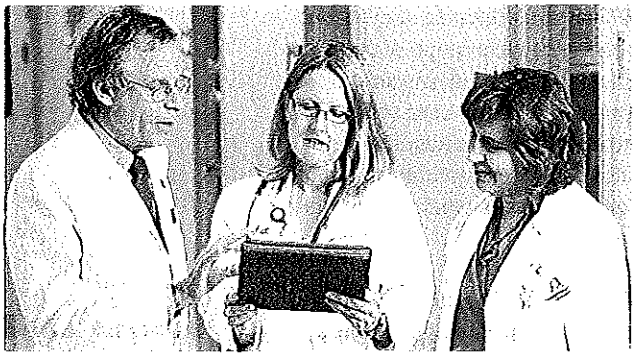


Photo: Jared Lazarus/Duke University Photography

At Duke Health Center at Southpoint, physicians, NPs, and RNs work together on interdisciplinary teams to provide comprehensive care to cardiology patients. Pictured here are Douglas Schocken, MD, Allison Dimsdale, NP, and Jennifer Hervey, RN.

Team-Based Care: Duke Heart Center

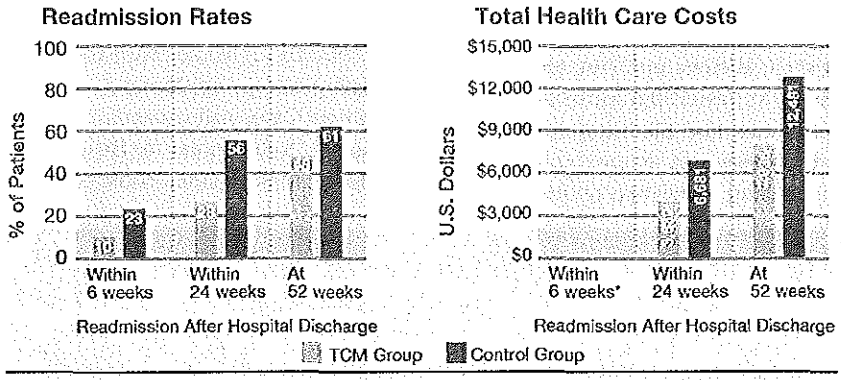
A new "parallel model" developed by Duke University Health System's Department of Cardiovascular Medicine leverages interprofessional teams to increase access to care and improve patient satisfaction.

Unlike the former tandem-style model—where clinics were run by MDs who handed off specific tasks to NPs and physician assistants (PAs)—the new model allows everyone to work to the top of their competency and licensure. MDs focus on developing plans of care for new patients, while NPs and PAs see returning or acutely ill patients. RNs, meanwhile, coordinate follow-up care, schedule procedures, and respond to triage calls. Team members consult each other as necessary and appropriate. For example, an RN might turn to an NP for help when lab results are abnormal or a patient calls to report unusual symptoms.

"A model like this requires a cultural shift," says Allison Dimsdale, DNP, RN, NP, who was a collaborative leader on the redesign team. The NPs have to "work harder and think harder" now that they are doing so much more than just follow-up and background work, and the physicians have to recognize and rely on NPs and RNs as teammates. "We couldn't do this without considerable trust and confidence among key players," Dimsdale says.

During a pilot phase, patient response was positive and the average wait time for the next available appointment dropped 57 percent for new patients and 75 percent for returning patients. Dimsdale says the department is starting to look at additional metrics, including patient readmission rates and lengths of stay.

Figure 3 **Transitional Care Model Impacts on Hospital Readmission Rates and Total Health Care Costs for Chronically Ill Adults**



Source: Adapted from charts available at http://transitionalcare.info/ToolQual-1801.html.
*Health care cost data for readmissions within six weeks was not available to researchers.

For More Information

- For a TCM video, select www.aannet.org/rtv-a-nursing-life-serving-the-nation-transitional-care-model.

APRNs are educated and trained to deliver a wide range of services, including some that physicians provide in primary care and other settings. How do capacities and outcomes compare in these areas of overlap? Here is what some of the research says:

NPs and PAs in primary care settings are capable of providing 70 percent or more of the care required for adults and 90 percent of the care for pediatric patients; they are also providing more of the general care for specialty patients and performing minor specialty procedures, says a 2009 Physicians Foundation report to the president and the Congress.

Cooper, R., et al. 2009. *Physicians and their practices under health care reform: a report to the president and the Congress.* Physicians Foundation.

APRNs provide safe, effective, quality care, according to a 2011 systematic review involving dozens of studies published over an 18-year period. The research team, led by Robin P. Newhouse, PhD, RN, NEA-BC, professor and chair at the University of Maryland School of Nursing, found strong evidence of comparable or superior care by NPs as measured by patient satisfaction, patient perception of health status, functional status, glucose control, lipid management, blood pressure control, emergency room visits, hospitalization rates, and mortality rates. CNMs are performing well, too, with similar or better results than MDs in cesarean section rates, birth weights, Apgar scores, analgesia use, and breastfeeding.

Newhouse, R. P., et al. 2011. Advanced practice nurse outcomes 1990-2008: a systematic review. *Nursing Economic$* 29 (5): 230–50.

Zero-sum game: Do primary care physicians lose when APRNs gain autonomy?

Noting that economic interests are "rarely discussed openly," Patricia Pittman, PhD, and Benjamin Williams, MPH, at the George Washington University's School of Public Health conducted a study to determine what happens to MDs' wages when restrictions on APRNs are removed. Their analysis of U.S. Bureau of Labor Statistics data concluded that allowing APRNs to practice to the full extent of their education and training does not appear to have a negative financial impact on primary care physicians.

Pittman, P., and B. Williams. 2012. Physician wages in states with expanded APRN scope of practice. *Nursing Research and Practice* 671974. doi: 10.1155/2012/671974.

Health outcomes are comparable for patients treated by primary care NPs and MDs, according to a literature review led by Mary D. Naylor, PhD, RN, at the University of Pennsylvania School of Nursing. The team also referenced a RAND Corporation analysis for the Commonwealth of Massachusetts that projected statewide savings of $4.2–8.4 billion for the period 2010–2020, if NP and PA visits were substituted for physician visits.

Naylor, M. D., and E. T. Kurtzman. 2010. The role of nurse practitioners in reinventing primary care. *Health Affairs (Millwood)* 29 (5): 893–99.

Highly trained CRNAs contribute to good obstetric care, according to a 2009 study conducted by the UCLA School of Public Health. Researchers compared rates of anesthesia-related deaths, complications, and trauma during delivery at hospitals using only CRNAs with those at hospitals using only anesthesiologists and found similar outcomes.

Needleman, J., and A. F. Minnick. 2009. Anesthesia provider model, hospital resources, and maternal outcomes. *Health Services Research* 44 (2 pt 1): 464–82.

Health care quality, access, and cost savings would increase in Florida if APRNs and PAs were allowed to prescribe controlled substances and bill independently for their services, according to a 2011 briefing published by the Florida TaxWatch Research Institute, Inc. Annual savings from expanding the scope of NP and PA primary care services alone could potentially reach $7–44 million for Medicaid, $744,000–2.2 million for state employee health insurance, and $399 million across Florida's entire health care system, the briefing concludes. This analysis assumes that APRNs would begin to provide a majority of services during primary care visits.

Fusillo, D., and R. Weissert. 2011. *Expanding the scope of practice for advanced registered nurse practitioners and physician assistants would generate fiscal savings while enhancing high quality medical care.* Tallahassee: Florida TaxWatch Research Institute, Inc.

A New Look at Existing NP Scope-of-Practice Restrictions

A paper released by the National Governor's Association in December 2012 concludes that easing state scope-of-practice restrictions and modifying reimbursement policies for NPs are options worthy of consideration by states, both to encourage greater NP involvement in primary care services and to address growing demand for these services.

To access a pdf of the full report, titled *The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care,* visit www.nga.org, select "NGA Center for Best Practices," then "Center Publications."

Robert Wood Johnson Foundation

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Consensus Model for APRN Regulation:
Licensure, Accreditation, Certification & Education

July 7, 2008

Completed through the work of the APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee

The APRN Consensus Work Group and the APRN Joint Dialogue Group members would like to recognize the significant contribution to the development of this report made by Jean Johnson, PhD, RN-C, FAAN, Senior Associate Dean, Health Sciences, George Washington School of Medicine and Health Sciences. Consensus could not have been reached without her experienced and dedicated facilitation of these two national, multi-organizational groups.

LIST OF ENDORSING ORGANIZATIONS

This Final Report of the APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee has been disseminated to participating organizations. The names of endorsing organizations will be added periodically.

The following organizations have endorsed the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education:

(Posted December 2010)
N=48

Academy of Medical-Surgical Nurses (AMSN)
Accreditation Commission for Midwifery Education (ACME)
American Academy of Nurse Practitioners (AANP)
American Academy of Nurse Practitioners Certification Program
American Association of Colleges of Nursing (AACN)
American Association of Critical-Care Nurses (AACN)
American Association of Critical-Care Nurses Certification Corporation
American Association of Legal Nurse Consultants (AALNC)
American Association of Nurse Anesthetists (AANA)
American Board of Nursing Specialties (ABNS)
American College of Nurse-Midwives (ACNM)
American College of Nurse Practitioners (ACNP)
American Holistic Nurses Association (AHNA)
American Midwifery Certification Board (AMCB)
American Nurses Association (ANA)
American Nurses Credentialing Center (ANCC)
American Psychiatric Nurses Association (APNA)
Arkansas State Board of Nursing
Association of Faculties of Pediatric Nurse Practitioners (AFPNP)
Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN)
Commission on Collegiate Nursing Education (CCNE)
Council on Accreditation of Nurse Anesthesia Educational Programs (COA)
Dermatology Nurses Association (DNA)
Dermatology Nursing Certification Board (DNCB)
Emergency Nurses Association (ENA)
Gerontological Advanced Practice Nurses Association (GAPNA)
Hospice and Palliative Nurses Association (HPNA)
The International Society of Psychiatric Nurses (ISPN)
National Association of Clinical Nurse Specialists (NACNS)
National Association of Neonatal Nurses (NANN)
National Association of Orthopedic Nurses (NAON)
National Association of Pediatric Nurse Practitioners (NAPNAP)
National Board for Certification of Hospice and Palliative Nurses (NBCHPN)
National Board on Certification & Recertification of Nurse Anesthetists (NBCRNA)
National Certification Corporation (NCC)
National Council of State Boards of Nursing (NCSBN)

National Gerontological Nursing Association (NGNA)
National League for Nursing (NLN)
National League for Nursing Accrediting Commission, Inc. (NLNAC)
National Organization of Nurse Practitioner Faculties (NONPF)
Nurse Practitioners in Women's Health (NPWH)
Nurses Organization of Veterans Affairs (NOVA)
Oncology Nursing Certification Corporation (ONCC)
Oncology Nursing Society (ONS)
Orthopedic Nurses Certification Board (ONCB)
Pediatric Nursing Certification Board (PNCB)
Wound, Ostomy and Continence Nurses Society (WOCN)
Wound, Ostomy and Continence Nursing Certification Board (WOCNCB)

INTRODUCTION

Advanced Practice Registered Nurses (APRNs) have expanded in numbers and capabilities over the past several decades with APRNs being highly valued and an integral part of the health care system. Because of the importance of APRNs in caring for the current and future health needs of patients, the education, accreditation, certification and licensure of APRNs need to be effectively aligned in order to continue to ensure patient safety while expanding patient access to APRNs.

APRNs include certified registered nurse anesthetists, certified nurse-midwives, clinical nurse specialists and certified nurse practitioners. Each has a unique history and context, but shares the commonality of being APRNs. While education, accreditation, and certification are necessary components of an overall approach to preparing an APRN for practice, the licensing boards-governed by state regulations and statutes-are the final arbiters of who is recognized to practice within a given state. Currently, there is no uniform model of regulation of APRNs across the states. Each state independently determines the APRN legal scope of practice, the roles that are recognized, the criteria for entry-into advanced practice and the certification examinations accepted for entry-level competence assessment. This has created a significant barrier for APRNs to easily move from state to state and has decreased access to care for patients.

Many nurses with advanced graduate nursing preparation practice in roles and specialties e.g., informatics, public health, education, or administration) that are essential to advance the health of the public but do not focus on direct care to individuals and, therefore, their practice does not require regulatory recognition beyond the Registered Nurse license granted by state boards of nursing. Like the four current APRN roles, practice in these other advanced specialty nursing roles requires specialized knowledge and skills acquired through graduate-level education. Although extremely important to the nursing profession and to the delivery of safe, high quality patient care, these other advanced, graduate nursing roles, which do not focus on direct patient care, are not roles for Advanced Practice Registered Nurses (APRN) and are not the subject or focus of the Regulatory Model presented in this paper.

The model for APRN regulation is the product of substantial work conducted by the Advanced Practice Nursing Consensus Work Group and the National Council of State Boards of Nursing (NCSBN) APRN Committee. While these groups began work independent of each other, they came together through representatives of each group participating in what was labeled the APRN Joint Dialogue Group. The outcome of this work has been unanimous agreement on most of the recommendations included in this document. In a few instances, when agreement was not unanimous a 66% majority was used to determine the final recommendation. However, extensive dialogue and transparency in the decision-making process is reflected in each recommendation. The background of each group can be found on pages 13-16 and individual and organizational participants in each group in Appendices C-H.

This document defines APRN practice, describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

Overview of APRN Model of Regulation

The APRN Model of Regulation described will be the model of the future. It is recognized that current regulation of APRNs does not reflect all of the components described in this paper and will evolve incrementally over time. A proposed timeline for implementation is presented at the end of the paper.

In this APRN model of regulation there are four roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). These four roles are given the title of advanced practice registered nurse (APRN). APRNs are educated in one of the four roles and in at least one of six population foci: family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related or psych/mental health. APRN education programs, including degree-granting and post-graduate education programs[1], are accredited. APRN education consists of a broad-based education, including three separate graduate-level courses in advanced physiology/pathophysiology, health assessment and pharmacology as well as appropriate clinical experiences. All developing APRN education programs or tracks go through a pre-approval, pre-accreditation, or accreditation process prior to admitting students. APRN education programs must be housed within graduate programs that are nationally accredited[2] and their graduates must be eligible for national certification used for state licensure.

Individuals who have the appropriate education will sit for a certification examination to assess national competencies of the APRN core, role and at least one population focus area of practice for regulatory purposes. APRN certification programs will be accredited by a national certification accrediting body[3]. APRN certification programs will require a continued competency mechanism.

Individuals will be licensed as independent practitioners for practice at the level of one of the four APRN roles within at least one of the six identified population foci. Education, certification, and licensure of an individual must be congruent in terms of role and population foci. APRNs may specialize but they cannot be licensed solely within a specialty area. *In addition, specialties can provide depth in one's practice within the established population foci.* Education and assessment strategies for specialty areas will be developed by the nursing profession, i.e., nursing organizations and special interest groups. Education for a specialty can occur concurrently with APRN education required for licensure or through post-graduate education. Competence at the specialty level will not be assessed or regulated by boards of nursing but rather by the professional organizations.

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[1] Degree granting programs include master's and doctoral programs. Post-graduate programs include both post-master's and post-doctoral certificate education programs.

[2] APRN education programs must be accredited by a nursing accrediting organization that is recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA), including the Commission on Collegiate Nursing Education (CCNE), National League for Nursing Accrediting Commission (NLNAC), Council on Accreditation of Nurse Anesthesia Educational Programs (COA), Accreditation Commission for Midwifery Education (ACME), and the National Association of Nurse Practitioners in Women's Health Council on Accreditation.

[3] The certification program should be nationally accredited by the American Board of Nursing Specialties (ABNS) or the National Commission for Certifying Agencies (NCCA).

In addition, a mechanism that enhances the communication and transparency among APRN licensure, accreditation, certification and education bodies (LACE) will be developed and supported.

APRN REGULATORY MODEL

APRN Regulation includes the essential elements: licensure, accreditation, certification and education (LACE).

- Licensure is the granting of authority to practice.
- Accreditation is the formal review and approval by a recognized agency of educational degree or certification programs in nursing or nursing-related programs.
- Certification is the formal recognition of the knowledge, skills, and experience demonstrated by the achievement of standards identified by the profession.
- Education is the formal preparation of APRNs in graduate degree-granting or post-graduate certificate programs.

The APRN Regulatory Model applies to all elements of LACE. Each of these elements plays an essential part in the implementation of the model.

Definition of Advanced Practice Registered Nurse

Characteristics of the advanced practice registered nurse (APRN) were identified and several definitions of an APRN were considered, including the NCSBN and the American Nurses Association (ANA) definitions, as well as others. The characteristics identified aligned closely with these existing definitions. The definition of an APRN, delineated in this document, includes language that addresses responsibility and accountability for health promotion and the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions.

The definition of an Advanced Practice Registered Nurse (APRN) is a nurse:

1. who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles;
2. who has passed a national certification examination that measures APRN, role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;
3. who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients, as well as a component of indirect care; however, the defining factor for **all** APRNs is that a significant component of the education and practice focuses on direct care of individuals;
4. whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
5. who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;
6. who has clinical experience of sufficient depth and breadth to reflect the intended license; **and**

7. who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP).

Advanced practice registered nurses are licensed independent practitioners who are expected to practice within standards established or recognized by a licensing body. Each APRN is accountable to patients, the nursing profession, and the licensing board to comply with the requirements of the state nurse practice act and the quality of advanced nursing care rendered; for recognizing limits of knowledge and experience, planning for the management of situations beyond the APRN's expertise; and for consulting with or referring patients to other health care providers as appropriate.

All APRNs are educationally prepared to provide a scope of services across the health wellness-illness continuum to at least one population focus as defined by nationally recognized role and population-focused competencies; however, the emphasis and implementation within each APRN role varies. The services or care provided by APRNs is not defined or limited by setting but rather by patient care needs. The continuum encompasses the range of health states from homeostasis (or wellness) to a disruption in the state of health in which basic needs are not met or maintained (illness), with health problems of varying acuity occurring along the continuum that must be prevented or resolved to maintain wellness or an optimal level of functioning (WHO, 2006). Although all APRNs are educationally prepared to provide care to patients across the health wellness-illness continuum, the emphasis and how implemented within each APRN role varies.

The Certified Registered Nurse Anesthetist
The Certified Registered Nurse Anesthetist is prepared to provide the full spectrum of patients' anesthesia care and anesthesia-related care for individuals across the lifespan, whose health status may range from healthy through all recognized levels of acuity, including persons with immediate, severe, or life-threatening illnesses or injury. This care is provided in diverse settings, including hospital surgical suites and obstetrical delivery rooms; critical access hospitals; acute care; pain management centers; ambulatory surgical centers; and the offices of dentists, podiatrists, ophthalmologists, and plastic surgeons.

The Certified Nurse-Midwife
The certified nurse-midwife provides a full range of primary health care services to women throughout the lifespan, including gynecologic care, family planning services, preconception care, prenatal and postpartum care, childbirth, and care of the newborn. The practice includes treating the male partner of their female clients for sexually transmitted disease and reproductive health. This care is provided in diverse settings, which may include home, hospital, birth center, and a variety of ambulatory care settings including private offices and community and public health clinics.

The Clinical Nurse Specialist
The CNS has a unique APRN role to integrate care across the continuum and through three spheres of influence: patient, nurse, system. The three spheres are overlapping and interrelated but each sphere possesses a distinctive focus. In each of the spheres of influence, the primary goal of the CNS is continuous improvement of patient outcomes and nursing care. Key elements of CNS practice are to create environments through mentoring and

system changes that empower nurses to develop caring, evidence-based practices to alleviate patient distress, facilitate ethical decision-making, and respond to diversity. The CNS is responsible and accountable for diagnosis and treatment of health/illness states, disease management, health promotion, and prevention of illness and risk behaviors among individuals, families, groups, and communities.

The Certified Nurse Practitioner
For the certified nurse practitioner (CNP), care along the wellness-illness continuum is a dynamic process in which direct primary and acute care is provided across settings. CNPs are members of the health delivery system, practicing autonomously in areas as diverse as family practice, pediatrics, internal medicine, geriatrics, and women's health care. CNPs are prepared to diagnose and treat patients with undifferentiated symptoms as well as those with established diagnoses. Both primary and acute care CNPs provide initial, ongoing, and comprehensive care, includes taking comprehensive histories, providing physical examinations and other health assessment and screening activities, and diagnosing, treating, and managing patients with acute and chronic illnesses and diseases. This includes ordering, performing, supervising, and interpreting laboratory and imaging studies; prescribing medication and durable medical equipment; and making appropriate referrals for patients and families. Clinical CNP care includes health promotion, disease prevention, health education, and counseling as well as the diagnosis and management of acute and chronic diseases. Certified nurse practitioners are prepared to practice as primary care CNPs and acute care CNPs, which have separate national consensus-based competencies and separate certification processes.

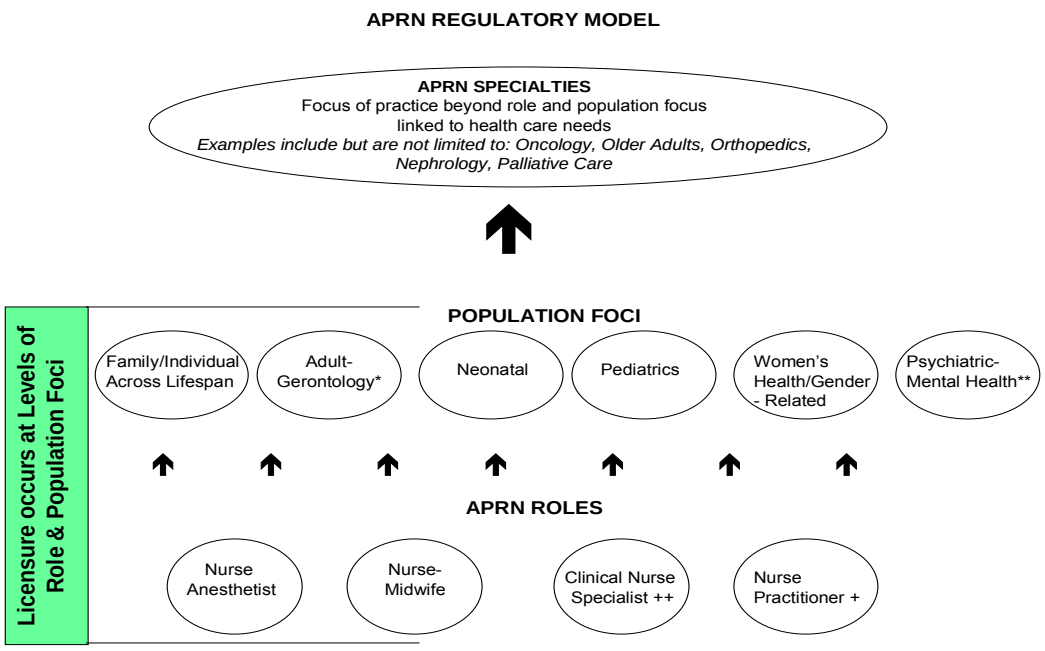
Titling

The title Advanced Practice Registered Nurse (APRN) is the licensing title to be used for the subset of nurses prepared with advanced, graduate-level nursing knowledge to provide direct patient care in four roles: certified registered nurse anesthetist, certified nurse-midwife, clinical nurse specialist, and certified nurse practitioner.[4] This title, APRN, is a legally protected title. Licensure and scope of practice are based on graduate education in one of the four roles and in a defined population.

Verification of licensure, whether hard copy or electronic, will indicate the role and population for which the APRN has been licensed.

At a minimum, an individual must legally represent themselves, including in a legal signature, as an APRN and by the role. He/she may indicate the population as well. No one, except those who are licensed to practice as an APRN, may use the APRN title or any of the APRN role titles. An individual also may add the specialty title in which they are professionally recognized in addition to the legal title of APRN and role.

[4] Nurses with advanced graduate nursing preparation practicing in roles and specialties that do not provide direct care to individuals and, therefore, whose practice does not require regulatory recognition beyond the Registered Nurse license granted by state boards of nursing may not use any term or title which may confuse the public, including advanced practice nurse or advanced practice registered nurse. The term *advanced public health nursing* however, may be used to identify nurses practicing in this advanced specialty area of nursing.



+The certified nurse practitioner (CNP) is prepared with the acute care CNP competencies and/or the primary care CNP competencies. At this point in time the acute care and primary care CNP delineation applies only to the pediatric and adult-gerontology CNP population foci. Scope of practice of the primary care or acute care CNP is **not setting specific** but is based on patient care needs. Programs may prepare individuals across both the primary care and acute care CNP competencies. If programs prepare graduates across both sets of roles, the graduate must be prepared with the consensus-based competencies for both roles and must successfully obtain certification in both the acute and the primary care CNP roles. CNP certification in the acute care or primary care roles must match the educational preparation for CNPs in these roles.

Diagram 1: APRN Regulatory Model

Under this APRN Regulatory Model, there are four roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). These four roles are given the title of advanced practice registered nurse (APRN). APRNs are educated in one of the four roles and in at least one of six population foci: family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psych/mental health. Individuals will be licensed as independent practitioners for practice at the level of one of the four APRN roles within at least one of the six identified population foci. Education, certification, and licensure of an individual must be congruent in terms of role and population foci. APRNs may specialize but they can not be licensed solely within a specialty area. Specialties can provide depth in one's practice within the established population foci.

***** The population focus, adult-gerontology, encompasses the young adult to the older adult, including the frail elderly. APRNs educated and certified in the adult-gerontology population are educated and certified across both areas of practice and will be titled Adult-Gerontology CNP or CNS. In addition, all APRNs in any of the four roles providing care to the adult population, e.g., family or gender specific, must be prepared to meet the growing needs of the older adult population. Therefore, the education program should include didactic and clinical education experiences necessary to prepare APRNs with these enhanced skills and knowledge.
** The population focus, psychiatric/mental health, encompasses education and practice across the lifespan.
++ The Clinical Nurse Specialist (CNS) is educated and assessed through national certification processes across the continuum from wellness through acute care.

Broad-based APRN Education

For entry into APRN practice and for regulatory purposes, APRN education must:

- be formal education with a graduate degree or post-graduate certificate (either post-master's or post-doctoral) that is awarded by an academic institution and accredited by a nursing or nursing-related accrediting organization recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA);
- be awarded pre-approval, pre-accreditation, or accreditation status prior to admitting students;
- be comprehensive and at the graduate level;
- prepare the graduate to practice in one of the four identified APRN roles;
- prepare the graduate with the core competencies for one of the APRN roles across *at least one* of the six population foci;
- include at a minimum, three separate comprehensive ***graduate-level*** courses (the APRN Core) in:
    - Advanced physiology/pathophysiology, including general principles that apply across the lifespan;
    - Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and
    - Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.
- Additional content, specific to the role and population, in these three APRN core areas should be integrated throughout the other role and population didactic and clinical courses;
- Provide a basic understanding of the principles for decision making in the identified role;
- Prepare the graduate to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions; and
- Ensure clinical and didactic coursework is comprehensive and sufficient to prepare the graduate to practice in the APRN role and population focus.

Preparation in a specialty area of practice is optional but if included must build on the APRN role/population-focus competencies. Clinical and didactic coursework must be comprehensive and sufficient to prepare the graduate to obtain certification for licensure in and to practice in the APRN role and population focus.

As part of the accreditation process, all APRN education programs must undergo a pre-approval, pre-accreditation, or accreditation process prior to admitting students. The purpose of the pre-approval process is twofold: 1) to ensure that students graduating from the program will be able to meet the education criteria necessary for national certification in the role and population-focus and if successfully certified, are eligible for licensure to practice in the APRN role/population-focus; and 2) to ensure that programs will meet all educational standards prior to starting the program. The pre-approval, pre-accreditation or accreditation processes may vary across APRN roles.

APRN Specialties

Preparation in a specialty area of practice is optional, but if included must build on the APRN role/population-focused competencies. Specialty practice represents a much more focused area of preparation and practice than does the APRN role/population focus level. Specialty practice may focus on specific patient populations beyond those identified or health care needs such as oncology, palliative care, substance abuse, or nephrology. The criteria for defining an APRN specialty is built upon the ANA (2004) Criteria for Recognition as a Nursing Specialty (see Appendix B). APRN specialty education and practice build upon and are in addition to the education and practice of the APRN role and population focus. For example, a family CNP could specialize in elder care or nephrology; an Adult-Gerontology CNS could specialize in palliative care; a CRNA could specialize in pain management; or a CNM could specialize in care of the post-menopausal woman. State licensing boards will not regulate the APRN at the level of specialties in this APRN Regulatory Model. Professional certification in the specialty area of practice is strongly recommended.

An APRN specialty

- preparation cannot replace educational preparation in the role or one of the six population foci;
- preparation can not expand one's scope of practice beyond the role or population focus
- addresses a subset of the population-focus;
- title may not be used in lieu of the licensing title, which includes the role or role/population; and
- is developed, recognized, and monitored by the profession.

New specialties emerge based on health needs of the population. APRN specialties develop to provide added value to the role practice as well as providing flexibility within the profession to meet these emerging needs of patients. Specialties also may cross several or all APRN roles. A specialty evolves out of an APRN role/population focus and indicates that an APRN has *additional* knowledge and expertise in a more discrete area of specialty practice. Competency in the specialty areas could be acquired either by educational preparation or experience and assessed in a variety of ways through professional credentialing mechanisms (e.g., portfolios, examinations, etc.).

Education programs may concurrently prepare individuals in a specialty providing they meet all of the other requirements for APRN education programs, including preparation in the APRN core, role, and population core competencies. In addition, for licensure purposes, one exam must assess the APRN core, role, and population-focused competencies. For example, a nurse anesthetist would write one certification examination, which tests the APRN core, CRNA role, and population-focused competencies, administered by the Council on Certification for Nurse Anesthetist; or a primary care family nurse practitioner would write one certification examination, which tests the APRN core, CNP role, and family population-focused competencies, administered by ANCC or AANP. Specialty competencies must be assessed separately. In summary, education programs preparing individuals with this additional knowledge in a specialty, *if used for entry into advanced practice registered nursing and for regulatory purposes*, must also prepare individuals in one of the four nationally recognized APRN roles and in one of the six population foci. Individuals must be

recognized and credentialed in one of the four APRN roles within at least one population foci. APRNs are licensed at the role/population focus level and **not** at the specialty level. However, if not intended for entry-level preparation in one of the four roles/population foci and not for regulatory purposes, education programs, using a variety of formats and methodologies, may provide licensed APRNs with the additional knowledge, skills, and abilities, to become professionally certified in the specialty area of APRN practice.

Emergence of New APRN Roles and Population-Foci

As nursing practice evolves and health care needs of the population change, new APRN roles or population-foci may evolve over time. An APRN role would encompass a unique or significantly differentiated set of competencies from any of the other APRN roles. In addition, the scope of practice within the role or population focus is not entirely subsumed within one of the other roles. Careful consideration of new APRN roles or population-foci is in the best interest of the profession.

For licensure, there must be clear guidance for national recognition of a new APRN role or population-focus. A new role or population focus should be discussed and vetted through the national licensure, accreditation, certification, education communication structure: LACE. An essential part of being recognized as a role or population-focus is that educational standards and practice competencies must exist, be consistent, and must be nationally recognized by the profession. Characteristics of the process to be used to develop nationally recognized core competencies, and education and practice standards for a newly emerging role or population-focus are:

1. national in scope
2. inclusive
3. transparent
4. accountable
5. initiated by nursing
6. consistent with national standards for licensure, accreditation, certification and education
7. evidence-based
8. consistent with regulatory principles.

To be recognized, an APRN role must meet the following criteria:

- nationally recognized education standards and core competencies for programs preparing individuals in the role;
- education programs, including graduate degree granting (master's, doctoral) and post-graduate certificate programs, are accredited by a nursing or nursing-related accrediting organization that is recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA); and
- professional nursing certification program that is psychometrically sound, legally defensible, and which meets nationally recognized accreditation standards for certification programs.[5]

[5] The professional certification program should be nationally accredited by the American Board of Nursing Specialties (ABNS) or the National Commission for Certifying Agencies (NCCA).

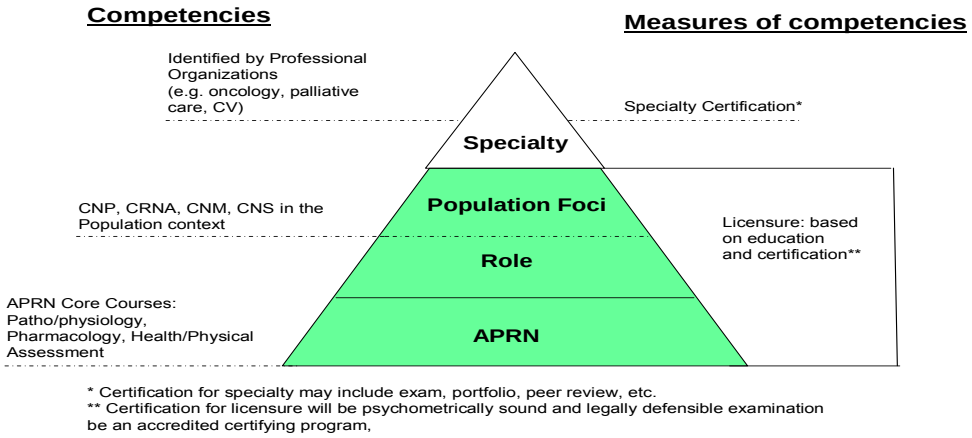


Diagram 2: Relationship Among Educational Competencies, Licensure, & Certification in the Role/Population Foci and Education and Credentialing in a Specialty

IMPLEMENTATION STRATEGIES FOR APRN REGULATORY MODEL

In order to accomplish the above model, the four prongs of regulation: licensure, accreditation, certification, and education (LACE) must work together. Expectations for licensure, accreditation, certification, and education are listed below:

Foundational Requirements for Licensure

Boards of nursing will:

1. license APRNs in the categories of Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, Clinical Nurse Specialist or Certified Nurse Practitioner within a specific population focus;
2. be solely responsible for licensing Advanced Practice Registered Nurses[6];
3. only license graduates of accredited graduate programs that prepare graduates with the APRN core, role and population competencies;
4. require successful completion of a national certification examination that assesses APRN core, role and population competencies for APRN licensure.
5. not issue a temporary license;
6. only license an APRN when education and certification are congruent;
7. license APRNs as independent practitioners with no regulatory requirements for collaboration, direction or supervision;
8. allow for mutual recognition of advanced practice registered nursing through the APRN Compact;

[6] Except in states where state boards of nurse-midwifery or midwifery regulate nurse-midwives or nurse-midwives and midwives jointly.

9. have at least one APRN representative position on the board and utilize an APRN advisory committee that includes representatives of all four APRN roles; and,
10. institute a grandfathering[7] clause that will exempt those APRNs already practicing in the state from new eligibility requirements.

Foundational Requirements for Accreditation of Education Programs

Accreditors will:

1. be responsible for evaluating APRN education programs including graduate degree-granting and post-graduate certificate programs.[8].
2. through their established accreditation standards and process, assess APRN education programs in light of the APRN core, role core, and population core competencies;
3. assess developing APRN education programs and tracks by reviewing them using established accreditation standards and granting pre-approval, pre-accreditation, or accreditation prior to student enrollment;
4. include an APRN on the visiting team when an APRN program/track is being reviewed; and
5. monitor APRN educational programs throughout the accreditation period by reviewing them using established accreditation standards and processes.

Foundational Requirements for Certification

Certification programs providing APRN certification used for licensure will:

1. follow established certification testing and psychometrically sound, legally defensible standards for APRN examinations for licensure (see appendix A for the NCSBN Criteria for APRN Certification Programs);
2. assess the APRN core and role competencies across at least one population focus of practice;
3. assess specialty competencies, if appropriate, separately from the APRN core, role and population-focused competencies;
4. be accredited by a national certification accreditation body;[9]

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[7] Grandfathering is a provision in a new law exempting those already in or a part of the existing system that is being regulated. When states adopt new eligibility requirements for APRNs, currently practicing APRNs will be permitted to continue practicing within the state(s) of their current licensure.
However, if an APRN applies for licensure by endorsement in another state, the APRN would be eligible for licensure if s/he demonstrates that the following criteria have been met:

- current, active practice in the advanced role and population focus area,
- current active, national certification or recertification, as applicable, in the advanced role and population focus area,
- compliance with the APRN educational requirements of the state in which the APRN is applying for licensure that were in effect at the time the APRN completed his/her APRN education program, and
- compliance with all other criteria set forth by the state in which the APRN is applying for licensure (e.g. recent CE, RN licensure).

Once the model has been adopted and implemented (date to be determined by the state boards of nursing. See proposed timeline on page 14-15.) all new graduates applying for APRN licensure must meet the requirements outlined in this regulatory model

[8] Degree-granting programs include both master's and doctoral programs. Post-graduate certificate programs include post-master's and post-doctoral education programs.

[9] The certification program should be nationally accredited by the American Board of Nursing Specialties (ABNS) or the National Commission for Certifying Agencies (NCCA).

5. enforce congruence (role and population focus) between the education program and the type of certification examination;
6. provide a mechanism to ensure ongoing competence and maintenance of certification;
7. participate in ongoing relationships which make their processes transparent to boards of nursing;
8. participate in a mutually agreeable mechanism to ensure communication with boards of nursing and schools of nursing.

Foundational Requirements for Education

APRN education programs/tracks leading to APRN licensure, including graduate degree-granting and post-graduate certificate programs will:

1. follow established educational standards and ensure attainment of the APRN core, role core and population core competencies.[10,11]
2. be accredited by a nursing accrediting organization that is recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA). [12]
3. be pre-approved, pre-accredited, or accredited prior to the acceptance of students, including all developing APRN education programs and tracks;
4. ensure that graduates of the program are eligible for national certification and state licensure; and
5. ensure that official documentation (e.g., transcript) specifies the role and population focus of the graduate.

Communication Strategies

A formal communication mechanism, LACE, which includes those regulatory organizations that represent APRN licensure, accreditation, certification, and education entities would be created. The purpose of LACE would be to provide a formal, ongoing communication mechanism that provides for transparent and aligned communication among the identified entities. The collaborative efforts between the APRN Consensus Group and the NCSBN APRN Advisory Panel, through the APRN Joint Dialogue Group have illustrated the ongoing level of communication necessary among these groups to ensure that all APRN stakeholders are involved. Several strategies including equal representation on an integrated board with

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[10] The APRN core competencies for all APRN nursing education programs located in schools of nursing are delineated in the American Association of Colleges of Nursing (1996) *The Essentials of Master's Education for Advanced Practice Nursing Education* or the AACN (2006) *The Essentials of Doctoral Education for Advanced Nursing Practice*. The APRN core competencies for nurse anesthesia and nurse-midwifery education programs located outside of a school of nursing are delineated by the accrediting organizations for their respective roles i.e., Council on Accreditation of Nurse Anesthesia Educational Programs (COA), Accreditation Commission for Midwifery Education (ACME).

[11] APRN programs outside of schools of nursing must prepare graduates with the APRN core which includes three separate graduate-level courses in pathophysiology/physiology, health assessment, and pharmacology.

[12] APRN education programs must be accredited by a nursing accrediting organization that is recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA), including the Commission on Collegiate Nursing Education (CCNE), National League for Nursing Accrediting Commission (NLNAC), Council on Accreditation of Nurse Anesthesia Educational Programs (COA), Accreditation Commission for Midwifery Education (ACME), and the National Association of Nurse Practitioners in Women's Health Council on Accreditation.

face-to-face meetings, audio and teleconferencing, pass-protected access to agency web sites, and regular reporting mechanisms have been recommended. These strategies will build trust and enhance information sharing. Examples of issues to be addressed by the group would be: guaranteeing appropriate representation of APRN roles among accreditation site visitors, documentation of program completion by education institutions, notification of examination outcomes to educators and regulators, notification of disciplinary action toward licensees by boards of nursing.

Creating the LACE Structure and Processes

Several principles should guide the formulation of a structure including: 1) all four entities of LACE should have representation; 2) the total should allow effective discussion of and response to issues and ; 3) the structure should not be duplicative of existing structures such as the Alliance for APRN Credentialing. Consideration should be given to evolving the existing Alliance structure to meet the needs of LACE. Guidance from an organizational consultant will be useful in forming a permanent structure that will endure and support the work that needs to continue. The new structure will support fair decision-making among all relevant stakeholders. In addition, the new structure will be in place as soon as possible.

The LACE organizational structure should include representation of:

- State licensing boards, including at least one compact and one non-compact state;
- Accrediting bodies that accredit education programs of the four APRN roles;
- Certifying bodies that offer APRN certification used for regulatory purposes; and,
- Education organizations that set standards for APRN education.

Timeline for Implementation of Regulatory Model

Implementation of the recommendations for an APRN Regulatory Model will occur incrementally. Due to the interdependence of licensure, accreditation, certification, and education, certain recommendations will be implemented sequentially. However, recognizing that this model was developed through a consensus process with participation of APRN certifiers, accreditors, public regulators, educators, and employers, it is expected that the recommendations and model delineated will inform decisions made by each of these entities as the APRN community moves to fully implement the APRN Regulatory Model. A target date for full implementation of the Regulatory Model and all embedded recommendations is the Year 2015.

HISTORICAL BACKGROUND

NCSBN APRN Committee (previously APRN Advisory Panel)

NCSBN became involved with advanced practice nursing when boards of nursing began using the results of APRN certification examinations as one of the requirements for APRN licensure. During the 1993 NCSBN annual meeting, delegates adopted a position paper on the licensure of advanced nursing practice which included model legislation language and model administrative rules for advanced nursing practice. NCSBN core competencies for certified nurse practitioners were adopted the following year.

In 1995, NCSBN was directed by the Delegate Assembly to work with APRN certifiers to make certification examinations suitable for regulatory purposes. Since then, much effort has been made toward that purpose. During the mid and late 90's, the APRN certifiers agreed to undergo accreditation and provide additional information to boards of nursing to ensure that their examinations were psychometrically sound and legally defensible (NCSBN, 1998).

During the early 2000s, the APRN Advisory Panel developed criteria for ARPN certification programs and for accreditations agencies. In January 2002, the board of directors approved the criteria and process for a new review process for APRN certification programs. The criteria represented required elements of certification programs that would result in a legally defensible examination suitable for the regulation of advanced practice nurses. Subsequently, the APRN Advisory Panel has worked with certification programs to improve the legal defensibility of APRN certification examinations and to promote communication with all APRN stakeholders regarding APRN regulatory issues such as with the establishment of the annual NCSBN APRN Roundtable in the mid 1990's. In 2002, the Advisory Panel also developed a position paper describing APRN regulatory issues of concern.

In 2003, the APRN Advisory Panel began a draft APRN vision paper in an attempt to resolve APRN regulatory concerns such as the proliferation of APRN subspecialty areas. The purpose of the APRN Vision Paper was to provide direction to boards of nursing regarding APRN regulation for the next 8-10 years by identifying an ideal future APRN regulatory model. Eight recommendations were made. The draft vision paper was completed in 2006. After reviewing the draft APRN vision paper at their February 2006 board meeting, the board of directors directed that the paper be disseminated to boards of nursing and APRN stakeholders for feedback. The Vision paper also was discussed during the 2006 APRN Roundtable. The large response from boards of nursing and APRN stakeholders was varied. The APRN Advisory Panel spent the remaining part of 2006, reviewing and discussing the feedback with APRN stakeholders. (See Appendix C for the list of APRN Advisory Panel members who worked on the draft APRN Vision Paper and Appendix D for the list of organizations represented at the 2006 APRN Roundtable where the draft vision paper was presented.)

APRN Consensus Group

In March 2004, the American Association of Colleges of Nursing (AACN) and the National Organization of Nurse Practitioner Faculties (NONPF) submitted a proposal to the Alliance for Nursing Accreditation, now named Alliance for APRN Credentialing[13] (hereafter referred to as *the APRN Alliance*) to establish a process to develop a consensus[14] statement on the credentialing of advanced practice nurses (APNs).[15] The APRN Alliance[16], created in 1997,

[13] At its March 2006 meeting, the Alliance for Nursing Accreditation voted to change its name to the Alliance for APRN Credentialing which more accurately reflects its membership.

[14] The goal of the APRN Work Group was unanimous agreement on all issues and recommendations. However, this was recognized as an unrealistic expectation and may delay the process; therefore, consensus was defined as a two thirds majority agreement by those members of the Work Group present at the table as organizational representatives with each participating organization having one vote.

[15] The term advanced practice nurse (APN) was initially used by the Work Group and is used in this section of the report to accurately reflect the background discussion. However, the Work group reached consensus that the term advanced practice registered nurse (APRN) should be adopted for use in subsequent discussions and documents.

was convened by AACN to regularly discuss issues related to nursing education, practice, and credentialing. A number of differing views on how APN practice is defined, what constitutes specialization versus subspecialization, and the appropriate credentialing requirements that would authorize practice had emerged over the past several years.

An invitation to participate in a national APN consensus process was sent to 50 organizations that were identified as having an interest in advanced practice nursing (see Appendix F). Thirty-two organizations participated in the APN Consensus Conference in Washington, D.C. June 2004. The focus of the one-day meeting was to initiate an in-depth examination of issues related to APN definition, specialization, sub-specialization, and regulation, which includes accreditation, education, certification, and licensure[17]. Based on recommendations generated in the June 2004 APN Consensus Conference, the Alliance formed a smaller work group made up of designees from 23 organizations with broad representation of APN certification, licensure, education, accreditation, and practice. The charge to the work group was to develop a statement that addresses the issues, delineated during the APN Consensus Conference with the goal of envisioning a future model for APNs. The Alliance APN Consensus Work Group (hereafter referred to as *the Work Group*) convened for 16 days of intensive discussion between October 2004 and July 2007 (see Appendix H for a list of organizations represented on the APN Work Group).

In December 2004, the American Nurses Association (ANA) and AACN co-hosted an APN stakeholder meeting to address those issues identified at the June 2004 APN Consensus meeting. Attendees agreed to ask the APN Work Group to continue to craft a consensus statement that would include recommendations regarding APN regulation, specialization, and subspecialization. It also was agreed that organizations in attendance who had not participated in the June 2004 APN Consensus meeting would be included in the APN Consensus Group and that this larger group would reconvene at a future date to discuss the recommendations of the APN Work Group.

Following the December 2004 APN Consensus meeting, the Work Group continued to work diligently to reach consensus on the issues surrounding APRN education, practice, accreditation, certification, and licensure, and to create a future consensus-based model for APRN regulation. Subsequent APRN Consensus Group meetings were held in September 2005 and June 2006. All organizations who participated in the APRN Consensus Group are listed in Appendix G.

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[16] Organizational members of the Alliance for APRN Credentialing : American Academy of Nurse Practitioners Certification Program, American Association of Colleges of Nursing, American Association of Critical-Care Nurses Certification Corporation, Council on Accreditation of Nurse Anesthesia Educational Programs, American College of Nurse-Midwives, American Nurses Credentialing Center, Association of Faculties of Pediatric Nurse Practitioners, Inc., Commission on Collegiate Nursing Education, National Association of Clinical Nurse Specialists, National Association of Nurse Practitioners in Women's Health, Council on Accreditation, Pediatric Nursing Certification Board, The National Certification Corporation for the Obstetric Gynecologic and Neonatal Nursing Specialties, National Council of State Boards of Nursing, National Organization of Nurse Practitioner Faculties

[17] The term regulation refers to the four prongs of regulation: licensure, accreditation, certification and education.

APRN Joint Dialogue Group

In April, 2006, the APRN Advisory Panel met with the APRN Consensus Work Group to discuss APRN issues described in the NCSBN draft vision paper. The APRN Consensus Work Group requested and was provided with feedback from the APRN Advisory Panel regarding the APRN Consensus Group Report. Both groups agreed to continue to dialogue.

As the APRN Advisory Panel and APRN Consensus Work Group continued their work in parallel fashion, concerns regarding the need for each group's work not to conflict with the other were expressed. A subgroup of seven people from the APRN Consensus Work Group and seven individuals from the APRN Advisory Panel were convened in January, 2007. The group called itself the APRN Joint Dialogue Group (see Appendix E) and the agenda consisted of discussing areas of agreement and disagreement between the two groups. The goal of the subgroup meetings was anticipated to be two papers that did not conflict, but rather complemented each other. However, as the APRN Joint Dialogue Group continued to meet, much progress was made regarding areas of agreement; it was determined that rather than two papers being disseminated, one joint paper would be developed, which reflected the work of both groups. This document is the product of the work of the APRN Joint Dialogue Group and through the consensus-based work of the APRN Consensus Work Group and the NCSBN APRN Advisory Committee.

Assumptions Underlying the Work of the Joint Dialogue Group

The consensus-based recommendations that have emerged from the extensive dialogue and consensus-based processes delineated in this report are based on the following assumptions:

- Recommendations must address current issues facing the advanced practice registered nurse (APRN) community but should be future oriented.
- The ultimate goal of licensure, accreditation, certification, and education is to promote patient safety and public protection.
- The recognition that this document was developed with the participation of APRN certifiers, accreditors, public regulators, educators, and employers. The intention is that the document will allow for informed decisions made by each of these entities as they address APRN issues.

CONCLUSION

The recommendations offered in this paper present an APRN regulatory model as a collaborative effort among APRN educators, accreditors, certifiers, and licensure bodies. The essential elements of APRN regulation are identified as licensure, accreditation, certification, and education. The recommendations reflect a need and desire to collaborate among regulatory bodies to achieve a sound model and continued communication with the goal of increasing the clarity and uniformity of APRN regulation.

The goals of the consensus processes were to:

- strive for harmony and common understanding in the APRN regulatory community that would continue to promote quality APRN education and practice;
- develop a vision for APRN regulation, including education, accreditation, certification, and licensure;

- establish a set of standards that protect the public, improve mobility, and improve access to safe, quality APRN care; and
- produce a written statement that reflects consensus on APRN regulatory issues.

In summary, this report includes: a definition of the APRN Regulatory Model, including a definition of the Advanced Practice Registered Nurse; a definition of broad-based APRN education; a model for regulation that ensures APRN education and certification as a valid and reliable process, that is based on nationally recognized and accepted standards; uniform recommendations for licensing bodies across states; a process and characteristics for recognizing a new APRN role; and a definition of an APRN specialty that allows for the profession to meet future patient and nursing needs.

The work of the Joint Dialogue Group in conjunction with all organizations representing APRN licensure, accreditation, certification, and education to advance a regulatory model is an ongoing collaborative process that is fluid and dynamic. As health care evolves and new standards and needs emerge, the APRN Regulatory Model will advance accordingly to allow APRNs to care for patients in a safe environment to the full potential of their nursing knowledge and skill.

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APPENDIX A
NCSBN CRITERIA FOR EVALUATING CERTIFICATION PROGRAMS

Criteria	Elaboration
I. The program is national in the scope of its credentialing.	A. The advanced nursing practice category and standards of practice have been identified by national organizations. B. Credentialing services are available to nurses throughout the United States and its territories. C. There is a provision for public representation on the certification board. D. A nursing specialty organization that establishes standards for the nursing specialty exists. E. A tested body of knowledge related to the advanced practice nursing specialty exists. F. The certification board is an entity with organizational autonomy.
II. Conditions for taking the examination are consistent with acceptable standards of the testing community.	A. Applicants do not have to belong to an affiliated professional organization in order to apply for certification offered by the certification program. B. Eligibility criteria rationally related to competence to practice safely. C. Published criteria are enforced. D. In compliance with the American Disabilities Act. E. Sample application(s) are available. 1) Certification requirements included 2) Application procedures include: • procedures for ensuring match between education and clinical experience, and APRN specialty being certified, • procedures for validating information provided by candidate, • procedures for handling omissions and discrepancies 3) Professional staff responsible for credential review and admission decisions. 4) Examination should be administered frequently enough to be accessible but not so frequently as to over-expose items. F. Periodic review of eligibility criteria and application procedures to ensure that they are fair and equitable.
III. Educational requirements are consistent with the requirements of the advanced practice specialty.	A. Current U.S. registered nurse licensure is required. B. Graduation from a graduate advanced practice education program meets the following requirements: 1) Education program offered by an accredited college or university offers a graduate degree with a concentration in the advanced nursing practice specialty the individual is seeking 2) If post-masters certificate programs are offered, they must be offered through institutions meeting criteria B.1. 3) Both direct and indirect clinical supervision must be congruent with current national specialty organizations and nursing

	accreditation guidelines 4) The curriculum includes, but is not limited to: • biological, behavioral, medical, and nursing sciences relevant to practice as an APRN in the specified category; • legal, ethical, and professional responsibilities of the APRN; and • supervised clinical practice relevant to the specialty of APRN 5) The curriculum meets the following criteria: • Curriculum is consistent with competencies of the specific areas of practice • Instructional track/major has a minimum of 500 supervised clinical hours overall • The supervised clinical experience is directly related to the knowledge and role of the specialty and category C. All individuals, without exception, seeking a national certification must complete a formal didactic and clinical advanced practice program meeting the above criteria.
IV. The standard methodologies used are acceptable to the testing community such as incumbent job analysis study, logical job analysis studies.	A. Exam content based on a job/task analysis. B. Job analysis studies are conducted at least every five years. C. The results of the job analysis study are published and available to the public. D. There is evidence of the content validity of the job analysis study.
V. The examination represents entry-level practice in the advanced nursing practice category.	A. Entry-level practice in the advanced practice specialty is described including the following: 1) Process 2) Frequency 3) Qualifications of the group making the determination 4) Geographic representation 5) Professional or regulatory organizations involved in the reviews
VI. The examination represents the knowledge, skills, and abilities essential for the delivery of safe and effective advanced nursing care to the clients.	A. The job analysis includes activities representing knowledge, skills, and abilities necessary for competent performance. B. The examination reflects the results of the job analysis study. C. Knowledge, skills, and abilities, which are critical to public safety, are identified. D. The examination content is oriented to educational curriculum practice requirements and accepted standards of care.
VII. Examination items are reviewed for content validity, cultural bias, and correct scoring using an established mechanism, both before use and periodically.	A. Each item is associated with a single cell of the test plan. B. Items are reviewed for currency before each use at least every three years. C. Items are reviewed by members of under-represented gender and ethnicities who are active in the field being certified. Reviewers have been trained to distinguish irrelevant cultural dependencies from knowledge necessary to safe and effective practice. Process for identifying and processing flagged items is identified.

	D. A statistical bias analysis is performed on all items. E. All items are subjected to an "unscored" use for data collection purposes before their first use as a "scored" item. F. A process to detect and eliminate bias from the test is in place. G. Reuse guidelines for items on an exam form are identified. H. Item writing and review is done by qualified individuals who represent specialties, population subgroups, etc.
VIII. Examinations are evaluated for psychometric performance.	A. Reference groups used for comparative analysis are defined.
IX. The passing standard is established using acceptable psychometric methods, and is re-evaluated periodically.	A. Passing standard is criterion-referenced.
X. Examination security is maintained through established procedures.	A. Protocols are established to maintain security related to: 1) Item development (e.g., item writers and confidentiality, how often items are re-used) 2) Maintenance of question pool 3) Printing and production process 4) Storage and transportation of examination is secure 5) Administration of examination (e.g., who administers, who checks administrators) 6) Ancillary materials (e.g., test keys, scrap materials) 7) Scoring of examination 8) Occurrence of a crisis (e.g., exam is compromised, etc)
XI. Certification is issued based upon passing the examination and meeting all other certification requirements.	A. Certification process is described, including the following: 1) Criteria for certification decisions are identified 2) The verification that passing exam results and all other requirements are met 3) Procedures are in place for appealing decisions B. There is due process for situations such as nurses denied access to the examination or nurses who have had their certification revoked. C. A mechanism is in place for communicating with candidate. D. Confidentiality of nonpublic candidate data is maintained.
XII. A retake policy is in place.	A. Failing candidates permitted to be reexamined at a future date. B. Failing candidates informed of procedures for retakes. C. Test for repeating examinees should be equivalent to the test for first time candidates. D. Repeating examinees should be expected to meet the same test performance standards as first time examinees. E. Failing candidates are given information on content areas of deficiency. F. Repeating examinees are not exposed to the same items when taking the exam previously.
XIII. Certification maintenance	A. Certification maintenance requirements are specified (e.g., continuing

program, which includes review of qualifications and continued competence, is in place.	education, practice, examination, etc.). B. Certification maintenance procedures include: 1) Procedures for ensuring match between continued competency measures and APRN specialty 2) Procedures for validating information provided by candidates 3) Procedures for issuing re-certification C. Professional staff oversee credential review. D. Certification maintenance is required a minimum of every 5 years.
XIV. Mechanisms are in place for communication to boards of nursing for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice.	A. Communication mechanisms address: 1) Permission obtained from candidates to share information regarding the certification process 2) Procedures to provide verification of certification to Boards of Nursing 3) Procedures for notifying Boards of Nursing regarding changes of certification status 4) Procedures for notification of changes in certification programs (qualifications, test plan or scope of practice) to Boards of Nursing
XV. An evaluation process is in place to provide quality assurance in its certification program.	A. Internal review panels are used to establish quality assurance procedures. 1) Composition of these groups (by title or area of expertise) is described 2) Procedures are reviewed 3) Frequency of review B. Procedures are in place to ensure adherence to established QA policy and procedures.

Revised 11-6-01

APPENDIX B
American Nurses Association
Congress on Nursing Practice and Economics
2004
Recognition as a Nursing Specialty

The process of recognizing an area of practice as a nursing specialty allows the profession to formally identify subset areas of focused practice. A clear description of that nursing practice assists the larger community of nurses, healthcare consumers, and others to gain familiarity and understanding of the nursing specialty. Therefore, the document requesting ANA recognition must clearly and fully address each of the fourteen specialty recognition criteria. The inclusion of additional materials to support the discussion and promote understanding of the criteria is acceptable. A scope of practice statement must accompany the submission requesting recognition as a nursing specialty.

Criteria for Recognition as a Nursing Specialty

The following criteria are used by the Congress on Nursing Practice and Economics in the review and decision-making processes to recognize an area of practice as a nursing specialty:

A nursing specialty:

1. Defines itself as nursing.
2. Adheres to the overall licensure requirements of the profession.
3. Subscribes to the overall purposes and functions of nursing.
4. Is clearly defined.
5. Is practiced nationally or internationally.
6. Includes a substantial number of nurses who devote most of their practice to the specialty.
7. Can identify a need and demand for itself.
8. Has a well derived knowledge base particular to the practice of the nursing specialty.
9. Is concerned with phenomena of the discipline of nursing.
10. Defines competencies for the area of nursing specialty practice.
11. Has existing mechanisms for supporting, reviewing and disseminating research to support its knowledge base.
12. Has defined educational criteria for specialty preparation or graduate degree.
13. Has continuing education programs or continuing competence mechanisms for nurses in the specialty.
14. Is organized and represented by a national specialty association or branch of a parent organization.

APPENDIX C

NCBN APRN Committee Members 2003 -2008

2003

- Katherine Thomas, Executive Director, Texas Board of Nurse Examiners
- Patty Brown, Board Staff, Kansas State Board of Nursing
- Kim Powell, Board President, Montana Board of Nursing
- Charlene Hanson, Consultant
- Georgia Manning, Arkansas State Board of Nursing
- Deborah Bohannon-Johnson, Board President, North Dakota Board of Nursing
- Jane Garvin, Board President, Maryland Board of Nursing
- Janet Younger, Board President, Virginia Board of Nursing
- Nancy Chornick, NCSBN

2004

- Katherine Thomas, Executive Director, Texas Board of Nurse Examiners
- Patty Brown, Board Staff, Kansas State Board of Nursing
- Kim Powell, Board President, Montana Board of Nursing
- Charlene Hanson, Consultant
- Janet Younger, Board President, Virginia Board of Nursing
- Polly Johnson, Board Representative, North Carolina Board of Nursing
- Laura Poe, Member, Utah State Board of Nursing
- Georgia Manning, Arkansas State Board of Nursing
- Jane Garvin RN, Board President, Maryland Board of Nursing
- Ann Forbes, Board Staff, North Carolina Board of Nursing
- Nancy Chornick, NCSBN

2005

- Katherine Thomas, Executive Director, Texas Board of Nurse Examiners
- Patty Brown, Board Staff, Kansas State Board of Nursing
- Charlene Hanson, Consultant
- Janet Younger, Board President, Virginia Board of Nursing
- Polly Johnson, Board Representative, North Carolina Board of Nursing
- Laura Poe, Member, Utah State Board of Nursing
- Marcia Hobbs, Board Member, Kentucky Board of Nursing
- Randall Hudspeth, Board Member, Idaho Board of Nursing
- Ann Forbes, Board Staff, North Carolina Board of Nursing
- Cristiana Rosa, Board Member, Rhode Island Board of Nurse
- Kim Powell, Board President, Montana Board of Nursing
- Nancy Chornick, NCSBN

2006

- Katherine Thomas, Executive Director, Texas Board of Nurse Examiners
- Patty Brown, Board Staff, Kansas State Board of Nursing
- Charlene Hanson, Consultant
- Janet Younger, Board President, Virginia Board of Nursing
- Laura Poe, Member, Utah State Board of Nursing

- Marcia Hobbs, Board Member, Kentucky Board of Nursing
- Randall Hudspeth, Board Member, Idaho Board of Nursing
- Cristiana Rosa, Board Member, Rhode Island Board of Nurse
- James Luther Raper, Board Member, Alabama Board of Nursing
- Linda Rice, Board Member, Vermont Board of Nursing
- Cathy Williamson, Board Member, Mississippi Board of Nursing
- Ann Forbes, Board Staff, North Carolina Board of Nursing
- Polly Johnson, Board Representative, North Carolina Board of Nursing
- Sheila N. Kaiser, Board Vice-Chair, Massachusetts Board of Registration in Nursing
- Nancy Chornick, NCSBN

2007

- Faith Fields, Board Liaison, Arkansas State Board of Nursing
- Katherine Thomas, Executive Director, Texas Board of Nurse Examiners
- Ann L. O'Sullivan, Board Member, Pennsylvania Board of Nursing
- Patty Brown, Board Staff, Kansas State Board of Nursing
- Charlene Hanson, Consultant
- Laura Poe, Member, Utah State Board of Nursing
- John C. Preston, Board Member, Tennessee Board of Nursing
- Randall Hudspeth, Board Member, Idaho Board of Nursing
- Cristiana Rosa, Board Member, Rhode Island Board of Nurse
- James Luther Raper, Board Member, Alabama Board of Nursing
- Linda Rice, Board Member, Vermont Board of Nursing
- Cathy Williamson, Board Member, Mississippi Board of Nursing
- Janet Younger, Board President, Virginia Board of Nursing
- Marcia Hobbs, Board Member, Kentucky Board of Nursing
- Nancy Chornick, NCSBN

2008

- Doreen K. Begley, Board Member, Nevada State Board of Nursing
- Ann L. O'Sullivan, Board Member, Pennsylvania Board of Nursing
- Patty Brown, Board Staff, Kansas State Board of Nursing
- Charlene Hanson, Consultant
- Laura Poe, Member, Utah State Board of Nursing
- John C. Preston, Board Member, Tennessee Board of Nursing
- Randall Hudspeth, Board Member, Idaho Board of Nursing
- Cristiana Rosa, Board Member, Rhode Island Board of Nurse
- James Luther Raper, Board Member, Alabama Board of Nursing
- Linda Rice, Board Member, Vermont Board of Nursing
- Cathy Williamson, Board Member, Mississippi Board of Nursing
- Tracy Klein, Member Staff, Oregon State Board of Nursing
- Darlene Byrd, Board Member, Arkansas State Board of Nursing
- Nancy Chornick, NCSBN

Appendix D

2006 NCSBN APRN Roundtable
Organization Attendance List

Alabama Board of Nursing
American Academy of Nurse Practitioners
American Academy of Nurse Practitioners National Certification Program, Inc
American Association of Colleges of Nursing
American Association of Critical-Care Nurses
American Association of Nurse Anesthetists
American Association of Psychiatric Nurses
American Board of Nursing Specialties
American College of Nurse Practitioners
American College of Nurse-Midwives
American Holistic Nurses' Certification Corporation
American Midwifery Certification Board
American Nurses Association
American Nurses Credentialing Center
American Organization of Nurses Executives
Association of Women's Health, Obstetric and Neonatal Nurses
Board of Certification for Emergency Nursing
Council on Accreditation of Nurse Anesthesia Educational Programs
Emergency Nurses Association
George Washington School of Medicine
Idaho Board of Nursing
Kansas Board of Nursing
Kentucky Board of Nursing
Massachusetts Board of Nursing
Mississippi Board of Nursing
National Association of Clinical Nurse Specialists
National Association of Nurse Practitioners in Women's Health
National Association of Pediatric Nurse Practitioners
National Board for Certification of Hospice & Palliative Nurses
National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties
National League for Nursing Accrediting Commission

North Carolina Board of Nursing
Oncology Nursing Certification Corporation
Pediatric Nursing Certification Board
Rhode Island Board of Nursing
Texas Board of Nurse Examiners
Utah Board of Nursing
Vermont Board of Nursing
Wound, Ostomy and Continence Nursing Certification Board

2007 APRN Roundtable Attendance List

American Association of Colleges of Nursing
ABNS Accreditation Council
Alabama Board of Nursing
American Academy of Nurse Practitioners
American Academy of Nurse Practitioners National Certification Program, Inc
American Association of Critical-Care Nurses
American Association of Nurse Anesthetists
American College of Nurse-Midwives
American College of Nurse Practitioners
American Midwifery Certification Board
American Nurses Credentialing Center - Certification Services
American Organization of Nurse Executives
Arkansas State Board of Nursing
Association of Women's Health, Obstetric and Neonatal Nurses
Board of Certification for Emergency Nursing
Colorado Board of Nursing
Commission on Collegiate Nursing Education
Council on Accreditation of Nurse Anesthesia Educational Programs
Council on Certification of Nurse Anesthetists and Council on Recertification of Nurse Anesthetists
Emergency Nurses Association
Idaho Board of Nursing
Illinois State Board of Nursing
Kansas Board of Nursing
Kentucky Board of Nursing

Loyola University Chicago Niehoff School of Nursing
Minnesota Board of Nursing
Mississippi Board of Nursing
National Association of Clinical Nurse Specialists
National Association of Pediatric Nurse Practitioners
National League for Nursing Accrediting Commission
National Organization of Nurse Practitioner Faculties
National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties
Oncology Nursing Certification Corporation
Pennsylvania Board of Nursing
Pediatric Nursing Certification Board
Rhode Island Board of Nursing
Rush University College of Nursing
South Dakota Board of Nursing
Tennessee Board of Nursing
Texas Board of Nurse Examiners
Vermont Board of Nursing

APPENDIX E

APRN Joint Dialogue Group
Organizations represented at the Joint Dialogue Group Meetings

American Academy of Nurse Practitioners Certification Program
American Association of Colleges of Nursing
American Association of Nurse Anesthetists
American College of Nurse-Midwives
American Nurses Association
American Organization of Nurse Executives
Compact Administrators
National Association of Clinical Nurse Specialists
National League for Nursing Accrediting Commission
National Organization of Nurse Practitioner Faculties
National Council of State Boards of Nursing
NCSBN APRN Advisory Committee Representatives (5)

Appendix F

ORGANIZATIONS INVITED TO APN CONSENSUS CONFERENCE JUNE, 2004

Accreditation Commission for Midwifery Education
American Academy of Nurse Practitioners
American Academy of Nurse Practitioners Certification Program
American Academy of Nursing
American Association of Critical Care Nurses
American Association of Critical Care Nurses Certification Program
American Association of Nurse Anesthetists
American Association of Occupational Health Nurses
American Board of Nursing Specialties
American College of Nurse Practitioners
American College of Nurse-Midwives
American Nurses Association
American Nurses Credentialing Center
American Organization of Nurse Executives
American Psychiatric Nurses Association
Association of Faculties of Pediatric Nurse Practitioners
Association of Rehabilitation Nurses
Association of Women's Health, Obstetric and Neonatal Nurses
Certification Board Perioperative Nursing
Commission on Collegiate Nursing Education
Council on Accreditation of Nurse Anesthesia Educational Programs
Division of Nursing, DHHS, HRSA
Emergency Nurses Association
Hospice and Palliative Nurses Association
International Nurses Society on Addictions
International Society of Psychiatric-Mental Health Nurses
NANDA International
National Association of Clinical Nurse Specialists
National Association of Neonatal Nurses
National Association of Nurse Practitioners in Women's Health
National Association of Nurse Practitioners in Women's Health, Council on Accreditation
National Association of Pediatric Nurse Practitioners
National Association of School Nurses
National Board for Certification of Hospice and Palliative Nurses
National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties
National Conference of Gerontological Nurse Practitioners
National Council of State Boards of Nursing
National Gerontological Nursing Association
National League for Nursing
National League for Nursing Accrediting Commission
National Organization of Nurse Practitioner Faculties

Nurse Licensure Compact Administrators/State of Utah Department of Commerce/Division of Occupational & Professional Licensing
Nurses Organization of Veterans Affairs
Oncology Nursing Certification Corporation
Oncology Nursing Society
Pediatric Nursing Certification Board
Sigma Theta Tau, International
Society of Pediatric Nurses
Wound Ostomy & Continence Nurses Society
Wound Ostomy Continence Nursing Certification Board

APPENDIX G

ORGANIZATIONS PARTICIPATING IN APRN CONSENSUS PROCESS

Academy of Medical-Surgical Nurses
Accreditation Commission for Midwifery Education
American College of Nurse-midwives Division of Accreditation
American Academy of Nurse Practitioners
American Academy of Nurse Practitioners Certification Program
American Association of Colleges of Nursing
American Association of Critical Care Nurses Certification
American Association of Neuroscience Nurses
American Association of Nurse Anesthetists
American Association of Occupational Health Nurses
American Board for Occupational Health Nurses
American Board of Nursing Specialties
American College of Nurse-Midwives
American College of Nurse Practitioners
American Holistic Nurses Association
American Nephrology Nurses Association
American Nurses Association
American Nurses Credentialing Center
American Organization of Nurse Executives
American Psychiatric Nurses Association
American Society of PeriAnesthesia Nurses
American Society for Pain Management Nursing
Association of Community Health Nursing Educators
Association of Faculties of Pediatric Nurse Practitioners
Association of Nurses in AIDS Care
Association of PeriOperative Registered Nurses
Association of Rehabilitation Nurses
Association of State and Territorial Directors of nursing
Association of Women's Health, Obstetric and Neonatal Nurses
Board of Certification for Emergency Nursing
Council on Accreditation of Nurse Anesthesia Educational Programs
Commission on Collegiate Nursing Education
Commission on Graduates of Foreign Nursing Schools
District of Columbia Board of Nursing
Department of Health
Dermatology Nurses Association
Division of Nursing, DHHS, HRSA
Emergency Nurses Association
George Washington University
Health Resources and Services Administration
Infusion Nurses Society
International Nurses Society on Addictions
International Society of Psychiatric-Mental Health Nurses
Kentucky Board of Nursing

National Association of Clinical Nurse Specialists
National Association of Neonatal Nurses
National Association of Nurse Practitioners in Women's Health, Council on Accreditation
National Association of Pediatric Nurse Practitioners
National Association of School of Nurses
National Association of Orthopedic Nurses
National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties
National Conference of Gerontological Nurse Practitioners
National Council of State Boards of Nursing
National League for Nursing
National League for Nursing Accrediting Commission
National Organization of Nurse Practitioner Faculties
Nephrology Nursing Certification Commission
North American Nursing Diagnosis Association International
Nurses Organization of Veterans Affairs
Oncology Nursing Certification Corporation
Oncology Nursing Society
Pediatric Nursing Certification Board
Pennsylvania State Board of Nursing
Public Health Nursing Section of the American Public Health Association.
Rehabilitation Nursing Certification Board
Society for Vascular Nursing
Texas Nurses Association
Texas State Board of Nursing
Utah State Board of Nursing
Women's Health, Obstetric & Neonatal Nurses
Wound, Ostomy, & Continence Nurses Society
Wound, Ostomy, & Continence Nursing Certification

APPENDIX H

APRN CONSENSUS PROCESS WORK GROUP

ORGANIZATIONS THAT WERE REPRESENTED AT THE WORK GROUP MEETINGS

Jan Towers, American Academy of Nurse Practitioners Certification Program
Joan Stanley, American Association of Colleges of Nursing
Carol Hartigan, American Association of Critical Care Nurses Certification Corporation
Leo LeBel, American Association of Nurse Anesthetists
Bonnie Niebuhr, American Board of Nursing Specialties
Peter Johnson & Elaine Germano, American College of Nurse-Midwives
Mary Jean Schumann, American Nurses Association
Mary Smolenski, American Nurses Credentialing Center
M.T. Meadows, American Organization of Nurse Executives
Edna Hamera & Sandra Talley, American Psychiatric Nurses Association
Elizabeth Hawkins-Walsh, Association of Faculties of Pediatric Nurse Practitioners
Jennifer Butlin, Commission on Collegiate Nursing Education
Laura Poe, APRN Compact Administrators
Betty Horton, Council on Accreditation of Nurse Anesthesia Educational Programs
Kelly Goudreau, National Association of Clinical Nurse Specialists
Fran Way, National Association of Nurse Practitioners in Women's Health, Council on Accreditation
Mimi Bennett, National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties
Kathy Apple, National Council of State Boards of Nursing
Grace Newsome & Sharon Tanner, National League for Nursing Accrediting Commission
Kitty Werner & Ann O'Sullivan, National Organization of Nurse Practitioner Faculties
Cyndi Miller-Murphy, Oncology Nursing Certification Corporation
Janet Wyatt, Pediatric Nursing Certification Board
Carol Calianno, Wound, Ostomy and Continence Nursing Certification Board
Irene Sandvold, DHHS, HRSA, Division of Nursing *(observer)*

ADDENDUM

Example of a National Consensus-Building Process to Develop Nationally Recognized Education Standards and Role/Specialty Competencies

The national consensus-based process described here was originally designed, with funding by the Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing, to develop and validate national consensus-based primary care nurse practitioner competencies in five specialty areas. The process was developed with consultation from a nationally recognized expert in higher education assessment. The process subsequently has been used and validated for the development of similar sets of competencies for other areas of nursing practice, including competencies for mass casualty education for all nurses and competencies for acute care nurse practitioners and psych/mental health nurse practitioners.

This process for developing nationally recognized educational standards, nationally recognized role competencies and nationally recognized specialty competencies is an iterative, step-wise process. The steps are:
Step 1: At the request of the organization(s) representing the role or specialty, a neutral group or groups convenes and facilitates a national panel of all stakeholder organizations as defined in step 2.
Step 2: To ensure broad representation, invitations to participate should be extended to one representative of each of the recognized nursing accrediting organizations, certifiers within the role and specialty, groups whose primary mission is graduate education and who have established educational criteria for the identified role and specialty, and groups with competencies and standards for education programs that prepare individuals in the role and specialty.
Step 3: Organizational representatives serving on the national consensus panel bring and share role delineation studies, competencies for practice and education, scopes and standards of practice, and standards for education programs.
Step 4: Agreement is reached among the panel members
Step 5: Panel members take the draft to their individual boards for feedback.
Step 6: That feedback is returned to the panel. This is an iterative process until agreement is reached.
Step 7: Validation is sought from a larger group of stakeholders including organizations and individuals. This is known as the Validation Panel.
Step 8: Feedback from the Validation Panel is returned to National Panel to prepare the final document.
Step 9: Final document is sent to boards represented on the National Panel and the Validation Panel for endorsement.

The final document demonstrates national consensus through consideration of broad input from key stakeholders. The document is then widely disseminated.

State of Wisconsin
2013 – 2014 LEGISLATURE

LRB–0401/P4
MED&TJD:sac:ph

PRELIMINARY DRAFT – NOT READY FOR INTRODUCTION

AN ACT ***to repeal*** 77.54 (14) (f) 3., 146.89 (1) (r) 3., 440.03 (13) (b) 42., 440.08 (2) (a) 50., 441.11 (1) (a), 441.11 (3), 441.15 and 441.16 (3) (a); ***to renumber*** 655.001 (1); ***to renumber and amend*** 253.13 (1), 255.06 (1) (d), 441.06 (7) and 655.001 (7t); ***to consolidate, renumber and amend*** 441.11 (1) (intro.) and (b); ***to amend*** 45.40 (1g) (a), 46.03 (44), 50.01 (1b), 50.08 (2), 50.09 (1) (a) (intro.), 50.09 (1) (f) 1., 50.09 (1) (h), 50.09 (1) (k), 50.36 (3) (a), 50.49 (1) (b) (intro.), 70.47 (8) (intro.), 77.54 (14) (f) 4., 102.13 (1) (a), 102.13 (1) (b) (intro.), 1., 3. and 4., 102.13 (1) (d) 1., 2., 3. and 4., 102.13 (2) (a) and (b), 102.17 (1) (d) 1. and 2., 102.29 (3), 102.42 (2) (a), 106.30 (1), 118.15 (3) (a), 118.29 (1) (e), 146.343 (1) (c), 146.82 (3) (a), 146.89 (1) (r) 1., 180.1903 (4), 252.01 (1c), 252.07 (8) (a) 2., 252.07 (9) (c), 252.10 (7), 252.11 (2), (4), (5), (7) and (10), 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3. and (7m) (intro.) and (b), 252.16 (3) (c) (intro.), 252.17 (3) (c) (intro.), 252.18, 253.07 (4) (d), 253.115 (4), 253.115 (7) (a) (intro.), 253.15 (2), 255.06 (2) (d), 257.01 (5) (a) and (b), 341.14 (1a), (1e) (a), (1m) and (1q), 343.16 (5) (a), 343.51 (1), 343.62 (4) (a) 4., 440.08 (2) (a) 4m., 440.981 (1), 440.982

(1), 440.987 (2), 441.06 (3), 441.07 (1) (intro.) and (c), 441.16 (title), (2), (3) (am), (b), (c), (cm) 1. and 2. and (e), (4) and (5), 448.03 (2) (a), 448.035 (1) (a), (2), (3) and (4), 448.56 (1) and (1m) (b), 448.67 (2), 450.01 (1m), 450.01 (16) (h) 2., 450.03 (1) (e), 450.11 (7) (b), 450.11 (8) (e), 450.13 (5) (b), 462.04, 655.001 (9), 655.002 (1) (a), (b), (c), (d), (e) and (em), 655.002 (2) (a) and (b), 655.003 (1) and (3), 655.005 (2) (a) and (b), 655.23 (5m), 655.27 (3) (a) 4., 655.27 (3) (b) 2m., 655.275 (5) (b) 2., 961.01 (19) (a) and 961.395; and ***to create*** 253.115 (1) (f), 253.13 (1) (a), 253.15 (1) (em), 255.06 (1) (f) 2., 440.03 (13) (b) 39m., 440.08 (2) (a) 47., 441.09, 441.16 (7), 655.001 (1g) and 655.001 (7t) (b) of the statutes; **relating to:** advanced practice registered nurses and granting rule–making authority.

Analysis by the Legislative Reference Bureau

NURSING PRACTICE AND LICENSURE

This bill makes various changes to practice, licensure, and certification requirements for nurses, which are administered by the Board of Nursing (Board), including all of the following:

Licensure of advanced practice registered nurses

Under current law, a person who wishes to practice professional nursing must be licensed by the Board of Nursing (Board) as a registered nurse (RN). This bill creates an additional system of licensure for advanced practice registered nurses (APRNs), to be administered by the Board. Under the bill, in order to apply for an APRN license, a person must: a) hold, or concurrently apply for, an RN license, b) have completed an accredited graduate–level or postgraduate–level education program preparing the person to practice as an APRN in one of four recognized roles, and c) pay a fee set by the Department of Safety and Professional Services (DSPS). The bill also allows a person who has not completed an accredited education program described above to receive an APRN license if the person: a) on January 1, 2013, was both licensed as an RN in Wisconsin and practicing in one of the four recognized roles and b) satisfies additional practice or education criteria established by the Board of Nursing. The four recognized roles, as defined in the bill, are: 1) certified nurse–midwife, 2) certified registered nurse anesthetist, 3) clinical nurse specialist, and 4) nurse practitioner. The bill also requires the Board, upon granting a person an APRN license, to also grant the person one or more endorsements corresponding to the recognized role or roles that the person qualifies for. The holder of an APRN license may append the title "A.P.R.N." to his or her name, as well as a title corresponding to whichever endorsements that the person possesses. The bill

prohibits any person from using the title "A.P.R.N.," and from otherwise indicating that he or she is an APRN, unless the person is licensed by the Board as an APRN. The bill also prohibits the use of titles and abbreviations corresponding to a recognized role unless the person has an endorsement for that role. Under the bill, when an APRN renews his or her APRN license, the Board of Nursing must grant the person the renewal of both the person's RN license and the person's APRN license.

Practice of nurse–midwifery

Under current law, no person may practice nurse–midwifery unless the person: a) has a nurse–midwife license issued by the Board, b) is practicing in a facility approved by the board in collaboration with an obstetrician under a written agreement with that obstetrician, and c) unless one of certain exceptions applies, has in effect malpractice liability insurance in an amount required by the Board. Current law defines nurse–midwifery as the management of women's health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with the standards of practice of the American College of Nurse–Midwives and the education, training, and experience of the nurse–midwife. In order to receive a nurse–midwife license under current law, a person must: a) currently hold an RN license, b) satisfy educational and training prerequisites established by the Board, c) pay a fee set by DSPS, and d) submit evidence that the person has the required malpractice liability insurance. Current law also requires a nurse–midwife who discovers evidence that any aspect of care involves a complication that jeopardizes the health or life of a newborn or mother to consult with the collaborating obstetrician or make a referral consistent with the written agreement with the obstetrician.

This bill repeals all of the licensure and practice requirements specific to nurse–midwives and the practice of nurse–midwifery. Under the bill, certified nurse–midwife is one of the four recognized roles for APRNs and a person who practices nurse–midwifery under current law who satisfies the APRN licensure requirements may apply for and receive an APRN license.

Advanced practice registered nurse prescribers

Under current law, a person licensed as an RN may apply to the Board of Nursing for a certificate to issue prescription orders if the person meets certain requirements established by the Board. A person holding the certificate is subject to various practice requirements established by the Board, and must possess malpractice liability insurance in an amount determined by the Board.

Under the bill, in order to apply for a certificate to issue prescription orders, the person must be licensed as an APRN. A person holding this certificate is known as an "advanced practice registered nurse prescriber" (APRN prescriber). Under the bill, no person may use the title "advanced practice registered nurse prescriber" or anything else to indicate that he or she is an APRN prescriber unless he or she has obtained this certificate. Also under the bill, an APRN prescriber must be afforded an equal opportunity to obtain staff privileges and may not be denied hospital staff privileges solely because the person is an APRN prescriber.

THE INJURED PATIENTS AND FAMILIES COMPENSATION FUND AND MALPRACTICE INSURANCE

Under current law, among other health care providers, nurse anesthetists, who meet certain criteria, are covered by the injured patients and families compensation fund (fund) for claims for damages for bodily injury or death due to acts or omissions of nurse anesthetists. Any claims filed against a nurse anesthetist must follow the procedures and are subject to the restrictions in current law.

Nurse anesthetists, among other health care providers under current law, are required to maintain certain liability insurance or to qualify as a self–insurer. The insurance policy under which a nurse anesthetist is covered must meet certain requirements under current law. If the nurse anesthetist satisfies the requirements of current law, he or she is liable for malpractice for no more than the prescribed limits for a self–insured nurse anesthetist or no more than the maximum liability limit for which the nurse anesthetist is insured. The fund pays any portion of a medical malpractice claim against a health care provider, including a nurse anesthetist, that is in excess of the self–insured limits or the liability insurance limit, except if the damages for injury or death are caused by an intentional crime. Nurse anesthetists, among other health care providers, pay an annual assessment, which is deposited in the fund.

The bill adds APRN prescribers to the law pertaining to the fund and to malpractice claims. Therefore, under the bill, nurse anesthetists, as defined in the bill, and APRN prescribers are covered by the fund and subject to restrictions to be covered by the fund.

Under current law, the fund provides coverage for claims against employees of a health care provider except for an employee who is providing health care services that are not in collaboration with a physician or under the direction and supervision of a physician or nurse anesthetist. The bill specifies that the fund provides coverage for an employee of a health care provider if that employee is an APRN, but not one with a certified registered nurse anesthetist endorsement, who does not have a certificate to issue prescription orders, regardless whether the APRN acts under the direction of supervision of a physician, nurse anesthetist, or APRN prescriber.

OTHER CHANGES

The bill makes numerous terminology changes throughout the statutes, including changing references to “advanced practice nurse” and “advanced practice nurse prescriber” in favor of the terms “advanced practice registered nurse” and “advanced practice registered nurse prescriber.”

Under current law, the Department of Health Services (DHS) operates a well woman program, under which DHS provides funding for various purposes related to the provision of health care for low–income, underinsured, and uninsured women, including funding to train certain nurses who operate under the supervision of physicians, dentists, or podiatrists to perform colposcopic examinations and follow–up activities for the treatment of cervical cancer in rural areas. The bill provides that these grants may also be provided to certified APRN prescribers, regardless of whether they are supervised by a physician, dentist, or podiatrist, and to nurses under the supervision of APRN prescribers.

Under current law, a licensed pharmacist may, subject to certain criteria, make certain therapeutic alternate drug selections for patients in a hospital, subject to approval by the patient's physician or physician assistant or the patient's APRN prescriber, if the APRN prescriber has entered into a written agreement to collaborate with a physician. The bill deletes the requirement that the APRN prescriber enter into such an agreement with a physician in order to approve a therapeutic alternate drug selection for a patient in a hospital.

For further information see the ***state*** fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 45.40 (1g) (a) of the statutes is amended to read:

2 45.40 **(1g)** (a) "Health care provider" means an advanced practice registered
3 nurse prescriber certified under s. 441.16 (2), an audiologist licensed under ch. 459,
4 a dentist licensed under ch. 447, an optometrist licensed under ch. 449, a physician
5 licensed under s. 448.02, or a podiatrist licensed under s. 448.63.

6 **SECTION 2.** 46.03 (44) of the statutes is amended to read:

7 46.03 **(44)** SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION. Prepare and
8 keep current an information sheet to be distributed to a patient by a physician,
9 physician assistant, or ~~certified~~ advanced practice registered nurse prescriber
10 providing expedited partner therapy to that patient under s. 448.035. The
11 information sheet shall include information about sexually transmitted diseases and
12 their treatment and about the risk of drug allergies. The information sheet shall also
13 include a statement advising a person with questions about the information to
14 contact his or her physician, pharmacist, or local health department, as defined in
15 s. 250.01 (4).

16 **SECTION 3.** 50.01 (1b) of the statutes is amended to read:

50.01 **(1b)** "Advanced practice registered nurse prescriber" means an advanced practice registered nurse who is certified under s. 441.16 (2) to issue prescription orders.

SECTION 4. 50.08 (2) of the statutes is amended to read:

50.08 **(2)** A physician, an advanced practice registered nurse prescriber certified under s. 441.16 (2), or a physician assistant licensed under ch. 448, who prescribes a psychotropic medication to a nursing home resident who has degenerative brain disorder shall notify the nursing home if the prescribed medication has a boxed warning under 21 CFR 201.57.

SECTION 5. 50.09 (1) (a) (intro.) of the statutes is amended to read:

50.09 **(1)** (a) (intro.) Private and unrestricted communications with the resident's family, physician, physician assistant, advanced practice registered nurse prescriber, attorney, and any other person, unless medically contraindicated as documented by the resident's physician, physician assistant, or advanced practice registered nurse prescriber in the resident's medical record, except that communications with public officials or with the resident's attorney shall not be restricted in any event. The right to private and unrestricted communications shall include, but is not limited to, the right to:

SECTION 6. 50.09 (1) (f) 1. of the statutes is amended to read:

50.09 **(1)** (f) 1. Privacy for visits by spouse or domestic partner. If both spouses or both domestic partners under ch.770 are residents of the same facility, the spouses or domestic partners shall be permitted to share a room unless medically contraindicated as documented by the resident's physician, physician assistant, or advanced practice registered nurse prescriber in the resident's medical record.

SECTION 7. 50.09 (1) (h) of the statutes is amended to read:

50.09 **(1)** (h) Meet with, and participate in activities of social, religious, and community groups at the resident's discretion, unless medically contraindicated as documented by the resident's physician, physician assistant, or advanced practice registered nurse prescriber in the resident's medical record.

SECTION 8. 50.09 (1) (k) of the statutes is amended to read:

50.09 **(1)** (k) Be free from mental and physical abuse, and be free from chemical and physical restraints except as authorized in writing by a physician, physician assistant, or advanced practice registered nurse prescriber for a specified and limited period of time and documented in the resident's medical record. Physical restraints may be used in an emergency when necessary to protect the resident from injury to himself or herself or others or to property. However, authorization for continuing use of the physical restraints shall be secured from a physician, physician assistant, or advanced practice registered nurse prescriber within 12 hours. Any use of physical restraints shall be noted in the resident's medical records. "Physical restraints" includes, but is not limited to, any article, device, or garment that interferes with the free movement of the resident and that the resident is unable to remove easily, and confinement in a locked room.

SECTION 9. 50.36 (3) (a) of the statutes is amended to read:

50.36 **(3)** (a) Any person licensed to practice medicine and surgery under subch. II of ch. 448 or podiatry under subch. IV of ch. 448 and any person certified as an advanced practice registered nurse prescriber under s. 441.16 shall be afforded an equal opportunity to obtain hospital staff privileges and may not be denied hospital staff privileges solely for the reason that the person is an osteopathic physician and surgeon ~~or~~, a podiatrist, or an advanced practice registered nurse prescriber. Each individual hospital shall retain the right to determine whether the applicant's

training, experience, and demonstrated competence is sufficient to justify the granting of hospital staff privileges or is sufficient to justify the granting of limited hospital staff privileges.

SECTION 10. 50.49 (1) (b) (intro.) of the statutes is amended to read:

50.49 **(1)** (b) (intro.) "Home health services" means the following items and services that are furnished to an individual, who is under the care of a physician, physician assistant, or advanced practice registered nurse prescriber, by a home health agency, or by others under arrangements made by the home health agency, that are under a plan for furnishing those items and services to the individual that is established and periodically reviewed by a physician, physician assistant, or advanced practice registered nurse prescriber and that are, except as provided in subd. 6., provided on a visiting basis in a place of residence used as the individual's home:

SECTION 11. 70.47 (8) (intro.) of the statutes is amended to read:

70.47 **(8)** HEARING. (intro.) The board shall hear upon oath all persons who appear before it in relation to the assessment. The board shall hear upon oath, by telephone, all ill or disabled persons who present to the board a letter from a physician, osteopath, physician assistant, as defined in s. 448.01 (6), or advanced practice registered nurse prescriber certified under s. 441.16 (2) that confirms their illness or disability. The board at such hearing shall proceed as follows:

SECTION 12. 77.54 (14) (f) 3. of the statutes is repealed.

SECTION 13. 77.54 (14) (f) 4. of the statutes is amended to read:

77.54 **(14)** (f) 4. An advanced practice registered nurse.

SECTION 14. 102.13 (1) (a) of the statutes is amended to read:

102.13 **(1)** (a) Except as provided in sub. (4), whenever compensation is claimed by an employee, the employee shall, upon the written request of the employee's employer or worker's compensation insurer, submit to reasonable examinations by physicians, chiropractors, psychologists, dentists, physician assistants, advanced practice registered nurse prescribers, or podiatrists provided and paid for by the employer or insurer. No employee who submits to an examination under this paragraph is a patient of the examining physician, chiropractor, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, or podiatrist for any purpose other than for the purpose of bringing an action under ch. 655, unless the employee specifically requests treatment from that physician, chiropractor, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, or podiatrist.

SECTION 15. 102.13 (1) (b) (intro.), 1., 3. and 4. of the statutes are amended to read:

102.13 **(1)** (b) An employer or insurer who requests that an employee submit to reasonable examination under par. (a) or (am) shall tender to the employee, before the examination, all necessary expenses including transportation expenses. The employee is entitled to have a physician, chiropractor, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, or podiatrist provided by himself or herself present at the examination and to receive a copy of all reports of the examination that are prepared by the examining physician, chiropractor, psychologist, podiatrist, dentist, physician assistant, advanced practice registered nurse prescriber, or vocational expert immediately upon receipt of those reports by the employer or worker's compensation insurer. The employee is also entitled to have a translator provided by himself or herself present at the

examination if the employee has difficulty speaking or understanding the English language. The employer's or insurer's written request for examination shall notify the employee of all of the following:

1. The proposed date, time, and place of the examination and the identity and area of specialization of the examining physician, chiropractor, psychologist, dentist, podiatrist, physician assistant, advanced practice registered nurse prescriber, or vocational expert.

3. The employee's right to have his or her physician, chiropractor, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, or podiatrist present at the examination.

4. The employee's right to receive a copy of all reports of the examination that are prepared by the examining physician, chiropractor, psychologist, dentist, podiatrist, physician assistant, advanced practice registered nurse prescriber, or vocational expert immediately upon receipt of these reports by the employer or worker's compensation insurer.

SECTION 16. 102.13 (1) (d) 1., 2., 3. and 4. of the statutes are amended to read:

102.13 **(1)** (d) 1. Any physician, chiropractor, psychologist, dentist, podiatrist, physician assistant, advanced practice registered nurse prescriber, or vocational expert who is present at any examination under par. (a) or (am) may be required to testify as to the results of the examination.

2. Any physician, chiropractor, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, or podiatrist who attended a worker's compensation claimant for any condition or complaint reasonably related to the condition for which the claimant claims compensation may be required to testify before the department when the department so directs.

3. Notwithstanding any statutory provisions except par. (e), any physician, chiropractor, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, or podiatrist attending a worker's compensation claimant for any condition or complaint reasonably related to the condition for which the claimant claims compensation may furnish to the employee, employer, worker's compensation insurer, or the department information and reports relative to a compensation claim.

4. The testimony of any physician, chiropractor, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, or podiatrist who is licensed to practice where he or she resides or practices in any state and the testimony of any vocational expert may be received in evidence in compensation proceedings.

SECTION 17. 102.13 (2) (a) and (b) of the statutes are amended to read:

102.13 **(2)** (a) An employee who reports an injury alleged to be work–related or files an application for hearing waives any physician–patient, psychologist–patient or chiropractor–patient privilege with respect to any condition or complaint reasonably related to the condition for which the employee claims compensation. Notwithstanding ss. 51.30 and 146.82 and any other law, any physician, chiropractor, psychologist, dentist, podiatrist, physician assistant, advanced practice registered nurse prescriber, hospital, or health care provider shall, within a reasonable time after written request by the employee, employer, worker's compensation insurer, or department or its representative, provide that person with any information or written material reasonably related to any injury for which the employee claims compensation.

(b) A physician, chiropractor, podiatrist, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, hospital, or health service

provider shall furnish a legible, certified duplicate of the written material requested under par. (a) upon payment of the actual costs of preparing the certified duplicate, not to exceed the greater of 45 cents per page or $7.50 per request, plus the actual costs of postage. Any person who refuses to provide certified duplicates of written material in the person's custody that is requested under par. (a) shall be liable for reasonable and necessary costs and, notwithstanding s. 814.04 (1), reasonable attorney fees incurred in enforcing the requester's right to the duplicates under par. (a).

SECTION 18. 102.17 (1) (d) 1. and 2. of the statutes are amended to read:

102.17 **(1)** (d) 1. The contents of certified medical and surgical reports by physicians, podiatrists, surgeons, dentists, psychologists, physician assistants, advanced practice registered nurse prescribers, and chiropractors licensed in and practicing in this state, and of certified reports by experts concerning loss of earning capacity under s. 102.44 (2) and (3), presented by a party for compensation constitute prima facie evidence as to the matter contained in those reports, subject to any rules and limitations the department prescribes. Certified reports of physicians, podiatrists, surgeons, dentists, psychologists, physician assistants, advanced practice registered nurse prescribers, and chiropractors, wherever licensed and practicing, who have examined or treated the claimant, and of experts, if the practitioner or expert consents to being subjected to cross–examination also constitute prima facie evidence as to the matter contained in those reports. Certified reports of physicians, podiatrists, surgeons, psychologists, and chiropractors are admissible as evidence of the diagnosis, necessity of the treatment, and cause and extent of the disability. Certified reports by doctors of dentistry, physician assistants, and advanced practice registered nurse prescribers are admissible as

evidence of the diagnosis and necessity of treatment but not of the cause and extent of disability. Any physician, podiatrist, surgeon, dentist, psychologist, chiropractor, physician assistant, advanced practice registered nurse prescriber, or expert who knowingly makes a false statement of fact or opinion in such a certified report may be fined or imprisoned, or both, under s. 943.395.

2. The record of a hospital or sanatorium in this state that is satisfactory to the department, established by certificate, affidavit, or testimony of the supervising officer of the hospital or sanitorium, any other person having charge of the record, or a physician, podiatrist, surgeon, dentist, psychologist, physician assistant, advanced practice registered nurse prescriber, or chiropractor to be the record of the patient in question, and made in the regular course of examination or treatment of the patient, constitutes prima facie evidence as to the matter contained in the record, to the extent that the record is otherwise competent and relevant.

SECTION 19. 102.29 (3) of the statutes is amended to read:

102.29 **(3)** Nothing in this chapter shall prevent an employee from taking the compensation that the employee may be entitled to under this chapter and also maintaining a civil action against any physician, chiropractor, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, or podiatrist for malpractice.

SECTION 20. 102.42 (2) (a) of the statutes is amended to read:

102.42 **(2)** (a) When the employer has notice of an injury and its relationship to the employment, the employer shall offer to the injured employee his or her choice of any physician, chiropractor, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, or podiatrist licensed to practice and practicing in this state for treatment of the injury. By mutual agreement, the employee may

have the choice of any qualified practitioner not licensed in this state. In case of emergency, the employer may arrange for treatment without tendering a choice. After the emergency has passed the employee shall be given his or her choice of attending practitioner at the earliest opportunity. The employee has the right to a 2nd choice of attending practitioner on notice to the employer or its insurance carrier. Any further choice shall be by mutual agreement. Partners and clinics are considered to be one practitioner. Treatment by a practitioner on referral from another practitioner is considered to be treatment by one practitioner.

SECTION 21. 106.30 (1) of the statutes is amended to read:

106.30 **(1)** DEFINITION. In this section, "nurse" means a registered nurse licensed under s. 441.06 or permitted under s. 441.08, a licensed practical nurse licensed or permitted under s. 441.10, or an advanced practice registered nurse ~~prescriber certified under s. 441.16 (2), or a nurse–midwife~~ licensed under s. ~~441.15~~ 441.09.

SECTION 22. 118.15 (3) (a) of the statutes is amended to read:

118.15 **(3)** (a) Any child who is excused by the school board because the child is temporarily not in proper physical or mental condition to attend a school program but who can be expected to return to a school program upon termination or abatement of the illness or condition. The school attendance officer may request the parent or guardian of the child to obtain a written statement from a licensed physician, dentist, chiropractor, optometrist, psychologist, physician assistant, or ~~nurse practitioner, as defined in s. 255.06 (1) (d), or certified~~ advanced practice registered nurse prescriber or Christian Science practitioner living and residing in this state, who is listed in the Christian Science Journal, as sufficient proof of the

physical or mental condition of the child. An excuse under this paragraph shall be in writing and shall state the time period for which it is valid, not to exceed 30 days.

SECTION 23. 118.29 (1) (e) of the statutes is amended to read:

118.29 **(1)** (e) "Practitioner" means any physician, dentist, optometrist, physician assistant, advanced practice registered nurse prescriber, or podiatrist licensed in any state.

SECTION 24. 146.343 (1) (c) of the statutes is amended to read:

146.343 **(1)** (c) "Nurse–midwife" means an individual who is licensed ~~to engage in the practice of nurse–midwifery under s. 441.15 (3) (a)~~ as an advanced practice registered nurse and possesses a certified nurse–midwife endorsement under s. 441.09.

SECTION 25. 146.82 (3) (a) of the statutes is amended to read:

146.82 **(3)** (a) Notwithstanding sub. (1), a physician, physician assistant, as defined in s. 448.01 (6), or advanced practice registered nurse prescriber certified under s. 441.16 (2) who treats a patient whose physical or mental condition in the physician's, physician assistant's, or advanced practice registered nurse prescriber's judgment affects the patient's ability to exercise reasonable and ordinary control over a motor vehicle may report the patient's name and other information relevant to the condition to the department of transportation without the informed consent of the patient.

SECTION 26. 146.89 (1) (r) 1. of the statutes is amended to read:

146.89 **(1)** (r) 1. Licensed as a physician under ch. 448, a dentist or dental hygienist under ch. 447, a registered nurse, practical nurse, or ~~nurse–midwife~~ advanced practice registered nurse under ch. 441, an optometrist under ch. 449, a physician assistant under ch. 448, a pharmacist under ch. 450, a chiropractor under

ch. 446, a podiatrist under subch. IV of ch. 448, or a physical therapist under subch. III of ch. 448.

SECTION 27. 146.89 (1) (r) 3. of the statutes is repealed.

SECTION 28. 180.1903 (4) of the statutes is amended to read:

180.1903 **(4)** Each health care professional, other than a physician ~~or,~~ nurse anesthetist, or advanced practice registered nurse prescriber certified under s. 441.16 (2), who is a shareholder of a service corporation and who has the authority to provide health care services that are not under the direction and supervision of a physician ~~or,~~ nurse anesthetist, or advanced practice registered nurse prescriber shall carry malpractice insurance that provides coverage of not less than the amounts established under s. 655.23 (4).

SECTION 29. 252.01 (1c) of the statutes is amended to read:

252.01 **(1c)** "Advanced practice registered nurse prescriber" means an advanced practice registered nurse who is certified under s. 441.16 (2) to issue prescription orders.

SECTION 30. 252.07 (8) (a) 2. of the statutes is amended to read:

252.07 **(8)** (a) 2. The department or local health officer provides to the court a written statement from a physician, physician assistant, or advanced practice registered nurse prescriber that the individual has infectious tuberculosis or suspect tuberculosis.

SECTION 31. 252.07 (9) (c) of the statutes is amended to read:

252.07 **(9)** (c) If the court orders confinement of an individual under this subsection, the individual shall remain confined until the department or local health officer, with the concurrence of a treating physician, physician assistant, or advanced practice registered nurse prescriber, determines that treatment is complete or that

the individual is no longer a substantial threat to himself or herself or to the public health. If the individual is to be confined for more than 6 months, the court shall review the confinement every 6 months.

SECTION 32. 252.10 (7) of the statutes is amended to read:

252.10 **(7)** Drugs necessary for the treatment of mycobacterium tuberculosis shall be purchased by the department from the appropriation account under s. 20.435 (1) (e) and dispensed to patients through the public health dispensaries, local health departments, physicians or advanced practice registered nurse prescribers.

SECTION 33. 252.11 (2), (4), (5), (7) and (10) of the statutes are amended to read:

252.11 **(2)** An officer of the department or a local health officer having knowledge of any reported or reasonably suspected case or contact of a sexually transmitted disease for which no appropriate treatment is being administered, or of an actual contact of a reported case or potential contact of a reasonably suspected case, shall investigate or cause the case or contact to be investigated as necessary. If, following a request of an officer of the department or a local health officer, a person reasonably suspected of being infected with a sexually transmitted disease refuses or neglects examination by a physician, physician assistant, or advanced practice registered nurse prescriber or treatment, an officer of the department or a local health officer may proceed to have the person committed under sub. (5) to an institution or system of care for examination, treatment, or observation.

(4) If a person infected with a sexually transmitted disease ceases or refuses treatment before reaching what in a physician's, physician assistant's, or advanced practice registered nurse prescriber's opinion is the noncommunicable stage, the physician, physician assistant, or advanced practice registered nurse prescriber shall notify the department. The department shall without delay take the necessary

1 steps to have the person committed for treatment or observation under sub. (5), or
2 shall notify the local health officer to take these steps.

3 **(5)** Any court of record may commit a person infected with a sexually
4 transmitted disease to any institution or may require the person to undergo a system
5 of care for examination, treatment, or observation if the person ceases or refuses
6 examination, treatment, or observation under the supervision of a physician,
7 physician assistant, or advanced practice registered nurse prescriber. The court
8 shall summon the person to appear on a date at least 48 hours, but not more than
9 96 hours, after service if an officer of the department or a local health officer petitions
10 the court and states the facts authorizing commitment. If the person fails to appear
11 or fails to accept commitment without reasonable cause, the court may cite the
12 person for contempt. The court may issue a warrant and may direct the sheriff, any
13 constable, or any police officer of the county immediately to arrest the person and
14 bring the person to court if the court finds that a summons will be ineffectual. The
15 court shall hear the matter of commitment summarily. Commitment under this
16 subsection continues until the disease is no longer communicable or until other
17 provisions are made for treatment that satisfy the department. The certificate of the
18 petitioning officer is prima facie evidence that the disease is no longer communicable
19 or that satisfactory provisions for treatment have been made.

20 **(7)** Reports, examinations and inspections, and all records concerning sexually
21 transmitted diseases are confidential and not open to public inspection, and may not
22 be divulged except as may be necessary for the preservation of the public health, in
23 the course of commitment proceedings under sub. (5), or as provided under s. 938.296
24 (4) or 968.38 (4). If a physician, physician assistant, or advanced practice registered
25 nurse prescriber has reported a case of sexually transmitted disease to the

department under sub. (4), information regarding the presence of the disease and treatment is not privileged when the patient, physician, physician assistant, or advanced practice registered nurse prescriber is called upon to testify to the facts before any court of record.

(10) The state laboratory of hygiene shall examine specimens for the diagnosis of sexually transmitted diseases for any physician, physician assistant, advanced practice registered nurse prescriber, or local health officer in the state, and shall report the positive results of the examinations to the local health officer and to the department. All laboratories performing tests for sexually transmitted diseases shall report all positive results to the local health officer and to the department, with the name of the physician, physician assistant, or advanced practice registered nurse prescriber to whom reported.

SECTION 34. 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3. and (7m) (intro.) and (b) of the statutes are amended to read:

252.15 **(3m)** (d) 11. b. The coroner, medical examiner, or appointed assistant is investigating the cause of death of the subject of the HIV test and has contact with the body fluid of the subject of the HIV test that constitutes a significant exposure, if a physician, physician assistant, or advanced practice registered nurse prescriber, based on information provided to the physician, physician assistant, or advanced practice registered nurse prescriber, determines and certifies in writing that the coroner, medical examiner, or appointed assistant has had a contact that constitutes a significant exposure and if the certification accompanies the request for disclosure.

13. If the subject of the HIV test has a positive HIV test result and is deceased, by the subject's attending physician, physician assistant, or advanced practice registered nurse prescriber, to persons, if known to the physician, physician

assistant, or advanced practice registered nurse prescriber, with whom the subject had sexual contact or shared intravenous drug use paraphernalia.

(5g) (c) A physician, physician assistant, or advanced practice registered nurse prescriber, based on information provided to the physician, physician assistant, or advanced practice registered nurse prescriber, determines and certifies in writing that the person has had contact that constitutes a significant exposure. The certification shall accompany the request for HIV testing and disclosure. If the person is a physician, physician assistant, or advanced practice registered nurse prescriber, he or she may not make this determination or certification. The information that is provided to a physician, physician assistant, or advanced practice registered nurse prescriber to document the occurrence of the contact that constitutes a significant exposure and the physician's, physician assistant's, or advanced practice registered nurse prescriber's certification that the person has had contact that constitutes a significant exposure, shall be provided on a report form that is developed by the department of safety and professional services under s. 101.02 (19) (a) or on a report form that the department of safety and professional services determines, under s. 101.02 (19) (b), is substantially equivalent to the report form that is developed under s. 101.02 (19) (a).

(5m) (d) 2. A physician, physician assistant, or advanced practice registered nurse prescriber, based on information provided to the physician, physician assistant, or advanced practice registered nurse prescriber, determines and certifies in writing that the contact under subd. 1. constitutes a significant exposure. A health care provider who has a contact under subd. 1. c. may not make the certification under this subdivision for himself or herself.

(e) 2. If the contact occurs as provided under par. (d) 1. b., the attending physician, physician assistant, or advanced practice registered nurse prescriber of the funeral director, coroner, medical examiner, or appointed assistant.

3. If the contact occurs as provided under (d) 1. c., the physician, physician assistant, or advanced practice registered nurse prescriber who makes the certification under par. (d) 2.

(7m) REPORTING OF PERSONS SIGNIFICANTLY EXPOSED. (intro.) If a positive, validated HIV test result is obtained from a test subject, the test subject's physician, physician assistant, or advanced practice registered nurse prescriber who maintains a record of the HIV test result under sub. (4) (c) may report to the state epidemiologist the name of any person known to the physician, physician assistant, or advanced practice registered nurse prescriber to have had contact with body fluid of the test subject that constitutes a significant exposure, only after the physician, physician assistant, or advanced practice registered nurse prescriber has done all of the following:

(b) Notified the HIV test subject that the name of any person known to the physician, physician assistant, or advanced practice registered nurse prescriber to have had contact with body fluid of the test subject that constitutes a significant exposure will be reported to the state epidemiologist.

SECTION 35. 252.16 (3) (c) (intro.) of the statutes is amended to read:

252.16 **(3)** (c) (intro.) Has submitted to the department a certification from a physician, as defined in s. 448.01 (5), physician assistant, or advanced practice registered nurse prescriber of all of the following:

SECTION 36. 252.17 (3) (c) (intro.) of the statutes is amended to read:

252.17 **(3)** (c) (intro.) Has submitted to the department a certification from a physician, as defined in s. 448.01 (5), physician assistant, or advanced practice registered nurse prescriber of all of the following:

SECTION 37. 252.18 of the statutes is amended to read:

252.18 Handling foods. No person in charge of any public eating place or other establishment where food products to be consumed by others are handled may knowingly employ any person handling food products who has a disease in a form that is communicable by food handling. If required by the local health officer or any officer of the department for the purposes of an investigation, any person who is employed in the handling of foods or is suspected of having a disease in a form that is communicable by food handling shall submit to an examination by the officer or by a physician, physician assistant, or advanced practice registered nurse prescriber designated by the officer. The expense of the examination, if any, shall be paid by the person examined. Any person knowingly infected with a disease in a form that is communicable by food handling who handles food products to be consumed by others and any persons knowingly employing or permitting such a person to handle food products to be consumed by others shall be punished as provided by s. 252.25.

SECTION 38. 253.07 (4) (d) of the statutes is amended to read:

253.07 **(4)** (d) In each fiscal year, $31,500 as grants for employment in communities of licensed registered nurses, licensed practical nurses, ~~certified nurse–midwives~~ licensed advanced practice registered nurses, or licensed physician assistants who are members of a racial minority.

SECTION 39. 253.115 (1) (f) of the statutes is created to read:

253.115 **(1)** (f) "Nurse–midwife" means an individual who is licensed as an advanced practice registered nurse and possesses a certified nurse–midwife endorsement under s. 441.09.

SECTION 40. 253.115 (4) of the statutes is amended to read:

253.115 **(4)** SCREENING REQUIRED. Except as provided in sub. (6), the physician, nurse–midwife ~~licensed under s. 441.15~~, or certified professional midwife licensed under s. 440.982 who attended the birth shall ensure that the infant is screened for hearing loss before being discharged from a hospital, or within 30 days of birth if the infant was not born in a hospital.

SECTION 41. 253.115 (7) (a) (intro.) of the statutes is amended to read:

253.115 **(7)** (a) (intro.) The physician, nurse–midwife ~~licensed under s. 441.15~~, or certified professional midwife licensed under s. 440.982 who is required to ensure that the infant is screened for hearing loss under sub. (4) shall do all of the following:

SECTION 42. 253.13 (1) of the statutes is renumbered 253.13 (1) (b) and amended to read:

253.13 **(1)** (b) The attending physician or ~~nurse licensed under s. 441.15~~ nurse–midwife shall cause every infant born in each hospital or maternity home, prior to its discharge therefrom, to be subjected to blood tests for congenital and metabolic disorders, as specified in rules promulgated by the department. If the infant is born elsewhere than in a hospital or maternity home, the attending physician, ~~nurse licensed under s. 441.15~~ nurse–midwife or birth attendant who attended the birth shall cause the infant, within one week of birth, to be subjected to these blood tests.

SECTION 43. 253.13 (1) (a) of the statutes is created to read:

253.13 **(1)** (a) In this subsection, "nurse–midwife" means an individual who is licensed as an advanced practice registered nurse and possesses a certified nurse–midwife endorsement under s. 441.09.

SECTION 44. 253.15 (1) (em) of the statutes is created to read:

253.15 **(1)** (em) "Nurse–midwife" means an individual who is licensed as an advanced practice registered nurse and possesses a certified nurse–midwife endorsement under s. 441.09.

SECTION 45. 253.15 (2) of the statutes is amended to read:

253.15 **(2)** INFORMATIONAL MATERIALS. The board shall purchase or prepare or arrange with a nonprofit organization to prepare printed and audiovisual materials relating to shaken baby syndrome and impacted babies. The materials shall include information regarding the identification and prevention of shaken baby syndrome and impacted babies, the grave effects of shaking or throwing on an infant or young child, appropriate ways to manage crying, fussing, or other causes that can lead a person to shake or throw an infant or young child, and a discussion of ways to reduce the risks that can lead a person to shake or throw an infant or young child. The materials shall be prepared in English, Spanish, and other languages spoken by a significant number of state residents, as determined by the board. The board shall make those written and audiovisual materials available to all hospitals, maternity homes, and nurse–midwives ~~licensed under s. 441.15~~ that are required to provide or make available materials to parents under sub. (3) (a) 1., to the department and to all county departments and nonprofit organizations that are required to provide the materials to child care providers under sub. (4) (d), and to all school boards and nonprofit organizations that are permitted to provide the materials to pupils in one of grades 5 to 8 and in one of grades 10 to 12 under sub. (5). The board shall also make

those written materials available to all county departments and Indian tribes that are providing home visitation services under s. 48.983 (4) (b) 1. and to all providers of prenatal, postpartum, and young child care coordination services under s. 49.45 (44). The board may make available the materials required under this subsection to be made available by making those materials available at no charge on the board's Internet site.

SECTION 46. 255.06 (1) (d) of the statutes is renumbered 255.06 (1) (f) (intro.) and amended to read:

255.06 **(1)** (f) (intro.) ~~"Nurse practitioner"~~ "Women's health nurse clinician" means ~~a~~ any of the following:

1. A registered nurse licensed under ch. 441 or in a party state, as defined in s. 441.50 (2) (j), whose practice of professional nursing under s. 441.001 (4) includes performance of delegated medical services under the supervision of a physician, dentist, ~~or~~ podiatrist, or advanced practice registered nurse prescriber certified under s. 441.16 (2).

SECTION 47. 255.06 (1) (f) 2. of the statutes is created to read:

255.06 **(1)** (f) 2. An advanced practice registered nurse prescriber certified under s. 441.16 (2).

SECTION 48. 255.06 (2) (d) of the statutes is amended to read:

255.06 **(2)** (d) *Specialized training to for rural colposcopic examinations and activities.* Provide not more than $25,000 in each fiscal year as reimbursement for the provision of specialized training of ~~nurse practitioners~~ women's health nurse clinicians to perform, in rural areas, colposcopic examinations and follow–up activities for the treatment of cervical cancer.

SECTION 49. 257.01 (5) (a) and (b) of the statutes are amended to read:

257.01 **(5)** (a) An individual who is licensed as a physician, a physician assistant, or a podiatrist under ch. 448, licensed as a registered nurse, licensed practical nurse, or ~~nurse–midwife~~ advanced practice registered nurse under ch. 441, licensed as a dentist under ch. 447, licensed as a pharmacist under ch. 450, licensed as a veterinarian or certified as a veterinary technician under ch. 453, or certified as a respiratory care practitioner under ch. 448.

(b) An individual who was at any time within the previous 10 years, but is not currently, licensed as a physician, a physician assistant, or a podiatrist under ch. 448, licensed as a registered nurse, licensed practical nurse, or ~~nurse–midwife,~~ advanced practice registered nurse under ch. 441, licensed as a nurse–midwife under ch. 441, 2011 stats., licensed as a dentist under ch. 447, licensed as a pharmacist under ch. 450, licensed as a veterinarian or certified as a veterinary technician under ch. 453, or certified as a respiratory care practitioner under ch. 448, if the individual's license or certification was never revoked, limited, suspended, or denied renewal.

SECTION 50. 341.14 (1a), (1e) (a), (1m) and (1q) of the statutes are amended to read:

341.14 **(1a)** If any resident of this state, who is registering or has registered an automobile, or a motor truck, dual purpose motor home or dual purpose farm truck which has a gross weight of not more than 8,000 pounds, a farm truck which has a gross weight of not more than 12,000 pounds or a motor home, submits a statement once every 4 years, as determined by the department, from a physician licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a public health nurse certified or licensed to practice in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor

licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state and listed in the Christian Science journal certifying to the department that the resident is a person with a disability that limits or impairs the ability to walk, the department shall procure, issue and deliver to the disabled person plates of a special design in lieu of plates which ordinarily would be issued for the vehicle, and shall renew the plates. The plates shall be so designed as to readily apprise law enforcement officers of the fact that the vehicle is owned by a nonveteran disabled person and is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition to the registration fee shall be made for the issuance or renewal of such plates.

(1e) (a) If any resident of this state, who is registering or has registered a motorcycle, submits a statement once every 4 years, as determined by the department, from a physician licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a public health nurse certified or licensed to practice in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, from a Christian Science practitioner residing in this state and listed in the Christian Science journal, or from the U.S. department of veterans affairs certifying to the department that the resident is a person with a disability that limits or impairs the ability to walk, the department shall procure, issue and deliver to the disabled person a plate of a special design in lieu of the plate which ordinarily would be issued for the motorcycle, and shall renew the plate. The statement shall state whether the disability is permanent or temporary and, if temporary, the opinion of the physician, advanced practice registered nurse, public health nurse, physician assistant,

podiatrist, chiropractor, practitioner, or U.S. department of veterans affairs as to the duration of the disability. The plate shall be so designed as to readily apprise law enforcement officers of the fact that the motorcycle is owned by a disabled person and is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition to the registration fee may be made for the issuance or renewal of the plate.

(1m) If any licensed driver submits to the department a statement once every 4 years, as determined by the department, from a physician licensed to practice medicine in any state, from a public health nurse certified or licensed to practice in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state and listed in the Christian Science journal certifying that another person who is regularly dependent on the licensed driver for transportation is a person with a disability that limits or impairs the ability to walk, the department shall issue and deliver to the licensed driver plates of a special design in lieu of the plates which ordinarily would be issued for the automobile or motor truck, dual purpose motor home or dual purpose farm truck having a gross weight of not more than 8,000 pounds, farm truck having a gross weight of not more than 12,000 pounds or motor home, and shall renew the plates. The plates shall be so designed as to readily apprise law enforcement officers of the fact that the vehicle is operated by a licensed driver on whom a disabled person is regularly dependent and is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition to the registration fee may be made for the issuance or renewal of the plates. The plates shall conform to the plates required in sub. (1a).

(1q) If any employer who provides an automobile, or a motor truck, dual purpose motor home or dual purpose farm truck which has a gross weight of not more than 8,000 pounds, a farm truck which has a gross weight of not more than 12,000 pounds or a motor home, for an employee's use submits to the department a statement once every 4 years, as determined by the department, from a physician licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a public health nurse certified or licensed to practice in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state and listed in the Christian Science journal certifying that the employee is a person with a disability that limits or impairs the ability to walk, the department shall issue and deliver to such employer plates of a special design in lieu of the plates which ordinarily would be issued for the vehicle, and shall renew the plates. The plates shall be so designed as to readily apprise law enforcement officers of the fact that the vehicle is operated by a disabled person and is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition to the registration fee may be made for the issuance or renewal of the plates. The plates shall conform to the plates required in sub. (1a).

SECTION 51. 343.16 (5) (a) of the statutes is amended to read:

343.16 **(5)** (a) The secretary may require any applicant for a license or any licensed operator to submit to a special examination by such persons or agencies as the secretary may direct to determine incompetency, physical or mental disability, disease, or any other condition that might prevent such applicant or licensed person from exercising reasonable and ordinary control over a motor vehicle. If the

department requires the applicant to submit to an examination, the applicant shall pay for the examination. If the department receives an application for a renewal or duplicate license after voluntary surrender under s. 343.265 or receives a report from a physician, physician assistant, as defined in s. 448.01 (6), advanced practice registered nurse prescriber certified under s. 441.16 (2), or optometrist under s. 146.82 (3), or if the department has a report of 2 or more arrests within a one–year period for any combination of violations of s. 346.63 (1) or (5) or a local ordinance in conformity with s. 346.63 (1) or (5) or a law of a federally recognized American Indian tribe or band in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m), 1985 stats., or s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a vehicle, the department shall determine, by interview or otherwise, whether the operator should submit to an examination under this section. The examination may consist of an assessment. If the examination indicates that education or treatment for a disability, disease or condition concerning the use of alcohol, a controlled substance or a controlled substance analog is appropriate, the department may order a driver safety plan in accordance with s. 343.30 (1q). If there is noncompliance with assessment or the driver safety plan, the department shall revoke the person's operating privilege in the manner specified in s. 343.30 (1q) (d).

SECTION 52. 343.51 (1) of the statutes is amended to read:

343.51 **(1)** Any person who qualifies for registration plates of a special design under s. 341.14 (1), (1a), (1m) or (1q) or any other person with a disability that limits or impairs the ability to walk may request from the department a special identification card that will entitle any motor vehicle, other than a motorcycle, parked by, or under the direction of, the person, or a motor vehicle, other than a motorcycle, operated by or on behalf of the organization when used to transport such

a person, to parking privileges under s. 346.50 (2), (2a) and (3). The department shall issue the card at a fee to be determined by the department, upon submission by the applicant, if the applicant is an individual rather than an organization, of a statement from a physician licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a public health nurse certified or licensed to practice in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state and listed in the Christian Science journal that the person is a person with a disability that limits or impairs the ability to walk. The statement shall state whether the disability is permanent or temporary and, if temporary, the opinion of the physician, advanced practice registered nurse, public health nurse, physician assistant, podiatrist, chiropractor or practitioner as to the duration of the disability. The department shall issue the card upon application by an organization on a form prescribed by the department if the department believes that the organization meets the requirements under this subsection.

SECTION 53. 343.62 (4) (a) 4. of the statutes is amended to read:

343.62 **(4)** (a) 4. The applicant submits with the application a statement completed within the immediately preceding 24 months, except as provided by rule, by a physician licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state, and listed in the Christian

Science journal certifying that, in the medical care provider's judgment, the applicant is physically fit to teach driving.

SECTION 54. 440.03 (13) (b) 39m. of the statutes is created to read:

440.03 **(13)** (b) 39m. Nurse, advanced practice registered.

SECTION 55. 440.03 (13) (b) 42. of the statutes is repealed.

SECTION 56. 440.08 (2) (a) 4m. of the statutes is amended to read:

440.08 **(2)** (a) 4m. Advanced practice registered nurse prescriber: October 1 of each even–numbered year.

SECTION 57. 440.08 (2) (a) 47. of the statutes is created to read:

440.08 **(2)** (a) 47. Nurse, advanced practice registered: March 1 of each even–numbered year.

SECTION 58. 440.08 (2) (a) 50. of the statutes is repealed.

SECTION 59. 440.981 (1) of the statutes is amended to read:

440.981 **(1)** No person may use the title "licensed midwife," describe or imply that he or she is a licensed midwife, or represent himself or herself as a licensed midwife unless the person is granted a license under this subchapter or is licensed as ~~a nurse–midwife under s. 441.15~~ an advanced practice registered nurse and possesses a certified nurse–midwife endorsement under s. 441.09.

SECTION 60. 440.982 (1) of the statutes is amended to read:

440.982 **(1)** No person may engage in the practice of midwifery unless the person is granted a license under this subchapter, is granted a temporary permit pursuant to a rule promulgated under s. 440.984 (2m), or is licensed as ~~a nurse–midwife under s. 441.15~~ an advanced practice registered nurse and possesses a certified nurse–midwife endorsement under s. 441.09.

SECTION 61. 440.987 (2) of the statutes is amended to read:

440.987 **(2)** One member who is licensed as ~~a nurse–midwife under s. 441.15~~ an advanced practice registered nurse and possesses a certified nurse–midwife endorsement under s. 441.09 and who practices in an out–of–hospital setting.

SECTION 62. 441.06 (3) of the statutes is amended to read:

441.06 **(3)** ~~A~~ Except as provided in s. 441.09 (3), a registered nurse practicing for compensation shall, on or before the applicable renewal date specified under s. 440.08 (2) (a), submit to the board on furnished forms a statement giving name, residence, and other facts that the board requires, with the applicable renewal fee determined by the department under s. 440.03 (9) (a).

SECTION 63. 441.06 (7) of the statutes is renumbered 441.09 (5) and amended to read:

441.09 **(5)** CIVIL LIABILITY. No person ~~certified~~ licensed as an advanced practice registered nurse ~~prescriber~~ under ~~s. 441.16 (2)~~ this section is liable for civil damages for any of the following:

(a) Reporting in good faith to the department of transportation under s. 146.82 (3) a patient's name and other information relevant to a physical or mental condition of the patient that in the advanced practice ~~nurse prescriber's~~ registered nurse's judgment impairs the patient's ability to exercise reasonable and ordinary control over a motor vehicle.

(b) In good faith, not reporting to the department of transportation under s. 146.82 (3) a patient's name and other information relevant to a physical or mental condition of the patient that in the advanced practice ~~nurse prescriber's~~ registered nurse's judgment does not impair the patient's ability to exercise reasonable and ordinary control over a motor vehicle.

SECTION 64. 441.07 (1) (intro.) and (c) of the statutes are amended to read:

441.07 **(1)** (intro.) The board may, after disciplinary proceedings conducted in accordance with rules promulgated under s. 440.03 (1), revoke, limit, suspend or deny renewal of a license of a registered nurse, ~~a nurse–midwife~~ an advanced practice registered nurse, or a licensed practical nurse, may revoke, limit, suspend or deny renewal of a certificate to prescribe drugs or devices granted under s. 441.16, or may reprimand a registered nurse, ~~nurse–midwife~~ advanced practice registered nurse, or licensed practical nurse, if the board finds that the person committed any of the following:

(c) Acts which show the registered nurse, ~~nurse–midwife~~ advanced practice registered nurse, or licensed practical nurse to be unfit or incompetent by reason of negligence, abuse of alcohol or other drugs or mental incompetency.

SECTION 65. 441.09 of the statutes is created to read:

441.09 Advanced practice registered nurses. (1) DEFINITION. In this section, "recognized role" means one of the following roles:

(a) Certified nurse–midwife.

(b) Certified registered nurse anesthetist.

(c) Clinical nurse specialist.

(d) Nurse practitioner.

(2) INITIAL LICENSE. (a) Any person who satisfies all of the following requirements may apply to the department for initial licensure by the board as an advanced practice registered nurse:

1. The person holds a valid license to practice as a registered nurse issued under s. 441.06 (1) or applies concurrently for a license under s. 441.04 or for a license without examination under s. 441.06 (1) with the application for a license under this paragraph.

2. The person satisfies one of the following criteria:

a. The person has completed an accredited graduate–level or postgraduate–level education program that prepares the person for practice in a recognized role and that requires the person to obtain advanced clinical knowledge and skills focusing on direct care of individuals, greater responsibility, autonomy, and accountability for the provision of care, health promotion and maintenance, management of patient conditions, and the use and prescription of pharmacologic interventions as a condition for graduation.

b. On January 1, 2013, the person was licensed as a registered nurse in this state and was practicing in a recognized role, and the person satisfies additional criteria established by the board by rule under this subd. 2. b. relating to practice or education.

3. The person pays the fee specified under s. 440.05 (1).

(b) The board shall grant an advanced practice registered nurse license to a person the board determines meets the requirements under par. (a). The board shall also grant a person who receives a license under this paragraph one or more endorsements corresponding to the recognized roles that the board determines the person's education and experience under par. (a) 2. a. or b. qualifies the person for. The board may not grant a license under this paragraph to a person applying concurrently for a license under s. 441.04 or for a license without examination under s. 441.06 (1) unless the board also grants the person a license to practice as a registered nurse.

(3) LICENSE RENEWAL. On or before the applicable renewal date specified under s. 440.08 (2) (a), a person issued a license under sub. (2) shall submit to the board on a form furnished by the board a statement giving his or her name and residence, the

nursing workforce survey and fee required under s. 441.01 (7), and other information that the board requires by rule, with the applicable renewal fee determined by the department under s. 440.03 (9) (a). The board shall grant to a person who satisfies the requirements under this subsection the renewal of his or her advanced practice registered nurse license and endorsements granted under sub. (2) (b) and shall grant the renewal of his or her license to practice as a registered nurse.

(4) TITLES. (a) 1. The holder of a license issued under this section is an "advanced practice registered nurse" and may append to his or her name the title "A.P.R.N."

2. The holder of an endorsement for a recognized role granted under sub. (2) (b) may append to his or her name the title and an abbreviation corresponding to that recognized role.

(b) 1. Except as provided in s. 257.03, no person may use the title "advanced practice registered nurse," the title "A.P.R.N.," or anything else to indicate that he or she is an advanced practice registered nurse unless he or she is licensed under this section.

2. Except as provided in s. 257.03, no person may use a title or abbreviation for a recognized role or anything else to indicate that he or she is a certified nurse–midwife, a certified registered nurse anesthetist, a clinical nurse specialist, or a nurse practitioner unless he or she has been granted an endorsement for that role under sub. (2) (b).

SECTION 66. 441.11 (1) (intro.) and (b) of the statutes are consolidated, renumbered 441.11 (1) and amended to read:

441.11 **(1)** In this ~~section: (b) "Nurse~~ section, "nurse anesthetist" ~~has the meaning given in s. 655.001 (9)~~ means an individual who is licensed as an advanced

practice registered nurse and possesses a certified registered nurse anesthetist endorsement under s. 441.09.

SECTION 67. 441.11 (1) (a) of the statutes is repealed.

SECTION 68. 441.11 (3) of the statutes is repealed.

SECTION 69. 441.15 of the statutes is repealed.

SECTION 70. 441.16 (title), (2), (3) (am), (b), (c), (cm) 1. and 2. and (e), (4) and (5) of the statutes are amended to read:

441.16 (title) **Prescription privileges ~~of~~ for advanced practice registered nurses.**

(2) The board shall grant a certificate to issue prescription orders to an advanced practice registered nurse licensed under s. 441.09 who meets the education, training and examination requirements established by the board for a certificate to issue prescription orders, and who pays the fee specified under s. 440.05 (1). An advanced practice registered nurse certified under this section may provide expedited partner therapy in the manner described in s. 448.035.

(3) (am) Establishing the appropriate education, training and examination requirements that an advanced practice registered nurse must satisfy to qualify for a certificate to issue prescription orders.

(b) Defining the scope of practice within which an advanced practice registered nurse may issue prescription orders.

(c) Specifying the classes of drugs, individual drugs or devices that may not be prescribed by an advanced practice registered nurse.

(cm) 1. Administer a drug prescribed by an advanced practice registered nurse who is certified to issue prescription orders.

2. Administer a drug at the direction of an advanced practice registered nurse who is certified to issue prescription orders.

(e) Establishing the minimum amount of malpractice liability insurance coverage that an advanced practice registered nurse shall have if he or she is certified to issue prescription orders. The board shall promulgate rules under this paragraph in consultation with the commissioner of insurance.

(4) Every advanced practice registered nurse who is certified to issue prescription orders shall annually submit to the board evidence satisfactory to the board that he or she has in effect malpractice liability insurance coverage in the minimum amounts required by the rules of the board.

(5) An advanced practice registered nurse who is certified to issue prescription orders may not delegate the act of issuing a prescription order to any nurse who is not certified to issue prescription orders.

SECTION 71. 441.16 (3) (a) of the statutes is repealed.

SECTION 72. 441.16 (7) of the statutes is created to read:

441.16 **(7)** No person may use the title "advanced practice registered nurse prescriber" or anything else to indicate that he or she is an advanced practice registered nurse prescriber unless he or she has a valid certificate to issue prescription orders issued under this section. No person not holding a certificate under this section may use in connection with his or her nursing employment or vocation the title "advanced practice registered nurse prescriber" or anything else to indicate that he or she is an advanced practice registered nurse prescriber.

SECTION 73. 448.03 (2) (a) of the statutes is amended to read:

448.03 **(2)** (a) Any person lawfully practicing within the scope of a license, permit, registration, certificate or certification granted to practice midwifery under

subch. XIII of ch. 440, to practice professional or practical nursing ~~or nurse–midwifery~~ or as an advanced practice registered nurse under ch. 441, to practice chiropractic under ch. 446, to practice dentistry or dental hygiene under ch. 447, to practice optometry under ch. 449, to practice acupuncture under ch. 451 or under any other statutory provision, or as otherwise provided by statute.

SECTION 74. 448.035 (1) (a), (2), (3) and (4) of the statutes are amended to read:

448.035 **(1)** (a) "Certified advanced practice registered nurse prescriber" means ~~a~~ an advanced practice registered nurse who is certified under s. 441.16 (2).

(2) Notwithstanding the requirements of s. 448.30, a physician, physician assistant, or certified advanced practice registered nurse prescriber may provide expedited partner therapy if the patient is diagnosed as infected with a chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with a sexual partner during which the chlamydial infection, gonorrhea, or trichomoniasis may have been transmitted to or from the sexual partner. The physician, physician assistant, or certified advanced practice registered nurse prescriber shall attempt to obtain the name of the patient's sexual partner. A prescription order for an antimicrobial drug prepared under this subsection shall include the name and address of the patient's sexual partner, if known. If the physician, physician assistant, or certified advanced practice registered nurse prescriber is unable to obtain the name of the patient's sexual partner, the prescription order shall include, in ordinary bold–faced capital letters, the words, "expedited partner therapy" or the letters "EPT."

(3) The physician, physician assistant, or certified advanced practice registered nurse prescriber shall provide the patient with a copy of the information sheet prepared by the department of health services under s. 46.03 (44) and shall

request that the patient give the information sheet to the person with whom the patient had sexual contact.

(4) (a) Except as provided in par. (b), a physician, physician assistant, or certified advanced practice registered nurse prescriber is immune from civil liability for injury to or the death of a person who takes any antimicrobial drug if the antimicrobial drug is prescribed, dispensed, or furnished under this section and if expedited partner therapy is provided as specified under this section.

(b) The immunity under par. (a) does not extend to the donation, distribution, furnishing, or dispensing of an antimicrobial drug by a physician, physician assistant, or certified advanced practice registered nurse prescriber whose act or omission involves reckless, wanton, or intentional misconduct.

SECTION 75. 448.56 (1) and (1m) (b) of the statutes are amended to read:

448.56 **(1)** WRITTEN REFERRAL. Except as provided in this subsection and s. 448.52, a person may practice physical therapy only upon the written referral of a physician, physician assistant, chiropractor, dentist, podiatrist, or advanced practice registered nurse prescriber certified under s. 441.16 (2). Written referral is not required if a physical therapist provides services in schools to children with disabilities, as defined in s. 115.76 (5), pursuant to rules promulgated by the department of public instruction; provides services as part of a home health care agency; provides services to a patient in a nursing home pursuant to the patient's plan of care; provides services related to athletic activities, conditioning, or injury prevention; or provides services to an individual for a previously diagnosed medical condition after informing the individual's physician, physician assistant, chiropractor, dentist, podiatrist, or advanced practice registered nurse prescriber certified under s. 441.16 (2) who made the diagnosis. The examining board may

promulgate rules establishing additional services that are excepted from the written referral requirements of this subsection.

(1m) (b) The examining board shall promulgate rules establishing the requirements that a physical therapist must satisfy if a physician, physician assistant, chiropractor, dentist, podiatrist, or advanced practice registered nurse prescriber makes a written referral under sub. (1). The purpose of the rules shall be to ensure continuity of care between the physical therapist and the health care practitioner.

SECTION 76. 448.67 (2) of the statutes is amended to read:

448.67 **(2)** SEPARATE BILLING REQUIRED. Except as provided in sub. (4), a licensee who renders any podiatric service or assistance, or gives any podiatric advice or any similar advice or assistance, to any patient, podiatrist, physician, physician assistant, advanced practice registered nurse prescriber certified under s. 441.16 (2), partnership, or corporation, or to any other institution or organization, including a hospital, for which a charge is made to a patient, shall, except as authorized by Title 18 or Title 19 of the federal Social Security Act, render an individual statement or account of the charge directly to the patient, distinct and separate from any statement or account by any other podiatrist, physician, physician assistant, advanced practice registered nurse prescriber, or other person.

SECTION 77. 450.01 (1m) of the statutes is amended to read:

450.01 **(1m)** "Advanced practice registered nurse prescriber" means an advanced practice registered nurse who is certified under s. 441.16 (2).

SECTION 78. 450.01 (16) (h) 2. of the statutes is amended to read:

450.01 **(16)** (h) 2. The patient's advanced practice registered nurse prescriber~~, if the advanced practice nurse prescriber has entered into a written agreement to collaborate with a physician~~.

SECTION 79. 450.03 (1) (e) of the statutes is amended to read:

450.03 **(1)** (e) Any person lawfully practicing within the scope of a license, permit, registration, certificate or certification granted to practice professional or practical nursing ~~or nurse–midwifery~~ or as an advanced practice registered nurse under ch. 441, to practice dentistry or dental hygiene under ch. 447, to practice medicine and surgery under ch. 448, to practice optometry under ch. 449 or to practice veterinary medicine under ch. 453, or as otherwise provided by statute.

SECTION 80. 450.11 (7) (b) of the statutes is amended to read:

450.11 **(7)** (b) Information communicated to a physician, physician assistant, or advanced practice registered nurse prescriber in an effort to procure unlawfully a prescription drug or the administration of a prescription drug is not a privileged communication.

SECTION 81. 450.11 (8) (e) of the statutes is amended to read:

450.11 **(8)** (e) The board of nursing, insofar as this section applies to advanced practice registered nurse prescribers.

SECTION 82. 450.13 (5) (b) of the statutes is amended to read:

450.13 **(5)** (b) The patient's advanced practice registered nurse prescriber~~, if the advanced practice nurse prescriber has entered into a written agreement to collaborate with a physician~~.

SECTION 83. 462.04 of the statutes is amended to read:

462.04 Prescription or order required. A person who holds a license or limited X–ray machine operator permit under this chapter may not use diagnostic

X–ray equipment on humans for diagnostic purposes unless authorized to do so by prescription or order of a physician licensed under s. 448.04 (1) (a), a dentist licensed under s. 447.04 (1), a podiatrist licensed under s. 448.63, a chiropractor licensed under s. 446.02, an advanced practice registered nurse prescriber certified under s. 441.16 (2), or a physician assistant licensed under s. 448.04 (1) (f).

SECTION 84. 655.001 (1) of the statutes is renumbered 655.001 (1r).

SECTION 85. 655.001 (1g) of the statutes is created to read:

655.001 **(1g)** "Advanced practice registered nurse prescriber" means an advanced practice registered nurse who is certified under s. 441.16 (2) to issue prescription orders.

SECTION 86. 655.001 (7t) of the statutes is renumbered 655.001 (7t) (intro.) and amended to read:

655.001 **(7t)** (intro.) "Health care practitioner" means a health care professional, as defined in s. 180.1901 (1m), who is an employee of a health care provider described in s. 655.002 (1) (d), (e), (em), or (f) and who is any of the following:

(a) An individual who has the authority to provide health care services that are not ~~in collaboration with a physician under s. 441.15 (2) (b) or~~ under the direction and supervision of a physician ~~or~~, nurse anesthetist, or advanced practice registered nurse prescriber.

SECTION 87. 655.001 (7t) (b) of the statutes is created to read:

655.001 **(7t)** (b) Except for any nurse anesthetist, an advanced practice registered nurse licensed under s. 441.09, who does not have a certificate under s. 441.16 (2) to issue prescription orders regardless whether the advanced practice registered nurse acts under the direction or supervision of a physician, nurse anesthetist, or advanced practice registered nurse prescriber.

SECTION 88. 655.001 (9) of the statutes is amended to read:

655.001 **(9)** "Nurse anesthetist" means ~~a nurse~~ an individual who is licensed ~~under ch. 441 or in a party state, as defined in s. 441.50 (2) (j), who is certified as a nurse anesthetist by the American association of nurse anesthetists~~ as an advanced practice registered nurse and possesses a certified registered nurse anesthetist endorsement under s. 441.09.

SECTION 89. 655.002 (1) (a), (b), (c), (d), (e) and (em) of the statutes are amended to read:

655.002 **(1)** (a) A physician ~~or~~, a nurse anesthetist, or an advanced practice registered nurse prescriber for whom this state is a principal place of practice and who practices his or her profession in this state more than 240 hours in a fiscal year.

(b) A physician ~~or~~, a nurse anesthetist, or an advanced practice registered nurse prescriber for whom Michigan is a principal place of practice, if all of the following apply:

1. The physician ~~or~~, nurse anesthetist, or advanced practice registered nurse prescriber is a resident of this state.

2. The physician ~~or~~, nurse anesthetist, or advanced practice registered nurse prescriber practices his or her profession in this state or in Michigan or a combination of both more than 240 hours in a fiscal year.

3. The physician ~~or~~, nurse anesthetist, or advanced practice registered nurse prescriber performs more procedures in a Michigan hospital than in any other hospital. In this subdivision, "Michigan hospital" means a hospital located in Michigan that is an affiliate of a corporation organized under the laws of this state that maintains its principal office and a hospital in this state.

(c) A physician ~~or~~, nurse anesthetist, or advanced practice registered nurse prescriber who is exempt under s. 655.003 (1) or (3), but who practices his or her profession outside the scope of the exemption and who fulfills the requirements under par. (a) in relation to that practice outside the scope of the exemption. For a physician ~~or~~, a nurse anesthetist, or an advanced practice registered nurse prescriber who is subject to this chapter under this paragraph, this chapter applies only to claims arising out of practice that is outside the scope of the exemption under s. 655.003 (1) or (3).

(d) A partnership comprised of physicians ~~or~~, nurse anesthetists, or advanced practice registered nurse prescribers and organized and operated in this state for the primary purpose of providing the medical services of physicians ~~or~~, nurse anesthetists, or advanced practice registered nurse prescribers.

(e) A corporation organized and operated in this state for the primary purpose of providing the medical services of physicians ~~or~~, nurse anesthetists, or advanced practice registered nurse prescribers.

(em) Any organization or enterprise not specified under par. (d) or (e) that is organized and operated in this state for the primary purpose of providing the medical services of physicians ~~or~~, nurse anesthetists, or advanced practice registered nurse prescribers.

SECTION 90. 655.002 (2) (a) and (b) of the statutes are amended to read:

655.002 **(2)** (a) A physician ~~or~~, nurse anesthetist, or advanced practice registered nurse prescriber for whom this state is a principal place of practice but who practices his or her profession fewer than 241 hours in a fiscal year, for a fiscal year, or a portion of a fiscal year, during which he or she practices his or her profession.

(b) Except as provided in sub. (1) (b), a physician ~~or~~, nurse anesthetist, or advanced practice registered nurse prescriber for whom this state is not a principal place of practice, for a fiscal year, or a portion of a fiscal year, during which he or she practices his or her profession in this state. For a health care provider who elects to be subject to this chapter under this paragraph, this chapter applies only to claims arising out of practice that is in this state and that is outside the scope of an exemption under s. 655.003 (1) or (3).

SECTION 91. 655.003 (1) and (3) of the statutes are amended to read:

655.003 **(1)** A physician ~~or~~, a nurse anesthetist, or an advanced practice registered nurse prescriber who is a state, county or municipal employee, or federal employee or contractor covered under the federal tort claims act, as amended, and who is acting within the scope of his or her employment or contractual duties.

(3) A physician ~~or~~, a nurse anesthetist, or an advanced practice registered nurse prescriber who provides professional services under the conditions described in s. 146.89, with respect to those professional services provided by the physician ~~or~~, nurse anesthetist, or advanced practice registered nurse prescriber for which he or she is covered by s. 165.25 and considered an agent of the department, as provided in s. 165.25 (6) (b).

SECTION 92. 655.005 (2) (a) and (b) of the statutes are amended to read:

655.005 **(2)** (a) An employee of a health care provider if the employee is a physician ~~or~~, a nurse anesthetist, or an advanced practice registered nurse prescriber or is a health care practitioner, except for an advanced practice registered nurse described in s. 655.001 (7t) (b), who is providing health care services that are not ~~in collaboration with a physician under s. 441.15 (2) (b) or~~ under the direction and

supervision of a physician ~~or,~~ nurse anesthetist, or advanced practice registered nurse prescriber.

(b) A service corporation organized under s. 180.1903 by health care professionals, as defined under s. 180.1901 (1m), if the board of governors determines that it is not the primary purpose of the service corporation to provide the medical services of physicians ~~or,~~ nurse anesthetists, or advanced practice registered nurse prescribers. The board of governors may not determine under this paragraph that it is not the primary purpose of a service corporation to provide the medical services of physicians or ~~nurse anesthetists~~ advanced practice registered nurse prescribers unless more than 50% of the shareholders of the service corporation are neither physicians nor ~~nurse anesthetists~~ advanced practice registered nurse prescribers.

SECTION 93. 655.23 (5m) of the statutes is amended to read:

655.23 **(5m)** The limits set forth in sub. (4) shall apply to any joint liability of a physician ~~or,~~ nurse anesthetist, or advanced practice registered nurse prescriber and his or her corporation, partnership, or other organization or enterprise under s. 655.002 (1) (d), (e), or (em).

SECTION 94. 655.27 (3) (a) 4. of the statutes is amended to read:

655.27 **(3)** (a) 4. For a health care provider described in s. 655.002 (1) (d), (e), (em), or (f), risk factors and past and prospective loss and expense experience attributable to employees of that health care provider other than employees licensed as a physician ~~or,~~ nurse anesthetist, or advanced practice registered nurse prescriber.

SECTION 95. 655.27 (3) (b) 2m. of the statutes is amended to read:

655.27 **(3)** (b) 2m. In addition to the fees and payment classifications described under subds. 1. and 2., the commissioner, after approval by the board of governors,

may by rule establish a separate payment classification for physicians satisfying s. 655.002 (1) (b) and a separate fee for nurse anesthetists and advanced practice registered nurse prescribers satisfying s. 655.002 (1) (b) which take into account the loss experience of health care providers for whom Michigan is a principal place of practice.

SECTION 96. 655.275 (5) (b) 2. of the statutes is amended to read:

655.275 **(5)** (b) 2. If a claim was paid for damages arising out of the rendering of care by a nurse anesthetist, or an advanced practice registered nurse prescriber, with at least one nurse anesthetist, or advanced practice registered nurse prescriber.

SECTION 97. 961.01 (19) (a) of the statutes is amended to read:

961.01 **(19)** (a) A physician, advanced practice registered nurse, dentist, veterinarian, podiatrist, optometrist, scientific investigator or, subject to s. 448.21 (3), a physician assistant, or other person licensed, registered, certified or otherwise permitted to distribute, dispense, conduct research with respect to, administer or use in teaching or chemical analysis a controlled substance in the course of professional practice or research in this state.

SECTION 98. 961.395 of the statutes is amended to read:

961.395 Limitation on advanced practice registered nurses. (1) An advanced practice registered nurse ~~who is~~ prescriber certified under s. 441.16 may prescribe controlled substances only as permitted by the rules promulgated under s. 441.16 (3).

(2) An advanced practice registered nurse prescriber certified under s. 441.16 shall include with each prescription order the advanced practice registered nurse prescriber certification number issued to him or her by the board of nursing.

1 **(3)** An advanced practice registered nurse prescriber certified under s. 441.16
2 may dispense a controlled substance only by prescribing or administering the
3 controlled substance or as otherwise permitted by the rules promulgated under s.
4 441.16 (3).

5 **SECTION 99. Effective date.**

6 (1) This act takes effect on March 1, 2016.

7 **(END)**

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State of Wisconsin
Department of Safety and Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Jill M. Remy, Program Manager	2) Date When Request Submitted: 10/17/2014 Items will be considered late if submitted after 5 p.m. and less than: ▪ 8 business days before the meeting for paperless boards ▪ 14 business days before meeting for all others

3) Name of Board, Committee, Council, Section:
Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
11/13/2014	☒ Yes ☐ No	Accreditation Matters: Bryant & Stratton College (ACEN) and Herzing University-Brookfield/Kenosha (CCNE)

7) Place Item in:	8) Is an appearance before the Board being scheduled?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes (Fill out Board Appearance Request) ☒ No	

10) Describe the issue and action that should be addressed:
Review correspondence between Bryant & Stratton College and ACEN regarding substantive change report, and between Herzing University-Brookfield/Kenosha and CCNE regarding non-compliance for first-time NCLEX-RN test takers; make recommendations as necessary.

11) Authorization

Jill M. Remy — 10/17/2014
Signature of person making this request — Date

Supervisor (if required) — Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda) — Date

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Revised 8/13

Bryant & Stratton College

September 22, 2014

Jeffery Miller, Chairperson
Wisconsin Board of Nursing
Department of Safety and Professional Services
1400 East Washington Avenue
Post Office Box 8935
Madison, Wisconsin 53708-8935

Dear Mr. Miller,

Please find enclosed a copy of the recent correspondence Bryant & Stratton College received from the Accreditation Commission for Education in Nursing regarding our Nursing Program substantive change report. The ACEN requested additional materials be submitted. Also enclosed is our response to the ACEN request, including the documents which were submitted to the ACEN.

If you have any questions regarding our program, please feel free to contact me. Thank you for your time and consideration.

Sincerely,

Linda Krueger

Linda Krueger, EdD, RN, MSN
Dean of Nursing
Bryant & Stratton College
10950 W. Potter Rd
Wauwatosa WI 53226
414-302-7007 ext. 572
lmkrueger@Bryantstratton.edu

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Bryant & Stratton College

September 22, 2014

Dr. Georgia Vest
Associate Director
Accreditation Commission for Education in Nursing
3343 Peachtree Road NE, Suite 850
Atlanta, Georgia 30326

Dear Dr. Vest,

Please find enclosed the documentation requested from the ACEN in response to the substantive change report submitted by the Bryant & Stratton College Nursing Program, Milwaukee market. The documents include the faculty plan for an in-depth review of the curriculum for integrity, rigor, and currency. The course syllabi and course configuration chart are included and you will note they are consistent with the credit to contact hours. The faculty have completed a review of congruency of the new curriculum with the professional standards and guidelines, and course outcomes and student learning outcomes. These documents are included for your consideration. Faculty will be meeting later this month to discuss the course and program implications from these documents. Additionally, the faculty plan for mapping their exams is included. The blue print was developed following an exam-writing workshop held at our campus, using many of the recommendations from the presenter. Faculty will share data on exam blue printing within courses and as a whole in order to identify program implications and to make program decisions.

Faculty continue to refine the systematic plan so that the program can quickly become compliant in all standards which were not met or needed improvement. We are hopeful these revisions will lead to a successful site visit in fall, 2016.

If there is anything else you need from our program, please let me know. I welcome any feedback you have on the documents shared with you.

Thank you for your time and consideration,

Linda Krueger

Linda Krueger, EdD, RN, MSN
Dean of Nursing
Bryant & Stratton College
10950 W. Potter Rd
Wauwatosa WI 53226

Bryant & Stratton College Nursing Program Curriculum Review Plan

Concept	What we will Measure	How we will measure it	Timeline- when we will measure it	Follow-up with faculty team
Integrity	Student learning outcomes are guiding our curriculum	Student learning outcomes are consistently presented in a variety of formats: • Course syllabi • Clinical logs • Post-conference topics • Blue print for exams • Portfolios • Student assignments	Every semester faculty will share at least two ways they are connecting the student learning outcomes to what they are teaching, learning activities, and/or assessment activities	Curriculum implementation committee will gather the data, report it to faculty via email or at faculty meeting, and action taken based on faculty discussion and outcomes
	Congruency with our curriculum and professional guidelines and standards	Comparison of student learning outcomes with: • NLN competencies • IOM/QSEN concepts • ANA standards Comparison of course outcomes with: • IOM/QSEN concepts • ANA standards • Student learning outcomes	Assess the comparison and congruency in the fall semester, 2014. As each new course in the new curriculum is phased in, we will assess the comparison and congruency again for validation. • Sept 2014- N100, N125, N103 new curriculum; N215, N211, N201, N221, N222, N230, N270 current curriculum • Feb 2015- N211, N215 new curriculum • June 2015- N 202, N222 new curriculum • Sept 2015- N230, N223, N270 new curriculum	Curriculum implementation committee will gather the data, report it to faculty via email or at a faculty meeting, and action will be taken based on faculty discussions and outcomes of assessment
	Employer satisfaction with graduates' mastery of the student learning outcomes	We will use a variety of methods to obtain qualitative and quantitative measurement: • Personal conversations between faculty or administration with employers • Paper-pencil survey completion • Electronic survey completion • Email correspondences between employer and faculty or administration (See new process for obtaining data)	We will evaluate this every 6 months following graduation. In addition, we will collect qualitative data on an ongoing basis when we see graduates on the clinical units, or when we receive correspondences from employers	The data will initially be gathered by faculty, clinical coordinator, Dean of Nursing. All data will be forwarded to standard 6 faculty team for further review, organization, and presentation to faculty as a whole at either a faculty meeting or via email. Faculty discussion and decision-making will occur following dissemination of results and time for review.

Concept	What we will Measure	How we will measure it	Timeline- when we will measure it	Follow-up with faculty team
	Portfolio presentations	Students in the N230 course will present their portfolio as part of their course work. They will need to show evidence and articulate achievement of the student learning outcomes and how they are prepared for the work place. The rubric for scoring the portfolio presentation will be followed. Data will be reported based on the number of students who show evidence and articulate with or without prompting, with the goal to have 80% of students articulate mastery of student learning outcomes without prompting.	We will measure this every semester in N230. April, August, December	Results of rubric scores will be shared by the course instructor to faculty at a faculty meeting or via email. Discussion and action plan will be based upon data collected.
Rigor	Course exam blue prints- Each course exam will be evaluated for: • % of alternative style items • % of application/ analysis level items • Connection with QSEN • Connection with student learning outcome • Connection with course outcome • Connection with Nursing Process • Connection with NCLEX test plan category • Bloom's level: remember, understand, apply,	Faculty teaching theory courses will complete the Exam Blue Print for mapping. Faculty will gather student performance data on exams.	Each course instructor will evaluate at least one exam each semester according to the blue print.	Data from exam blue print will be used within courses by faculty to make revisions in teaching as needed. Faculty will share exam blue print information at a course lead meeting each semester in order to assess for increasing rigor and greater application as student progresses through the curriculum; assess for adequate evaluation of the nursing process throughout the course and throughout the program; identify gaps in testing areas compared to NCLEX categories, or QSEN. Exam blue prints and student performance on exams will be discussed to determine if action needs to be taken.

Concept	What we will Measure	How we will measure it	Timeline- when we will measure it	Follow-up with faculty team
	analyze, evaluate, create			
	Leveling of learning, student assessment activities, progression through the curriculum	Student assignments in theory courses and in clinical will be evaluated based on Bloom's taxonomy- remember, understand, apply, analyze, evaluate, create. There should be a progressive increase in level of processing as the student progresses through the curriculum	At the end of each semester faculty will submit at least one assignment and the identification of level of processing required by the student. These examples will be shared with faculty at course meetings and at a faculty meeting in order to assess for leveling through the program, identify areas of concern, ensure appropriate leveling at each semester	At the beginning of each term, the course leads will present to faculty the assignments and examples of documents shared among their course at a faculty meeting. Faculty will discuss these examples and determine if an action plan is needed for the program.
	Standardized testing - ATI	ATI proctored exams are assigned to nursing courses. Faculty in these courses will use the results as course revision prompts. In addition, ATI scores will be assessed in relation to NCLEX pass rates.	Each semester ATI proctored exams are administered in particular courses toward the end of the semester.	Course leads will evaluate the student performance on ATI in their particular course at the end of the semester and determine if revisions in their course are needed. Additionally, at the final course lead meeting of the semester (May, August, December) results of ATI testing will be shared among the course leads to address programmatic implications and an action plan if needed.
	BSC Rigor Framework	Method to evaluate course rigor as determined by BSC. Course lead faculty will use the appropriate Rigor Framework rubric based on level of course, 100 or 200.	We will evaluate each course in the new curriculum as it is offered the first time, and then yearly thereafter, in January, to assess for continued rigor and meeting BSC standards. Fall 2014- N100, N125, N103 Winter 2015- N215, N211 Spring 2015- N202, N222 Fall 2015- N230, N223, N270	Course leads will share rigor findings at a course lead meeting each semester until fall 2015, and then yearly in January after that.
	NCLEX pass rates, Mountain Measure reports	NCLEX pass rates will be examined quarterly and will be aggregated by campus, student enrollment status, TEAS, and ATI. Mountain measure reports will be assessed	Each quarter- January, April, July, October	Following NCSBN reporting, results will be shared with all faculty via email. Subsequently, discussion will occur at the following faculty meeting to

Concept	What we will Measure	How we will measure it	Timeline- when we will measure it	Follow-up with faculty team
		each quarter and trends, gaps, concerns will be identified.		discuss implications for the program and an appropriate action plan
	Clinical Course progression of learning and expectations from simple to complex	Clinical evaluation tools will measure student progression toward achieving student learning outcomes, will reflect appropriate expectations for each semester	The clinical evaluation tools will undergo a review and revision process in the fall, 2014 term. A representative from each course with a clinical component will meet regularly to create a revised tool which clarifies the leveling and expectations, assures consistency with student learning outcomes and organizing framework, and is clear to students and faculty in terms of grading/evaluating student performance	At the end of the fall 2014 semester, this team should share their proposal for revised clinical evaluation tools with the faculty for discussion and further revision or adoption. Following this, implementation is expected to occur in the winter, 2015 term, with a review of the tool and its appropriateness each semester for one year.
	Threaded concepts in curriculum, simple to complex	Threaded concepts in curriculum will progress from simple to complex in level of processing, and in application to client care	Course lead faculty will create learning objectives for the threaded concepts which progress in level of difficulty and complexity throughout the curriculum in the fall 2014 term. The threaded concepts will be phased in each semester with the the new curriculum implementation. The learning objectives will be aligned with student learning outcomes.	Discussion at the course meetings and at the course lead meetings will occur to address the concepts and appropriateness of the objectives. Revisions will occur based on faculty discussion and implications at the course and program levels.
Currency	NCLEX test plan, content blue print	Course content in the nursing program will be compared to content on the NCLEX exam to identify gaps	Fall 2014, initial completion for the new curriculum. Each semester as the new curriculum is phased in, course leads will review the comparison and data and validate the information provided Fall 2014- N100, N103, N125 Winter 2015- N215, N211 Spring- N222, N202 Fall 2105- N230, N223, N270	Course leads will discuss implication of NCLEX test plan data in October 2014. Subsequently, each semester as the new curriculum is phased in, the course lead will inform the rest of the course lead team if there have been changes. Gaps, excessive overlaps will be discussed, program implications will be determined, and an action plan will be created if needed.
	Authentic Assessments	Each course will have at least one authentic assessment for students to complete which is an activity	At the end of each semester, all faculty will identify if they use an authentic assessment, the student performance on	At the beginning of each term, the course leads will present to faculty the assignments and examples of

Concept	What we will Measure	How we will measure it	Timeline- when we will measure it	Follow-up with faculty team
		related directly to the practice of nursing in the work place	the authentic assessment will be discussed at the course meeting. Implications for the course and for the program will be brought forward to the faculty team	documents shared among their course at a faculty meeting. Faculty will discuss these examples and determine if an action plan is needed for the program.
	Evidence of currency in clinical courses	Each clinical instructor will identify the opportunities the students have at that particular site, for exposure to and application of current nursing practice, to include, but not limited to: • EMR utilization • Policy/procedures utilized • Orientation to the site • OSHA training • HIPAA training • NPSG • Joint Commission • Patient satisfaction surveys	Each semester every clinical instructor will be share the opportunities their students have had in preparing them for the current nursing experience. Clinical faculty will share these examples at the course meeting. Implications for the course will be discussed.	At the first faculty meeting of each semester, information from the past semester course meeting related to currency in clinical will be shared with the faculty team. Implications for the program will be discussed, and an action plan will be created if appropriate.
	Evidence of currency in theory course and in clinical course	All faculty will share at least one example of how they keep their course content and clinical experiences current. Examples may include but are not limited to: • Journal article readings • Textbooks • Current practice • Conferences, seminars • Professional organizations	At the end of each semester every faculty member will share at least one example. Examples will be discussed at the course meetings where implications can be identified.	During a faculty meeting (either the first or second of the semester) information from the course meeting will be shared with faculty as a whole to discuss program implications and create an action plan if necessary

Employer Satisfaction Survey Process

Purpose: Obtaining employer satisfaction is required for ACEN standard 6 as a program outcome. Employer feedback guides program evaluation and improvement.

Goal: Elicit employer feedback from at least 50% of employers who hire our graduates within 12 months of graduation.

Process: Quantitative Data

- Prior to each semester start, the clinical coordinator and Dean of Nursing will review the data spreadsheet from Career Services which lists our graduates and their site of employment. The students we will review will be from the same term, one year previous. For example, prior to fall 2014, we will gather the data from the fall 2013 graduates.
- The spreadsheet will be reviewed by the clinical coordinator and Dean of Nursing for employer data (email address and/or name of supervisor) which was provided by the graduate. If a supervisor name and email are provided, the clinical coordinator will work with the program assistant to send an email with the survey attached. The returned survey will be sent to the Dean of Nursing. If only a supervisor name is provided, a letter and survey will be sent to the supervisor via postal mail with a return envelope. If no specific supervisor or unit was identified, the clinical coordinator may contact the liaison at the organization to obtain the unit information. If the unit and supervisor information are obtained, the survey will be sent via email by the program assistant. The date that the survey was mailed or sent via email will be added to the spreadsheet.
- Prior to conducting clinical site visits throughout the semester, the clinical coordinator will review the spreadsheet for survey data that has not been completed or returned. The clinical coordinator will attempt to meet with the supervisor during the site visit and provide the survey in person for completion.

Process: Qualitative Data

- Qualitative data and feedback from employers which is provided impromptu to faculty, the clinical coordinator, or the Dean of Nursing, will be shared with the clinical coordinator, who will document and maintain this data.
- The clinical coordinator will meet with Standard 6 team members at least one each semester to review the qualitative and quantitative data obtained, identify trends, discuss program implications, and create a plan for improvement if necessary. At the end of each term, the lead of standard 6 will share all of this information with the entire faculty team for further discussion and decision-making.

Associate Degree - Nursing
Academic Plan

Student: **Advisor:**

BID: **Anticipated Graduation Date:**

Grade	Sem	Credits	Course	Pre-/Co-requisites
			1st Semester	
		3	COMM 150 *Info Lit & Research*	
		3	ENGL 101 *Research & Writing I*	Placement
		3	MATH 103 *Survey of Math*	Placement
		3	PSYC 101 *Principles of Psychology**	
		3	BIOL 110 *Anatomy &Physiology I*	
		1	NURS 100 *Introduction to Nursing*	Admission to Nursing Program
			2nd Semester	
		3	BIOL 120 *Microbiology*	BIOL 110
		3	BIOL 210 *Anatomy &Physiology II*	BIOL 110
		3	NURS 125 *Lifespan Development*	
		6	NURS 103 *Nursing Fundamentals*	Prerequisites BIOL 110; ENG 101; MATH 103; NURS 100 Pre-/Co-requisites BIOL 120; BIOL 210
			3rd Semester	
		3	PHIL 250 *Analytic Reasoning & CT**	
		3	BIOL 205 *Pathophysiology*	BIOL 110; BIOL 120; BIOL 210; MATH 103
		3	NURS 215 *Pharmacology for Nurses*	BIOL 120, BIOL 210, MATH 103; NURS 103
		6	NURS 211 *Med/Surg Nursing I*	Prerequisites BIOL 120; BIOL 210; NURS 103 Pre-/Co-requisites BIOL 205; NURS 215
			4th Semester	
		3	COMM 201 *Speaking & Persuasion*	COMM 115
		5	NURS 202 *Family/Child Nursing*	BIOL 205; NURS 211; NURS 215
		5	NURS 222 *Geriatric/Mental Health*	BIOL 205; NURS 211; NURS 215
			5th Semester	
		3	ENGL 250 *Research & Writing II*	ENGL 101
		5	NURS 223 *Med/Surg Nursing II*	BIOL 205; NURS 211; NURS 215
		3	NURS 230 *Nurs Issues/Leadership*	Prerequisite: Final Semester Co-requisite: NURS 270
		2	NURS 270 *Internship*	Prerequisite: Final Semester Co-requisite: NURS 230

- *PSYC 101 and PHIL 250 must be taken online.
- Course failure, course withdrawal, or taking a semester off may result in changes to the proposed schedule.
- Clinical placements are not guaranteed.

Bryant & Stratton College Nursing Program Academic Plan Contact to Credit Hours

Lecture 1:1 credit to contact hour
Lab 1:3 credit to contact hour
Clinical 1:3 credit to contact hour
Internship clinical 1:6 credit to contact hour

Course	Total Credits	Credit Distribution	Contact Hours per Week	Total Contact per Term (15 weeks)
NURS 100- Introduction to Nursing	1	1 credit lecture	1 hour per week	15 hours lecture
NURS 125- Lifespan Development	3	3 credit lecture	3 hours per week	45 hours lecture
NURS 103- Nursing Fundamentals	6	3 credit lecture 1 credit lab 2 credit clinical	3 hours per week 3 hours per week 6 hours per week	45 hours lecture 45 hours lab 90 hours clinical
NURS 215- Pharmacology	3	2 credit lecture 1 credit lab	2 hours per week 3 hours per week	30 hours lecture 45 hours lab
NURS 211- Medical Surgical Nursing I	6	3 credit lecture 1 credit lab 2 credit clinical	3 hours per week 3 hours per week 6 hours per week	45 hours lecture 45 hours lab 90 hours clinical
NURS 202- Family Child Nursing	5	3 credit lecture 2 credit clinical	3 hours per week 6 hours per week	45 hours lecture 90 hours clinical
NURS 222- Geriatric &Mental Health Nursing	5	3 credit lecture 2 credit clinical	3 hours per week 6 hours per week	45 hours lecture 90 hours clinical
NURS 223- Medical Surgical Nursing II	5	3 credit lecture 2 credit clinical	3 hours per week 6 hours per week	45 hours lecture 90 hours clinical
NURS 230- Nursing Issues, Leadership & Research	3	3 credit lecture	3 hours per week	45 hours lecture
NURS 270- Internship	2	1 credit lecture 1 credit intern	1 hour per week 6 hours per week	15 hours lecture 90 hours clinical

Bryant & Stratton College – Course Syllabus

NURS 100 INTRODUCTION TO NURSING

This course syllabus is a contract between you and Bryant & Stratton College. It represents the minimum expected learning outcomes for this course. Your instructor will also provide a supplemental syllabus describing the approach to the course, instructional methods, tracking calendar, assignments, assessments and grading scheme, plus guidelines for your success.

Semester Credit Hours: 1	**Instructional Hours: 1** **Lecture: 1 (15 total hours)** **Lab: 0** **Clinical: 0**		**Term:**
Proficiency Available:	**Prerequisite(s):** Admission to the nursing program	**Co-requisite(s):** **0**	Date of Last Revision: **12/2013**

COURSE CATALOG DESCRIPTION:

This course introduces the roles and responsibilities of nurses from a historical view to present day. The student is introduced to contemporary nursing practice and health care. Nursing as a profession and the ethical/legal implications are discussed.

LEARNING OUTCOMES

Bryant & Stratton College seeks to develop lifelong learning competencies in all students through the development of information literacy skills that assist students to formulate essential questions, research and apply the answers, and communicate the results within the dynamic communities of college, career, and life.

Course Outcomes: Upon completion of this course, students will be able to:

1. Identify the influence of nurse practice acts and professional standards on nursing practice.
2. Identify the changing roles and responsibilities of nurses utilizing QSEN competencies.
3. State the ethical and legal issues in nursing.
4. Explain the role of the nurse in the context of contemporary health care including awareness of cultural influences.
5. Explore personal and professional identity in order to facilitate growth.
6. Identify strategies to develop and maintain successful relations with individuals at work or in society taken as a whole
7. Interpret basic medical terminology.

Institutional Outcomes:

- **Information Literacy and Communication** - Utilize appropriate current technology and resources to locate and evaluate information needed to accomplish a goal, and then communicate findings in visual, written and/or oral formats.
- **Relational Learning** - Transfer knowledge, skills and behaviors acquired through formal and informal learning and life experiences to new situations.
- **Thinking Abilities** - Employ strategies for reflection on learning and practice in order to adjust learning processes for continual improvement.
- **Quantitative and Scientific Reasoning** - Follow established methods of inquiry and mathematical reasoning to form conclusions and make decisions.
- **Community and Career** - Participate in social, learning, and professional communities for personal and career growth.

CAREER CONNECTION & WORKPLACE CAPABILITIES:

Each course will provide learners with an opportunity to connect the subject matter of the class to their intended profession, to draw the bright line between the topic studied and its application/value in the workplace. Details about the career connection and workplace competency will be provided on the supplemental syllabus and tracking calendar.

MEDIA/EQUIPMENT/SOFTWARE REQUIREMENTS:

Bryant & Stratton College faculty, as content area experts, selected the following media package for this course. A decision was made from these approved packages and is reflected on the supplemental syllabus.

Package A	Package B	Package C
BUNDLE* Fundamentals of Nursing and Dictionary, Elsevier Textbook 9780323079334 Dictionary 9780323049375 Study Guide 9780323084697 ISBN: 9781455766307	Fundamentals of Nursing Care with Tabers Bundle, McGraw Book: 9780077473730 Tabers: 9780077314590 ISBN: 0077624521	

SKILLS ASSISTANCE: The instructor will be available for Skills Assistance hours. The times and locations are published in the supplemental syllabus.

Bryant & Stratton College – Course Syllabus

TOPICS TO BE COVERED WILL INCLUDE:

Nursing as a Profession
- Historical perspectives
  - Who were nurses in ancient times through 1800's?
  - Florence Nightingale and beyond
  - Art, science and profession
- Contemporary nursing practice
  - Concepts and philosophies of nursing
  - Contribution of nursing theory and research
  - Professional organizations
- Role and function of the associate degree nurse
  - Role of the associate degree nurse
  - Career opportunities
- Criteria of a profession
  - Definition of profession
  - Expertise
- Foundation of nursing practice—theory, practice, research

Contemporary Health Care
- Health Care Delivery Systems
  - What are they?
  - Influence of government and private sector
  - Consumer impact
- Community Based Nursing/Home Care
  - What is it?
  - Nursing's role
  - Concerns
- Health Promotion
  - What is it?
  - Education/Teaching/Prevention
- Informatics--Communication, information and confidentiality
  - HIPAA
  - Telehealth
  - Influence of the WEB

Ethical/Legal Aspects of Nursing
  - Code of Ethics
- What they are and what they mean
  - Standards of Clinical Nursing Practice
- What they are and what they mean
  - Nurse Practice Acts
- NCSBN and the Interstate Compact
  - Risk Management—Legal responsibilities of students
- Major legal and ethical issues

Integral Aspects of Nursing
  - Caring, Comforting, and Communicating
- Definitions
- Nursings' role
- Evidence-based practice

Concepts of Basic Medical Terminology

Nursing Process

Cultural Sensitivity
- Define culture
- Describe various cultures

Teaching and Learning
- Introduce teaching and learning techniques
- Introduction to learning domains
- Introduction to learning styles

Communication
- Importance of communication
- Communication definition
- Different groups nurses communicate with
- HCAPS
  - Courtesy
  - Respect
  - Active listening
  - Explanations
  - Service

Leadership
- Define delegation
- Define management
  - Introduction to time management
- Leadership roles and styles

QSEN
  - Patient-Centered care
  - Teamwork and collaboration
  - Evidence-based practice
  - Quality improvement
  - Safety
  - Informatics

Bryant & Stratton College – Course Syllabus

NURS 103 NURSING FUNDAMENTALS

This course syllabus is a contract between you and Bryant & Stratton College. It represents the minimum expected learning outcomes for this course. Your instructor will also provide a supplemental syllabus describing the approach to the course, instructional methods, tracking calendar, assignments, assessments and grading scheme, plus guidelines for your success.

Semester Credit Hours: 6	**Instructional Hours: 6** **Lecture: 3 (45 total hours)** **Lab 3 (45 total hours) clinical 6 (90 total hours)**		**Term: Fall 2014**
Proficiency Available:	**Prerequisite(s):** NURS 100 Introduction to Nursing BIOL 110 Anatomy and Physiology I ENGL 101 Research and Writing I MATH 103 Survey of Math	**Co-requisite(s):** BIOL 120 Microbiology BIOL 210 Anatomy and Physiology II	Date of Last Revision: **12/2013**

COURSE CATALOG DESCRIPTION: This course assists with the development of basic nursing skills and introduces the student to identifying the social, cultural, global and ethnic needs of patients and families. This course builds on introductory course information of the practice of nursing and the nursing process. It provides evidence based rationale for *safe and effective* nursing *interventions*. Skill attainment is emphasized in the skills laboratory and through clinical experience which focuses on the self care needs of adults.

LEARNING OUTCOMES

Bryant & Stratton College seeks to develop lifelong learning competencies in all students through the development of information literacy skills that assist students to formulate essential questions, research and apply the answers, and communicate the results within the dynamic communities of college, career, and life.

Course Outcomes: Upon completion of this course, students will be able to:

1. Demonstrate beginning skill in the utilization of the nursing process and QSEN competencies to meet the needs of the clients.
2. Safely perform basic nursing procedures with knowledge of related scientific facts in order to adjust learning processes for continual improvement.
3. Demonstrate a beginning understanding of how research based practice is necessary for providing safe client care.
4. Identify individual needs of patients and families related to health and life events.
5. Identify the social, cultural, global, ethnic, nutritional, and learning needs of patients and families.
6. Describe ethical and legal standards used in the provision of nursing care.
7. Demonstrate accountability for personal nursing actions and conduct.
8. Identify the value of life-long learning.
9. Employ information literacy skills through introduction to informatics and ethical use of electronic health system

Institutional Outcomes:

- **Information Literacy and Communication** - Utilize appropriate current technology and resources to locate and evaluate information needed to accomplish a goal, and then communicate findings in visual, written and/or oral formats.
- **Relational Learning** - Transfer knowledge, skills and behaviors acquired through formal and informal learning and life experiences to new situations.
- **Thinking Abilities** - Employ strategies for reflection on learning and practice in order to adjust learning processes for continual improvement.
- **Quantitative and Scientific Reasoning** - Follow established methods of inquiry and mathematical reasoning to form conclusions and make decisions.
- **Community and Career** - Participate in social, learning, and professional communities for personal and career growth.

CAREER CONNECTION & WORKPLACE CAPABILITIES:

Each course will provide learners with an opportunity to connect the subject matter of the class to their intended profession, to draw the bright line between the topic studied and its application/value in the workplace. Details about the career connection and workplace competency will be provided on the supplemental syllabus and tracking calendar.

MEDIA/EQUIPMENT/SOFTWARE REQUIREMENTS:

Bryant & Stratton College faculty, as content area experts, selected the following media package for this course. A decision was made from these approved packages and is reflected on the supplemental syllabus.

Package A	Package B	Package C
Fundamentals of Nursing and Dictionary Bundle, Elsevier TEXTBOOK 9780323079334 DICTIONARY 9780323049375 STUDY GUIDE 9780323084697 ISBN: 9781455766307 Clinical Calculations, Ed. 7, Elsevier ISBN: 9781455703845	Procedure Checklist for Fundamentals of Nursing with Skills Videos, McGraw Book: 9780077407681 Videos: 9780077307912 ISBN: 007762498x	

SKILLS ASSISTANCE: The instructor will be available for Skills Assistance hours. The times and locations are published in the supplemental syllabus.

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TOPICS TO BE COVERED WILL INCLUDE:

Health Beliefs and Practices
- Concepts of health, wellness and illness
- Individual, family and community health
- Ethnic, social and global concepts in nursing
- Alternative medical therapies

Nursing Process
- Critical thinking
- Assessment
- Diagnosis
- Planning
- Implementation and evaluation
- Documentation and reporting
  - Electronic charting

Health Assessment—head to toe

Information Literacy
- Manage knowledge and support decision-making in a clinical setting
- Interdisciplinary communication
- Mitigate errors

Cultural Sensitivity
- Target populations of cultural groups
- Cultural influences on plan of healthcare

Teaching and Learning
- Teaching and learning as part of the nursing process
- Teaching strategies for nurses to assist patient to reach optimal wellness
- Environments that promote learning

Communication
- Communication styles
- Communication strategies
- Therapeutic communication strategies
- HCAPS
  - Courtesy
  - Respect
  - Active listening
  - Explanations
  - Service

Leadership
- Delegation process
- Observation
  - Leadership management roles in clinical setting

QSEN
- Patient-Centered care
- Teamwork and collaboration
- Evidence-based practice
- Quality improvement
- Safety
- Informatics

Safe and Effective Care Environment
- Management of Care
  - Case management
  - Client rights
  - Collaboration with multidisciplinary team
  - Confidentiality
  - Consultation
  - Continuity of care
  - Establishing priorities
  - Referrals
  - Resource management
  - Supervision
- Safety and Infection Control
  - Medical and surgical asepsis
  - Safety—accident and injury prevention
  - Infection control
  - Disaster planning
  - Error prevention
  - Handling hazardous and infectious materials

Health Promotion and Maintenance
- Growth and development across the lifespan
- Prevention and early detection of disease
- Promoting Psychosocial Health
- Promoting Physiological Health

Nutrition
- Types of therapeutic diets
- Methods of feeding
- Nutritional assessment
- 24 hour recall
- Weight
- BMI
- Special diets
- Cultural considerations in patients with nutritional needs

Pharmacological Considerations
- Medication calculations and conversions
- Preventing medication errors
  - Actions
- Rights to medication administration

Abuse and Neglect
- Abuse and neglect definition
- Signs and symptoms
- Types
  - Physical
  - Emotional
  - Nebtal
  - Financial
  - Neglect
  - Sexual
  - Intimate partner
  - Elder abuse
- Legal and ethical responsibilities of the nurse
  - Mandatory reporting

Bryant & Stratton College – Course Syllabus

NURS 125 LIFESPAN DEVELOPMENT AND NURSING PRACTICE

This course syllabus is a contract between you and Bryant & Stratton College. It represents the minimum expected learning outcomes for this course. Your instructor will also provide a supplemental syllabus describing the approach to the course, instructional methods, tracking calendar, assignments, assessments and grading scheme, plus guidelines for your success.

Semester Credit Hours: 3	**Instructional Hours: 3** **Lecture: 3 (45 total hours)** **Lab: 0** **Clinical: 0**		**Term:**
Proficiency Available:	**Prerequisite(s):** **0**	**Co-requisite(s):** **0**	Date of Last Revision: **12/2013**

COURSE CATALOG DESCRIPTION:

The focus of this course is to introduce the concepts of normal growth and development, developmental theories, and strategies for the nurse to consider regarding nursing care of the patient across the lifespan.

LEARNING OUTCOMES

Bryant & Stratton College seeks to develop lifelong learning competencies in all students through the development of information literacy skills that assist students to formulate essential questions, research and apply the answers, and communicate the results within the dynamic communities of college, career, and life.

Course Outcomes: Upon completion of this course, students will be able to:

1. Explain the concept of lifespan development—human growth and learning from conception to death
2. Identify major theorists and theories in developmental psychology.
3. List and describe the major stages of human growth and development and patient teaching and learning implications.
4. State appropriate behavioral expectations and developmental tasks associated with each major stage of development.
5. Describe the biological, nutritional, psychological, social changes and cultural implications that occur at each stage of the life cycle.
6. Explore the processes involved in death and dying.
7. Relate lifespan development concepts to the nursing process, and apply leadership skills to health promotion/restoration.

Institutional Outcomes:

- **Information Literacy and Communication** - Utilize appropriate current technology and resources to locate and evaluate information needed to accomplish a goal, and then communicate findings in visual, written and/or oral formats.
- **Relational Learning** - Transfer knowledge, skills and behaviors acquired through formal and informal learning and life experiences to new situations.
- **Thinking Abilities** - Employ strategies for reflection on learning and practice in order to adjust learning processes for continual improvement.
- **Quantitative and Scientific Reasoning** - Follow established methods of inquiry and mathematical reasoning to form conclusions and make decisions.

  Community and Career - Participate in social, learning, and professional communities for personal and career growth.

CAREER CONNECTION & WORKPLACE CAPABILITIES:

Each course will provide learners with an opportunity to connect the subject matter of the class to their intended profession, to draw the bright line between the topic studied and its application/value in the workplace. Details about the career connection and workplace competency will be provided on the supplemental syllabus and tracking calendar.

MEDIA/EQUIPMENT/SOFTWARE REQUIREMENTS:

Bryant & Stratton College faculty, as content area experts, selected the following media package for this course. A decision was made from these approved packages and is reflected on the supplemental syllabus.

Package A	Package B	Package C
Growth and Development Across the Lifespan – ed 2, Elsevier, Leiter/Hartstoh ISBN: 9781455745456	Journey Across the Lifespan, McGraw ISBN: 007762470x	

SKILLS ASSISTANCE: The instructor will be available for Skills Assistance hours. The times and locations are published in the supplemental syllabus.

Bryant & Stratton College – Course Syllabus

TOPICS TO BE COVERED WILL INCLUDE:

- Theories of development
- Government influences on healthcare
- Family Influences on healthcare
- Prenatal Influences on health development
- The infant
- Early childhood
- Middle childhood
- Adolescence
- Information literacy:
  - Best current evidence
  - Manage knowledge related to appropriate behavioral expectations and developmental tasks associated with each major stage of development
- Young adulthood
- Middle adulthood
- Late adulthood
- Geriatrics: advanced old-age
- Planning for the end of a generation
- Bereavement
- Nursing process and lifespan development concepts
- Cultural Sensitivity
  - Cultural influences on human growth and development
- Teaching and learning across the lifespan
- Communication
  - Types of Communication appropriate to different developmental stages
  - Barriers to communication across the lifespan
  - HCAPS
    - Courtesy
    - Respect
    - Active listening
    - Explanations
    - Service
- Leadership
  - Nursing role with healthy people 20/20 across the lifespan
- Nutrition
  - Nutritional needs across the lifespan
- QSEN
  - Patient-Centered care
  - Teamwork and collaboration
  - Evidence-based practice
  - Quality improvement
  - Safety
  - Informatics

Bryant & Stratton College – Course Syllabus

NURS 202 FAMILY CHILD NURSING

This course syllabus is a contract between you and Bryant & Stratton College. It represents the minimum expected learning outcomes for this course. Your instructor will also provide a supplemental syllabus describing the approach to the course, instructional methods, tracking calendar, assignments, assessments and grading scheme, plus guidelines for your success.

Semester Credit Hours: 5	**Instructional Hours: 5** **Lecture: 3 (45 total hours)** **Lab: 0** **Clinical: 6 (90 total hours)**		**Term:**
Proficiency Available:	**Prerequisite(s):** BIOL 205 Pathophysiology NURS 211 Medical Surgical Nursing I NURS 215 Pharmacology for Nurses	**Co-requisite(s):** **0**	Date of Last Revision: **12/2013**

COURSE CATALOG DESCRIPTION:

This course includes an introduction to theory and clinical practice of maternal-child health nursing, maternity-nursing care, and care of the pediatric patient. Evidence-based practices will be applied utilizing selected clinical settings across the health-care continuum.

LEARNING OUTCOMES

Bryant & Stratton College seeks to develop lifelong learning competencies in all students through the development of information literacy skills that assist students to formulate essential questions, research and apply the answers, and communicate the results within the dynamic communities of college, career, and life.

Course Outcomes: Upon completion of this course, students will be able to:

1. Employ the nursing process and QSEN competencies to manage the nursing care of the childbearing and childrearing family.
2. Demonstrate critical reasoning and appropriate clinical judgment in the management of nursing care for the childbearing and childrearing family as well as employ strategies for reflection on learning practice..
3. Differentiate modifications in the delivery of nursing care for children who have acute and chronic illnesses, using culturally relevant evidence based standards of practice.
4. Apply appropriate communication techniques in caring for the child and childbearing family.
5. Modify principles of the teaching/learning process to patient care with regard to the educational and developmental level of the child and child rearing family.
6. Demonstrate collaborative behavior as a member of the multidisciplinary health care team when delivering care of the childbearing and childrearing family.
7. Analyze legal and ethical issues related to family violence when caring for the childbearing and child rearing family.
8. Examine the principles of teaching and learning techniques and demonstrate leadership skills in the health promotion of the child, childbearing, and childrearing families.
9. Illustrate a framework of personal accountability for lifelong learning through examination of evidence-based practice to provide safe, effective nursing care for the child, childbearing, and childrearing family.
10. Differentiate between various information sources to provide nursing care for the child, childbearing and childrearing family.

Institutional Outcomes:

- **Information Literacy and Communication** - Utilize appropriate current technology and resources to locate and evaluate information needed to accomplish a goal, and then communicate findings in visual, written and/or oral formats.
- **Relational Learning** - Transfer knowledge, skills and behaviors acquired through formal and informal learning and life experiences to new situations.
- **Thinking Abilities** - Employ strategies for reflection on learning and practice in order to adjust learning processes for continual improvement.
- **Quantitative and Scientific Reasoning** - Follow established methods of inquiry and mathematical reasoning to form conclusions and make decisions.
- **Community and Career** - Participate in social, learning, and professional communities for personal and career growth.

CAREER CONNECTION & WORKPLACE CAPABILITIES:

Each course will provide learners with an opportunity to connect the subject matter of the class to their intended profession, to draw the bright line between the topic studied and its application/value in the workplace. Details about the career connection and workplace competency will be provided on the supplemental syllabus and tracking calendar.

MEDIA/EQUIPMENT/SOFTWARE REQUIREMENTS:

Bryant & Stratton College faculty, as content area experts, selected the following media package for this course. A decision

Bryant & Stratton College – Course Syllabus

was made from these approved packages and is reflected on the supplemental syllabus.

Package A	Package B	Package C
BUNDLE* MATERNITY WOMENS HEALTH AND PEDIATRIC STUDY GUIDE 9781605476292 TEXTBOOK 9780781780551 ISBN: 9781605477541 LIPPINCOTT RICCI/SCOTT	Contemporary Maternal-Newborn Nursing Care *BUNDLE* BOOK 1 0135025850 BOOK 2 0132956861 PEARSON LADEWIG/BALL/HOGAN ISBN: 0133129411	TEXT* Maternal Child Nursing, Edition 4 ELSEVIER WONG ISBN: 9780323057202 *STUDY GUIDE* Maternal Child Nursing, Edition 4, ELSEVIER, WONG ISBN: 9780323085137

SKILLS ASSISTANCE: The instructor will be available for Skills Assistance hours. The times and locations are published in the supplemental syllabus.

Bryant & Stratton College – Course Syllabus

TOPICS TO BE COVERED WILL INCLUDE:

Introduction to Maternal-Child Health Nursing

- Foundations of Maternity and Child Health Nursing
- The Nurse's Role in Maternity and Child Health Nursing
- The Childbearing and Childrearing Family
- Health Promotion for the Developing Child
- Health Promotion for the Infant and Early Childhood
- Health Promotion for the School-aged Child, and the Adolescent
- Heredity and Environmental Influences on Development

Maternity Nursing Care

- Management of Fertility and Infertility
- Conception and Prenatal Development
- Physiologic and Psychosocial Adaptations to Pregnancy
- Nutrition for Childbearing
- Prenatal Diagnostic Testing
- Giving Birth, Intrapartum Fetal Monitoring, and Pain Management for Childbirth
- Nursing Care during Obstetric Procedures
- Postpartum Adaptations: Maternal and Neonatal
- Nursing Care of the Normal Newborn
- Family with Special Needs

Medication Calculations

Information literacy:

- Explore various databases for providing care for the child, childbearing and childrearing families
- Evaluate various databases for appropriate application

Cultural Sensitivity

- Cultural ethical dilemmas
- Cultural considerations across stages of labor and post-partum care
- Cultural considerations with nutritional needs of newborns and infants
- Cultural considerations with the neonate
- Family centered cultural sensitivity and ethical decision-making
- Alternative complementary therapies

Teaching and Learning

- Adapt teaching and learning techniques for different developmental ages
- Evaluating patient readiness to learn
- Assessing the extent of patient learning

Nutrition

- Cultural considerations with nutritional needs in pregnancy, post-partum, newborns, and infants
- Nutrition for childbearing
- Nutritional considerations for the developing child
- Complications of Pregnancy: Antepartum, Intrapartum and Postpartum
- The High Risk Newborn
- Women's Health Care

Pediatric Nursing Care

- Communicating with Children and Families
- Physical Assessment and Nursing Care of the Child
- Emergency Care of the Child
- The Hospitalized Child, and the Child with a Chronic Condition/Terminal Illness
- The Child with an/a
  - i. Infectious Disease
  - ii. Immunologic Alteration
  - iii. Fluid and Electrolyte Alteration
  - iv. Gastrointestinal Alteration
  - v. Genitourinary Alteration
  - vi. Respiratory Alteration
  - vii. Cardiovascular Alteration
  - viii. Hematologic Alteration
  - ix. Cancer
  - x. Integumentary Alteration
  - xi. Musculoskeletal Alteration
  - xii. Endocrine or Metabolic Alteration
  - xiii. Neurologic Alteration
  - xiv. Psychosocial Disorder
  - xv. Cognitive Impairment or Sensory Alteration

Communication

- Adapt and communicate techniques to specialized groups
- Communicate assessment and evaluation findings to members of the health care team
- HCAPS
  - Courtesy
  - Respect
  - Active listening
  - Explanations
  - Service
  -
- Pediatrics
  - Communication appropriate to developmental stages
- Communication appropriate to situation or diagnosis

Leadership

- Delegating in the clinical setting
- Patient care management
- Team leadership
- Prioritization

Pharmacological Considerations

- Pharmacological principles in pregnancy, post-partum care, and pediatric patients
- Medication calculations and conversions in pregnancy, post-partum and pediatric patients
- Preventing medication errors
  - Actions
- Rights to medication administration

- Nutritional consideration for:
  - Child with acute and chronic illness
  - Atypical eating habits

Abuse and Neglect

- Legal and ethical responsibilities of the nurse
- Identify and assess signs of abuse
- Assessment and management of the abused child
- Psychosocial concepts of abuse and abused patients
- Mandatory reporting
- Implications of the need for social services
- Identifying abuse in the pregnant woman
- Intimate partner abuse

QSEN

- Patient-Centered care
- Teamwork and collaboration
- Evidence-based practice
- Quality improvement
- Safety
- Informatics

Bryant & Stratton College – Course Syllabus

NURS 211 MEDICAL SURGICAL NURSING I

This course syllabus is a contract between you and Bryant & Stratton College. It represents the minimum expected learning outcomes for this course. Your instructor will also provide a supplemental syllabus describing the approach to the course, instructional methods, tracking calendar, assignments, assessments and grading scheme, plus guidelines for your success.

Semester Credit Hours: 6	**Instructional Hours: 6** **Lecture: 3 (45 total hours)** **Lab 3 (45 total hours)** **Clinical: 6 (90 total hours)**		**Term:**
Proficiency Available:	**Prerequisite(s):** NURS 103 Nursing Fundamentals NURS 215 Pharmacology for Nurses BIOL 120 Microbiology Applications BIOL 205 Pathophysiology BIOL 210 Anatomy & Physiology II	**Co-requisite(s):** NURS 215 Pharmacology BIOL 205 Pathophysiology for Nurses or Prerequisite	Date of Last Revision: **12/2013**

COURSE CATALOG DESCRIPTION:

This theory and practicum course introduces the student to the role of the medical surgical nurse in acute and chronic care settings. Emphasis is on integrating prior knowledge, developing critical thinking, reasoning and nursing judgment in utilization of the nursing process; application of knowledge of pathophysiology, correlating lab values with patient conditions, relating principles of patient education, and demonstrating application of appropriate nursing interventions according to best current evidence. Clinical activities focus on application of these concepts.

LEARNING OUTCOMES

Bryant & Stratton College seeks to develop lifelong learning competencies in all students through the development of information literacy skills that assist students to formulate essential questions, research and apply the answers, and communicate the results within the dynamic communities of college, career, and life.

Course Outcomes: Upon completion of this course, students will be able to:

1. Demonstrate competence in the performance of nursing skills to provide safe and effective care in order to adjust learning processes for continual improvement.
2. Employ the nursing process and QSEN competencies to manage the nursing care of acutely and chronically ill patients.
3. Assimilate appropriate pharmacologic and nutritional principles into the care of acutely and chronically ill patients.
4. Integrate diagnostic testing into the care of acutely and chronically ill patients.
5. Apply standards of practice into the care of acute and chronically ill patients.
6. Describe assessment and evaluation findings to appropriate members of the health care team.
7. Examine the principles of teaching and learning techniques and demonstrate leadership skills in the care of acutely and chronically ill patients.
8. Demonstrate legal and ethical accountability in the care of patients with health care needs.
9. Employ a framework of personal accountability for lifelong learning through utilization of culturally relevant evidence-based practice to provide safe, effective nursing care for acutely and chronically ill patients.
10. Apply information literacy skills to provide nursing care for acutely and chronically ill patients.

Institutional Outcomes:

- **Information Literacy and Communication** - Utilize appropriate current technology and resources to locate and evaluate information needed to accomplish a goal, and then communicate findings in visual, written and/or oral formats.
- **Relational Learning** - Transfer knowledge, skills and behaviors acquired through formal and informal learning and life experiences to new situations.
- **Thinking Abilities** - Employ strategies for reflection on learning and practice in order to adjust learning processes for continual improvement.
- **Quantitative and Scientific Reasoning** - Follow established methods of inquiry and mathematical reasoning to form conclusions and make decisions.
- **Community and Career** - Participate in social, learning, and professional communities for personal and career growth.

CAREER CONNECTION & WORKPLACE CAPABILITIES:

Each course will provide learners with an opportunity to connect the subject matter of the class to their intended profession, to draw the bright line between the topic studied and its application/value in the workplace. Details about the career connection and workplace competency will be provided on the supplemental syllabus and tracking calendar.

Bryant & Stratton College – Course Syllabus

MEDIA/EQUIPMENT/SOFTWARE REQUIREMENTS:
Bryant & Stratton College faculty, as content area experts, selected the following media package for this course. A decision was made from these approved packages and is reflected on the supplemental syllabus.

Package A	Package B	Package C
Medical-Surgical Nursing, 2 Volume Text Ed. 7, with Access Card Simulation Package 9781416060345 *ISBN Includes Both Volumes* ISBN: 9781455728534 Elsevier Ignatavicius	Brunner & Suddarth's Textbook and Study Guide *BUNDLE* of Medical Surgical Nursing, Edition 12 Lippincott Smeltzer/Bare Text: 9780781785891 Study Guide: 9780781785945 ISBN: 9781608318612	

SKILLS ASSISTANCE: The instructor will be available for Skills Assistance hours. The times and locations are published in the supplemental syllabus.

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TOPICS TO BE COVERED WILL INCLUDE:

Introduction to Medical/Surgical Nursing

Management of perioperative clients

Management of clients with fluid, electrolyte, and acid-base imbalances
- Fluid volume deficit
- Fluid volume excess
- Electrolyte imbalances
- Infusion therapy
- Acid-base balance (basic concepts)
- Diagnostic testing

Management of clients with problems of the immune system
- Concepts of immunity/immunization
- Immune function excess
  - Anaphylaxis
  - Autoimmune disease
- Immune function deficiency
  - nutrition-related
  - therapy-induced
- Cancer development and treatment

Management of clients with problems of the respiratory tract
- Oxygen therapy
- Tracheostomy
- Upper respiratory tract / problems of airway patency
  - sleep apnea
  - airway obstruction
- Lower respiratory tract / problems of gas exchange
  - COPD
  - Bronchitis
  - Asthma
  - Pneumonia

Management of clients with problems of the cardiovascular system
- Congestive heart failure
- Acute coronary syndromes (unstable angina, myocardial infarction)
- Peripheral vascular disease (arterial and venous)
- Hypertension

Management of clients with problems of the nervous system
- Impairment of brain function
  - Seizures
  - Meningitis
  - Parkinson's disease
  - Alzheimer's disease
  - Brain attack
- Impairment of spinal cord function
  - Back pain
  - Multiple sclerosis
- Impairment of peripheral nerve function
  - Guillain-Barre syndrome
  - Myasthenia gravis

Medication Calculations

Management of clients with problems of the sensory system
- Cataracts
- Glaucoma
- Meniere's disease

Management of clients with problems of the musculoskeletal system
- Metabolic bone diseases
- Osteomyelitis
- Osteoarthritis and joint arthroplasty
- Fractures
- Amputation
- Problems of chronic mobility

Management of clients with problems of the gastrointestinal system
- Upper GI (stomatitis, GERD, gastritis)
  - Stomatitis
  - GERD
  - Gastritis
- Lower GI
  - Appendicitis / peritonitis
  - Cholecystitis
- Bowel surgery / ostomies Inflammatory bowel disease

Management of clients with problems of the endocrine system
- Diabetes mellitus
- Thyroid excess or deficiency
- Parathyroid excess or deficiency
- Adrenal excess or deficiency
- Pituitary excess or deficiency

Management of clients with problems of the renal/urinary system
- Urinary problems
- Infection
- Incontinence
- Urolithiasis
- Urinary diversion procedures
- Renal problems
  - Obstructive
  - Infectious
  - Immunologic
- Male reproductive system

Management of clients with HIV/AIDS

Management of clients with hematologic problems
- Anemia, including sickle cell
- Leukemia
- Lymphoma
- Multiple myeloma

Information literacy
- Information systems
- Best current evidence
- Communicate
- Manage knowledge
- Support decision-making
- Mitigate errors
- Employ the nursing process
- Assimilate pharmacologic principles
- Integrate diagnostic testing
- Standard of practice
- Communicate assessment
- Evaluate findings

Bryant & Stratton College – Course Syllabus

Cultural Sensitivity
- Applying knowledge of cultural considerations with acute care patient management
- Cultural attitudes towards advanced directives

Teaching and Learning
- Patient teaching
- Evaluating patient readiness to learn
- Assessing the extent of patient learning

Communication
- Integrate communication techniques
- Report with healthcare team
- Evaluate communication techniques in classroom setting
- HCAPS
  - Courtesy
  - Respect
  - Active listening
  - Explanations
  - Service

Leadership
- Delegating in the clinical setting
- Patient care management
- Team leadership
- Prioritization

Pharmacological Considerations
- Pharmacological principles related to the care of acute and chronically ill patients
- Preventing medication errors
  - Actions
- Rights to medication administration

Abuse and Neglect
- Legal and ethical responsibilities of the nurse
- Identify and assess signs of abuse
- Assessment and treatment of the abused patient
- Psychosocial concepts of abuse and abused patients
- Mandatory reporting
- Implications of the need for social services
- Intimate partner abuse

Nutrition
- Therapeutic diets
- Clinical applications of nutrition
- Diets as they relate to fluid and electrolyte imbalances
- Nutritional needs specific to disease processes
- Laboratory and diagnostic testing for nutritional needs
- Dietary considerations related to pharmacologic therapies
- Nutritional and fluid considerations for patients at end of life
- Cultural considerations in patients with nutritional needs

QSEN
- Patient-Centered care
- Teamwork and collaboration
- Evidence-based practice
- Quality Improvement
- Safety
- Informatics

Bryant & Stratton College – Course Syllabus

NURS 215 PHARMACOLOGY FOR NURSES

This course syllabus is a contract between you and Bryant & Stratton College. It represents the minimum expected learning outcomes for this course. Your instructor will also provide a supplemental syllabus describing the approach to the course, instructional methods, tracking calendar, assignments, assessments and grading scheme, plus guidelines for your success.

Semester Credit Hours: 3	**Instructional Hours: 3** **Lecture: 2 (30 total hours)** **Lab: 3 (45 total hours)** **Clinical: 0**		**Term:**
Proficiency Available:	**Prerequisite(s):** MATH 103 Survey of Mathematics NURS 103 Nursing Fundamentals BIOL 110 Anatomy & Physiology I BIOL 210 Anatomy & Physiology II	**Co-requisite(s):** **0**	**Date of Last Revision:** **12/2013**

COURSE CATALOG DESCRIPTION:

Concepts related to the safe administration of pharmaceutical agents, and utilization of the nursing process in pharmacology applications, are examined. Expected actions, appropriate assessments and nursing responses related to contraindications, adverse events and co-morbid conditions are discussed, along with evaluation of pharmacologic effectiveness. Concepts related to patient education regarding pharmaceutical agents are applied.

LEARNING OUTCOMES

Bryant & Stratton College seeks to develop lifelong learning competencies in all students through the development of information literacy skills that assist students to formulate essential questions, research and apply the answers, and communicate the results within the dynamic communities of college, career, and life.

Course Outcomes: Upon completion of this course, students will be able to:

1. Articulate expected pharmacologic therapy for a variety of system disorders.
2. Identify expected actions of pharmaceutical agents commonly encountered in patient care.
3. Differentiate appropriate assessments for safe administration of pharmaceutical agents commonly encountered in patient care.
4. Examine appropriate response to contraindications and adverse events associated with pharmacologic therapy.
5. Evaluate the effectiveness of pharmacologic therapy for pharmaceutical agents commonly encountered in patient care.
6. Choose appropriate teaching and evaluate patient understanding regarding pharmacologic therapy based on their cultural preferences.
7. Apply the nursing process and appropriate leadership skills to safe administration of pharmacologic agents to patients based on best current evidence.
8. Describe the role of complementary -integrative therapies in the management of patients with pain/discomfort, special needs, selected alterations in health related to acute illness/injury, and chronic illness/disability.

Institutional Outcomes:

- **Information Literacy and Communication** - Utilize appropriate current technology and resources to locate and evaluate information needed to accomplish a goal, and then communicate findings in visual, written and/or oral formats.
- **Relational Learning** - Transfer knowledge, skills and behaviors acquired through formal and informal learning and life experiences to new situations.
- **Thinking Abilities** - Employ strategies for reflection on learning and practice in order to adjust learning processes for continual improvement.
- **Quantitative and Scientific Reasoning** - Follow established methods of inquiry and mathematical reasoning to form conclusions and make decisions.

  Community and Career - Participate in social, learning, and professional communities for personal and career growth.

CAREER CONNECTION & WORKPLACE CAPABILITIES:

Each course will provide learners with an opportunity to connect the subject matter of the class to their intended profession, to draw the bright line between the topic studied and its application/value in the workplace. Details about the career connection and workplace competency will be provided on the supplemental syllabus and tracking calendar.

MEDIA/EQUIPMENT/SOFTWARE REQUIREMENTS:

Bryant & Stratton College faculty, as content area experts, selected the following media package for this course. A decision was made from these approved packages and is reflected on the supplemental syllabus.

Bryant & Stratton College – Course Syllabus

Package A	Package B	Package C
Pharmacological Aspects of Nursing Care, Edition 8, Cengage Broyles ISBN: 1435489209	PHARMACOLOGY FOR NURSES PACKAGE, Ed. 3 BOOK 1 0135089816 BOOK 2 0132437104 DRUG GUIDE 0132149265 ISBN: 0132576457	
SKILLS ASSISTANCE: The instructor will be available for Skills Assistance hours. The times and locations are published in the supplemental syllabus.		

Bryant & Stratton College – Course Syllabus

TOPICS TO BE COVERED WILL INCLUDE:

The Basics of Pharmacology
- Nursing process and drug therapy
- Pharmacologic principles
- Lifespan considerations
- Legal, ethical, and cultural considerations
- Medication errors: preventing and responding
- Over-the-counter drugs and herbal products
- Substance abuse

Drugs Affecting the Central Nervous System
- Analgesic and anesthetic agents
- CNS depressants and muscle relaxants
- Antiepileptic agents
- Antiparkinsonian agents
- Psychotherapeutic agents
- CNS stimulants

Drugs Affecting the Autonomic Nervous System
- Adrenergic and adrenergic-blocking agents
- Cholinergic and cholinergic-blocking agents

Drugs Affecting the Cardiovascular and Renal Systems
- Positive inotropic agents
- Antidysrhythmic agents
- Antianginal agents
- Antihypertensive agents
- Diuretic agents
- Fluids and electrolytes
- Coagulation modifier agents
- Antilipemic agents

Medication Calculations

Information literacy
- Best research evidence
- Mitigate errors through application of the nursing process for safe administration of pharmacologic agents

Cultural Sensitivity
- Cultural consideration on attitudes toward medications and pharmaceuticals
- Cultural specific pharmaceutical interventions

Communication
- Appropriate nurse-patient communication related to drug therapy
- HCAPS
  - Courtesy
  - Respect
  - Active listening
  - Explanations
  - Service

Drugs Affecting the Endocrine System
- Pituitary, thyroid and antithyroid agents
- Antidiabetic, adrenal and women's /men's health agents

Drugs Affecting the Respiratory System
- Antihistamines, decongestants, antitussives and expectorants
- Bronchodilators and other respiratory agents

Antiinfective and Antiinflammatory Agents
- Antibiotics, antiviral, antitubercular, antifungal, antimalerial, antiprotozoal, and anthelmintic agents
- Antiseptic and disinfectant agents
- Antiinflammatory, antirheumatoid, and related agents

Immune and Biologic Modifers and Chemotherapeutic Agents
- Immunosuprressant agents
- Immunizing agents
- Antineoplastic agents
- Immunomodulating, gene therapy, and pharmacogenomics

Drugs Affecting the Gastrointestinal System

Acid-controlling, antiemetic and antinausea agents
- Antidiarrheals and laxatives
- Vitamins, minerals and nutritional supplements

Miscellaneous Therapeutics: Hematologic, Dermatologic, Ophthalmic, and Otic Agents
- Blood-forming agents
- Dermatologic agents
- Ophthalmic agents
- Otic agents
- Emergency Preparedness

Teaching and Learning
- Patient education and drug therapy
- Assessing readiness to learn
- Choosing the appropriate teaching methodology
- Evaluate patient understanding regarding drug therapy

Nutrition
- Nutritional considerations related to pharmacologic therapies
- Drugs affecting body systems

QSEN
- Patient-Centered care
- Teamwork and collaboration
- Evidence-based practice
- Quality improvement
- Safety
- Informatics

Bryant & Stratton College – Course Syllabus

NURS 222 GERIATRIC & MENTAL HEALTH NURSING

This course syllabus is a contract between you and Bryant & Stratton College. It represents the minimum expected learning outcomes for this course. Your instructor will also provide a supplemental syllabus describing the approach to the course, instructional methods, tracking calendar, assignments, assessments and grading scheme, plus guidelines for your success.

Semester Credit Hours: 5	**Instructional Hours: 5** **Lecture: 3 (45 total hours)** **Lab: 0** **Clinical: 6 (90 total hours)**		**Term:**
Proficiency Available:	**Prerequisite(s):** BIOL 205 Pathophysiology NURS 211 Medical Surgical Nursing I NURS 215 Pharmacology	**Co-requisite(s):** **0**	Date of Last Revision: **12/2013**

COURSE CATALOG DESCRIPTION:

This is a theory and practicum course, which builds on the role of the nurse as provider of care and emphasizes the manager of care role for groups of individuals. Clinical activities focus on critical thinking and clinical decision making skills in the care of geriatric patients and individuals with long-term care, mental health and rehabilitative needs.

LEARNING OUTCOMES

Bryant & Stratton College seeks to develop lifelong learning competencies in all students through the development of information literacy skills that assist students to formulate essential questions, research and apply the answers, and communicate the results within the dynamic communities of college, career, and life.

Course Outcomes: Upon completion of this course, students will be able to:

1. Examine a teaching and learning plan for a geriatric or mental health client utilizing the nursing process.
2. Select and utilize appropriate nursing interventions in providing care to the geriatric and mental health client.
3. Differentiate modifications and application of QSEN competencies in the delivery of nursing care for geriatric and mental health clients using best current evidence.
4. Establish and maintain a therapeutic nurse-client relationship utilizing effective communication techniques.
5. Appraise the importance of the role of the professional nurse as an advocate for geriatric and mental health.
6. Examine how stereotyping may affect personal bias and professional development.
7. Select and utilize appropriate information sources to inform ethical decision-making and improve patient outcomes for geriatric and mental health clients.

Institutional Outcomes:

- **Information Literacy and Communication** - Utilize appropriate current technology and resources to locate and evaluate information needed to accomplish a goal, and then communicate findings in visual, written and/or oral formats.
- **Relational Learning** - Transfer knowledge, skills and behaviors acquired through formal and informal learning and life experiences to new situations.
- **Thinking Abilities** - Employ strategies for reflection on learning and practice in order to adjust learning processes for continual improvement.
- **Quantitative and Scientific Reasoning** - Follow established methods of inquiry and mathematical reasoning to form conclusions and make decisions.
- **Community and Career** - Participate in social, learning, and professional communities for personal and career growth.

CAREER CONNECTION & WORKPLACE CAPABILITIES:

Each course will provide learners with an opportunity to connect the subject matter of the class to their intended profession, to draw the bright line between the topic studied and its application/value in the workplace. Details about the career connection and workplace competency will be provided on the supplemental syllabus and tracking calendar.

MEDIA/EQUIPMENT/SOFTWARE REQUIREMENTS:

Bryant & Stratton College faculty, as content area experts, selected the following media package for this course. A decision was made from these approved packages and is reflected on the supplemental syllabus.

Bryant & Stratton College – Course Syllabus

Package A	Package B	Package C
Foundations of Psychiatric Mental Health Nursing, Edition 6, Elsevier, Varcarolis ISBN: 9781416066675 Gerentological Nursing and Healthy Aging, Edition 3, Elsevier, Touhy ISBN: 9780323057011	The Nurse's Role in Promoting Optimal Health in Older Adults, Ed. 1, Pearson ISBN: 0077652479	Contemporary Psychiatric Package BOOK 1 013243489X BOOK 2 0132557770 Pearson Kneisl/Hogan ISBN: 0133088685
SKILLS ASSISTANCE: The instructor will be available for Skills Assistance hours. The times and locations are published in the supplemental syllabus.		

Bryant & Stratton College – Course Syllabus

TOPICS TO BE COVERED WILL INCLUDE:

Geriatrics

Introduction to Health Promotion and Protection in the Care of Older Adults
- Sensory alteration

Health Protection from a Body Systems Approach in the CARE of Older Adults
- Pressure ulcers
- Incontinence
- Sleep disorders
- Sexuality
- Multi-system alterations

Individual and Family Psychodynamics as Related to the Aging Process

Nursing Process in Geriatric Nursing

Alterations in Cognitive Processes and Effects on Mental Health for Older Adults
- Dementia
- Mood disorders
- Anxiety

Mental Health and Mental Illness

Ethical and Legal Issues for Geriatric Nursing
- Advanced directives
- Health care proxy

Relationship Development and Therapeutic Communication for Geriatric Populations

Nursing Process in Mental Health Nursing

The Therapeutic Environment for Older Adults
- Fall protection
- ADLs
- Oral health
- Meal time difficulties
- Hydration status
- Palliative care
- Pain management

Medication Calculations

Cultural Sensitivity
- Stigmas and cultural considerations regarding mental health and mental illness
- Reflection of own views of mental health

Mental Health

Introduction to Mental Health/Mental Illness

Ethical And Legal Issues for Geriatric and Mental Health Clients Mental Health Nursing
- Advanced directives
- Health care proxy

Nursing Process in Mental Health Nursing

Therapeutic Mental Health Living Environments
- Homeless
- Community
- Health care facilities
- Jails and prisons

Crisis Intervention in Mental Health
- Physical Restraints
- Chemical restraints

Nursing Care of Clients with Mental Health Disorders
- Delirium dementia amnesia
- Substance related disorders
- Schizophrenic psychotic disorders
- Mood disorders
- PTSD
- Anxiety and anxiety related disorders
- Disorders of human sexuality
- Eating disorders
- Personality disorders

Pharmacological Principles as they Relate to Mental Health Clients

Nursing Care for Special Populations
- Children and adolescents
- Community Mental Health Nursing
- Older adults

Information Literacy
- Information systems
- Best current evidence
  - Communicate
  - Manage knowledge
  - Support decision-making
  - Mitigate errors
  - Employ the nursing process
  - Assimilate pharmacologic principles
  - Integrate diagnostic testing
  - Standard of practice
  - Communicate assessment
  - Evaluate findings

Bryant & Stratton College – Course Syllabus

Teaching and Learning

- Teaching and learning techniques for critical care patients and their social support systems

Communication

- Communication techniques for specialized groups
- Communicate assessment and evaluation findings to members of the health care team
- HCAPS
  - Courtesy
  - Respect
  - Active listening
  - Explanations
  - Service

Leadership

- Leadership abilities to meet specialized patient needs

Pharmacological Considerations

- Typical pharmacologic agents and issues as they relate to mental health clients
- Pharmacodynamic and pharmacokinetic implications of drug therapy in the geriatric population
- Medication calculations and conversions
- Preventing medication errors
  - Actions
- Rights to medication administration

Abuse and Neglect

- Legal and ethical responsibilities of the nurse
- Identify and assess signs of abuse in geriatric and mental health clients
- Assessment and treatment of the abused geriatric patient and/or mental health client
- Psychosocial concepts of abuse and abused geriatric patients and/or mental health clients
- Mandatory reporting
- Implications of the need for social services

Nutrition

- Nutritional assessment and needs as it relates to the aging process and mental health disorders
- Cultural considerations in patients with nutritional needs

QSEN

- Patient-Centered care
- Teamwork and collaboration
- Evidence-based practice
- Quality improvement
- Safety
- Informatics

Bryant & Stratton College – Course Syllabus

NURS 223 MEDICAL SURGICAL NURSING II

This course syllabus is a contract between you and Bryant & Stratton College. It represents the minimum expected learning outcomes for this course. Your instructor will also provide a supplemental syllabus describing the approach to the course, instructional methods, tracking calendar, assignments, assessments and grading scheme, plus guidelines for your success.

Semester Credit Hours: 5	**Instructional Hours: 5** **Lecture: 3 (45 total hours)** **Lab: 0** **Clinical: 6 (90 total hours)**		**Term:**
Proficiency Available:	**Prerequisite(s):** BIOL 205 Pathophysiology NURS 211 Medical Surgical Nursing I NURS 215 Pharmacology	**Co-requisite(s): 0**	Date of Last Revision: **12/2013**

COURSE CATALOG DESCRIPTION:

This theory and practicum course gives emphasis to increasing critical thinking and clinical decision-making in the care of patients with increasingly complex health/illness needs. Utilizing the nursing process, the student is expected to integrate prior learning to assist the patient and family in achieving optimal functioning in various complex health care situations and settings. Clinical experiences facilitate transition of the student to the role of the graduate nurse.

LEARNING OUTCOMES

Bryant & Stratton College seeks to develop lifelong learning competencies in all students through the development of information literacy skills that assist students to formulate essential questions, research and apply the answers, and communicate the results within the dynamic communities of college, career, and life.

Course Outcomes: Upon completion of this course, students will be able to:

1. Interpret and explain the role of the nurse as teacher, provider of care, manager of care, and member of the discipline of nursing.
2. Formulate a comprehensive health care plan to provide nursing care in a variety of health care settings.
3. Develop clinical decision-making strategies that reflect best current evidence to provide safe and appropriate nursing care to culturally diverse patients with increasingly complex health/illness needs.
4. Demonstrate care that incorporates knowledge of palliative care and sensitivity to quality of life in providing nursing care to the dying person and their family.
5. Prioritize patient care needs, use of the nursing process, and QSEN competencies to evaluate, synthesize, and revise strategies that reflect concepts of nutrition, pharmacology, pathophysiology, microbiology, and anatomy and physiology in the provision of safe and competent nursing care to all patients as well as employ strategies for reflection on learning practices.
6. Integrate appropriate leadership/management styles toward the delegation of nursing care for individuals, families, and groups.
7. Apply knowledge of legal and ethical responsibilities in planning and provision of nursing care.
8. Evaluate sources of information to provide safe, effective, ethical nursing care for patients with increasingly complex health/illness needs.

Institutional Outcomes:

- **Information Literacy and Communication** - Utilize appropriate current technology and resources to locate and evaluate information needed to accomplish a goal, and then communicate findings in visual, written and/or oral formats.
- **Relational Learning** - Transfer knowledge, skills and behaviors acquired through formal and informal learning and life experiences to new situations.
- **Thinking Abilities** - Employ strategies for reflection on learning and practice in order to adjust learning processes for continual improvement.
- **Quantitative and Scientific Reasoning** - Follow established methods of inquiry and mathematical reasoning to form conclusions and make decisions.

  Community and Career - Participate in social, learning, and professional communities for personal and career growth.

CAREER CONNECTION & WORKPLACE CAPABILITIES:

Each course will provide learners with an opportunity to connect the subject matter of the class to their intended profession, to draw the bright line between the topic studied and its application/value in the workplace. Details about the career connection and workplace competency will be provided on the supplemental syllabus and tracking calendar.

MEDIA/EQUIPMENT/SOFTWARE REQUIREMENTS:

Bryant & Stratton College faculty, as content area experts, selected the following media package for this course. A decision was made from these approved packages and is reflected on the supplemental syllabus.

Bryant & Stratton College – Course Syllabus

Package A	Package B	Package C
Medical-Surgical Nursing - 2 volume text w/ study guide, 7th edition Simulation Package *ISBN includes Both Volumes* ISBN: 9781455728534	Brunner & Suddarth's Textbook of Medical Surgical Nursing, Edition 12, Lippincott Text: 9780781785891 Study Guide: 9780781785945 ISBN: 9781608318612	
SKILLS ASSISTANCE: The instructor will be available for Skills Assistance hours. The times and locations are published in the supplemental syllabus.		

Bryant & Stratton College – Course Syllabus

TOPICS TO BE COVERED WILL INCLUDE:

Management of clients with common emergency care needs

- Basic triage
- ACLS concepts
- Mass casualty (coordinate with N230)
- Common environmental emergencies / first aid
- Diagnostic testing
- Oncological emergencies

Management of client with complex respiratory problems

- Respiratory failure
- Acute respiratory distress syndrome
- Intubation
- Ventilators
- Chest trauma
- Chest tubes

Management of clients with complex cardiovascular problems

- Cardiac dysrhythmias / electrocardiography
- Shock
- MI
- Acid-Base, advanced concepts (compensatory and noncompensatory states)

Management of clients with hematologic problems

- Coagulation disorders
- Transfusion therapy

Cultural Sensitivity

- Cultural influences on
  - Death and dying
  - Blood transfusions
  - Management of patients with common emergency care needs

Teaching and Learning

- Teaching and learning techniques for critical care patients and their social support systems

Communication

- Communication techniques for higher acuity patients
- Communicate assessment and evaluation findings to members of the health care team
- HCAPS
  - Courtesy
  - Respect
  - Active listening
  - Explanations
  - Service
-

Management of clients with burns

Management of clients with complex nervous system problems

- Brain attack
- Traumatic brain injury
- Craniotomy
- Spinal cord injury

Management of clients with single or multiple system organ failure

- Liver failure
- Pancreatitis
- Renal failure / dialysis
- Transplants

Management of clients with end of life care needs

- Terminal illness
- Palliative care—hospice and non-hospice
- Quality of life issues

Psychosocial concepts related to nursing care of the acute medical surgical patient

Medication Calculations

Information literacy

- Information systems
- Best current evidence
  - Communicate
  - Manage knowledge
  - Support decision-making
  - Mitigate errors
  - Employ the nursing process
  - Assimilate pharmacologic principles
  - Integrate diagnostic testing
  - Standard of practice
  - Communicate assessment
  - Evaluate findings

Leadership

- Appropriate leadership management styles in patient care planning
- Leadership management styles in emergency care
  - Time management
  - Organizational skills
- Prioritization
- Delegation

Bryant & Stratton College – Course Syllabus

Abuse and Neglect

- Legal and ethical responsibilities of the nurse
- Identify and assess signs of abuse in high acuity patients
- Assessment and treatment of the abused patient
- Psychosocial concepts of abuse and abused patients
- Mandatory reporting
- Implications of the need for social services

Nutrition

- Nutritional considerations in patients with increasingly complex health/illness needs
    - Cultural considerations in patients with nutritional needs

Pharmacological Considerations

- Pharmacological principles related to medical surgical patients with a higher level of acuity
- Medication calculations and conversions
    - Preventing medication errors
- Actions
- Rights to medication administration

QSEN

- Patient-Centered care
- Teamwork and collaboration
- Evidence-based practice
- Quality Improvement
- Safety
- Informatics

Bryant & Stratton College – Course Syllabus

NURS 230 NURSING ISSUES, LEADERSHIP & RESEARCH

This course syllabus is a contract between you and Bryant & Stratton College. It represents the minimum expected learning outcomes for this course. Your instructor will also provide a supplemental syllabus describing the approach to the course, instructional methods, tracking calendar, assignments, assessments and grading scheme, plus guidelines for your success.

Semester Credit Hours: 3	**Instructional Hours: 3** **Lecture: 3 (45 total hours)** **Lab: 0** **Clinical: 0**		**Term:**
Proficiency Available:	**Prerequisite(s):** Final Semester	**Co-requisite(s):** NURS 270 Internship	Date of Last Revision: **12/2013**

COURSE CATALOG DESCRIPTION:

The focus of this course is in-depth exploration of clinical leadership and management, current nursing trends, legal/ethical issues in nursing practice, promotion and use of best current evidence. The student will gain an enhanced perspective on the role of the registered nurse.

LEARNING OUTCOMES

Bryant & Stratton College seeks to develop lifelong learning competencies in all students through the development of information literacy skills that assist students to formulate essential questions, research and apply the answers, and communicate the results within the dynamic communities of college, career, and life.

Course Outcomes: Upon completion of this course, students will be able to:

1. Analyze the status of nursing in the United States to identify how nurses can be agents of change in the current healthcare delivery system.
2. Analyze past, present and future trends affecting nursing practice in a changing healthcare environment.
3. Differentiate between the functions of the state board of nursing and professional nursing organizations.
4. Examine the factors that impact the transition into the professional nursing role.
5. Differentiate between leaders and managers, and formulate a proactive vision for nursing and health care in the 21st century.
6. Examine contributions nursing research has made to nursing practice, patient education, and to health care
7. Demonstrate integration of best current evidence to impact nursing care of culturally diverse populations.
8. Articulate skills and competencies related to their career, and prepare a professional resume and portfolio.
9. Act in accordance with policy and procedures that guide economic behavior in the practice environment.

Institutional Outcomes:

- **Information Literacy and Communication** - Utilize appropriate current technology and resources to locate and evaluate information needed to accomplish a goal, and then communicate findings in visual, written and/or oral formats.
- **Relational Learning** - Transfer knowledge, skills and behaviors acquired through formal and informal learning and life experiences to new situations.
- **Thinking Abilities** - Employ strategies for reflection on learning and practice in order to adjust learning processes for continual improvement.
- **Quantitative and Scientific Reasoning** - Follow established methods of inquiry and mathematical reasoning to form conclusions and make decisions.
- **Community and Career** - Participate in social, learning, and professional communities for personal and career growth.

CAREER CONNECTION & WORKPLACE CAPABILITIES:

Each course will provide learners with an opportunity to connect the subject matter of the class to their intended profession, to draw the bright line between the topic studied and its application/value in the workplace. Details about the career connection and workplace competency will be provided on the supplemental syllabus and tracking calendar.

MEDIA/EQUIPMENT/SOFTWARE REQUIREMENTS:

Bryant & Stratton College faculty, as content area experts, selected the following media package for this course. A decision was made from these approved packages and is reflected on the supplemental syllabus.

Bryant & Stratton College – Course Syllabus

Package A	Package B	Package C
Nursing in Today's World, Lippincott Ellis/Hartley ISBN: 9781605477077	Nursing Now-Ed. 6, Q&A Review Bundle Book: 9780077569334 Q&A Book: 9780077396084 ISBN: 0077652258	
SKILLS ASSISTANCE: The instructor will be available for Skills Assistance hours. The times and locations are published in the supplemental syllabus.		

Bryant & Stratton College – Course Syllabus

TOPICS TO BE COVERED WILL INCLUDE:

Nursing's Role in the Health Care Delivery System: Past, Present and Future

- The nurse's role on the health care team
- Understanding the health care environment
- Health care finance and control
- Economics
  - Finance and control
  - Cost offsets
  - Staffing
  - Financial literacy
- The political process and the nursing profession

Issues in Delivering Care

- Spirituality and health care
- Cultural diversity
- Bioterrorism

Leadership, Management & Research in Nursing Practice

- Leadership and management principles for the newly licensed nurse
  - Communicating professionally
  - Delegation and supervision
  - Collective bargaining and governance
  - Leadership traits
  - Leadership in political arena

Information Literacy

- Nursing participation in research
- Why research is important for evidence-based nursing practice

Cultural Sensitivity

- Cultural effects on patient centered care and team management
- Cultural influencers on healthcare decision-making

Teaching and Learning

- Ethical obligation to patient education

Communication

- Communication styles in leadership roles and delegation
- HCAPS
  - Courtesy
  - Respect
  - Active listening
  - Explanations
  - Service

The Transition from Student Nurse to Professional Nurse

- Job searching, resume writing, and preparing for the interview
- Reality in the workplace—beginning your career as a nurse

Career Opportunities and Professional Growth

- Credentials for health care providers
- ANA, ANCC, AACN, AWHONN and other professional organizations: their role vs. state boards of nursing
- Taking your career beyond the ADN
- Lifelong learning as a registered nurse

Abuse and Neglect

- Violence in the workplace
  - Incivility and lateral violence

QSEN

- Patient-Centered care
- Teamwork and collaboration
- Evidence-based practice
- Quality improvement
- Safety
- Informatics

Bryant & Stratton College – Course Syllabus

NURS 270 INTERNSHIP

This course syllabus is a contract between you and Bryant & Stratton College. It represents the minimum expected learning outcomes for this course. Your instructor will also provide a supplemental syllabus describing the approach to the course, instructional methods, tracking calendar, assignments, assessments and grading scheme, plus guidelines for your success.

Semester Credit Hours: 2	**Lecture: 1 (45 total hours)** **Internship: 6 (90 total hours)**		**Term:**
Proficiency Available:	**Prerequisite(s):** **Final Semester**	**Co-requisite(s):** NURS 230 Nursing Issues and Leadership	Date of Last Revision: **12/2013**

COURSE CATALOG DESCRIPTION:

The focus of this course is to transition from student nurse to graduate nurse including preparation for the NCLEX-RN licensure examination upon graduation.

LEARNING OUTCOMES

Bryant & Stratton College seeks to develop lifelong learning competencies in all students through the development of information literacy skills that assist students to formulate essential questions, research and apply the answers, and communicate the results within the dynamic communities of college, career, and life.

Course Outcomes: Upon completion of this course, students will be able to:

1. Utilize the nursing process to make effective clinical judgment when caring for culturally diverse patients as well as employ strategies for reflection on learning and practice.
2. Evaluate cognitive, affective, and psychomotor skills necessary to meet patients' needs in a variety of health care settings.
3. Critically appraise QSEN competencies and best current evidence to guide decision making in nursing care and care planning.
4. Select appropriate communication techniques and leadership roles when working with patients, groups of patients, families and members of the interdisciplinary healthcare team.
5. Describe the responsibilities of the registered nurse and interpret the legal ethical concepts to implications for nursing practice.
6. Create independent learning goals to enhance life-long learning.
7. Support safe, effective, ethical nursing care utilizing information literacy to meet the needs of patients in a variety of health care settings.

Institutional Outcomes:

- **Information Literacy and Communication** - Utilize appropriate current technology and resources to locate and evaluate information needed to accomplish a goal, and then communicate findings in visual, written and/or oral formats.
- **Relational Learning** - Transfer knowledge, skills and behaviors acquired through formal and informal learning and life experiences to new situations.
- **Thinking Abilities** - Employ strategies for reflection on learning and practice in order to adjust learning processes for continual improvement.
- **Quantitative and Scientific Reasoning** - Follow established methods of inquiry and mathematical reasoning to form conclusions and make decisions.

  Community and Career - Participate in social, learning, and professional communities for personal and career growth.

CAREER CONNECTION & WORKPLACE CAPABILITIES:

Each course will provide learners with an opportunity to connect the subject matter of the class to their intended profession, to draw the bright line between the topic studied and its application/value in the workplace. Details about the career connection and workplace competency will be provided on the supplemental syllabus and tracking calendar.

MEDIA/EQUIPMENT/SOFTWARE REQUIREMENTS:

Bryant & Stratton College faculty, as content area experts, selected the following media package for this course. A decision was made from these approved packages and is reflected on the supplemental syllabus.

Bryant & Stratton College – Course Syllabus

TOPICS TO BE COVERED WILL INCLUDE:

Delivery of Nursing Care
- Collaborate with instructor in designing an individualized learning experience
- Practice nursing in diverse settings, with varied populations/colleagues
- Collaborative practice

Professional Performance
- Critical thinking
- Apply knowledge and skills of nursing and related courses
- Apply skills in time management and clinical judgments

Cultural Sensitivity
- Cultural influences on patient care and care planning

Teaching and Learning
- Utilize teaching and learning techniques with patients and their support systems

Communication
- Appropriate communication styles to patient
- Communicate assessment and evaluation findings to members of the health care team
- HCAPS
  - Courtesy
  - Respect
  - Active listening
  - Explanations
  - Service

Leadership
- Appropriate leadership management styles with groups of patients
- Leadership management styles in team leading
- Prioritization
- Delegation

Pharmacological Considerations
- Pharmacologic implications of medication administration for clients in diverse settings
  - Medication calculations and conversions
  - Preventing medication errors
    - Actions
- Rights to medication administration

Review and Apply Nursing Theory in a Variety of Practice Environments
- Relate knowledge gained from previous coursework to the clinical setting

Prepare for the NCLEX RN Licensure Examination
- Comprehensive NCLEX predictor exam

Medication Calculations

Information literacy
- Information systems
- Best current evidence
- Communicate
- Manage knowledge

Abuse and Neglect
- Legal and ethical responsibilities of the nurse
- Identify and assess signs of abuse in patients
- Assessment and treatment of the abused patients
- Psychosocial concepts of abuse and abused patients
- Mandatory reporting
- Implications of the need for social services

Nutrition
- Nutritional considerations in patients with increasingly complex health/illness needs

QSEN
- Patient-Centered care
- Teamwork and collaboration
- Evidence-based practice
- Quality improvement
- Safety
- Informatics

																			Question
																			Course Outcome
																			Student Learning Outcome
																			ASEN - Quality Improvement
																			QSEN - Safety
																			QSEN - Informatics
																			QSEN - Evidence Based Practice
																			QSEN - Patient Centered Care
																			QSEN - Teamwork & Collaboration
																			Bloom - Remember
																			Bloom - Understand
																			Bloom - Apply
																			Bloom - Analyze, evaluate, create
																			# of Alternative Style Items
																			NCLEX - Safe & Effective Care Environment - safety and Infection Control
																			NCLEX - Safe & Effective Care Environment - management of care
																			NCLEX - Health Promotion & Maintenance
																			NCLEX - Psychosocial Integrity
																			NCLEX - Basic care and comfort
																			NCLEX - Pharmacological and Parenteral Therapies
																			NCLEX - Physiological Integrity - Reduction of Risk Potential
																			NCLEX - Physiological Integrity - Physiological Adaptation
																			NCLEX - Caring
																			NCLEX - Communication & Documentation
																			NCLEX - Teaching & Learning
																			Nursing Process - Assessment
																			Nursing Process - Analysis
																			Nursing Process - Planning
																			Nursing Process - Implementation
																			Nursing Process - Evaluation

Alignment of course outcomes and Student Learning Outcomes through the Nursing Program Fall 2014- New curriculum

	Employ critical thinking and reasoning to utilize the nursing process as a framework to deliver comprehensive, safe, and culturally sensitive care across the lifespan	Demonstrate clinical competence in the performance of nursing skills utilizing quality measures to provide safe effective nursing care	Apply best current evidence and appropriate nursing judgment in collaboration with the patient to guide clinical decision-making in the delivery of nursing care	Collaborate and communicate effectively with patients, families and their social support system, and the members of the health care team to achieve mutually agreed upon patient outcomes	Practice within the ethical, legal, and regulatory frameworks of professional standards for nursing, including employing agencies' standards of care, assuming students had no past conduct or convictions, which prevent such practice	Construct a framework of personal accountability for lifelong learning with an entry-level set of knowledge, skills, and behaviors to provide safe, effective nursing care	Employ information literacy skills through the effective use of informatics to communicate, manage knowledge, mitigate errors, and support decision-making	Utilize appropriate current technology and resources to locate and evaluate information needed to accomplish a goal, and then communicate findings in visual, written and/or oral formats	Transfer knowledge, skills and behaviors acquired through formal and informal learning and life experiences to new situations	Employ strategies for reflection on learning and practice in order to adjust learning processes for continual improvement	Follow established methods of inquiry and mathematical reasoning to form conclusions and make decisions	Participate in social, learning, and professional communities for personal and career growth
N 100 Introduction to Nursing												
Identify the influence of nurse practice acts and professional standards on nursing practice					X							X
Identify the changing roles and responsibilities of nurses utilizing QSEN competencies					X						X	
State the ethical and legal issues in nursing					X							
Explain the role of the nurse in the context of contemporary health care including awareness of cultural influences			X	X	X		X					
Explore personal and professional identity in order to facilitate growth										X	X	X
Identify strategies to develop and maintain successful relations with individuals at work or in society taken as a whole										X		X
Interpret basic medical terminology									X			
N 103 Nursing Fundamentals												
Demonstrate beginning skill in the utilization of the nursing process and QSEN competencies to meet the needs of the clients	X	X	X	X			X		X	X	X	
Safely perform basic nursing	X	X		X	X				X	X		

procedures with knowledge of related scientific facts in order to adjust learning processes for continual improvement												
Demonstrate a beginning understanding of how research based practice is necessary for providing safe client care			X			X	X		X	X		
Identify individual needs of patients and families related to health and life events	X		X	X	X		X					
Identify the social, cultural, global, ethnic, nutritional, and learning needs of patients and families	X		X	X	X				X			X
Describe ethical and legal standards used in the provision of nursing care	X				X							
Demonstrate accountability for personal nursing actions and conduct						X					X	X
Identify the value of lifelong learning						X				X		X
Employ information literacy skills through introduction to informatics and ethical use of electronic health systems				X			X					
N 125 Lifespan Development and Nursing Practice												
Explain the concept of lifespan development- human growth and learning from conception to death	X						X					
Identify major theorists and theories in developmental psychology							X					
List and describe the major stages of human growth and development and patient teaching and learning implications							X		X			
State appropriate behavioral expectations and developmental tasks associated with each major stage of development									X			
Describe the biological, nutritional, psychological, and social changes and cultural implications that occur at each stage of the life cycle									X			
Explore the processes involved in death and dying	X		X		X							
Relate lifespan development concepts to the nursing process, and apply leadership skills to health	X		X		X		X		X			

promotion/restoration												
N 202 Family Child Nursing												
Employ the nursing process and QSEN competencies to manage the nursing care of the childbearing and childrearing family	X	X	X	X	X		X					
Demonstrate critical reasoning and appropriate clinical judgment in the management of nursing care for the childbearing and childrearing family as well as employ strategies for reflection on learning practice	X	X	X	X	X		X		X		X	
Differentiate modifications in the delivery of nursing care for children who have acute and chronic illnesses, using culturally relevant evidence-based standards of practice	X	X	X	X	X		X		X	X	X	X
Apply appropriate communication techniques in caring for the child and childbearing family	X			X	X		X		X	X		
Modify principles of the teaching/learning process to patient care with regard to educational and developmental level of the child and childrearing family	X			X	X		X		X			
Demonstrate collaborative behavior as a member of the multidisciplinary health care team when delivering care of the childbearing and childrearing family	X			X			X					
Analyze legal and ethical issues related to family violence when caring for the childbearing and childrearing family	X	X	X		X	X			X	X	X	
Examine the principles of teaching and learning techniques and demonstrate leadership skills in the health promotion of the child, childbearing and childrearing families	X		X	X		X					X	
Illustrate a framework of personal accountability for lifelong learning through examination of evidence-based practice to provide safe, effective care for the child, childbearing and childrearing family						X		X		X		X
Differentiate between various information sources to provide nursing care for the child, childbearing and childrearing family								X			X	

N 211 Medical Surgical Nursing I												
Demonstrate competence in the performance of nursing skills to provide safe and effective care in order to adjust learning processes for continual improvement	X	X										
Employ the nursing process and QSEN competencies to manage the nursing care of acutely and chronically ill patients	X		X	X				X				
Assimilate appropriate pharmacologic and nutritional principles into the care of acutely and chronically ill clients	X		X		X		X		X			
Integrate diagnostic testing into the care of acutely and chronically ill patients	X		X									
Apply standards of practice into the care of acute and chronically ill clients	X	X	X	X	X		X		X	X	X	
Describe assessment and evaluation findings to appropriate members of the health care team	X		X	X	X		X		X			
Examine the principles of teaching and learning techniques and demonstrate leadership skills in the care of acutely and chronically ill patients	X			X	X				X			
Demonstrate legal and ethical accountability in the care of patients with health care needs	X	X	X	X	X	X	X		X	X	X	
Employ a framework of personal accountability for lifelong learning through utilization of culturally relevant of evidence-based practice to provide safe, effective nursing care for acutely and chronically ill patients						X			X			X
Apply information literacy skills to provide nursing care for acutely and chronically ill patients							X	X				
N 215 Pharmacology for Nurses												
Articulate expected pharmacologic therapy for a variety of system disorders			X			X	X		X			
Identify expected actions of pharmaceutical agents commonly encountered in client care			X			X	X		X		X	
Differentiate appropriate assessments for safe administration of	X	X	X		X	X	X		X		X	

pharmaceutical agents commonly encountered in patient care												
Examine appropriate response to contraindications and adverse events associated with pharmacologic therapy	X	X	X			X			X		X	
Evaluate the effectiveness of pharmacologic therapy for pharmaceutical agents commonly encountered in patient care	X	X	X		X	X			X		X	
Choose appropriate teaching and evaluate client understanding regarding pharmacologic therapy	X	X	X		X	X	X		X			
Apply the nursing process and appropriate leadership skills to safe administration of pharmacologic agents to patients based on best current evidence	X	X	X	X	X	X			X		X	
N 223 Medical Surgical Nursing II												
Interpret and explain the role of the nurse as teacher, provider of care, manager of care, and member of the discipline of nursing	X	X	X	X	X	X	X		X	X		X
Formulate a comprehensive health care plan to provide nursing care in a variety of health care settings	X	X					X					
Develop clinical decision-making strategies that reflect best current evidence to provide safe and appropriate nursing care to culturally diverse patients with increasingly complex health/illness needs	X	X	X			X	X		X	X		
Demonstrate care that incorporates knowledge of palliative care and sensitivity to quality of life in providing nursing care to the dying person and their family	X	X	X	X		X	X					
Prioritize client care needs, use of the nursing process, and QSEN competencies to evaluate, synthesize, and revise strategies that reflect concepts of nutrition, pharmacology, pathophysiology, microbiology, and anatomy and physiology in the provision of safe and competent nursing care to all patients as well as employ strategies for reflection on	X	X	X			X	X		X	X		

learning practices												
Integrate appropriate leadership/management styles toward the delegation of nursing care for individuals, families, and groups	X			X	X	X	X			X		
Apply knowledge of legal and ethical responsibilities in planning and provision of nursing care	X	X		X	X	X	X		X			
Evaluate sources of information to provide safe, effective, ethical nursing care for patients with increasingly complex health/illness needs	X		X				X	X				
N 222 Geriatric and Mental Health Nursing												
Examine a teaching and learning plan for a geriatric or mental health client utilizing the nursing process	X	X	X	X			X		X			
Select and utilize appropriate nursing interventions in providing care to the geriatric and mental health client	X	X	X	X			X		X			
Differentiate modifications and application of QSEN competencies in the delivery of nursing care for geriatric and mental health clients using best current evidence	X	X	X	X	X	X			X		X	
Establish and maintain a therapeutic nurse-client relationship utilizing effective communication techniques	X	X		X					X			
Appraise the importance of the role of the professional nurse as an advocate for geriatric and mental health				X	X	X	X		X	X	X	
Examine how stereotyping may affect personal bias and professional development				X	X	X	X		X	X		
Select and utilize appropriate information sources to inform ethical decision-making and improve patient outcomes for geriatric and mental health clients					X			X			X	
N 230 Nursing Issues, Leadership and Research												
Analyze the status of nursing in the United States to identify how nurses can be agents of change in the current healthcare delivery system			X		X							
Analyze past, present, and future trends affecting nursing practice in a			X	X	X	X	X		X		X	

changing healthcare environment												
Differentiate between the functions of the state board of nursing and professional nursing organizations					X							
Examine the factors that impact the transition into the professional nursing role					X	X	X		X	X		X
Differentiate between leaders and managers, and formulate a proactive vision for nursing and health care in the 21st century				X		X			X			X
Examine contributions nursing research has made to nursing practice, patient education, and to health care			X		X	X	X					
Demonstrate integration of best current evidence to impact nursing care of culturally diverse populations												
Articulate skills and competencies related to their career, and prepare a professional resume and portfolio				X		X	X		X	X	X	X
Act in accordance with policy and procedures that guide economic behavior in the practice environment					X							
N 270 Internship												
Utilize the nursing process to make effective clinical judgment when caring for culturally diverse patients as well as employ strategies for reflection on learning and practice	X	X	X	X	X		X	X	X		X	
Evaluate cognitive, affective, and psychomotor skills necessary to meet patients' needs in a variety of health care settings	X	X		X			X		X			
Critically appraise QSEN competencies and best current evidence to guide decision making in nursing care and care planning	X	X	X	X	X		X		X		X	
Select appropriate communication techniques and leadership roles when working with patients, groups of patients, families and members of the interdisciplinary healthcare team	X	X		X	X				X			
Describe the responsibilities of the registered nurse and interpret the legal/ethical concepts to implications for nursing practice	X	X	X	X	X	X	X		X	X	X	
Create independent learning goals to enhance lifelong learning						X			X	X	X	X

Support safe, effective, ethical nursing care utilizing information literacy to meet the needs of patients in a variety of health care settings	X							X				

Congruency of Nursing Program Student Learning Outcomes with NLN Competencies Fall 2014

	Human Flourishingg	Nursing Judgment	Professional Identity	Spirit of Inquiry
Nursing Program Student Learning Outcomes				
Employ critical thinking and reasoning to utilize the nursing process as a framework to deliver comprehensive, safe, and culturally sensitive care across the lifespan	X	X	X	X
Demonstrate clinical competence in the performance of nursing skills utilizing quality measures to provide safe effective nursing care	X	X	X	X
Apply best current evidence and appropriate nursing judgment in collaboration with the patient to guide clinical decision-making in the delivery of nursing care		X	X	X
Collaborate and communicate effectively with patients, families and their social support system, and the members of the health care team to achieve mutually agreed upon patient outcomes	X	X	X	X
Practice within the ethical, legal, and regulatory frameworks of professional standards for nursing, including employing agencies' standards of care, assuming students had no past conduct or convictions, which prevent such practice	X	X	X	
Construct a framework of personal accountability for lifelong learning with an entry-level set of knowledge, skills, and behaviors to provide safe, effective nursing care	X	X	X	X
Employ information literacy skills through the effective use of informatics to communicate, manage knowledge, mitigate errors, and support decision-making		X		X
Institutional Outcomes				
Utilize appropriate current technology and resources to locate and evaluate information needed to accomplish a goal, and then communicate findings in visual, written and/or oral formats	X	X	X	X
Transfer knowledge, skills and behaviors acquired through formal and informal learning and life experiences to new situations			X	X
Employ strategies for reflection on learning and practice in order to adjust learning processes for continual improvement			X	X
Follow established methods of inquiry and mathematical reasoning to form conclusions and make decisions		X		X
Participate in social, learning, and professional communities for personal and career growth			X	

Integration of ANA Standards through the Nursing Program Fall 2014- new curriculum

	Definition of professional nursing	Scope of nursing practice	Standard 1- Assessment	Standard 2- Diagnosis	Standard 3- Outcomes	Standard 4- Planning	Standard 5- Implementation	Standard 6- Evaluation	Standard 7- Ethics	Standard 8- Education	Standard 9- Evidence based practice	Standard 10- Quality of practice	Standard 11- Communication	Standard 12- Leadership	Standard 13- Collaboration	Standard 14- Professional practice	Standard 15- Resource Utilization	Standard 16- Environmental health
N 100 Introduction to Nursing																		
Identify the influence of nurse practice acts and professional standards on nursing practice	X	X														X		
Identify the changing roles and responsibilities of nurses utilizing QSEN competencies											X	X					X	
State the ethical and legal issues in nursing									X									
Explain the role of the nurse in the context of contemporary health care including awareness of cultural influences	X	X									X	X			X	X	X	X
Explore personal and professional identity in order to facilitate growth		X								X		X		X		X		
Identify strategies to develop and maintain successful relations with individuals at work or in society taken as a whole													X	X	X	X		
Interpret basic medical terminology													X		X			
N 103 Nursing Fundamentals																		
Demonstrate beginning skill in the utilization of the nursing process and QSEN competencies to meet the needs of the clients		X	X	X	X	X	X	X									X	
Safely perform basic nursing procedures with knowledge of related scientific facts in order to adjust learning processes for continual improvement		X	X		X			X			X	X						
Demonstrate a beginning understanding of how research based practice is necessary for providing safe client care											X	X					X	
Identify individual needs of patients and			X	X						X								

families related to health and life events																		
Identify the social, cultural, global, ethnic, nutritional, and learning needs of patients and families			X	X											X			
Describe ethical and legal standards used in the provision of nursing care		X							X							X		
Demonstrate accountability for personal nursing actions and conduct		X							X	X	X	X	X	X		X		
Identify the value of lifelong learning											X	X		X		X		
Employ information literacy skills through introduction to informatics and ethical use of electronic health systems									X				X					
N 125 Lifespan Development and Nursing Practice																		
Explain the concept of lifespan development- human growth and learning from conception to death			X															
Identify major theorists and theories in developmental psychology																		
List and describe the major stages of human growth and development and patient teaching and learning implications			X										X					
State appropriate behavioral expectations and developmental tasks associated with each major stage of development			X	X														
Describe the biological, nutritional, psychological, and social changes and cultural implications that occur at each stage of the life cycle			X	X														
Explore the processes involved in death and dying			X	X	X							X						
Relate lifespan development concepts to the nursing process, and apply leadership skills to health promotion/restoration		X	X	X	X	X	X	X						X				
N 202 Family Child Nursing																		
Employ the nursing process and QSEN competencies to manage the nursing care of the childbearing and childrearing family			X	X	X	X	X	X							X			
Demonstrate critical reasoning and appropriate clinical judgment in the		X	X		X			X			X	X						

management of nursing care for the childbearing and childrearing family as well as employ strategies for reflection on learning practice																		
Differentiate modifications in the delivery of nursing care for children who have acute and chronic illnesses, using culturally relevant evidence-based standards of practice		X	X	X	X	X	X	X			X	X				X	X	
Apply appropriate communication techniques in caring for the child and childbearing family			X			X	X	X					X		X			
Modify principles of the teaching/learning process to patient care with regard to educational and developmental level of the child and childrearing family			X	X	X	X	X	X		X	X	X	X					
Demonstrate collaborative behavior as a member of the multidisciplinary health care team when delivering care of the childbearing and childrearing family						X	X	X				X	X	X	X			
Analyze legal and ethical issues related to family violence when caring for the childbearing and childrearing family		X	X	X	X	X	X	X	X	X			X	X				
Examine the principles of teaching and learning techniques and demonstrate leadership skills in the health promotion of the child, childbearing and childrearing families			X	X	X	X	X	X		X			X				X	X
Illustrate a framework of personal accountability for lifelong learning through examination of evidence-based practice to provide safe, effective care for the child, childbearing and childrearing family											X	X					X	
Differentiate between various information sources to provide nursing care for the child, childbearing and childrearing family											X	X					X	
N 211 Medical Surgical Nursing I																		
Demonstrate competence in the performance of nursing skills to provide safe and effective care in order to adjust learning processes for continual improvement		X	X	X	X	X	X	X			X	X						

Employ the nursing process and QSEN competencies to manage the nursing care of acutely and chronically ill patients		X	X	X	X	X	X	X							X			
Assimilate appropriate pharmacologic and nutritional principles into the care of acutely and chronically ill clients			X	X		X												
Integrate diagnostic testing into the care of acutely and chronically ill patients		X	X	X	X	X	X	X			X	X						
Apply standards of practice into the care of acute and chronically ill clients						X	X	X			X	X			X			
Describe assessment and evaluation findings to appropriate members of the health care team			X				X						X	X	X			
Examine the principles of teaching and learning techniques and demonstrate leadership skills in the care of acutely and chronically ill patients			X							X								
Demonstrate legal and ethical accountability in the care of patients with health care needs		X							X				X	X		X	X	
Employ a framework of personal accountability for lifelong learning through utilization of culturally relevant of evidence-based practice to provide safe, effective nursing care for acutely and chronically ill patients		X									X	X				X	X	
Apply information literacy skills to provide nursing care for acutely and chronically ill patients																X	X	
N 215 Pharmacology for Nurses																		
Articulate expected pharmacologic therapy for a variety of system disorders			X			X												
Identify expected actions of pharmaceutical agents commonly encountered in client care			X		X													
Differentiate appropriate assessments for safe administration of pharmaceutical agents commonly encountered in patient care			X															
Examine appropriate response to contraindications and adverse events			X		X													

associated with pharmacologic therapy																		
Evaluate the effectiveness of pharmacologic therapy for pharmaceutical agents commonly encountered in patient care			X					X										
Choose appropriate teaching and evaluate client understanding regarding pharmacologic therapy			X	X	X	X	X	X		X			X					
Apply the nursing process and appropriate leadership skills to safe administration of pharmacologic agents to patients based on best current evidence		X	X	X	X	X	X	X			X	X	X					
N 223 Medical Surgical Nursing II																		
Interpret and explain the role of the nurse as teacher, provider of care, manager of care, and member of the discipline of nursing	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	
Formulate a comprehensive health care plan to provide nursing care in a variety of health care settings			X														X	X
Develop clinical decision-making strategies that reflect best current evidence to provide safe and appropriate nursing care to culturally diverse patients with increasingly complex health/illness needs			X	X	X	X	X				X	X			X			
Demonstrate care that incorporates knowledge of palliative care and sensitivity to quality of life in providing nursing care to the dying person and their family			X	X	X	X	X	X	X		X	X	X		X			
Prioritize client care needs, use of the nursing process, and QSEN competencies to evaluate, synthesize, and revise strategies that reflect concepts of nutrition, pharmacology, pathophysiology, microbiology, and anatomy and physiology in the provision of safe and competent nursing care to all patients as well as employ strategies for reflection on learning practices		X	X	X	X	X	X	X	X	X	X	X	X		X		X	
Integrate appropriate leadership/management styles toward the delegation of nursing care for individuals,		X	X	X		X		X			X	X	X	X	X		X	

families, and groups																		
Apply knowledge of legal and ethical responsibilities in planning and provision of nursing care		X	X			X	X	X	X	X	X	X	X	X	X	X	X	
Evaluate sources of information to provide safe, effective, ethical nursing care for patients with increasingly complex health/illness needs											X	X				X	X	
N 222 Geriatric and Mental Health Nursing																		
Examine a teaching and learning plan for a geriatric or mental health client utilizing the nursing process			X	X	X	X	X	X		X			X		X		X	X
Select and utilize appropriate nursing interventions in providing care to the geriatric and mental health client		X	X			X	X	X			X	X	X					
Differentiate modifications and application of QSEN competencies in the delivery of nursing care for geriatric and mental health clients using best current evidence			X	X	X	X	X	X		X	X	X						
Establish and maintain a therapeutic nurse-client relationship utilizing effective communication techniques			X	X	X	X	X	X					X			X		
Appraise the importance of the role of the professional nurse as an advocate for geriatric and mental health	X	X							X	X		X	X	X		X		
Examine how stereotyping may affect personal bias and professional development						X	X	X				X		X		X		
Select and utilize appropriate information sources to inform ethical decision-making and improve patient outcomes for geriatric and mental health clients					X	X	X		X		X	X						
N 230 Nursing Issues, Leadership and Research																		
Analyze the status of nursing in the United States to identify how nurses can be agents of change in the current healthcare delivery system	X	X									X	X						
Analyze past, present, and future trends affecting nursing practice in a changing healthcare environment	X	X							X	X	X	X			X	X	X	X

Differentiate between the functions of the state board of nursing and professional nursing organizations	X	X																
Examine the factors that impact the transition into the professional nursing role		X							X	X	X	X	X	X		X	X	
Differentiate between leaders and managers, and formulate a proactive vision for nursing and health care in the 21st century														X	X	X	X	X
Examine contributions nursing research has made to nursing practice, patient education, and to health care									X	X	X	X	X	X				
Demonstrate integration of best current evidence to impact nursing care of culturally diverse populations																		
Articulate skills and competencies related to their career, and prepare a professional resume and portfolio													X	X		X	X	
Act in accordance with policy and procedures that guide economic behavior in the practice environment																	X	
N 270 Internship																		
Utilize the nursing process to make effective clinical judgment when caring for culturally diverse patients as well as employ strategies for reflection on learning and practice		X	X	X	X	X	X	X							X		X	X
Evaluate cognitive, affective, and psychomotor skills necessary to meet patients' needs in a variety of health care settings			X	X	X	X	X	X		X			X					
Critically appraise QSEN competencies and best current evidence to guide decision making in nursing care and care planning											X	X	X	X	X		X	X
Select appropriate communication techniques and leadership roles when working with patients, groups of patients, families and members of the interdisciplinary healthcare team										X	X	X	X	X	X			
Describe the responsibilities of the registered nurse and interpret the legal/ethical concepts to implications for	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

nursing practice																		
Create independent learning goals to enhance lifelong learning										X				X		X	X	
Support safe, effective, ethical nursing care utilizing information literacy to meet the needs of patients in a variety of health care settings		X				X		X									X	
Institutional Outcomes																		
Utilize appropriate current technology and resources to locate and evaluate information needed to accomplish a goal, and then communicate findings in visual, written and/or oral formats													X	X			X	
Transfer knowledge, skills and behaviors acquired through formal and informal learning and life experiences to new situations											X		X			X	X	
Employ strategies for reflection on learning and practice in order to adjust learning processes for continual improvement											X	X	X			X	X	
Follow established methods of inquiry and mathematical reasoning to form conclusions and make decisions											X	X	X	X		X		
Participate in social, learning, and professional communities for personal and career growth												X		X	X	X	X	
Nursing Program Student Learning Outcomes																		
Employ critical thinking and reasoning to utilize the nursing process as a framework to deliver comprehensive, safe, and culturally sensitive care across the lifespan	X	X	X	X	X	X	X	X							X		X	X
Demonstrate clinical competence in the performance of nursing skills utilizing quality measures to provide safe effective nursing care		X	X	X	X	X	X	X			X	X	X					
Apply best current evidence and appropriate nursing judgment in collaboration with the patient to guide clinical decision-making in the delivery of nursing care		X	X	X	X	X	X	X	X	X	X	X	X	X	X			

Collaborate and communicate effectively with patients, families and their social support system, and the members of the health care team to achieve mutually agreed upon patient outcomes			X	X	X	X	X	X					X	X	X		X	
Practice within the ethical, legal, and regulatory frameworks of professional standards for nursing, including employing agencies' standards of care, assuming students had no past conduct or convictions, which prevent such practice	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	
Construct a framework of personal accountability for lifelong learning with an entry-level set of knowledge, skills, and behaviors to provide safe, effective nursing care												X		X		X		
Employ information literacy skills through the effective use of informatics to communicate, manage knowledge, mitigate errors, and support decision-making						X		X	X		X	X				X	X	

Integration of IOM and QSEN Concepts through the Nursing Program Fall 2014- new curriculum

	Patient Centered Care	Interdisciplinary Teams/ Collaboration	Evidence- Based Practice	Quality Improvement	Informatics	Safety
N 100 Introduction to Nursing						
Identify the influence of nurse practice acts and professional standards on nursing practice	X	X				X
Identify the changing roles and responsibilities of nurses utilizing QSEN competencies	X	X	X	X	X	X
State the ethical and legal issues in nursing	X	X				X
Explain the role of the nurse in the context of contemporary health care including awareness of cultural influences	X	X	X	X	X	
Explore personal and professional identity in order to facilitate growth				X		
Identify strategies to develop and maintain successful relations with individuals at work or in society taken as a whole		X		X		
Interpret basic medical terminology	X					
N 103 Nursing Fundamentals						
Demonstrate beginning skill in the utilization of the nursing process and QSEN competencies to meet the needs of the clients	X	X	X	X	X	X
Safely perform basic nursing procedures with knowledge of related scientific facts in order to adjust learning processes for continual improvement	X		X	X	X	X
Demonstrate a beginning understanding of how research based practice is necessary for providing safe client care	X		X	X		X
Identify individual needs of patients and families related to health and life events	X			X		
Identify the social, cultural, global, ethnic, nutritional, and learning needs of patients and families	X		X		X	
Describe ethical and legal standards used in the provision of nursing care	X	X	X	X	X	X
Demonstrate accountability for personal nursing actions and conduct	X			X		X
Identify the value of lifelong learning				X		
Employ information literacy skills through introduction to informatics and ethical use of electronic health systems	X				X	
N 125 Lifespan Development and Nursing Practice						

Explain the concept of lifespan development- human growth and learning from conception to death	X					
Identify major theorists and theories in developmental psychology						
List and describe the major stages of human growth and development and patient teaching and learning implications	X					
State appropriate behavioral expectations and developmental tasks associated with each major stage of development	X					X
Describe the biological, nutritional, psychological, and social changes and cultural implications that occur at each stage of the life cycle	X		X	X		
Explore the processes involved in death and dying	X					
Relate lifespan development concepts to the nursing process, and apply leadership skills to health promotion/restoration	X		X	X		
N 202 Family Child Nursing						
Employ the nursing process and QSEN competencies to manage the nursing care of the childbearing and childrearing family	X	X	X	X	X	X
Demonstrate critical reasoning and appropriate clinical judgment in the management of nursing care for the childbearing and childrearing family as well as employ strategies for reflection on learning practice	X		X	X	X	X
Differentiate modifications in the delivery of nursing care for children who have acute and chronic illnesses, using culturally relevant evidence-based standards of practice	X	X	X	X		X
Apply appropriate communication techniques in caring for the child and childbearing family	X	X			X	
Modify principles of the teaching/learning process to patient care with regard to educational and developmental level of the child and childrearing family	X		X			
Demonstrate collaborative behavior as a member of the multidisciplinary health care team when delivering care of the childbearing and childrearing family	X	X	X	X	X	X
Analyze legal and ethical issues related to family violence when caring for the childbearing and childrearing family	X	X	X	X	X	X
Examine the principles of teaching and learning techniques and demonstrate leadership skills in the health promotion of the child, childbearing and childrearing families	X		X	X	X	
Illustrate a framework of personal accountability for lifelong learning through examination of evidence-based practice to provide safe, effective care for the child, childbearing and childrearing family	X		X	X	X	
Differentiate between various information sources to provide nursing care for the child, childbearing and childrearing family	X		X	X	X	X
N 211 Medical Surgical Nursing I						
Demonstrate competence in the performance of nursing skills to provide safe	X		X	X		X

and effective care in order to adjust learning processes for continual improvement						
Employ the nursing process and QSEN competencies to manage the nursing care of acutely and chronically ill patients	X	X	X	X	X	X
Assimilate appropriate pharmacologic and nutritional principles into the care of acutely and chronically ill clients	X	X	X		X	X
Integrate diagnostic testing into the care of acutely and chronically ill patients	X	X				X
Apply standards of practice into the care of acute and chronically ill clients	X	X	X	X	X	X
Describe assessment and evaluation findings to appropriate members of the health care team	X	X			X	X
Examine the principles of teaching and learning techniques and demonstrate leadership skills in the care of acutely and chronically ill patients	X		X	X	X	
Demonstrate legal and ethical accountability in the care of patients with health care needs	X	X	X	X	X	X
Employ a framework of personal accountability for lifelong learning through utilization of culturally relevant of evidence-based practice to provide safe, effective nursing care for acutely and chronically ill patients	X	X	X	X	X	X
Apply information literacy skills to provide nursing care for acutely and chronically ill patients	X		X	X	X	X
N 215 Pharmacology for Nurses						
Articulate expected pharmacologic therapy for a variety of system disorders	X		X			X
Identify expected actions of pharmaceutical agents commonly encountered in client care	X		X			X
Differentiate appropriate assessments for safe administration of pharmaceutical agents commonly encountered in patient care	X		X			X
Examine appropriate response to contraindications and adverse events associated with pharmacologic therapy	X		X			X
Evaluate the effectiveness of pharmacologic therapy for pharmaceutical agents commonly encountered in patient care	X					X
Choose appropriate teaching and evaluate client understanding regarding pharmacologic therapy	X		X		X	X
Apply the nursing process and appropriate leadership skills to safe administration of pharmacologic agents to patients based on best current evidence	X	X	X	X	X	X
N 223 Medical Surgical Nursing II						
Interpret and explain the role of the nurse as teacher, provider of care, manager of care, and member of the discipline of nursing	X	X	X	X	X	X
Formulate a comprehensive health care plan to provide nursing care in a variety of health care settings	X	X	X	X	X	X
Develop clinical decision-making strategies that reflect best current evidence to	X	X	X	X		X

provide safe and appropriate nursing care to culturally diverse patients with increasingly complex health/illness needs						
Demonstrate care that incorporates knowledge of palliative care and sensitivity to quality of life in providing nursing care to the dying person and their family	X	X	X	X		X
Prioritize client care needs, use of the nursing process, and QSEN competencies to evaluate, synthesize, and revise strategies that reflect concepts of nutrition, pharmacology, pathophysiology, microbiology, and anatomy and physiology in the provision of safe and competent nursing care to all patients as well as employ strategies for reflection on learning practices	X	X	X	X	X	X
Integrate appropriate leadership/management styles toward the delegation of nursing care for individuals, families, and groups	X	X				X
Apply knowledge of legal and ethical responsibilities in planning and provision of nursing care	X	X	X	X	X	X
Evaluate sources of information to provide safe, effective, ethical nursing care for patients with increasingly complex health/illness needs	X	X	X	X	X	X
N 222 Geriatric and Mental Health Nursing						
Examine a teaching and learning plan for a geriatric or mental health client utilizing the nursing process	X		X		X	
Select and utilize appropriate nursing interventions in providing care to the geriatric and mental health client	X		X		X	X
Differentiate modifications and application of QSEN competencies in the delivery of nursing care for geriatric and mental health clients using best current evidence	X	X	X	X	X	X
Establish and maintain a therapeutic nurse-client relationship utilizing effective communication techniques	X				X	
Appraise the importance of the role of the professional nurse as an advocate for geriatric and mental health	X	X	X	X	X	X
Examine how stereotyping may affect personal bias and professional development	X			X		X
Select and utilize appropriate information sources to inform ethical decision-making and improve patient outcomes for geriatric and mental health clients	X		X	X	X	X
N 230 Nursing Issues, Leadership and Research						
Analyze the status of nursing in the United States to identify how nurses can be agents of change in the current healthcare delivery system	X	X	X	X	X	
Analyze past, present, and future trends affecting nursing practice in a changing healthcare environment	X	X	X	X	X	X
Differentiate between the functions of the state board of nursing and professional nursing organizations	X		X	X	X	X
Examine the factors that impact the transition into the professional nursing role	X		X	X		

Differentiate between leaders and managers, and formulate a proactive vision for nursing and health care in the 21st century						
Examine contributions nursing research has made to nursing practice, patient education, and to health care	X		X	X	X	X
Demonstrate integration of best current evidence to impact nursing care of culturally diverse populations	X	X	X	X	X	X
Articulate skills and competencies related to their career, and prepare a professional resume and portfolio	X	X	X	X	X	X
Act in accordance with policy and procedures that guide economic behavior in the practice environment	X			X		X
N 270 Internship						
Utilize the nursing process to make effective clinical judgment when caring for culturally diverse patients as well as employ strategies for reflection on learning and practice	X	X	X	X	X	X
Evaluate cognitive, affective, and psychomotor skills necessary to meet patients' needs in a variety of health care settings	X	X	X	X	X	X
Critically appraise QSEN competencies and best current evidence to guide decision making in nursing care and care planning	X	X	X	X	X	X
Select appropriate communication techniques and leadership roles when working with patients, groups of patients, families and members of the interdisciplinary healthcare team	X	X	X	X	X	
Describe the responsibilities of the registered nurse and interpret the legal/ethical concepts to implications for nursing practice	X	X	X	X	X	X
Create independent learning goals to enhance lifelong learning				X		X
Support safe, effective, ethical nursing care utilizing information literacy to meet the needs of patients in a variety of health care settings	X	X	X	X	X	X
Institutional Outcomes						
Utilize appropriate current technology and resources to locate and evaluate information needed to accomplish a goal, and then communicate findings in visual, written and/or oral formats			X		X	X
Transfer knowledge, skills and behaviors acquired through formal and informal learning and life experiences to new situations			X	X		X
Employ strategies for reflection on learning and practice in order to adjust learning processes for continual improvement				X		X
Follow established methods of inquiry and mathematical reasoning to form conclusions and make decisions					X	X
Participate in social, learning, and professional communities for personal and career growth				X		
Nursing Program Student Learning Outcomes						
Employ critical thinking and reasoning to utilize the nursing process as a	X	X	X	X	X	X

framework to deliver comprehensive, safe, and culturally sensitive care across the lifespan						
Demonstrate clinical competence in the performance of nursing skills utilizing quality measures to provide safe effective nursing care	X	X	X	X	X	X
Apply best current evidence and appropriate nursing judgment in collaboration with the patient to guide clinical decision-making in the delivery of nursing care	X	X	X	X	X	X
Collaborate and communicate effectively with patients, families and their social support system, and the members of the health care team to achieve mutually agreed upon patient outcomes	X	X	X	X	X	X
Practice within the ethical, legal, and regulatory frameworks of professional standards for nursing, including employing agencies' standards of care, assuming students had no past conduct or convictions, which prevent such practice	X	X	X	X	X	X
Construct a framework of personal accountability for lifelong learning with an entry-level set of knowledge, skills, and behaviors to provide safe, effective nursing care				X		X
Employ information literacy skills through the effective use of informatics to communicate, manage knowledge, mitigate errors, and support decision-making	X	X	X	X	X	X

Relationship Between Student Learning Outcomes and Course Learning Outcomes
Progression through Curriculum

Student Learning Outcomes	NURS 100 Introduction to Nursing 1st semester	NURS 103 Nursing Fundamentals 2nd semester	NURS 125 Lifespan Development 2nd semester	NURS 211 Med-Surg Nursing I 3rd semester	NURS 215 Pharmacology 3rd semester
Employ critical thinking and reasoning to utilize the nursing process as a framework to deliver comprehensive, safe, and culturally sensitive care across the lifespan Level of Bloom's	Identify the influence of nurse practice acts and professional standards on nursing practice Remember	Demonstrate beginning skill in the utilization of the nursing process and QSEN competencies to meet the needs of the clients Understand	Relate lifespan development concepts to the nursing process, and apply leadership skills to health promotion/restoration Understand	Employ the nursing process and QSEN competencies to manage the nursing care of acutely and chronically ill patients Apply	Apply the nursing process and appropriate leadership skills to safe administration of pharmacologic agents to patients based on best current evidence Apply
Demonstrate clinical competence in the performance of nursing skills utilizing quality measures to provide safe effective nursing care Level of Bloom's		Safely perform basic nursing procedures with knowledge of related scientific facts in order to adjust learning processes for continual improvement Apply		Demonstrate competence in the performance of nursing skills to provide safe and effective care in order to adjust learning processes for continual improvement Apply	Differentiate appropriate assessments for safe administration of pharmaceutical agents commonly encountered in patient care Analyze
Apply best current evidence and appropriate nursing judgment in collaboration with the patient to guide clinical decision-making in the delivery of nursing care Level of Bloom's		Demonstrate a beginning understanding of how research based practice is necessary for providing safe client care Apply		Apply standards of practice into the care of acute and chronically ill clients Apply	Apply the nursing process and appropriate leadership skills to safe administration of pharmacologic agents to patients based on best current evidence Apply

Collaborate and communicate effectively with patients, families and their social support system, and the members of the health care team to achieve mutually agreed upon patient outcomes Level of Bloom's	Identify strategies to develop and maintain successful relations with individuals at work or in society taken as a whole Understand	Identify individual needs of patients and families related to health and life events Remember	List and describe the major stages of human growth and development and patient teaching and learning implications Understand	Describe assessment and evaluation findings to appropriate members of the health care team Understand	Choose appropriate teaching and evaluate client understanding regarding pharmacologic therapy Apply
Practice within the ethical, legal, and regulatory frameworks of professional standards for nursing, including employing agencies' standards of care, assuming students had no past conduct or convictions, which prevent such practice Level of Bloom's	State the ethical and legal issues in nursing Remember	Describe ethical and legal standards used in the provision of nursing care Remember		Demonstrate legal and ethical accountability in the care of patients with health care needs Apply	
Construct a framework of personal accountability for lifelong learning with an entry-level set of knowledge, skills, and behaviors to provide safe, effective nursing care Level of Bloom's		Identify the value of lifelong learning Understand		Employ a framework of personal accountability for lifelong learning through utilization of culturally relevant of evidence-based practice to provide safe, effective nursing care for acutely and chronically ill patients Apply	
Employ information literacy skills through the effective use of informatics to communicate, manage knowledge, mitigate errors, and support decision-making Level of Bloom's		Employ information literacy skills through introduction to informatics and ethical use of electronic health systems Apply		Apply information literacy skills to provide nursing care for acutely and chronically ill patients Apply	

Student Learning Outcomes	NURS 202 Family Child Nursing 4th semester	NURS 222 Geriatric and Mental Health Nursing 4th semester	NURS 223 Med-Surg Nursing II 5th semester	NURS 230 Nursing Issues Leadership & Research 5th semester	NURS 270 Internship 5th semester
Employ critical thinking and reasoning to utilize the nursing process as a framework to deliver comprehensive, safe, and culturally sensitive care across the lifespan	Employ the nursing process and QSEN competencies to manage the nursing care of the childbearing and childrearing family	Examine a teaching and learning plan for a geriatric or mental health client utilizing the nursing process	Prioritize client care needs, use of the nursing process, and QSEN competencies to evaluate, synthesize, and revise strategies that reflect concepts of nutrition, pharmacology, pathophysiology, microbiology, and anatomy and physiology in the provision of safe and competent nursing care to all patients as well as employ strategies for reflection on learning practices	Demonstrate integration of best current evidence to impact nursing care of culturally diverse populations	Utilize the nursing process to make effective clinical judgment when caring for culturally diverse patients as well as employ strategies for reflection on learning and practice
Level of Bloom's	Apply	Analyze	Evaluate	Create	Create
Demonstrate clinical competence in the performance of nursing skills utilizing quality measures to provide safe effective nursing care	Demonstrate critical reasoning and appropriate clinical judgment in the management of nursing care for the childbearing and childrearing family as well as employ strategies for reflection on learning practice	Select and utilize appropriate nursing interventions in providing care to the geriatric and mental health client	Formulate a comprehensive health care plan to provide nursing care in a variety of health care settings		Evaluate cognitive, affective, and psychomotor skills necessary to meet patients' needs in a variety of health care settings
Level of Bloom's	Apply	Apply	Create		Evaluate

Apply best current evidence and appropriate nursing judgment in collaboration with the patient to guide clinical decision-making in the delivery of nursing care	Demonstrate critical reasoning and appropriate clinical judgment in the management of nursing care for the childbearing and childrearing family as well as employ strategies for reflection on learning practice	Differentiate modifications and application of QSEN competencies in the delivery of nursing care for geriatric and mental health clients using best current evidence	Develop clinical decision-making strategies that reflect best current evidence to provide safe and appropriate nursing care to culturally diverse patients with increasingly complex health/illness needs	Examine contributions nursing research has made to nursing practice, patient education, and to health care	Critically appraise QSEN competencies and best current evidence to guide decision making in nursing care and care planning
Level of Bloom's	Apply	Analyze	Create	Evaluate	Evaluate
Collaborate and communicate effectively with patients, families and their social support system, and the members of the health care team to achieve mutually agreed upon patient outcomes	Demonstrate collaborative behavior as a member of the multidisciplinary health care team when delivering care of the childbearing and childrearing family	Establish and maintain a therapeutic nurse-client relationship utilizing effective communication techniques	Demonstrate care that incorporates knowledge of palliative care and sensitivity to quality of life in providing nursing care to the dying person and their family		Select appropriate communication techniques and leadership roles when working with patients, groups of patients, families and members of the interdisciplinary healthcare team
Level of Bloom's	Apply	Apply	Create		Create
Practice within the ethical, legal, and regulatory frameworks of professional standards for nursing, including employing agencies' standards of care, assuming students had no past conduct or convictions, which prevent such practice	Analyze legal and ethical issues related to family violence when caring for the childbearing and childrearing family	Appraise the importance of the role of the professional nurse as an advocate for geriatric and mental health	Integrate appropriate leadership/management styles toward the delegation of nursing care for individuals, families, and groups		Describe the responsibilities of the registered nurse and interpret the legal/ethical concepts to implications for nursing practice
Level of Bloom's	Analyze	Analyze	Create		Evaluate

Construct a framework of personal accountability for lifelong learning with an entry-level set of knowledge, skills, and behaviors to provide safe, effective nursing care	Illustrate a framework of personal accountability for lifelong learning through examination of evidence-based practice to provide safe, effective care for the child, childbearing and childrearing family	Examine how stereotyping may affect personal bias and professional development	Interpret and explain the role of the nurse as teacher, provider of care, manager of care, and member of the discipline of nursing	Differentiate between leaders and managers, and formulate a proactive vision for nursing and health care in the 21st century	Create independent learning goals to enhance lifelong learning
Level of Bloom's	Apply	Evaluate	Evaluate	Evaluate	Create
Employ information literacy skills through the effective use of informatics to communicate, manage knowledge, mitigate errors, and support decision-making	Differentiate between various information sources to provide nursing care for the child, childbearing and childrearing family	Select and utilize appropriate information sources to inform ethical decision-making and improve patient outcomes for geriatric and mental health clients	Evaluate sources of information to provide safe, effective, ethical nursing care for patients with increasingly complex health/illness needs		Support safe, effective, ethical nursing care utilizing information literacy to meet the needs of patients in a variety of health care settings
Level of Bloom's	Analyze	Evaluate	Evaluate		Create

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ACEN
Accreditation Commission for Education in Nursing

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August 25, 2014

Linda Krueger, EdD, MSN, RN
Nursing Program Director
Bryant & Stratton College - Milwaukee West
10950 West Potter Road
Suite 500 East
Wauwatosa, WI 53226

Dear Dr. Krueger:

Thank you for submitting the substantive change report to the Accreditation Commission for Education in Nursing (ACEN) for the associate nursing program at Bryant & Stratton College - Milwaukee West. The report is related to curriculum revisions, which are being implemented in the Fall 2014 Semester.

According to the documentation, the faculty have reviewed and revised the program's curriculum in order ensure the program is in compliance with Standard 4 Curriculum. You have indicated that the changes to the curriculum include revised student learning outcomes and course descriptions. As I understand, no additional courses were developed for the program of study. As described, the revised program requires seventy-two (72) credits and a minimum of five (5) semesters for program completion.

As reported, the revised student learning outcomes have been updated to reflect components from the Institute of Medicine (IOM) Report; National Patient Safety Goals; American Nurses Association (ANA) Nursing: Scope and Standards of Practice; the NLN Core Competencies; and the Quality and Safety Education for Nurses (QSEN) Competencies. In addition, the report indicates that the revised student learning outcomes are now being used to organize the curriculum.

A chart in Appendix H illustrates the relationships between the student learning outcomes and the course learning objectives. However, it was noted that the chart did not include all of the

courses in the program of study; no information was presented for the NURS 125, NURS 215, and NURS 230 courses. In addition, your report did not include the program's systematic plan for evaluation; therefore, the evaluation plan could not be reviewed to verify the inclusion of the curriculum revisions.

As you are aware, the ACEN Board of Commissioners reviewed your program at their meeting on July 10-11, 2014, and placed the program on warning for non-compliance with Standard 2 Faculty and Staff, Standard 4 Curriculum, and Standard 6 Outcomes. Please note that the substantive change report, as submitted, did not address all areas of non-compliance related to Standard 4 as identified by the Board of Commissioners. It is essential that all areas of non-compliance be resolved prior to the program's next accreditation site visit in the Fall 2016 Cycle.

At this time, the ACEN requires additional information related to the revised curriculum. Please submit documentation related to the faculty's plan to ensure that the curriculum is systematically reviewed on an ongoing basis by the faculty for integrity, rigor, and currency. I am also requesting a copy of the revised program of study inclusive of the contact and credit hours for the didactic, skills laboratory, and the clinical learning experiences.

Please note that a substantive change involving curriculum revisions for the associate nursing program requires review by the ACEN Board of Commissioners. Following its review, the Board will make a recommendation for additional follow-up actions, including the requirement of a Focused Visit in accordance with ACEN policy.

We look forward to hearing from you soon, but no later than September 25, 2014. Please feel free to contact me if you have any questions or I can be of assistance at any time.

Sincerely,

Georgia Vest

Georgia Vest, DNP, RN, CNE
Associate Director

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HERZING UNIVERSITY
BROOKFIELD-KENOSHA DEPARTMENT OF NURSING

FOLLOW-UP REPORT FOR NON-COMPLIANCE FOR FIRST-TIME NCLEX-RN TEST TAKERS

Official Name of the Institution: Herzing University

Type of Institution **(check one):** ☐public ☐private, secular ☐private, religious ☒proprietary

Institution's Carnegie Classification: Assoc/PvtFP4

Chief Executive Officer of Institution (Full Name and Title): Renee Herzing, MBA, President

Chief Executive Officer of Institution's email address: rherzing@herzing.edu

Official Name of Nursing Unit: Herzing Brookfield-Kenosha Department of Nursing

Chief Nurse Administrator (Full Name, Title and Credentials): Justin D. Hern, RN, MSN, MBA

Address: 555 South Executive Drive/4006 Washington Road

City: Brookfield/Kenosha State: WI/WI Zip Code: 53005/53144

Phone: 262-649-1710/262-671-0675 Fax: 414-212-3117

Email address: jhern@herzing.edu

Web site address (URL) of institution: www.herzing.edu

Web site address (URL) of nursing unit: http://www.herzing.edu/brookfield/career-programs/undergraduate-degrees/healthcare/nursing and http://www.herzing.edu/kenosha/career-programs/undergraduate-degrees/healthcare/nursing

Web site address (URL) of institution's catalog (if available electronically): http://www.herzing.edu/career-programs/downloads

Web site address (URL) of nursing student handbook (if available electronically): https://herzing.blackboard.com/webapps/portal/frameset.jsp?tab_tab_group_id=_3_1&url=%2Fwebapps%2Fblackboard%2Fexecute%2Flauncher%3Ftype%3DCourse%26id%3D_39121_1%26url%3D

IV-C. Licensure and certification pass rates demonstrate program effectiveness.

Elaboration: The pre-licensure program demonstrates achievement of required program outcomes regarding licensure.

1. *The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years.*
2. *The NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year. However, if the NCLEX-RN® pass rate for any campus/site and track is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that campus/site or track is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.*

A campus/site or track with an NCLEX-RN® pass rate of less than 80% for first-time takers for the most recent calendar year provides a written explanation/analysis with documentation for the variance and a plan to meet the 80% NCLEX-RN® pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, data relative to specific campuses/sites or tracks, and data on repeat takers.

The graduate program demonstrates achievement of required program outcomes regarding certification. Certification results are obtained and reported in the aggregate for those graduates taking each examination, even when national certification is not required to practice in a particular state.

1. *Data are provided regarding the number of graduates and the number of graduates taking each certification examination.*
2. *The certification pass rate for each examination for which the program prepares graduates is provided for each of the three most recent calendar years.*
3. *The certification pass rate for each examination is 80% or higher for first-time takers for the most recent calendar year. However, if the pass rate for any certification examination is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that certification examination is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.*

A program with a pass rate of less than 80% for any certification examination for the most recent calendar year provides a written explanation/analysis for the variance and a plan to meet the 80% certification pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, and data on repeat takers.

This key element is not applicable to a new degree or certificate program that does not yet have individuals who have taken licensure or certification examinations

PROGRAM RESPONSE:

NCLEX-RN scores have been tracked closely by the program. The records do show that while only 74% (NCSBON Scores, April 2014) of Herzing Brookfield-Kenosha students currently pass the nursing examination on the first attempt, by the second attempt, NCLEX-RN success has increased to 91.85% pass. Although it is standard practice for the senior exit team to make recommendations to students about timing of testing, factors that impact the overall success rate are often beyond our control. Records indicate that we have had early testing interrupted for 2 students related to high-risk pregnancies and their outcomes with resultant lack of success of first attempts. Two students that moved out of state have failed to communicate with us despite multiple attempts.

The following is a record of NCLEX-RN pass rates for the program. The table includes the quarterly pass rate information in addition to the graduating class success rates.

TABLE 1: NCLEX-RN Quarterly Pass Rates

NCBON QUARTER REPORT	NO. TESTING	NO. PASSED FIRST TIME	NO. FAILED FIRST TIME	2ND TEST PASSD	3RD TEST PASS	NCSBON PASS RATE PER QUARTER
1st QUARTER 2013	12	10	2	0	N/A	83.33%
2nd QUARTER 2013	2	1	1	0		50.00%
3rd QUARTER 2013	4	1	3	2	0	25.00%
4th QUARTER 1013	9	5	4	3		55.56%
1st quarter 2014	20	18	2	2	0	90.00%
2nd QUARTER 2014*		7 (Not included in count)		2		
TOTAL	47	35	12	8		74% avg. pass rate

TABLE 2. NCLEX-RN PASS RATES BY GRADUATION GROUPS

Grad Date	Number Of Grads	ATI Predictor	ATI Live Review/ Mentoring	First Time Pass Rate	Pass On 2nd Attempt	PASS ON 3RD Attempt	Not Tested Or Not Passed	Pass %
December 2012	12	1/12	12/12	10	1		1	91.7%
April 2013	7 (2 Kenosha and 5 Bf)	0/7	7/7	2	4		1	85.7%
August 2013	10	0/10	10/10	5	4		1	90.0%
December 2013	19	1/19	19/19	18	1			100.0%
April 2014*	18 (12 Kenosha and 6 Bf)	1/18	16/18	5			1	Inc.
TOTALS								91.85%

The Brookfield-Kenosha nursing program admitted its first class in September 2010 with graduation for its first twelve (12) students in December 2012. During the progression of the initial cohort of students, the curriculum was assessed to determine if the needs of the students and the program objectives were being met. Minor changes in course progression, content and rigor were made utilizing information from student course evaluations, course outcome evaluation and performance markers from Assessment Technologies Institute (ATI). Focused non-credit review opportunities were also added.

As the graduation of the first class approached and based on continued assessment of subsequent classes, additional curricular adjustments were made to add chemistry, sociology, and medical terminology. Pathophysiology was increased to 4 credits, and Nursing Informatics was moved to a point earlier in the curriculum plan. Course credits were shifted to increase theory and clinical time in the Introduction to Clinical Nursing, Nursing of the Family and Mental Health courses. The senior level Adult Health Course was reorganized to make it both a multisystem failure and capstone course. Also in the last semester of the curriculum plan, there is an organized review/development session lead by faculty members (the "senior exit team" or the 8th semester teaching team), designed to assist in the final needs related to preparation for the NCLEX-RN examination.

> The nursing program subscribes to the Assessment Technologies Institute (ATI) CARP (Comprehensive Assessment and Review Program) for nursing assessment which provides for proctored and non-proctored practice assessments, review modules, entrance testing, preparation and predictor testing and the ability for the student to develop an ATI-PLAN (Prescriptive Learning for All Nurses) plan to guide their remediation. The testing schedule and Comprehensive Assessment Program (CAP) tests are summarized in the following chart (Nursing Faculty Resource Guide, pp.27-28)."

The full changes associated with this curricular adjustment were implemented with the September 2012 admission class and with modified curricular plans for students enrolled in semesters 2-6 of the program.

In addition, in fall 2013, based on a review plan utilized with the first graduating cohort (December 2012), two non-credit courses were added to the curriculum plan to support all nursing students in the review of essential content identified by ATI testing outcomes and suggested content remediation plans. Specifically, these courses were designed to utilize the review opportunities afforded by ATI both in content and NCLEX-RN testing skills. NB010, Pre-NCLEX Licensure Prep I, is offered to students in semesters six (6) of the eight (8) semester program and covers a review of content from pharmacology, pathophysiology, health assessment, fundamentals and the first adult health course. NB011, Pre-NCLEX Licensure Prep II, is offered in the seventh semester and covers content from Adult Health II, Gerontology, Mental Health, Nursing of the Family, and Community Nursing.

As presented earlier, all potential impacts on student performance were reviewed. Faculty instruction, testing and evaluation were also considered. In late spring of 2013, the faculty agreed to implement standardized expectations related to testing and evaluation of all students to assure outcomes and appropriate progression of students in the program. This agreement included the leveling of tests throughout the curriculum and evaluative standards for teacher made tests. Faculty were required to blue print all major exams and provide a copy of that blueprint to students at least one week prior to the examination. Nursing leadership met with faculty to review examinations, matching test questions to content covered in the classes and identified in the syllabi, wording, formatting, potential bias, and for appropriate leveling of questions. The plan, as presented in the faculty resource guide, was implemented in fall of 2012, and currently includes the following guidance:

"Student achievement of minimal competency is assessed throughout the curriculum. Assessment and Evaluation involves the use of teacher made and standardized tests used to determine student achievement, create individualized remediation plans, and support program evaluation.
Teacher made examinations must meet the following guidelines for use in the program.

Test Construction: NCLEX-RN question formats are used provide increase objectivity in testing and to increase student comfort with the NCLEX-RN testing environment.

Test Blue Printing and Evaluation: To assure examinations reflect outcomes and content covered in the respective courses and to assure validity and consistency in the quality of testing.

Leveling of Test Questions based on program levels:

a. Level 1 (Semesters 1 and 2): 70% Recall and Comprehension, 30% Application
b. Level 2 (Semester 3 and 4): 60% Comprehension, 40% Application (May include a small number of Synthesis questions toward end of semester)
c. Level 3 (Semester 5 and 6): 20% Comprehension, 60 % Application, 20% Analysis and Synthesis
d. Level 4 (Semesters 7 and 8): 10% Comprehension, 50% Application; 40% Analysis, Synthesis, and Evaluation.

Test Analysis and Evaluation: Assists in the evaluation of program effectiveness. Test Analysis assesses reliability and validity of tests and includes difficulty levels item Discrimination ratio and KR 20. When tests are analyzed, if the faculty member makes a decision to discard items from the test, this will result in a new number of questions used for calculation of the final score (i.e. if it is a 30-item test and you discard 2 questions, the score is now calculated on 28 items). Whether the student answered correctly or incorrectly an item that is discarded, is no longer is calculated in the final grade. Faculty reserved the right to retest discarded content on future tests or via other methods to assure outcomes. Grades are not curved in the nursing department.

In addition, in the summer of 2014, the rigor of examination was increased. Students are now required to successfully earn an exam mean score of 76% in all nursing courses. Other coursework grades are not considered unless the exam mean requirement is obtained. The current evaluation criterion shown below is included in all current syllabi and the Student Handbook, updated June 2014:

METHODS OF EVALUATION FOR NB (NURSING) COURSES

Any or all such measures of student learning may be administered in the classroom, computer, clinical nursing laboratory, or in the clinical setting at faculty discretion. If the student is not successful in meeting the required exam mean score of 76% in all NB nursing courses, there will be no consideration of any other successfully completed coursework in determining the final course grade. Unsuccessful completion of course work will *always* be considered when determining final course grade. There will be no rounding up of exam or final course grades. No extra credit assignments may be used.

As a part of continuing evaluation and review of student and program outcomes, student characteristic data showed 62.3% of total students admitted to the nursing program were considered to be "at risk" based on their past college experiences, entry academic GPA (between 2.0 and 2.5), and TEAS® scores in the "Basic" level versus the "Proficient" level and were admitted to the program as conditional admits. In order to support these students, the nursing program leadership worked with the General Education Department to design a developmental course for "at risk" students.
The course NB090, Foundations of Nursing, was implemented to "review basic written and oral communication in professional writing, problem solving, and critical thinking skills", foundational support and review of information from the sciences, tutoring in current course materials, and general support targeted at academic success (See Appendix A, NB090 Course).

During semesters two (2) through five (5) of the program, additional support opportunities were put into place for all nursing students and mandated for students identified as at risk via learning contract. A Master's prepared nursing tutor is provided by appointment for 16 hours per week (8 hours on each campus) for individual or group review/developmental opportunities. Peer tutors have been identified and are available also by appointment. Tutors communicate with the course leads to assure content covered in these sessions match the course content and course requirements. In addition, faculty routinely leads tutoring and review sessions throughout the curriculum.

The last component assessed was related to faculty performance and skill set. Developmental opportunities for faculty have been identified and offered to assist in helping faculty improve their art of teaching. In addition to University offered faculty develop in instruction, on-site instruction offered to faculty during the last 1.5 years has included:

- Test Construction and Evaluation
- Using ATI to Promote Student Development
- Program Evaluation—the Basics and What it Means
- The Seven Principles of Instruction
- ATI Test Development and Remediation
- Laboratory Simulation Development Across the Curriculum

Faculty has been encouraged to enhance their use of technology and some have experimented with the "flipped" classroom. A challenge for the program, however, has been the amount of faculty turnover (75%) in the last year and one-half. Currently, there is only 1 faculty member who has been with the program since inception and she is now working only part-time. Beyond that, the faculty member with the longest tenure excluding the Clinical Coordinator, is 2 years. A review of faculty exit data indicates that 2 were terminated and 9 left to take other teaching jobs, other clinical jobs, or for personal reasons. Efforts are being made to evaluate the work environment to enhance the desire to stay with the program and increase stability.

The nursing leadership and faculty at Brookfield-Kenosha feel that we are on track to see significant improvement in first-time testing in our students over the next year. The University has provided resources and supports the curricular efforts of the faculty. Although there has been much change in the program and staff, great effort has been exerted to present a picture of stability to students and to engage them as active participants in the nursing program through committee membership, an active Student Nurses Association, and open communication.

Respectfully submitted,

Justin D. Hern, RN, MSN, MBA
Nursing Program Director

APPENDIX A: COURSE OVERVIEW OF NB090-FOUNDATIONS OF NURSING

HERZING
UNIVERSITY

Foundations of Nursing
NB090

FACULTY CONTACT INFO/OFFICE HOURS:

Name: Tracy Neher, Ph.D.
Phone Number: 262-649-1710 ext. 61667
Office Hours: Monday/Wednesday 2-4 pm or by appointment
Email: tneher@herzing.edu

GENERAL COURSE INFORMATION:

Dates of Term: 1/6/14 - 4/23/14
Class Meeting Times: Thursday 8:00 am – 12:00 am
Course Number: NB 090
Semester Credit Hours: 4
Prerequisite(s): None
Corequisite(s): None

COURSE DESCRIPTION:

This course will review basic written and oral communication in professional writing, problem solving, and critical thinking skills. Topics will include paragraphing, basic essay writing, basic math statements, an overview of scientific principles, the metric system, and body system structure and function. Students who successfully complete this course will have the foundation necessary to succeed in the nursing program.

LEARNING OBJECTIVES:

Upon completion of this course the student will be able to:

1. Compose an essay, and deliver oral communication that reflects organized thought and/or American English written structure.
2. Edit written work.
3. Develop beginning professional writing skills using APA-style citations for summarized, paraphrased, and quoted materials used in writing and oral communication.
4. Utilize algebraic techniques to solve mathematic equations.
5. Discuss basic scientific principles.
6. Complete basic conversions from the English system to the Metric system.
7. Introduce body system structure and function.

REQUIRED TEXT(S): None

EVALUATION/GRADING CRITERIA:

Assessment of course material learned will be based on chapter summaries and short homework assignments. The course is a pass/fail assessment and students must earn an 80% to 'Pass'.

Grading Breakdown	
Homework 1	100
Homework 2	100
Homework 3	100
Homework 4	100
Homework 5	100
Homework 6	100
Homework 7/Presentations	100
Total Points	700

Grading Policy	
A	93% - 100%
A-	90% - 92%
B+	87% - 89%
B	83% - 86%
B-	80% - 82%
C+	76% - 79%
C	70% - 75%
D+	66% - 69%
D	60% - 65%
F	= < 59%
I	Incomplete

CLASSROOM POLICIES:

Group Work: Students may be asked to work in small groups during class to discuss topics outlined by the instructor. Student participation is essential and students may be asked to evaluate their group members.

SUMMARY OF WEEKLY ASSIGNMENTS/ASSESSMENTS:

Class Session	*Class Outline*	Class Date
Session 1 Thursday	Go over syllabus. Paragraph style writing	1/9/14
Session 2 Thursday	Math Basics Fractions, decimals, ratios, percent	1/16/14
Session 3 Thursday	Directional terms Chemicals Cells	1/23/14
Session 4 Thursday	Integument Skeletal and Muscular systems	1/30/14
Session 5 Thursday	Assess paragraph and rewrite	2/6/14
Session 6 Thursday	Introduction to Algebra	2/13/14
Session 7 Thursday	Math review	2/20/14
Session 8 Thursday	Nervous system Endocrine Circulatory system	3/6/14
Session 9 Thursday	Lymphatic and Immune system	3/13/14
Session 10 Thursday	Essay composition	3/20/14
Session 11 Thursday	Metric system	3/27/14
Session 12 Thursday	Respiratory and Digestive systems	4/3/14
Session 13 Thursday	Critique and rewrite essay Presentations	4/10/14
Session 14 Thursday	Metric system review Urinary and Reproductive systems	4/17/14

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CCNE
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CCNE-ACCREDITATION

June 5, 2014

Elizabeth S. Markham, PhD, RN
Director
Nursing Program
Herzing University, Kenosha & Brookfield
525 North 6th Street
Milwaukee, WI 53202

Dear Dr. Markham,

As part of its annual assessment of program data, the Report Review Committee of the Commission on Collegiate Nursing Education (CCNE) recently reviewed NCLEX-RN® pass rate data for calendar year 2013 for the CCNE-accredited baccalaureate degree program in nursing at Herzing University, Kenosha & Brookfield. Pass rate data are utilized to help determine whether a program continues to comply with the CCNE *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* (amended 2013), available at http://www.aacn.nche.edu/ccne-accreditation/Standards-Amended-2013.pdf. As a nationally recognized accrediting agency, CCNE is also required by the U.S. Department of Education to monitor student achievement, including licensure pass rates, as an indicator of program quality and effectiveness.

Based on the review of data, it appears that the NCLEX-RN® pass rate for the pre-licensure program has fallen below 80% for the most recent calendar year. Therefore, the program must submit a follow-up report demonstrating compliance with Key Element IV-C relative to licensure pass rates. The program must demonstrate that it complies with the key element by providing documentation that it meets CCNE's expectations set forth in the elaboration. Or, if the program does not meet CCNE's expectations, it must provide a written explanation/analysis with documentation for the variance and a plan to meet the 80% NCLEX-RN® pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, data relative to specific campuses/sites or tracks, and data on repeat takers.

A helpful tool, the *Guidelines for Assessment of Student Achievement*, available at http://www.aacn.nche.edu/ccne-accreditation/Guidelines-for-Assessing-Student-Achievement.pdf, provides examples that meet and do not meet CCNE's expectations relative to licensure pass rates.

The follow-up report must be received in the CCNE office on or before July 31, 2014. It is expected that the follow-up report can be written in less than 10 pages. Please email the follow-up report in PDF format as an attachment to Crystal Pool, CCNE Assistant Director, at cpool@aacn.nche.edu. The notification will be reviewed by the Report Review Committee, and then the CCNE Executive Committee, at their next regularly scheduled meetings.

Please contact Crystal Pool, CCNE Assistant Director, for guidance or clarification, if needed. She can be reached by telephone at 202-887-6791 x245 or by email at cpool@aacn.nche.edu.

Sincerely,

Judith F. Karshmer, PhD, PMHCNS-BC
Chair, CCNE Board of Commissioners

Serving the Public Interest
Through Quality Accreditation