

Minnesota Board of Nursing

For Your Information

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President's Message: Deb Haagenson, RN



The New Year ushers in a historic change for advanced practice nursing in Minnesota. Effective January 1, 2015, authority to practice as an Advanced Practice Registered Nurse (APRN) in Minnesota requires licensure as an APRN. The regulatory requirements for a collaborative management plan and written prescribing agreement have been removed. This change is the result of a bill that was passed during the 2014 Minnesota legislative session and signed into law by Governor Dayton.

The Board of Nursing began accepting applications for APRN licensure in October 2014. This was a busy time for APRNs to complete and submit requirements for licensure and for the Board of Nursing staff members who processed the licensure applications of nearly 6000 advanced practice nurses in our state. It is exciting to witness this historic change for advanced practice nursing in Minnesota.

The changes in the Minnesota Nurse Practice Act align key tenants for standards in education, certification and licensure that are widely endorsed at the national level as a consensus model of advanced practice nurse regulation. As more states adopt the consensus model, regulation of APRNs will be more nationally standardized. Many worked hard to make this change a reality in Minnesota. The hard work also brings tremendous responsibility and accountability that comes with the privilege of being a licensed healthcare professional.

Congratulations to those that worked to achieve this legislative change in Minnesota. I also want to extend my congratulations to Minnesota advanced practice nurses who are now licensed as APRNs with the authority to practice without regulatory requirements for collaboration or supervision. And finally I want to extend my sincere thanks to the tireless efforts of the Minnesota Board of Nursing staff members whose work made the implementation of this historic change possible.

Happy New Year!

Advanced Practice Registered Nurse Updates

To maintain a valid APRN license, an APRN must have a current RN license and current certification by a national nurse certifying organization in a role and population as an APRN on file with the Board of Nursing. In the past, the Board has accepted copies of certification from the APRN; copies are no longer acceptable for licensure as an APRN. Each time APRN certification is renewed, the APRN must request the certifying organization send verification of the APRN certification directly to the Board.

On January 1, 2015 there were 5, 125 licensed Minnesota APRNs and by role:

Licensed CNP	2964	Licensed CNS	376
Licensed CRNA	1605	Licensed CNM	180

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Nurses' bad behavior is bad for patients

Much has been said about incivility in society. Work environments are microcosms of society. Therefore, it is not surprising to see incivility and bad behavior in nurses' work environments, sadly to the detriment of patients. Nurses are particularly at risk due to the stressful situations encountered. However, such behavior is not acceptable in the workplace.

Incivility can be as subtle as eye-rolling or, more egregious, failing to respond to another's questions or requests, rudeness, or telling jokes at another's expense. At its worst, incivility may lead to verbal altercations, including inappropriate and offensive language, and physical violence. When incivility becomes a cultural norm, relationships with coworkers deteriorate, communication breakdown occurs, and teamwork collapses. Nurses may become so preoccupied with interactional grievances they forget to put patients first, and patient safety and patient care are compromised. Incivility and bad behavior contribute to increased medication errors, failure to pass on critical patient information, unwillingness to help or mentor others, and the inability to be flexible and creative in achieving positive patient outcomes. Poor attendance and tardiness may also result, creating a spiraling cycle of staff shortages, increased stress, and more bad behavior. Nurses experience burn-out, resign from positions, or leave the profession entirely.

The Accreditation Commission on Nursing Education, an accrediting body for nursing education programs, includes in its competencies for graduates the development of "Professional Identity," defined as acting in ways "that reflect integrity, responsibility, and ethical practices...." Exhibiting professional identity means the nurse is open, non-judgmental, collaborative, and resolves conflicts; that s/he acts with humility, mutual trust, empathy, support, and a "capacity for grace." Living a professional identity nurtures successful relationships with patients, families, and other health care team members.

According to the Institute of Medicine (IOM, 2003) effective teamwork is the most important health care competency in insuring safety and quality care for patients. The IOM cites 70% of adverse events in health care settings are attributable to poor working relationships and miscommunication.

Communication is included in the American Nurses Association Standards of Professional Nursing Practice (2010). The communication standard maintains that minimizing risks associated with transfers and transitions in care delivery requires establishing and maintaining appropriate, effective communication with other care providers.

The Minnesota Nurse Practice Act (NPA) includes in the definitions of practical and professional nursing, "collaborating and coordinating with other health care professionals..." The NPA also includes "Engaging in Unprofessional Conduct" in the grounds for disciplinary action. A nurse's pattern of bad behavior and uncivil communication may be reported to the Board as it affects patient care, leading to workplace remediation, disciplinary action and, possibly, termination of employment. It is the individual responsibility to work in the best interests of patients. Bad behavior and strained relationships place patients at risk. It is incumbent on each nurse to examine her/his communication style, evaluate relationships and response to coworkers, and work collaboratively to create a work environment that is civil, professional, and collegial; an environment in which nurses always direct their attention to the safety and optimal care of the patients.

Continuing education requirements

Continuing education (CE) is required for practical and professional nurse registration renewal. During a typical 24-month participation period, an RN is required to have completed 24 contact hours of CE and an LPN is required to have completed 12 contact hours of CE. The number of contact hours required will vary for new licensees since CE is calculated based on the date of initial licensure and the registration expiration date. Participation in the CE must have occurred during participation period in order to meet the CE requirement for licensure renewal. Licensees are randomly audited by the Board to submit evidence of CE; therefore, licensees must keep records of their completed CE for two years after the participation period.

Licensees are responsible for determining if a CE activity is appropriate and whether the CE activity enhances their nursing practice. Acceptable CE content may be topics generally taught in a nursing curriculum or topics that may assist licensees in the performance of their responsibilities. Topics that are inaccurate, outdated, or not generally accepted in the health care community are not acceptable.

Licensees can fulfill the continuing education requirement by (1) participating in continuing education activities offered by providers of continuing education; (2) obtaining a current nursing specialty certificate; and/or (3) participating in professional activities.

Acceptable continuing education activities offered by providers of continuing education must enhance the licensee's ability to practice nursing; last at least one contact hour (50 minutes); have written objectives; and be taught by an instructor qualified to teach the subject matter. To evidence the CE activity, licensees must obtain the following from CE Providers:

- Objective/s

- Name and qualifications of the instructor

- Number of contact hours

- Date/s of the activity

- Title of the activity

- A statement of participation/attendance

If using a nursing specialty to meet CE requirements, the nursing specialty certification must be current and be issued by a national nursing or medical organization. A copy of the current nursing specialty certification at the time the licensee renewed his/her nursing license must be kept to evidence the licensee met the CE requirement.

Licensees may also participate in the following professional activities and apply up to 10 contact hours to the activity: publication of an article or book on nursing or health related issues; delivery of a professional paper related to nursing or health care; participation on a professional panel that addressed nursing or health related issues; participation in quality assurance or risk management studies; or participation in nursing or health care research.

Minnesota Rules 6310.2600 and Minnesota Rules 6310.2800 subparts 3 to 5a specifies the continuing education definitions and requirements and may be accessed at www.nursingboard.state.mn.us; click on the "Laws and Rules" tab at the top of the homepage.



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

Proposed Amendment to Rules Governing Program Approval, *Minnesota Rule, 6301*

In June 2014, the Board charged the Education Committee to review the current program approval rules for revision to include programs that prepare individuals for licensure as an Advanced Practice Registered Nurse (APRN). In October 2014, the Board directed that the Education Committee also consider the need for changes in rule to address distance education and the use of simulation in nursing education. Request for Comments on Possible Amendment to and Repeal of Rules Governing Program Approval, *Minnesota Rule 6301* was published in the Monday, November 3, 2014 State Register (39 SR 630). A draft of the proposed rule will be posted on the Board website once it is available.

Contact person:

For comments, questions, and requests regarding program approval, please contact Mary Hoepfner at the Minnesota Board of Nursing at nursing.education@state.mn.us or 2829 University Avenue SE, Suite #200, Minneapolis, MN 55414. Upon request, this information can be made available in an alternative format, such as large print, braille, or audio. To make such a request, please contact the agency contact person listed.