

Minnesota Board of Nursing

For Your Information

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Minnesota
BOARD OF
Nursing

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President's Message: Deb Haagenson, RN



Nurses have experienced rapidly advancing technology in the practice setting. This brings change to the practice setting that can be both positive and challenging. These changes also bring challenges to nursing regulation. Changes in technology have facilitated telehealth practice by nurses which often results in interstate practice.

Nurse regulators recognize the importance of facilitating interstate practice because telehealth practice provides increased access and connectivity to and for patients. A license to practice nursing is issued by the state or jurisdiction in which the nurse practices. This state-based licensure system is similar for other health care professionals. Because the state has an interest in protecting its citizens, healthcare regulators have defined practice to occur where the patient is located. Historically this required nurses to obtain a license in every state she/he provided care for patients. In 1997 the National Council of State Boards of Nursing (NCSBN) adopted the Nurse Licensure Compact (NLC). The NLC, when adopted by state

legislatures, allows mutual recognition of a nursing license between other NLC member states. Nurses who reside in and are licensed in a compact state are able to practice in other compact states. The NLC has been adopted by 24 states including Minnesota neighbors: North Dakota, South Dakota, Iowa and Wisconsin. While the NLC has removed some barriers to interstate practice, it has not been without concern. To date, Minnesota legislature has not enacted the NLC.

The NCSBN understands that more needs to be done to enable safe interstate practice. At the NCSBN annual meeting in August, changes to the NLC were introduced to address ongoing concerns about that current NLC. Proposed changes to the NLC include more stringent eligibility criteria for nurses seeking a multi-state license. This will bring much needed standardization to the qualifications for multi-state practice by nurses.

Minnesota Board of Nursing members will have the opportunity to provide feedback to the NCSBN around the proposed changes to the NLC. This opportunity provides the ability to address concerns in our state to support safe interstate practice.

New Board Members

Governor Dayton recently made four new appointments to the Board of Nursing. Board members serve four year terms.

Michelle Harker, of Apple Valley, has previous experience having served as a public member on the Board of Nursing from 2007- 2011. She earned a Bachelor of Science Business and Communications degree at the University of Wisconsin-Superior and is a former teacher. Ms. Harker also held positions at Hamline University School of Law as a Law School Admissions Office Coordinator/ Counselor, Co-Director of Admissions, Director of Alumni and External Relations, Director of Registration Services, and Assistant Dean of Programs. Ms. Harker was appointed to the Board of Nursing as a public board member to fulfill an unexpired term. Her term will expire in 2015, she is eligible for reappointment. (continued on page 6)

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NCSBN National Simulation Study Results Released

The National Council of State Boards of Nursing (NCSBN) has released the findings of its award-winning research, “The NCSBN National Simulation Study: A Longitudinal, Randomized, Controlled Study Replacing Clinical Hours with Simulation in Prelicensure Nursing Education” .

The largest and most comprehensive research to date, this longitudinal study examined the use of simulation in the prelicensure nursing curriculum in nursing students from 10 prelicensure programs across the U.S. The students were randomized to one of three study groups:

- Control group (traditional clinical where up to 10 percent of clinical time was allowed in simulation)
- 25 percent simulation in place of traditional clinical hours
- 50 percent simulation in place of traditional clinical hours

The study began in the 2011 fall semester with the first clinical nursing course and continued throughout the core clinical courses to graduation in May 2013. Students were assessed on clinical competency and nursing knowledge. They provided ratings on how well they perceived their learning needs were met in both the clinical and simulation environments. A total of 666 students completed the study requirements at the time of graduation.

The study found that up to 50 percent simulation could be effectively substituted for traditional clinical experience in all core courses across the prelicensure nursing curriculum, if there is consistent use of study parameters and educational practices. Additionally, the use of up to 50 percent simulation did not affect NCLEX pass rates.

Study participants were also followed into their first six months of clinical practice. The study found that there were no meaningful differences between the groups in critical thinking, clinical competency and overall readiness for practice as rated by managers at six weeks, three months and six months after working in a clinical position.

The full report is available as a supplement to the *Journal of Nursing Regulation* (JNR) and can be accessed at:

<http://jnr.metapress.com/home/main.mpx>

The study has been recognized for its contribution to the field of nursing education by the Sigma Theta Tau International/Chamberlain College of Nursing Center of Excellence in Nursing Education who named the study the recipient of its Excellence in Education Research Award.

NCSBN press release, 8/21/2014, <https://www.ncsbn.org/5172.htm>.

APRN Licensing Updates

The Board of Nursing will begin accepting applications for APRN licensure in the fall of 2014. APRNs with current registration will be notified of the start date by email. The Board will send through U.S Postal Service, a packet of the required forms to currently registered APRNs. Application forms include an (1) APRN Licensure Application and (2) Confirmation of Program Completion–APRN. CNSs and CNPs will receive a Post-Graduate Practice Verification form. The Verification of CRNA Written Prescribing Agreement for Purposes of Providing Non-surgical Therapies for Chronic Pain Symptoms form will be available upon request. Instructions for completion are on all forms.

In addition to submission of the applicable forms described above, APRNs must request their certification organization to send a copy of their current APRN certification directly to the Board of Nursing. A separate application and fee is required for each APRN role. If you have questions please contact:

Julie Sabo, MN, RN, CNS, APRN Specialist at 612-317-3013, or julie.sabo@state.mn.us

Fall and Immunization Season

Every year nurses are hired to provide influenza and other vaccines at community sites. Many employers utilize nurses to administer vaccines to patients using condition-specific protocols. Minnesota Statute 148.235, subd. 9. allows a nurse to administer vaccines by protocol as follows:

“A nurse may implement a protocol that does not reference a specific patient and results in the administration of a vaccine that has been predetermined and delegated by a licensed practitioner as defined in section 151.01, subdivision 23, when caring for a patient whose characteristics fall within the protocol and when the protocol specifies the contraindications for implementations, including patients or populations of patients for whom the vaccine must not be administered and the conditions under which the vaccine must not be administered.”

The Department of Health (MDH) provides guidance regarding the storing and handling of vaccines, transporting of vaccines, documentation of immunizations and immunizations administered to children. The Minnesota Board of Pharmacy also has requirements about the distribution of vaccines, including delivery of vaccines to nurses' homes. The Board encourages nurses to call:

- The MDH Immunization Program at: 1-800-657-3970 or 651-201-5503 if you have questions about vaccines;
- The Board of Pharmacy at 651-201-2825 regarding the distribution of vaccines; and
- The Board of Nursing at 612 -317-3000 with nursing practice concerns.

MDH has provided links to their Vaccine Storage Guide and Guidance on Packing and Transporting Vaccines at:

<http://www.health.state.mn.us/divs/idepc/immunize/hcp/vaxhandling.html>.

<http://www.health.state.mn.us/divs/idepc/immunize/hcp/provguide/mangva>

National Council of State Boards of Nursing News

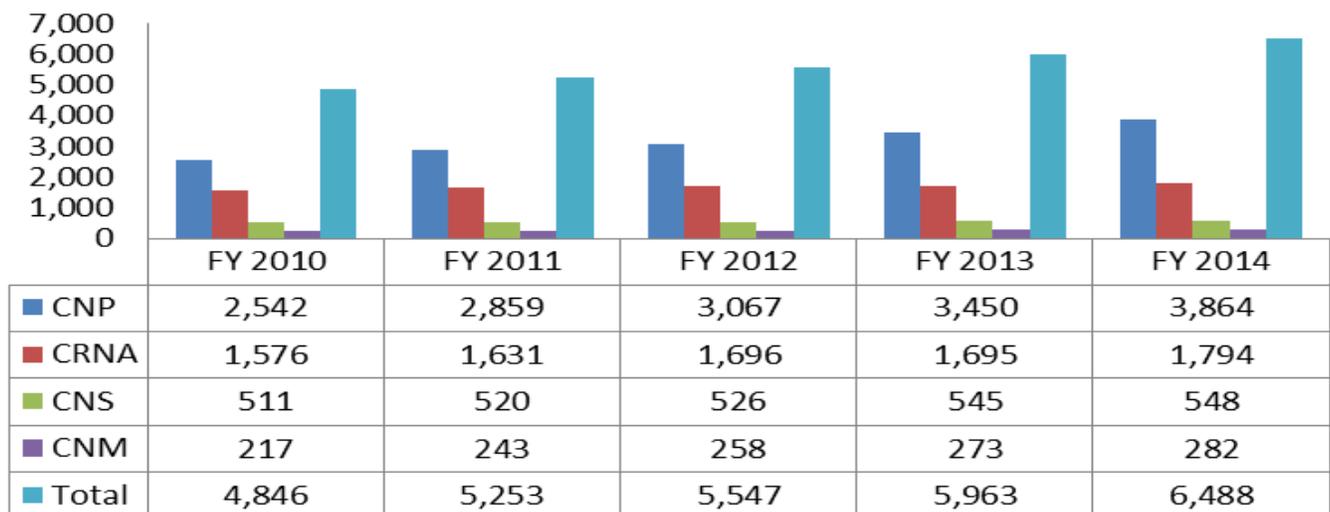
The National Council of State Boards of Nursing (NCSBN) met in Chicago for the annual Delegate Assembly in August. Two individuals from Minnesota were elected to NCSBN positions.

Shirley A. Brekken, MS, RN, Executive Director of the Minnesota Board of Nursing was elected president of the NCSBN Board of Directors after having served as vice president from 2010-2014. She previously served as Area II Director from 1990-1992. Ms. Brekken has served on many NCSBN committees and task forces as either a chairperson or member. She has been the recipient of the Meritorious Service Award, which is presented to an individual for positive impact and significant contributions to the mission and vision of NCSBN, and the R. Louise McManus Award, which is the highest award given to individuals who have made sustained and lasting significant contributions through their deep commitment and dedication to the purposes and mission of the NCSBN. Ms. Brekken will serve a two-year term.

Deborah Haagenson, President of the Minnesota Board of Nursing, was elected to a two-year term on the NCSBN Leadership Succession Committee. The Committee's purpose is to identify qualified leaders and assist members in developing their regulatory expertise and leadership competence. The Committee also prepares a slate of candidates for election to the Board of Directors. Haagenson has also served as a member of the NCSBN NCLEX Item Review Subcommittee and the Executive Officer Leadership Succession Committee. She is serving her second four-year term on the Minnesota Board of Nursing.

The National Council of State Boards of Nursing is a non-profit organization through which boards of nursing act and counsel together on matters of common interest and concern affecting public health, safety and welfare, including the development of the nurse licensure examinations, (NCLEX-RN and NCLEX-PN).

Advanced Practice RNs on Registry, FY 2010-2014



Professional Boundaries and Social Media Guidelines for Nurses

Maintaining appropriate, therapeutic relationships with patients can be challenging at times for nurses. One area that can be challenging is professional boundaries. Professional boundaries have been defined as the spaces between the nurse's power and the patient's vulnerability. The power of the nurse comes from the professional position, the access to private knowledge about the patient, and the patient's need for care. Establishing boundaries allows the nurse to control this power differential and allows for a safe interaction to best meet the patient's needs.

Some practice settings, such as home care, long-term care or school nursing, are more likely to present boundary challenges. However, boundary challenges can occur in any area of nursing practice. To assist nurses in establishing and maintaining professional boundaries, the National Council of State Boards of Nursing (NCSBN) has developed a brochure and a video on this topic. Both the brochure and video can be accessed from the Board of Nursing website under Practice topics; <http://mn.gov/health-licensing-boards/nursing/practice/topics/index.jsp>

Another resource many nurses may find helpful is NCSBN's material regarding nurses and use of social media. "The use of social media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Nurses often use electronic media both personally and professionally. Instances of inappropriate use of electronic media by nurses have been reported to boards of nursing (BONs) and, in some cases, reported in nursing literature and the media."

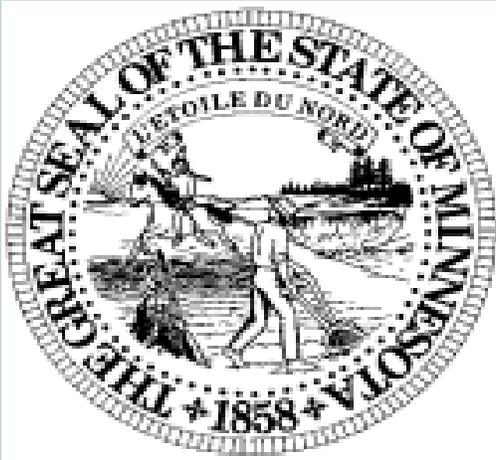
NCSBN White Paper: A Nurse's Guide to the Use of Social Media, August 2011

Accessed from https://www.ncsbn.org/Social_Media.pdf

The Minnesota Board of Nursing has found that most instances of nurses disclosing private information about patients on social media outlets are unintentional. That is, the nurse failed to recognize that their post or message disclosed protected health information or other data that might identify or embarrass a patient. Two recent articles in *The Journal of Nursing Regulation* articles provide guidance and practice pointers to avoid pitfalls with the use of social media.

- Cronquist, R., and Specter, N. (2011) Nurses and social media: Regulatory concerns and guidelines. *Journal of Nursing Regulation*, 2(3), 37-40.
- Melnik, T. (2013) Avoiding violations of patient privacy with social media. *Journal of Nursing Regulation*, 3(4), 39-46.

In addition, the NCSBN has developed a video on the use of social media by nurses with the goal of protecting patient privacy. The video may be accessed from their website at: <https://www.ncsbn.org/3493.htm>



Minnesota Board of Nursing

Link to Board member profiles:

<http://mn.gov/health-licensing-boards/nursing/about-us/about-the-board/current-board-members.jsp>

How to become a Board member:

<http://mn.gov/health-licensing-boards/nursing/about-us/about-the-board/current-board-members.jsp>

Minnesota Board of Nursing Members

Board Member Name	Board Role
Cindy DeJarlais	LPN Member
Jeanine Gangeness	RN Member
Deborah Haagenson	RN, Board President
Michelle Harker	Public Member
June McLachlan	RN Member
Deborah Meyer	LPN member, Board Secretary
Christine Norton	Public Member
Monica Parks	RN Member
Jan Rainey	Public Member
Christine Renne	Public Member
Julie Riportella	LPN Member
Sheila Robley	LPN Member
Diane Scott	RN Member
Sue Sendelbach	RN Member, Board Vice President
Steven Strand	RN Member
Natya Stroud	RN Member

New Board Members (continued from page 1)

June McLachlan, of Hermantown, is a Nursing Instructor in the Practical and Associate Degree Nursing Programs at Lake Superior College in Duluth. Dr. McLachlan previously worked as an Assistant Professor at Minnesota State University Mankato where she taught both in the baccalaureate and masters degree programs. Her educational background includes a Diploma in Nursing from British Columbia Institute of Technology, Burnaby, British Columbia, Canada; Bachelor of Science Degree in Nursing from University of Victoria, Victoria, British Columbia, Canada; Diploma in Outpost Nursing from Dalhousie University, Halifax, Nova Scotia, Canada; Master of Science degree in Rural Health Nursing from University of North Dakota, Grand Forks; Post Masters Certificate as a Family Nurse Practitioner; and a Doctor of Nursing Practice from University of Wisconsin, Eau Claire, Wisconsin. Dr. McLachlan was appointed as a registered nurse member with experience in practical nursing education. Her term expires in 2018.

Jan Rainey, of Minneapolis, is employed by Larkin Hoffman Daly & Lindgren Ltd. in Minneapolis. Her previous work experience includes working as a Flight Attendant Trainer for Northwest Airlines. Ms. Rainey graduated from Central High School in Minneapolis. She was appointed a public board member and her term expires in 2018.

Sheila Robley, of Faribault, is a licensed practical nurse at the Minnesota Correctional Facility in Faribault. She has a Practical Nursing degree from Riverland Community College. Ms. Robley has served as an Executive Board Member of AFSCME and as a mentor at Minnesota Department of Corrections. She was appointed as a licensed practical nurse board member and her term expires in 2018.