

SOUTH PLAINS COLLEGE

ASSOCIATE DEGREE NURSING PROGRAM

NURSING STUDENT HANDBOOK
SPRING 2022

An addendum to the South Plains College Student Guide

***Policies are subject to change at any time during the program. Students will be notified of any changes in writing.**

Revised January 2022

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
STUDENT HANDBOOK**

Table of Contents

I. INTRODUCTION	
A. FORWARD	3
B. ORGANIZATIONAL CHART	4
C. PROGRAM PHILOSOPHY	5
D. END OF PROGRAM STUDENT LEARNING OUTCOMES	7
E. CONCEPTUAL FRAMEWORK	8
F. CURRICULUM DESIGN	11
Associate Degree	11
Advanced Placement	12
G. SEMESTER I OUTCOMES	13
H. SEMESTER II OUTCOMES	15
I. SEMESTER III OUTCOMES	17
J. SEMESTER IV OUTCOMES	19
II. STUDENT POLICIES	
A. ADMISSION AND PROGRESSION	20
B. ADVANCEMENT PLACEMENT POLICIES	23
C. READMISSION POLICY	27
D. CRITERIA FOR GRADUATION	29
E. CONFIDENTIALITY STATEMENT	30
F. ATTENDANCE POLICY	31
G. EMERGENCY MESSAGES	34
H. GRADING SYSTEM	35
I. HONESTY POLICY	38
J. CONTACT RECORD	39

K. FORMAL LEARNING CONTRACT.....	41
L. MALPRACTICE LIABILITY INSURANCE.....	43
M. LICENSURE BY EXAMINATION	44
N. DRESS CODE FOR CLINICAL EXPERIENCE... ..	45
III. POLICY AND PROCEDURE FOR EXPOSURE... ..	48
IV. POLICY FOR MEDICATION ADMINISTRATION	50
V. STUDENT RECORDS.....	58
VI. PROCEDURE AND POLICY FOR EMPLOYMENT IN HEALTH AGENCIES.....	59
VII. STATEMENT OF UNDERSTANDING OF POLICIES AND PROCEDURES	62
VIII. APPENDIX	63
Testing During ADN Program.....	64
Nursing Learning Resource Lab	65
Terrorist Threat/Violent Behavior Policy	68
Drug Testing Policy	69
Criminal Background Check Policy	70
Cell Phone Policy	71
Ebola Policy.....	72
COVID-19 Policy	74
CAMPUS CONCEALED CARRY STATEMENT	76
BON ENTRY LEVEL COMPETENCIES	77
IX. TEXAS BOARD OF NURSING INFORMATION.....	188

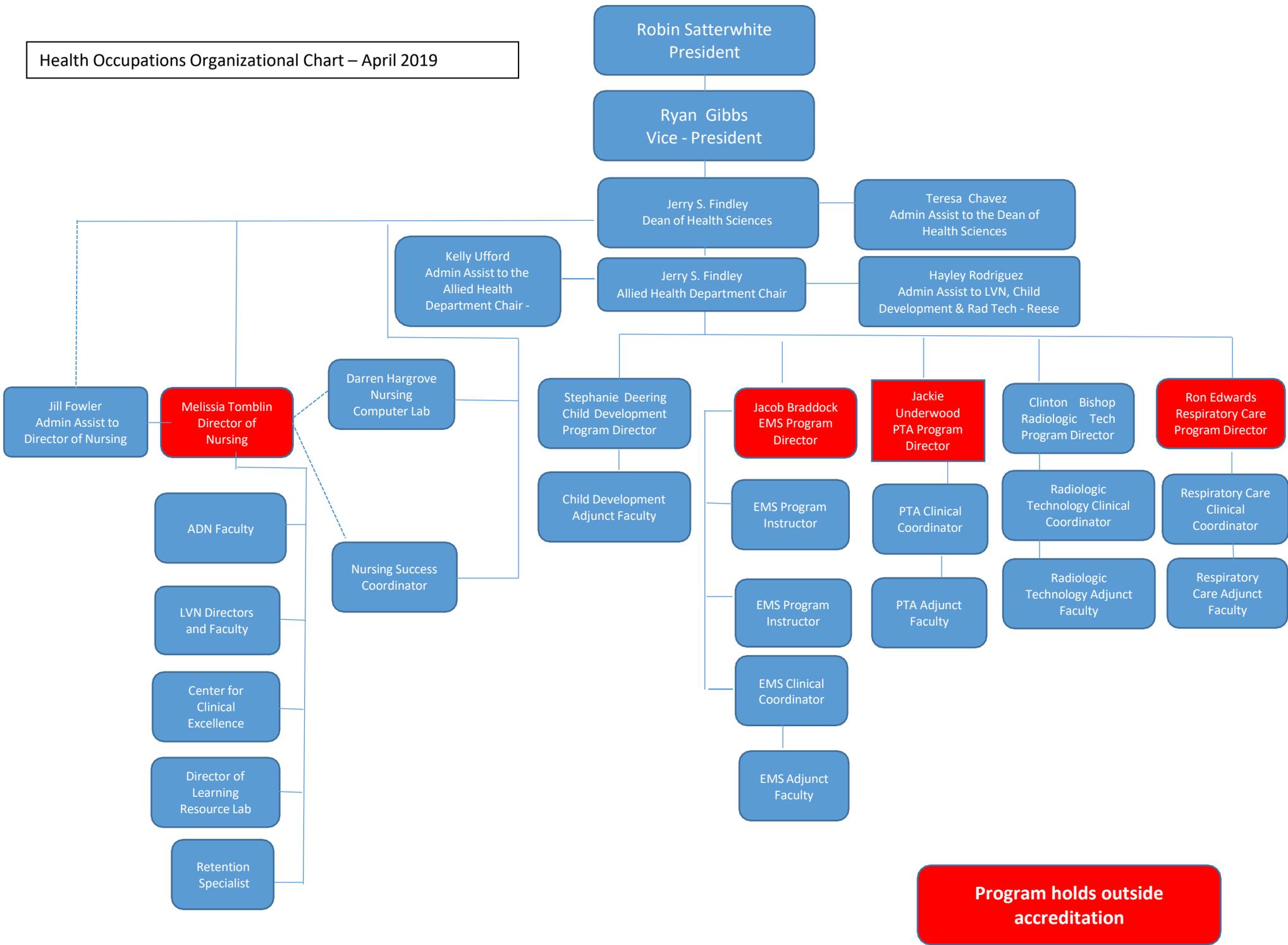
**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

FORWARD

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

Each ADN student will be held responsible for all parts of the Nursing Student Handbook and the South Plains College Student Guide. Should program policies change during your enrollment in the ADNP, each student will be given a copy of the change/revision. Policies may change at any time during the program.

Health Occupations Organizational Chart – April 2019



**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

PHILOSOPHY

The faculty of the Associate Degree Nursing (ADN) Program, an integral part of South Plains College; accepts the philosophy, purposes and objectives of the college.

The faculty believes that each individual is unique and holistic and worthy of dignity and respect. An individual is influenced by genetic inheritance, life experiences, and cultural background and is a part of a larger community. The faculty accepts the definition of community by Goeppanger, Lassiter, and Wilcox (1982), as "a system of formal and informal groups characterized by interdependence and whose function is to meet the collective needs of group members, p. 467." The individual's community and environment provide a context made up of biological, physiological, personal, spiritual, social, cultural and political influences, which effect health.

The faculty believes that a person has inherent dignity and worth, and the freedom to make choices for which the individual is accountable. In a dynamic environment, a person strives to maintain/regain balance as the individual moves along a continuum towards positive outcomes.

We believe nursing is a profession with a unique body of knowledge, the goal of which is to assist individuals, families and groups within the community to maintain and/or restore optimal wellness.

We believe that within an evolving health care delivery system the nursing needs of the community will change. Nurses assist people to meet basic needs throughout the life span or to die with dignity. The goal of nursing is achieved through the use of critical thinking, problem solving skills and the nursing process within an interpersonal and collaborative framework. The profession incorporates principles from the sciences and the humanities, which serve as the basis for teaching and implementing actions of nursing practice.

We, the faculty, define nursing education as the active teaching-learning process necessary for assimilation of theoretical concepts and the development of skills for the practice of nursing. The faculty believes education is a process of self-realization, embracing all those experiences whereby a person assimilates knowledge, masters skills, develops personal potential and establishes values. Therefore, the educational experience is an integral and continuous life long process.

We believe that learning includes the development of critical thinking through problem solving experiences, which will enable the learner to examine their thinking and the thinking of others. We, the faculty, define critical thinking as being able to:

- 1) think purposefully and actively,
- 2) carefully explore and view situations from various perspectives,
- 3) exchange and explore ideas with others in an organized way,

- 4) arrive at thoughtful conclusions that will increase the likelihood of achieving positive outcomes.

The faculty recognizes that educational preparation in the future will require the use of different technological mediums. Beginning practitioners will also be expected to utilize resources to deliver safe, quality, and cost effective care.

The purpose of the ADN Program at South Plains College is to provide the community with graduates who are eligible to take the State Board Exam (NCLEX) for registered nurse licensure and to prepare graduates who as general practitioners are able to provide safe, entry level care in a variety of settings within the community.

The faculty recognizes the existence of two (2) distinct basic educational programs (ADN, BSN) to prepare for the practice of professional nursing. The faculty also recognizes advanced educational programs including Masters and Doctoral Degree Programs in Nursing. The faculty believes in the concept of articulation as defined by the Texas Board of Nurse Examiners. The faculty accepts that there are four distinct nursing roles: member of the profession, provider of patient-centered care, patient safety advocate, and member of the health care team. Further, the faculty believes that graduates of an ADN Program should be able to perform safe nursing practice as defined by the Texas Board of Nursing Differentiated Essential Competencies. The faculty also believes that the graduate functioning within the four roles should be capable of utilizing critical thinking and the nursing process to provide safe, competent nursing care to individuals, families and groups with a variety of health care needs in a variety of settings. Graduates should be self-directed, flexible, adaptive, caring, and able to maintain legal and ethical standards within a rapidly changing health care delivery system.

The faculty accepts the responsibility of planning, implementing, evaluating the teaching-learning process, and providing optimal learning experiences for safe clinical practice. We, the faculty, believe that the philosophy and objectives of the nursing program are open to change based on information gained through continuing education and evaluation of current trends and knowledge.

1Goepfing, J., Lassiter, P.G. and Wilcox, B. (1982). Community health is community competence. Nursing Outlook, 30, 464-467.

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

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

GRADUATE OUTCOMES	1st semester	2nd semester	3rd semester	4th semester
Clinical Decision Making	2	3	4	4
Communication & Information Mgt.	2	3	4	4
Leadership	1	2	3	4
Safety	1	2	3	4
Professionalism	1	2	3	4

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

Expected Levels of Achievement (ELA):

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

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
CONCEPTUAL FRAMEWORK**

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

**Differentiated Essential Competencies of Graduates of Texas
Diploma and Associate Degree Nursing Education Programs**

I. Member of the Profession:

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

II. Provider of Patient-Centered Care:

- A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision-making in nursing practice.
- B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their families, and the interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.
- C. Analyze comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.
- D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.

E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.

F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.

G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.

H. Coordinate human, information, and physical resources in providing care for patients and their families.

III. Patient Safety Advocate:

A. Demonstrate knowledge of the Texas Nursing Practice Act (NPA) and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.

B. Implement measures to promote quality and a safe environment for patients, self, and others.

C. Formulate goals and outcomes using evidence-based data to reduce patient risks.

D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.

E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.

F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

IV. Member of the Health Care Team:

A. Coordinate, collaborate, and communicate in a timely manner with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.

B. Serve as a health care advocate in monitoring and promoting quality and access to healthcare for patients and their families.

C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.

D. Communicate and manage information using technology to support decision-making to improve patient care.

E. Assign and/or delegate nursing activities to other members of the health care team based upon an analysis of patient or work place need.

F. Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice.

G. Participate with health care teams during local or global health emergencies or pandemics to promote health and safety, and prevent disease.

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
* FALL/SPRING CURRICULUM**

PREREQUISITE COURSES					
(Summer/Fall) <u>Course</u>		Semester <u>Hours</u>			
**BIOL 2420	Microbiology	4			
**PSYC 2314	Growth & Development	<u>3</u>			
		7			
FRESHMAN YEAR					
	(Fall/Spring) <u>First Semester</u>				
<u>Course</u>		Semester <u>Hours</u>			
RNSG 1413	Fundamentals For Nursing Practice	4			
RNSG 1105	Nursing Skills I	1			
RNSG 1144	Nursing Skills II	1			
RNSG 1160	Clinical-Nursing (RN Training)—Foundations	1			
RNSG 1115	Health Assessment	1			
**BIOL 2402	Anatomy & Physiology II	<u>4</u>			
		12			
SOPHOMORE YEAR					
	(Fall/Spring) <u>First Semester</u>				
<u>Course</u>		Semester <u>Hours</u>			
RNSG 1443	Care of Clients with Complex Health Care Needs	4			
RNSG 2461	Clinical – Nursing (RN Training)—Cmplx. Needs	4			
RNSG 2261	Clinical-Nursing(RN Training) Common Health Care Needs	2			
		10			
JUNIOR YEAR					
	(Summer/Fall) <u>Course</u>				
**BIOL 2401	Anatomy & Physiology I	4			
**ENGL 1301	College Composition I	<u>3</u>			
		7			
	(Fall/Spring) <u>Second Semester</u>				
<u>Course</u>		Semester <u>Hours</u>			
RNSG 1441	Concepts of Adult Health Clinical-Nursing(RN Training)—Concepts	4			
RNSG 2460	Mental Health Nursing	2			
RNSG 2213		<u>10</u>			
SENIOR YEAR					
	(Fall/Spring) <u>Second Semester</u>				
<u>Course</u>		Semester <u>Hours</u>			
RNSG 1412	Care of the Childbearing & Childrearing Family	4			
RNSG 2462	Clinical-Nursing(RN Training)—Maternal Child Prof. Nsg.—Leadership & Mgt.	4			
RNSG 2121	Legal & Ethical Issues for Nurses	1			
RNSG 1146	Professional Nsg. Review &	1			
RNSG 2130	Licensure Prep.	<u>3</u>			
**Humanities		14			

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

** Applicants should consult the nursing school director to identify specific course equivalencies for transfer.

AND

**Non-nursing courses may be taken before enrollment in nursing courses, but not later than sequentially required.

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
ADVANCED PLACEMENT PROGRAM
*CURRICULUM**

PREREQUISITE COURSES			FRESHMAN YEAR		
		<u>Semester Hours</u>			<u>Semester Hours</u>
<u>Course</u>			<u>Course</u>		
**BIOL 2420	Microbiology	4	+RNSG 2307	Adaptation To Role of Professional Nurse	3
**BIOL 2401	Anatomy & Physiology 1	4		Clinical-Nursing(RN Training)—	
**PSYC 2314	Growth & Development	3	RNSG 2260	Transition	2
**ENGL 1301	College Composition I	3		Health Assessment	1
		14	RNSG 1115	Mental Health Nursing	2
			RNSG 2213		8
			BIOL 2402	Anatomy & Physiology 2	4
SOPHOMORE YEAR					
<u>Course</u>		<u>Semester Hours</u>	<u>Course</u>		<u>Semester Hours</u>
RNSG 1443	Care of the Client with Complex Health Care Needs	4	RNSG 1412	Care of the Childbearing & Childrearing Family	4
RNSG 2461	Clinical – Nursing (RN Training)— Complex Needs	4	RNSG 2462	Clinical-Nursing(RN Training)— Maternal Child	4
RNSG 2261	Clinical-Nursing(RN Training) Mental Hlth Nursing	2	RNSG 2121	Prof. Nsg.—Leadership & Mgt.	1
		10	RNSG 1146	Legal & Ethical Issues for Nurses	1
			RNSG 2130	Professional Nsg. Review & Licensure Prep	1
			Humanities		3
					14

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

**Applicants should consult the nursing school director to identify specific course equivalencies for transfer.

AND

**Non-nursing courses may be taken before enrollment in nursing courses, but not later than sequentially required.

+Upon successful completion of RNSG 2307 and RNSG 2260, academic credit for RNSG 1413, RNSG 1105, RNSG 1144, and RNSG 1441, will be awarded.

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
SEMESTER I STUDENT LEARNING OUTCOMES**

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

CLINICAL DECISION MAKING

1. Identify theoretical concepts with nursing knowledge and skills to meet the basic needs of patients and their families throughout the lifespan in a variety of settings.
2. Recognize the five steps of the nursing process into nursing practice.
3. Use critical thinking, problem solving, and the nursing process in a variety of setting through direct care assignment.
4. Explore critical thinking and problem solving skills in prioritizing, management, and coordination of all aspects of care.

COMMUNICATION

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

LEADERSHIP

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

SAFETY

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

PROFESSIONALISM

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

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
SEMESTER II STUDENT LEARNING OUTCOMES**

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

CLINICAL DECISION MAKING

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

COMMUNICATION AND INFORMATION MANAGEMENT

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

LEADERSHIP

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

SAFETY

9. Demonstrate clinical decision-making that results in finding solutions, individualizing care, and assuring the delivery of accurate, safe care that facilitates advancing the patient and support person(s) toward positive outcomes.

10. Analyze the process for safe medication administration.
11. Identify current National and State standards and guidelines and local procedures to reduce patient risk.
12. Apply current National and State standards and guidelines and carryout procedures in a manner that will reduce the patient's risk of unfavorable outcomes.

PROFESSIONALISM

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

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
SEMESTER III STUDENT LEARNING OUTCOMES**

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

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

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

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

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

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

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

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

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

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

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

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
SEMESTER IV STUDENT LEARNING OUTCOMES**

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

CLINICAL DECISION MAKING

1. Analyze and utilize assessment and reassessment data to plan and provide individualized care for the childbearing/childrearing patient and family.
2. Demonstrate the orderly collection of information from multiple sources to establish a foundation of holistic nursing care to meet the needs of the childbearing/childrearing patient and family.
3. Manage and prioritize nursing care of the childbearing/childrearing patient and family.

COMMUNICATION

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

LEADERSHIP

6. Demonstrates shared planning, decision making, problem solving, goal setting, cooperation and communication with the childbearing/childrearing patient, family and members of the healthcare team.
7. Coordinate and evaluate the effectiveness of the healthcare team and community resources in the delivery of health care to the childbearing/childrearing patient and family.

SAFETY

8. Provide safe, cost-effective nursing care in collaboration with members of the health care team using critical thinking, problem solving, and the nursing process in a variety of settings through direct care, assignment or delegation of care.

PROFESSIONALISM

9. Integrate ethical, legal, evidence based and regulatory standards of professional nursing practice in caring for the childbearing/childrearing patient and family.
10. Demonstrate caring behaviors that are nurturing, protective, safe, compassionate and person-centered where patient choices related to cultural values, beliefs and lifestyle are respected in the childbearing/childrearing patient and family.
11. Assume responsibility for professional and personal growth and development.

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

ADMISSIONS CRITERIA

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

Admission Requirements

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

1. An official copy of their high school transcript OR GED scores;
2. An official copy of all college transcripts; and,

Prospective students must also do the following:

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

application to the program. Should the BON determine the student ineligible for RN licensure, the student will no longer be eligible to enroll in the nursing program. The student can however, enroll in other programs at SPC.

Additional criteria include:

1. Students accepted will receive Physical Examination Forms provided by the ADNP, which must be completed and returned to maintain their acceptance status. Students must have physical, mental, and emotional health necessary to meet the required competencies of the Associate Degree Nursing Program.
2. Immunizations- Written proof of immunizations specified on the physical exam form is required before the student can be placed in clinical. These include MMR, Tdap, Hepatitis B, and Varicella. A Mantoux test (TB) will also be required on a yearly basis. COVID-19 vaccine if received.
3. Cardiopulmonary Resuscitation Certification (Health Care Provider) must be acquired prior to assigned clinical rotations in nursing courses and maintained throughout the Associate Degree Nursing Program.
4. Non-nursing courses may be taken before enrollment in nursing courses, but not later than sequentially required.
5. All non-nursing courses must be evaluated and approved by the Director of the Associate Degree Nursing Program.
6. Credit will not be given for academic science courses more than 5 years old, unless grade of A or B received for sciences 6 – 10 years old.
7. If testing indicates a need, Math 0311 Fundamentals of Math for Nurses must be taken concurrently with RNSG 1413.
8. All students conditionally accepted for admission are required to undergo drug testing. Failure to submit to drug testing will result in immediate removal from the program. Any conditionally accepted student who has a positive drug screen will forfeit their position in the class. Any drug screen, which is positive for an adulterant, will result in forfeiture of their position in the program.

Progression Criteria

The ADN student must receive a minimum course grade of "C" in each support (non-nursing) course, as well as each required nursing course in order to qualify to continue in the Associate Degree Nursing Program.

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

ADVANCED PLACEMENT

COURSE CREDIT will be granted to qualifying students in accordance with their previous nursing education, nursing experience and/or completion of RNSG 2307. Credit for specific nursing courses will be granted to students on an individual basis and in accordance with the nursing curriculum and by examinations and evaluation.

QUALIFICATION:

Candidates for advanced placement include Licensed Vocational/Practical Nurses and/or students with documented courses in professional nursing education with approval of the Director of the Associate Degree Nursing Program.

All applicants must be TSI compliant.

Credit will not be given for academic science courses more than 5 years old, unless a grade of A or B received for sciences 6 – 10 years old.

Students who have taken or are enrolled in RNSG 1413 or RNSG 1441 with a grade below 77 are NOT candidates for advanced placement.

ADMISSION CRITERIA:

For Progression to Associate Degree in Nursing:

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

2. The licensed vocational/practical nurse applicant requesting advanced placement must:
 - A. Be a graduate of an accredited/approved Texas Vocational Nursing Program or out-of-state accredited program.
 - B. The Texas licensed vocational nurse applicant meeting the above criteria who makes application within 1 year after graduation will not be required to have nursing practice experience.
 - C. The Texas applicants who make application more than 1 year after graduation from a Texas Vocational Nursing Program or an out-of-state accredited vocational/practical school should have 1 year of nursing practice in an acute care setting.
 - D. Must have a current Texas LVN license.
 - E. Any LVN wishing to enter the Advanced Placement program must provide proof of passing the NCLEX-PN.
3. Students requesting advanced placement/transfer from other professional nursing programs:
 - A. Must have a letter sent to the Director of the Associate Degree Nursing Program of South Plains College from the Director of the Nursing Program from which they wish to transfer, indicating their eligibility to continue in the nursing program. All students requesting to transfer into the ADN program from another nursing program must be eligible for readmission to former nursing program.
 - B. Students requesting to transfer from a Diploma Program must pass the comprehensive final exam for each course successfully completed in the Diploma program with a grade of "77" to receive credit for the course.
 - C. Credit will not be given for nursing course work more than one year old.

PROGRESSION CRITERIA:

1. All LVN's requesting advanced placement who are not currently enrolled in a professional nursing program will be required to enroll in RNSG 2307, RNSG 2260, & RNSG 1115. These courses are designed as leveling courses for advancement to other nursing courses.
 - A. Students must pass RNSG 2307, RNSG 2260, and RNSG 1115 with a grade of "C" to progress to an advanced level.

- B. Students with a grade below "77" in RNSG 2307, RNSG 2260, and RNSG 1115 may:
 - (1) request readmission to RNSG 2307, RNSG 2260, and RNSG 1115
 - or
 - (2) request admission to enroll in RNSG 1413, RNSG 1105, RNSG 1144, RNSG 1160, and RNSG 1115 (see Readmission Policy)

- 2. Progression will be reviewed by the Admissions/Academic Standards Committee.

AWARDING OF CREDIT:

Credit will be awarded for RNSG 1413, RNSG 1105, RNSG 1144, & RNSG 1441 following the completion of RNSG 2307, RNSG 2260, and RNSG 1115.

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

READMISSION POLICY

1. READMISSION POLICY

- 1.1 A student may request only **one (1)** readmission to the ADN program.
- 1.2 A student may be denied readmission to any course or the ADNP.
- 1.3 **Enrollment of readmitted students will be contingent on space available.**
- 1.4 All students requesting readmission will undergo drug testing. Failure to do so will result in removal from the program. A positive drug screen will result in removal from the program.
- 1.5 Admission to the course begins the first offered class day. Withdrawal at any point after the first class day requires readmission to the program.

2. STUDENTS INELIGIBLE FOR READMISSION:

- 2.1 Students who withdraw and/or fail a nursing course for reasons of unsafe clinical performance and/or personal behavioral problems related to didactic and/or clinical performance.
- 2.2 Students who are found to exhibit dishonest and/or unethical behavior. (see Honesty Policy)
- 2.3 Any student who exhibits behavior in violation of the Rules and Regulations Relating to Professional Nurse Education, Licensure, and Practice as outlined by The Texas Board of Nursing, Section 213.27, Good Professional Character, shall be dismissed from the Associate Degree Nursing Program with no option for readmission.
- 2.4 The Admissions/Academic Standards Committee may deny readmission for reasons other than those listed above.

3. READMISSION PROCESS

3.1. Student Responsibility

- a) To apply for readmission to the ADNP, the student must schedule an interview with their instructor.
- b) To apply for readmission to the ADNP, the student must schedule an appointment with the ADNP Program Director.
- c) Students to be considered for readmission to the ADNP must submit a readmission request to the ADNP Program Director upon withdrawal from a course or upon course failure.
- d) The Admissions/Academic Standards Committee will stipulate the conditions of readmission.

3.2. The student must re-enter the ADNP within one year to insure continuity in his/her program of learning. Students must complete the program within four (4) years of entry into the ADNP.

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

CRITERIA FOR GRADUATION

Associate in Applied Science

Upon satisfactory completion of the curriculum as outlined for the Associate Degree Nursing Program, a student will be eligible to receive the Associate in Applied Science Degree.

The general requirements from the South Plains College catalog include:

1. Completion of entrance requirements.
2. Satisfactory completion of the course of study for the declared major in accordance with the following:
 - a. Candidates for the Associate of Applied Science degree must complete 60 semester hours.
3. A minimum cumulative grade point average of 2.00 ("C") in all courses.
4. Have completed at least 15 semester hours of work in residence at South Plains College. The semester in which you graduate must be in residence at SPC.
5. Be in good financial standing with the college.
6. Associate of Applied Science Degree candidates must pass all parts of TSI.
7. Complete formal application for graduation by March 1 for May graduation and by November 1 for December graduation.

Associate Degree Nursing Program

In addition to the South Plains College requirements for graduation, the ADN requires that the ADN student must:

1. Receive a minimum grade of "C" in each support (non-nursing) course as well as each nursing course.

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

CONFIDENTIALITY AGREEMENT

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

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

Even when sharing with caregivers, the nurse must be extremely cautious that he/she does not share around persons not involved in the client's care. Students need to be very aware of confidentiality and be extremely careful with whom and where they discuss their assignments. There shall be no discussion of clinical experiences in any form, verbal or written including any electronic media i.e.: My Space, Facebook, twitter, text message, email, voice mail, etc. This list is not all-inclusive. At no time will clinical experiences be discussed outside the clinical facility. Exceptions would be with your clinical instructor at post-conference or in a private setting, or through written coursework.

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

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

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

ATTENDANCE POLICY

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

1. Lecture

Lecture attendance is mandatory. The number of hours that can be missed before instructor-initiated withdrawal will depend on the credit hours for the course. The instructor may initiate a student's withdrawal if a student misses more than the allotted number of hours for the course and it has been determined the student cannot meet the course objectives. (See course syllabus for specific number of hours). Withdrawal, and possible reinstatement, will be handled on an individual basis based on identified circumstances. Referral will be made to the Admissions Academic Standards Committee.

2. Clinical

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

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

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

3. Skills/Computer Lab

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

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

When a student is tardy, this exhibits inappropriate behavior, i.e., tardiness to clinical, class or skills/computer lab, the instructor of that student will handle the situation with his/her discretion. In most situations, the student will be counseled verbally the first time. The second time a counseling record will be completed, signed by the student and placed in the student's file. The third time, the student will be given a Formal Learning Contract and go before the Admissions/Academic Standards Committee for possible dismissal.

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

EMERGENCY MESSAGES

The student should notify his/her family that in case of an emergency during normal class schedule, they should call the Nursing Office at (806)716-2391 or (806)716-2193. Class will not be interrupted unless it is an emergency, so they must identify themselves and say it is an emergency to get immediate action.

The student should notify his/her family that in the case of an emergency during clinical rotations, they should call and leave a message or text (who they are and who they need to get in touch with for an emergency) to the number or numbers provided to them in the clinical course syllabus and/or on the clinical course schedule.

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

GRADING SYSTEM

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

Student grades may be interpreted as follows:

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

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

WEIGHT OF COURSE GRADES IN NURSING DEPARTMENT

Theory and lab grades are determined by tests, quizzes, and/or written work. Each course syllabus details the grading policy for that course.

The weight of the final written examination may not constitute more than (30%) of the course grade.

Clinical grades are on a pass/fail basis. A student must meet the clinical objectives of the course in order to receive a passing grade. Grades for clinical courses are determined by passing math, written clinical assignments, presentations and application of clinical skills. Clinical evaluation tools, maintained by the student and evaluated by faculty, are used to determine progress in clinical course. Each course syllabus details the grading policy for that course.

Grades will not be rounded in any nursing course. (Example: 60 to 76.9 = D)

The grading scale for all nursing courses will be as

follows: A = 90 - 100
B = 80 - 89
C = 77 - 79
D = 60 - 76
F = Below 60

Failure of either theory or clinical will necessitate repeating all concurrent courses. When repeating any course, the student is required to retake all aspects of the course including the required written work.

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

GRADE OR ACADEMIC DISCIPLINE APPEAL PROCESS

Only final grades or dismissal resulting from academic discipline will be considered. The instructor's teaching ability or expertise will not be considered during the hearing. No grade or disciplinary action can be formally appealed after a period of six (6) months from the date that the student is informed.

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

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

**SOUTH PLAINS COLLEGE
DEPARTMENT OF NURSING**

HONESTY POLICY

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

This policy covers the violations of cheating during testing, plagiarizing another's work, and falsifying records.

*Testing Violations:

1. The instructor(s) control(s) the option of seating arrangement, movement within the classroom, students leaving the room, and stopping an exam for violation of the honesty policy.
2. All books, papers, notebooks, and personal belongings (including any electronic communication devices) will be left in the classroom prior to entering the computer lab for testing.
3. Any information found on or in the immediate vicinity of an individual during a testing situation will be grounds for termination of his/her testing. A grade of zero will be recorded and averaged into the final grade.
4. Any verbal, nonverbal, or electronic communication between students during a testing situation will be grounds for termination of his/her testing. A grade of zero will be recorded and averaged into the final grade.
5. Should a student need to communicate with the instructor, he/she should remain seated and raise his/her hand.
6. If additional information becomes known following completion of a testing session, including that cheating has occurred, then a grade of zero will be recorded for the test and averaged into the final grade.

*Plagiarism Violations:

1. A student found guilty of plagiarism may be dismissed from the program. See Appendix.

*Record Falsification Violations:

1. Alteration or falsification of records is a violation of the honesty policy and the student will be dismissed from the program.

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

CONTACT RECORDS

Contact records are used in conjunction with the clinical evaluation tool or didactic performance when:

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

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

Contact records:

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

ASSOCIATE DEGREE NURSING

CONTACT RECORD

DATE:

COURSE

STUDENT:

COMMENTS:

FACULTY SIGNATURE

STUDENT SIGNATURE

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

FORMAL LEARNING CONTRACT

A formal learning contract is necessary when specific problem areas are identified and these problems must be remedied to ensure safe clinical practice. The learning contract is usually initiated after the student has been informed of inappropriate and/or unsafe behavior by contact records and the behavior is still creating a problem. Formal learning contracts may be used in clinical, skills lab, and class situations. The contract and successful or unsuccessful completion of it becomes a part of the student's departmental file. Any contracts regarding clinical must be completed during the current semester, as well as all other aspects of the clinical objectives for the course, in order to earn a satisfactory clinical grade that semester.

The Formal Learning Contract contains:

1. A statement of the problem/problems.
2. A statement of expected outcomes.
3. Prescription for behavior change or steps to remedy the problem.
4. A specified time to correct the deficiency and a time period to evaluate.
5. Signature of the student and instructor.

LIABILITY INSURANCE

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

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

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

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

LICENSURE BY EXAMINATION

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

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

DRESS CODE FOR CLINICAL EXPERIENCE

To promote a professional image, students will abide by the following Dress Code in the clinical area:

UNIFORMS:

1. Students will wear the designated khaki slacks or skirt and the forest green top with a khaki short sleeve T-shirt. The top will have the South Plains College monogram on the upper left and the nametag is to be worn on the upper right. Students will wear the designated forest green cap during clinical rotation where required by facilities.
 - a. Uniform top must cover the buttocks.
 - b. The uniform skirt must meet the knee.
 - c. Pant hems must be above sole of shoe level.
 - d. Appropriate under garments are required.
2. Clinical uniforms with nametag must be worn while on the clinical unit, when getting an assignment, or for any academic business. A plain, khaki cardigan-type jacket may be worn to keep warm.
3. All uniforms must be clean, neat, pressed and well fitting (not too tight or too loose). If the uniform is deemed too tight, the student must purchase additional uniforms that fit appropriately.
4. Shoes must be white, professional style shoes, no open toes, or heels. Shoes must be closed toe (OSHA Regulation). Shoes and laces should be white and clean. Students are to wear white socks only.
5. In the event that the hospital dress code policy differs from the SPC policy, the student at that facility will be required to adhere to additional regulations stipulated by the hospital.
6. Any exception to this policy will be specified in the course syllabus.
7. Any occasion that the student is in the SPC nursing student uniform, the entire uniform policy must be met (i.e., hair, nails, etc.).
8. Fanny packs are not to be worn with the uniform. Identify a secure area for safe keeping of personal items. Do not leave valuables unattended.

GENERAL APPEARANCE

1. Appropriate general hygiene measures should be followed prior to clinical. These measures include bathing/showering and use of effective deodorant and

antiperspirant.

2. Students must not smell of smoke, smoke or vape while in uniform.
3. Make-up is to be used in moderation. No perfumes or cologne may be worn. False eyelashes are permitted if the lashes appear natural (i.e., mid-length).
4. Hair must be pulled back and secured off the collar while in the clinical setting, the Sim Lab, or in the skills lab. Hair ornaments for containment (bands, clips, etc.) must blend with the student's hair color. The hair color must be of a natural color (brown, black, red, blonde). Males should be clean-shaven or have a neatly trimmed beard or moustache. The beard shall be no longer than ½ inch.
5. Plain wedding bands may be worn. Rings can harbor microorganisms and can tear skin. No rings with gemstones to be worn.
6. Earrings should be small (studs-1 per ear), not dangling. Pediatric and confused patients can tear off earrings. Hoop earrings can be caught by stethoscope and tear the ear lobe. Solid skin colored ear plugs allowed. **No rings or jewelry** will be worn in other conspicuous areas of the face or body (i.e., nose, lips, tongue, eyebrow, etc.). Tongue piercings must be **transparent** and not interfere with clear speech.
7. Fingernails short, neat and clean (not visible over tip of finger from palmer view). Long unkept nails can tear skin and introduce pathogens. No artificial nails of any sort, gel polish, tips, solar/acrylic nails, inked or dipped powdered or polished nails.
8. Tattoos that are visible outside uniform must be covered while in clinical, either with makeup such as Dermablend, an adhesive bandage, or a scrub jacket (exception is tattoos on hands). Sleeves are optional (must be tan in color). Coverage, sleeves and scrub jackets may be removed during patient care,

General Clinical Guidelines:

1. Students are to report to the instructor and TPCN when leaving and upon returning to the unit.
2. Students are not to make personal telephone calls while in the clinical area.
3. The student should notify his/her family that in the case of an emergency during clinical rotations, they should call and leave a message or text (who they are and who they need to get in touch with for an emergency) to the

number or numbers provided to them in the clinical course syllabus and/or on the clinical course schedule.

4. A watch with a second hand, a pair of bandage scissors, and a stethoscope are required in the clinical area. No smart watches or Fitbit allowed.
5. Eating, drinking, or chewing gum in skills lab, simulation lab and any clinical patient care areas is not acceptable. Chewing gum is unprofessional and prohibited.
6. A student is not to visit units other than the one assigned **UNLESS** it involves transfer of clients or accompanying their patient for a procedure or surgery. Permission must be obtained from the instructor. Failure to adhere to this policy will result in dismissal from the program.
7. It is the student's responsibility to follow hospital policy and procedure. Policy and procedure information is available on every unit and must be reviewed before each procedure.
8. The student may only perform those procedures in which he/she has had classroom instruction, practiced and has been checked off in Skills Lab.
9. Students are not permitted to take a doctor's verbal order. Instruct the doctor he/she is not permitted to do so and locate a licensed nurse to take the order. Students are not permitted to give information over the telephone concerning the client's condition.
10. Upon completion of client care assignments, maximize your time by sitting and talking with (or listening to) your clients. Assist other students on the unit who need help with their clients. Do research about the assigned client or topic for the clinical objectives of the day.
11. While in the SPC ADNP uniform and/or lab coat, there will be **no** consumption of alcohol. Any reports of this behavior will result in **dismissal** from the program. **REMEMBER YOU ARE REPRESENTING SOUTH PLAINS COLLEGE.**
12. Cell phones are permissible, kept on silent mode, and should not be used in patient care areas, hallways or nurses stations. Cell phones may be used on your lunch break. **Failure to use responsibly will result in a 50% penalty for the clinical day.** Exception is iPad checked out to students by SPC ADNP. Student assumes responsibility for loss or damage to their property.

SOUTH PLAINS COLLEGE HEALTH OCCUPATIONS EXPOSURE POLICY

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

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

SOUTH PLAINS COLLEGE HEALTH OCCUPATIONS EXPOSURE REPORT

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

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

EXPOSED INDIVIDUAL _____
FACILITY REPRESENTATIVE _____
ATTENDING FACULTY MEMBER _____
DATE OF INCIDENT _____
DESCRIBE EXPOSURE INCIDENT _____

FACULTY SIGNATURE

DATE

AGENCY SIGNATURE

DATE

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

STUDENT SIGNATURE

DATE

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
POLICY: MEDICATION ADMINISTRATION**

PURPOSE: The following policy identifies the requirements necessary to progress through each level of nursing at South Plains College in regard to the administration of medications.

OBJECTIVES:

STUDENTS WILL BE ABLE TO:

- Satisfactorily complete a written math examination prior to participating in the administration of medications.
- Complete the objectives pertaining to the administration of medications for each level; Lab practicum prior to administering medications to clients.
- Demonstrate proficiency in attaining clinical objectives pertaining to the administration of medications to clients.

SEMESTER I:

All students must pass a clinical math competency exam, missing no more than two (2). If a scheduled clinical math exam is missed, it cannot be made up. The missed attempt will count as a failure. Failure on the third exam will result in a clinical failure and thus a failure in RNSG 1160.

The student must achieve clinical objectives from the evaluation tool, utilizing critical criteria.

Prior to clinical experience, the student must demonstrate competency in the administration of medications in lab according to critical criteria. This includes the ability to solve dosage and solution problems.

SEMESTER II:

Prior to clinical experience, the student must satisfactorily complete a Departmental Math Exam. No more than 2 retakes will be permitted. Failure to pass on the 3rd exam will result in a clinical failure and thus a failure in RNSG 2460. Any missed math exam will count as a zero.

Prior to clinical experience, the student must demonstrate competency in the administration of IV medications in the lab according to critical criteria. This includes the ability to solve dosage and calculation problems.

The student must attain clinical objectives related to medication administration from the evaluation tool, utilizing critical criteria.

SEMESTERS III & IV:

- Prior to clinical experience, the student must satisfactorily complete a Departmental Math Exam. RNSG 2462 & RNSG 2461 will permit 2 retakes only. Failure to pass on the 3rd exam will result in a clinical failure and thus failure in these courses. Any missed math exam will count as a zero.
- Prior to clinical experience in RNSG 2462, the student must satisfactorily complete a Pedi Math Exam. Two retakes will be allowed. Failure on the 3rd exam will result in a clinical failure.
- Prior to clinical experience, the student must demonstrate knowledge of medications and the administering of medications. This includes the ability to solve dosage and calculation problems for the adult and the child.
- The student must demonstrate competency and proficiency, utilizing critical criteria, in attaining clinical objectives related to medication administration from the evaluation tool.

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

POLICY: MEDICATION ERROR

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

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

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

GUIDELINES FOR CLINICAL IN ALL CLINICAL AGENCIES

MEDICATIONS/VENIPUNCTURE:

All Semesters:

- a. May not administer intravenous (IV) blood or blood products.
- b. Must have knowledge of adverse reactions from the administration of blood or blood products.
- c. May not administer IV chemotherapy.
- d. May not administer experimental drugs.
- e. May not administer Valium/Versed/or any other conscious sedation drugs IV push at any time.
- f. May not mix, handle, or adjust epidural drugs at any time.
- g. **Nursing students with other licenses or certifications (e.g. licensed vocational nurses, paramedics, medication aides, anesthesia techs, surgical techs, etc.) may not administer medications without the direct supervision of an instructor or facility licensed nursing personnel.**

Semester I (RNSG 1160) Nursing Students:

- a. No medications will be administered until student has satisfactorily completed skills lab check offs for medications administration.
- b. AFTER having been checked off by the CLINICAL INSTRUCTOR in the CLINICAL AREA, at the instructor's discretion, the student may be allowed to administer **with direct supervision:**
 - (1) Scheduled meds
 - (2) PRN medications
 - (3) One time only medications
- c. Routes of medication administration covered in Pharmacology/Medication Administration units are: Oral, Eye, Ear, Nasal, Vaginal, Rectal, Buccal, and Sublingual. Parenteral - Intramuscular, Subcutaneous, Intradermal, and ZTrack.
- d. Drug cards must be submitted on all medications the client is receiving.
- e. Students must be knowledgeable about all medications the client is receiving as well as what to look for regarding the adverse effects of any drug or combination thereof regardless of whether responsible for the actual administration of the medications or not.
- f. The student must perform the 5 rights and 3 checks prior to administration.
- g. **MAY NOT PERFORM VENIPUNCTURE.**
- h. **MAY NOT CHANGE IV solutions.**

Student Handbook

- i. Observe IV injection site for signs of infiltration or signs of reaction and report to TPCN.
- j. Must know type of IV Solution ordered.
- k. Must notify TPCN when IV fluid level is running low.

In addition to Semester I Guidelines,

Semester II (RNSG 2460) Nursing students are allowed to administer:

- a. Scheduled medications, PRN medications, one time only medications, after being checked off by clinical instructor.
- b. "Stat" and Initial doses may be administered at the discretion of the clinical instructor once competency has been determined.
- c. Must have knowledge of all medications the client is receiving as well as what to look for regarding the adverse effects of any drugs or combinations thereof regardless of whether responsible for the actual administration of the medications or not.

Semester II (RNSG 2460) Nursing students may perform venipuncture for administration of intravenous solution under the supervision of clinical instructor.

- a. May discontinue IV fluids UNDER the DIRECT SUPERVISION OF INSTRUCTOR/RN.
- b. May change IV bags UNDER DIRECT SUPERVISION OF INSTRUCTOR/RN.
- c. May stop or adjust rate the flow of IV solution UNDER DIRECT SUPERVISION OF INSTRUCTOR/RN.
- d. May hang IV piggyback medications UNDER DIRECT SUPERVISION OF INSTRUCTOR/RN.
- e. Observe IV injection site for signs of infiltration or signs of reaction and report to TPCN.
- f. Notify TPCN when IV fluid level is running low.
- g. May not read CVP.
- h. Must know rate of IV solution ordered.
- i. Must know rate of IV solution and drops per minute.
- j. May convert IV to INT and perform site care and tubing changes UNDER DIRECT SUPERVISION OF INSTRUCTOR/RN.
- k. May add medications to IV fluids as designated by instructor with DIRECT SUPERVISION.
- l. MAY NOT DO IV PUSH MEDS EXCEPT FOR HEPARIN FLUSH.

In addition to Semester I and Semester II Guidelines:

Semester III & IV (RNSG 2461 & RNSG 2462) Nursing students are allowed to:

- a. Administer scheduled, PRN, one time only, STAT, and initial doses, under the direct supervision of the instructor or their designee.
- b. May transcribe orders for beginning and discontinued medications **UNDER THE DIRECT SUPERVISION OF A LICENSED RN, WHO MUST SIGN OFF THE ORDER.**
- c. Must have knowledge of all medications the client is receiving as well as what to look for regarding the adverse effects of any drug incompatibilities regardless of whether responsible for the actual administration of the medications or not.
- d. Pitocin, Magnesium Sulfate, Terbutaline, and Yutopar may not be mixed or administered IV push by nursing students. P.O. and Subcutaneous forms of the medications may be given by the nursing students under the instructors' supervision.
- f. Nursing students must be supervised by the clinical instructor when performing venipuncture. At the instructor's discretion, selected staff RN's may supervise those students who have demonstrated competency.
STUDENTS CANNOT PERFORM VENIPUNCTURE IN PEDIATRICS, PICU, OR NICU AT ANY TIME. FAILURE TO ADHERE TO THIS WILL RESULT IN DISMISSAL.
- g. Students may administer IM and SQ meds **UNDER DIRECT SUPERVISION OF INSTRUCTOR/RN.**
- h. Students may do IV push medications under **DIRECT SUPERVISION OF INSTRUCTOR/RN DESIGNEE.** EXCEPTIONS: Follow guidelines stated under all Levels.
- i. Students must be familiar with preparation, dilution, administration rate, compatibilities, and flushes before administering IVP's.

Semester III (RNSG 2261) Nursing Students:

- a. Must have knowledge of all medications the client is receiving as well as what to look for regarding the adverse effects of any drugs or combinations thereof regardless of whether responsible for the actual administration of the medications or not.
- b. **Will not administer medications during the mental health rotation.**

PROCEDURES:

No procedure may be performed by any ADN student unless there is a written physicians' order in the chart. The agency policy & procedure manual must be read by the student prior to the performance of any clinical procedure. The student must have been checked off by the instructor prior to performing any procedure.

IV and IV PUSH MEDICATION DEFINITIONS:

1. "Piggy-back": Intermittent administration of an intravenous drug by drip method through an existing intravenous infusion. The drug is mixed in a specified volume and administered in a specified period of time.
2. "Drip": Continuous administration by infusion in a large volume (greater than 100mL). A drug is mixed in a specific amount of fluid and administered over a specified period of time.
3. "Push": The medication is administered diluted or undiluted at a specific rate directly into the vein by direct venipuncture or through an administration site of an existing intravenous infusion.
4. "Retrograde": The medication is injected into the intravenous tubing by displacing IV fluid into an empty syringe. This method is useful when the child is small and/or has a slow drip rate.
5. "Bolus": Medication put in a solution e.g. 50 or 100 mL's and administered over a period of 30 minutes to 2 hours or as physician orders.

The above routes may be utilized for administration by the Semester III & IV nursing students UNDER THE DIRECT SUPERVISION OF THE CLINICAL INSTRUCTOR OR RN DESIGNEE. At the instructor's discretion, selected RN personnel may supervise those students who have previously demonstrated competency.

Only those medications approved by the hospital administration as safe for a Registered Nurse to give may be administered by the student.

PHONE AND VERBAL ORDERS:

Nursing students at any level may not receive phone or verbal orders from physicians, residents, interns, or physician assistants.

ROUTINE ORDERS:

Students may not use routine orders until the charge nurse transfers them to the chart. All procedures and medications must have a written order prior to the student's implementation and/or administration.

PERMITS:

Students may not witness the signing of permits.

MEDICATIONS PREPARED BY OTHERS:

Students may give medications prepared by the hospital pharmacist only. Students may never give medications prepared by anyone else.

MEDICATIONS ADMINISTERED BY OTHER:

Students may not supervise any other students in the administration of medications.

NARCOTICS:

The nurse must obtain the narcotic from the Pyxis. Students may not take possession of a narcotic until an instructor is present.

The licensed nurse/instructor must sign with the student when the narcotic is administered to the client.

When a controlled substance is discarded by a student, two licensed nurses must be present. Documentation must be completed according to agency policy.

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

PATIENT RECORDS:

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

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

STUDENT RECORDS

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

Student Records included are:

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

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

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

PROCEDURE AND POLICY FOR EMPLOYMENT IN HEALTH AGENCIES

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

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

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

BON Rule 224.8 (c)

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

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

- 5) administration of medications, including intravenous fluids, except by medication aides as permitted under 224.9 of this title (relating to The Medication Aide Permit Holder).**
3. The student is responsible for maintaining the required grade point average and should consider the demands of part-time employment upon the student's time and energies.

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

GUIDELINES FOR THE EMPLOYMENT OF NURSING STUDENTS

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

Recommended Practices

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

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

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

ETHICAL AND LEGAL BEHAVIOR

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

**SOUTH PLAINS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

STATEMENT OF UNDERSTANDING OF POLICIES AND PROCEDURES

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

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

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

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

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

Date

Student's Signature

Printed Name

APPENDIX

TESTING DURING ADN PROGRAM

As you progress through your education here at South Plains College, you will be given several standardized tests.

The distinct subjects of the tests are:

- Fundamentals
- Pediatrics
- Women's Health
- Community Health
- Pharmacology
- Medical Surgical
- Mental Health
- Health Assessment
- Leadership
- Nutrition
- Research
- Maternal Child
- Medical Surgical II
- Pathophysiology

Students have access to a Strengths and Opportunities report, which allows addressing their own personal Needs in time to make a difference.

Upon completion of the fourth semester requirements, you will take a Readiness Exam, which serves as a final benchmark of NCLEX-RN preparedness. This exam is a course requirement for RNSG 2130, is an examgrade, and must be taken prior to graduation.

Upon completion of the Readiness Exam, you will receive a Strengths and Opportunities report which will assist you in identifying any areas of need prior to taking the NCLEX exam. It can also be utilized as a predictor of success on the NCLEX.

The fees for these exams are divided over three/four semesters.

THE TESTING IS MANDATORY.

Nursing Learning Resource Lab

Purpose

The Nursing Learning Resource Lab is available to assist faculty and students with the educational and technical resources needed to enhance and support classroom and clinical instruction.

Location

The Nursing Learning Resource Lab (NLRL) is located in the Allied Health Building, Room 114. The NLRL Directors office is located at 114A. Lab hours are announced at the beginning of each semester and are subject to change.

Staff

The NLRL staff are available to provide assistance in reserving and locating resources. Appointments may be made with faculty members for assistance with procedures and the use of equipment.

All activities in the NLRL must be scheduled. Only faculty members can record activities on the schedule. The Skills lab schedule is kept on the board by the login computer. The Computer Lab schedule is on the table inside of the computer lab. The schedule is set up on a first come, first served basis, so schedule early. Students must log in and out of the NLRL each time they use it. The login computer is located to the left of the front door. The instructors will be sent a notice of what students fail to keep their appointments.

General Use of Resources and Equipment

The mannequins and other equipment are all available for use in the NLRL only.

Reservations are required for lab time and for specific equipment. All supplies are recycled. The student is responsible for repackaging supplies so they are ready for use. Most of the equipment can be checked out to the classroom if needed.

While participating in activities in the NLRL the student is expected to behave in a professional manner. The rules listed below will be followed or the student will risk forfeiting his/her lab time.

- 1) No food, drink, or tobacco products allowed.
- 2) No children allowed.
- 3) Clean work area after use. This includes repackaging supplies, making the bed, picking up trash etc.
- 4) No phones or loud noise allowed.
- 5) Adherence to the SPC ADNPs dress code is required for all Skills Lab activities. The student must wear white lab coat and have hair pulled back and off the collar.
- 6) Handle all equipment and computers with care.
- 7) Treat the mannequins with respect (keep covered at all times, handle gently).
- 8) If you sign up to practice skills, you are not to sit at the tables and socialize with your peers. Anyone seen socializing and not practicing will be asked to leave the lab.

Computer Lab

The computer lab consists of 40 workstations in the lab I (106A) and 40 workstations in lab II (106C). These workstations have computer aided instructional programs (CAI) and Internet access. The computer lab is utilized throughout the curriculum for testing purposes also.

Please notify the instructor in advance if an isolated computer will be needed for **documented** testing accommodations.

Reservations must be made in advance to use the computer lab.

Skills Labs

The skill labs are available as space permits for all students needing to practice various skills and for check-off purposes. Reservations are required for space and equipment.

Recording

ADN students will record their skill check-offs. There is a maximum of 13 slots available for taping. The student must arrive 10 minutes early and prepare all supplies and equipment prior to tape time. The camera will automatically start and stop upon entry and exit from the taping suite.

Lab Kits

Students purchase lab kits as part of their tuition and fees. The kits will be the responsibility of the student. The lab kits contain new supplies that are to be used for check-off of skills. The lab will furnish all practice supplies. If a student uses all of their furnished supplies, they will have to purchase the necessary supplies from the front office and bring their paid receipt to the lab director.

Terrorist Threat/Violent Behavior Policy

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

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

**South Plains College
Department of Nursing
Drug Testing Policy**

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

Criminal Background Check

Once conditionally accepted into the Associate Degree Nursing Program, each student is required to have a Criminal Background Check before the student may attend class. **The criminal record check is mandatory; students who refuse the check forfeit the class position in the Associate Degree Nursing Program.**

Once the class roster is confirmed, the roster will be sent to the BON for a DPS/FBI Criminal Background Check. The BON will notify the school that it has received the roster. The BON will notify IdentoGO. The student will receive an email from IdentoGO. The student will arrange a fingerprint scanning appointment with IdentoGO and pay the required fee. IdentoGO will electronically submit the finger scan to the Texas Department of Public Safety to initiate the background check. DPS will transmit the results of the scan to the BON. Once the BON receives the DPS/FBI criminal background check, the BON will do the following:

- a. Mail a postcard directly to those students who have a clear background check
- b. Correspond with those students who have a positive background check and request a petition for a Declaratory Order, or
- c. Correspond with those students who have a rejected fingerprint scan and request another fingerprint scan

Students who have a positive criminal history will be required to go through the declaratory order process provided by the BON. Because this process may take from three (3) months to two (2) years, **the student will not be allowed to enter the ADN program until the student receives a clear Declaratory Order from the BON.** Once the student has received approval for licensure, the student may re-apply for admission to the ADNP.

Once students have been entered into the BON system, any future arrest will automatically be transmitted to the BON for review. Therefore, *if at any time during the year, the student's criminal history changes, the student must notify the Director of the ADNP. The student will be required to withdraw from the ADNP and go through the DO process BEFORE the student can continue. Should it be later discovered that the student has had a change in their criminal background that was not disclosed to the Director of the ADNP, the student will be immediately dismissed with no option for readmission.* The ADNP must be able to assure clinical affiliates that all students have a cleared background!

Cell Phone Use in Clinical

Cell phones are permissible, kept on silent mode, and should not be used in patient care areas, hallways or nurse stations in the clinical setting/Sim Lab/skills lab. The student should notify his/her family that in the case of an emergency during clinical rotations, they should call and leave a message or text (who they are and who they need to get in touch with for an emergency) to the number or numbers provided to them in the clinical course syllabus and/or on the clinical course schedule.

Cell phones may be used on your lunch break. **Failure to use responsibly will result in a 50% penalty for the clinical day.** Exception is iPad checked out to students by SPC ADNP. Student assumes responsibility for loss or damage to their property. This policy is also in effect for the clinical prep day.

South Plains College
Department of Nursing
Ebola Policy

Students in the Nursing Programs of South Plains College will not provide care to any patient diagnosed with Ebola. Care at this intensive level should be provided by professional nursing staff and not student nurses.

Students will not provide ANY care for an Ebola patient, nor act as a witness to the removal of protective gear from professional staff. Students will not participate in the environmental cleanup of an Ebola patient. Observation of any of these procedures should occur at distances greater than 18 feet.

Students will continue to care for other patients in routine isolation situations, following ALL precautions as posted at the room, regardless whether staff follow the guidelines or not. Students will review routine isolation precautions.

POLICY FOR OUTPATIENT CLINICS:

1. Screening for Ebola should be done at patient check in and if positive, that patient will be directed to an isolated area. Patients in the isolated area should be cared for by professional staff; student nurses will NOT provide care to these patients.
2. Students will continue to follow all other clinic guidelines
3. Students in the specific outpatient clinics may use electronic vital sign machines for the measurement of vital signs. Gloves should be worn.
4. Students should be aware of the risk factors for Ebola
 - a. Fever of greater than 38.0 C or 100.4 F
 - b. Severe headache, muscle pain, vomiting, diarrhea, abdominal pain, unexplained hemorrhage
 - c. Risk factors for Ebola within the past 3 weeks which include:
 - i. Contact with blood or body fluids of a patient known to have or suspected to have Ebola
 - ii. Residence in or travel to a country where an Ebola outbreak is occurring
 - iii. Direct handling of bats or nonhuman primates from a diseased area
<http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states>
5. Should the student be in the patient room getting information and taking vital signs and becomes suspicious of an Ebola exposure, the student should act in the following manner:
 - a. Immediately excuse self from the patient, telling the patient that the student is going to get the staff nurse
 - b. BEFORE leaving the patient room, remove gloves, wash hands with soap and running water for 20 seconds, leave room (be sure to use a paper towel to open door).
 - c. IMMEDIATELY after leaving the patient room, wash hands with soap and running water for 20 seconds.
 - d. Report suspicion to nurse and allow nurse to assume care of this patient.
 - e. Wipe shoes with Clorox or infection control wipes. Clean any other instrumentation used during this assessment.
 - f. Dispose of any pens or papers in appropriate infection control waste container
 - g. Wash hands again.
 - h. Page instructor and notify instructor of student actions.

- i. If there were body fluids exposed to the student in the patient room, the student should follow the clean-up procedures as directed by the staff.
6. Students in contact with an Ebola patient will do the following
 - a. Notify the facility of the exposure and follow the facility's policy as well as notify the instructor and program director, completing an Exposure Report for SPC
 - b. If there was direct exposure to body fluids, the student must wash the affected area with soap and water; mucous membranes should be irrigated with a large amount of water or eyewash solutions
 - c. Monitor fever twice daily for 21 days after the last known exposure. Students may continue to attend class while receiving the twice daily feverchecks; attendance in clinical will depend on individual agency guidelines; alternative clinical experiences may be substituted during the 21 day exposure period.
<http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states>
7. Students who develop sudden onset of fever, intense weakness or muscle pains, vomiting diarrhea or signs of hemorrhage after the exposure to a suspected or confirmed Ebola case should
 - a. Immediately isolate self and call 911 clearly indicating a suspected or confirmed Ebola exposure and current symptoms.
 - b. Notify instructor or program director (who will notify Dean, SPC Health officials, local and state health departments and the agency where exposure occurred)
 - c. Follow agency post-exposure protocols
 - d. Comply with school/clinical exclusions until they are deemed no longer infectious to others.

South Plains College
Department of Nursing
Coronavirus/COVID-19 Policy for Clinical Rotation

Students in the Nursing Programs of South Plains College will not provide care to any patient diagnosed with Coronavirus/COVID-19. Care at this intensive level should be provided by professional nursing staff and not student nurses. Students will not provide ANY care for a Coronavirus/COVID-19 patient, nor act as a witness to the removal of protective gear from professional staff. Students will not participate in the environmental cleanup of a Coronavirus/COVID-19 patient. Observation of any of these procedures should occur at distances greater than 18 feet.

Students will continue to care for other patients in routine isolation situations, following ALL precautions as posted at the room, regardless whether staff follow the guidelines or not. Students will review routine isolation precautions.

POLICY FOR CLINICAL:

1. Screening for Coronavirus/COVID-19 should be done at patient check in and if positive, that patient will be directed to an isolated area. Patients in the isolated area should be cared for by professional staff; student nurses will NOT provide care to these patients.
2. Students will continue to follow all other clinic guidelines.
3. Students in the clinical areas may use electronic vital sign machines for the measurement of vital signs. Face Mask and Gloves must be worn.
4. Students should be aware of symptoms and the risk factors for Coronavirus/COVID-19
 - a. Fever of greater than 37.7 C or 100 F
 - b. Headache, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea
 - c. Symptoms for Coronavirus/COVID-19 include a wide range of symptoms, from mild to severe and may occur within 2-14 days after exposure
 - d. Risk factors for contracting Coronavirus/COVID-19 include but not limited to the following:
 - i. Contact with a patient known to have or suspected to have Coronavirus/COVID-19.
 - ii. Residence in or travel to a “hotspot” or country where a Coronavirus/COVID-19 outbreak is occurring.

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

5. Should the student be in the patient room getting information and taking vital signs and becomes suspicious of a Coronavirus/COVID-19 exposure, the student should act in the following manner:
 - a. Immediately excuse self from the patient, telling the patient that the student is going to get the staff nurse.
 - b. BEFORE leaving the patient room, remove gloves, wash hands with soap and running water for 40 seconds, leave room (be sure to use a paper towel to open door).
 - c. IMMEDIATELY after leaving the patient room, use waterless bacterial hand cleanser then wash hands again with soap and running water for 40 seconds.
 - d. Report suspicion to nurse and allow nurse to assume care of this patient.
 - e. Wipe or spray shoes with Clorox or infection control wipes or spray. Clean any other instrumentation used during this assessment.
 - f. Dispose of any pens or papers in appropriate infection control waste container.
 - g. Wash hands again.

- h. Immediately notify instructor of student actions.
- i. If there was exposure to the student in the patient room, the student should follow the exposure procedures as directed by the staff.

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

6. Students in contact with a Coronavirus/COVID-19 patient will do the following:
 - a. Notify the facility of the exposure and follow the facility's policy as well as notify the instructor and program director, completing an Exposure Report for SPC.
 - b. If there is exposure to any type of respiratory fluids, the student must wash the affected area with soap and water; mucous membranes should be irrigated with a large amount of water or eyewash solutions.
 - c. Monitor temperature for fever twice daily for 14 days after the last known exposure. Students may continue to attend class while performing the twice daily temperature checks for fever and monitoring for any associated Coronavirus/COVID-19 symptoms; attendance in clinical will depend on individual agency guidelines; alternative clinical experiences may be substituted during the 14-day exposure period.

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

7. Students who develop sudden onset of fever, intense weakness or muscle pains, vomiting diarrhea or signs of difficulty breathing after the exposure to a suspected or confirmed Coronavirus/COVID-19 case should:
 - a. Immediately isolate self and contact a primary care provider as soon as possible, clearly indicating a suspected or confirmed Coronavirus/COVID-19 exposure and current symptoms.
 - b. Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion
 - Inability to wake or stay awake
 - Bluish lips or face

*This list is not inclusive of all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Symptoms-&-Emergency-Warning-Signs>

- c. Notify instructor or program director (who will notify Dean, SPC Health officials, local and state health departments and the agency where exposure occurred).
- d. Follow agency post-exposure protocols.
- e. Comply with school/clinical exclusions until they are deemed no longer infectious to others.

Campus Concealed Carry Statement

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

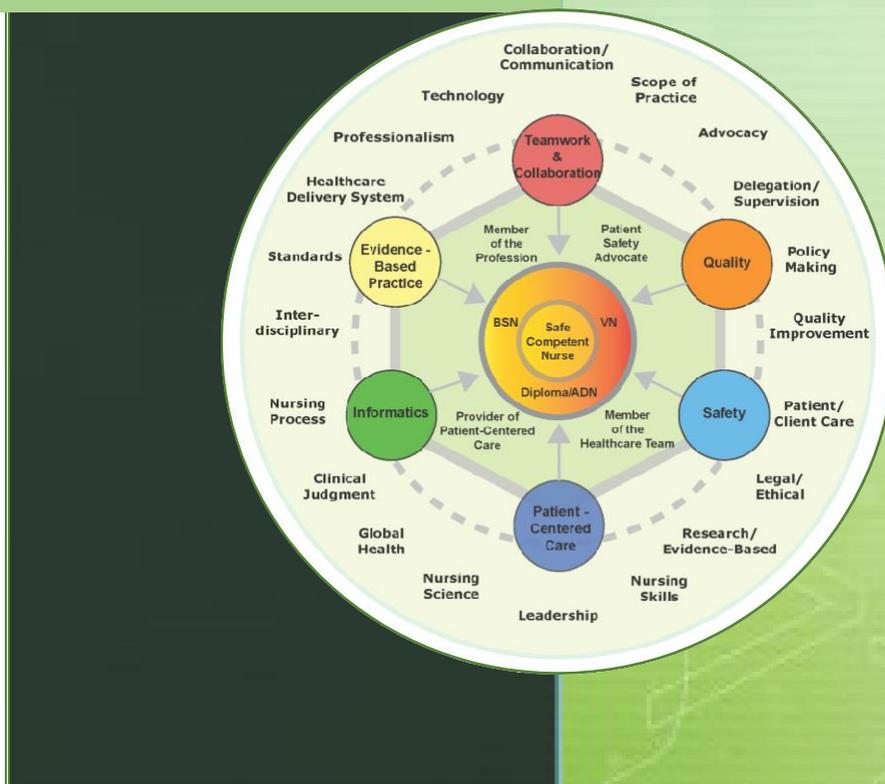
Pursuant to PC 46.035, the open carrying of handguns is prohibited on all South Plains College campuses. Report violations to the College Police Department at 806-716-2396 or 9-1-1.



2021

Differentiated Essential Competencies of Graduates of Texas Nursing Programs

Evidenced by Knowledge,
Clinical Judgments, and
Behaviors



Texas Board of Nursing

1/21/2021

Table of Contents

Introduction	1
Executive Summary	3
Vocational Nursing Education – Education and Scope.....	4
Core Competencies of Graduates of Vocational Nursing Education.....	5
Diploma and Associate Degree Nursing Education – Education and Scope.....	7
Core Competencies of Graduates of Diploma and Associate Degree Nursing Education.....	9
Baccalaureate Degree Nursing Education – Education and Scope	11
Core Competencies of Graduates of Baccalaureate Degree Nursing Education	12
Texas Board of Nursing Differentiated Essential Competencies.....	14 - 73
(DECs) – Core Competencies	14
I. Member of the Profession.....	18
II. Provider of Patient-Centered Care.....	27
III. Patient Safety Advocate	50
IV. Member of the Health Care Team	59
Implementing the DECs in Education and Practice	74
Glossary.....	75
References	77
Members of the DECs Work Group and Board Staff	84

Introduction

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

Background of the DEC's

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

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

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

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

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

Nursing Education and Scope of Practice

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

The *Differentiated Essential Competencies (DEC's) of Graduates of Texas Nursing Programs* include 25 basic competencies within the four nursing roles and describe the required outcomes for VN and RN nursing education with progressive differentiation of competency level for each

educational level [Vocational Nursing Education (VN), Associate Degree Nursing Education (ADN), and Baccalaureate Degree Nursing Education (BSN)]. Further delineation of the competencies is expanded through sub-competencies with accompanying required subject content (*Knowledge*) and expected *Clinical Judgments and Behaviors*. Texas-approved nursing education programs are required to operationalize the DEC's in the curriculum to assure that graduates have been educated to carry out the competencies. The competencies for each educational level build upon the competencies from the previous level.

Comments about the Competencies

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

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

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

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

Background

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

Purpose

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

Outline of the DECs

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

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

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

Implications

For Nursing Education:

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

For Employers of Nurses:

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

Texas Board of Nursing Vocational Nursing Education – Education and Scope

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

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

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

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

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

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

Core Competencies of Graduates of Vocational Nursing Education

I. Member of the Profession

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

II. Provider of Patient-Centered Care

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

III. Patient Safety Advocate

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

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

IV. Member of the Health Care Team

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

Texas Board of Nursing

Diploma and Associate Degree Nursing Education – Education and Scope

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

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

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

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

All levels of prelicensure nursing education prepare graduates to demonstrate the DEC's and the competencies for each educational level are based upon the preparation in the program of study. Graduates of Diploma and Associate Degree nursing education programs who have qualified and completed all aspects of the application to take the NCLEX-RN® will receive authorization to practice under direct supervision of a registered professional nurse for **up to 75 days** while awaiting testing and licensure.

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

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

Core Competencies of Graduates of Diploma and Associate Degree Nursing Education

I. Member of the Profession

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

II. Provider of Patient-Centered Care

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

III. Patient Safety Advocate

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

IV. Member of the Health Care Team

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

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

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

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

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

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

Core Competencies of Graduates of Baccalaureate Degree Nursing Education

I. Member of the Profession

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

II. Provider of Patient-Centered Care

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

III. Patient Safety Advocate

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

IV. Member of the Health Care Team

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

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

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

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

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

H. Assist in the coordination of human, information, and physical resources in providing care for assigned patients and their families.	H. Coordinate human, information, and physical resources in providing care for patients and their families.	H. Coordinate the management of human, information, and physical resources in providing care for patients, families, populations, and communities.
---	---	--

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

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

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

I. Member of the Profession

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

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

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

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.	B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.	B. Assume responsibility and accountability for the quality of nursing care provided to patients, families, populations, and communities.
Knowledge		
1. a. Texas Board of Nursing Standards of Practice. b. National standards of vocational nursing practice and care. c. National Federation of Licensed Practical Nurses Code of Ethics. d. Advocacy process.	1. a. Texas Board of Nursing Standards of Practice. b. National standards of nursing practice and care. c. American Nurses Association Code of Ethics. d. Models of ethical decision making. e. Advocacy process.	1. a. Texas Board of Nursing Standards of Practice. b. National standards of nursing practice and care; process for the development of standards of nursing practice and care. c. American Nurses Association Code of Ethics. d. Models of ethical decision making. e. Legislative advocacy process. f. Resources and strategies for access to standards of practice.
2. Legal parameters of vocational nursing practice and the Texas Nursing Practice Act, including Nursing Peer Review.	2. a. Legal parameters of professional nursing practice and the Texas Nursing Practice Act, including Nursing Peer Review. b. Legal principles relative to health care.	2. a. Legal parameters of professional nursing practice and the Texas Nursing Practice Act, including Nursing Peer Review. b. Legal principles and practice theories and principles relative to health care.

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

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

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

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

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

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

6. Engage in self-care practices that promote work-life balance.	6. Engage in self-care practices that promote work-life balance.	6. Engage in self-care practices that promote work-life balance.
--	--	--

II. Provider of Patient-Centered Care

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

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

		of patients, families, populations, and communities.
2. a. Priority setting based on patient health status and individual characteristics. b. Characteristics of vulnerable patients. c. Clinical reasoning processes.	2. a. Priority setting based on patient health status and individual characteristics. b. Characteristics of vulnerable patients. c. Clinical reasoning processes, systematic clinical judgment, and best practices.	2. a. Priority setting based on patient health status and individual characteristics. b. Characteristics of vulnerable populations. c. Clinical reasoning models, systematic clinical judgment, research process, and best practices.
3. Application of current literature, available work setting resources, and evidence-based practice to assist in decision-making.	3. Application of current literature and/ or research findings and evidence-based practice in improving patient care.	3. a. Research utilization and evidence-based practice. b. Analysis of reliability, validity, and limitations of quality of evidence. c. Informed consent for participation in research.
4. Resources from scientifically valid sources.	4. Resources for accurate and scientifically valid current information.	4. a. Resources for accurate and scientifically valid current information. b. Research and evaluation methodologies.
Clinical Judgments and Behaviors		
1. Use problem-solving approach and nursing knowledge to make decisions regarding care of assigned patients.	1. Use clinical reasoning and nursing science as a basis for decision-making in nursing practice.	1. Use systematic approaches for clinical decision-making, including nursing research, epidemiology, and political, social, ethical, and legal processes.
2. a. Organize care for assigned patients based upon problem-solving and identified priorities. b. Proactively manage priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks. c. Recognize potential care needs of vulnerable patients.	2. a. Organize care based upon problem-solving and identified priorities. b. Proactively manage priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks. c. Apply principles of assisting vulnerable patients.	2. a. Organize care based upon problem-solving and identified priorities. b. Proactively manage priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks. c. Apply knowledge from genomics, epidemiology, bioterrorism, and current population demographics in decision-making to reduce health risks in communities and vulnerable populations.

3. Identify and communicate patient physical and mental health care problems encountered in practice.	3. Use knowledge of societal and health trends and evidence-based outcomes to identify and communicate patient physical and mental health care problems.	3. Use knowledge of societal and health trends and current research findings to identify and communicate patient physical and mental health care problems.
4. Apply relevant, current nursing practice journal articles to practice and clinical decisions.	4. Apply relevant, current nursing practice journal articles and evidence-based outcomes from research findings to practice and clinical decisions.	4. Analyze and incorporate research findings/studies and evidence-based data into nursing practice and clinical decisions.

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

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

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

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

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

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

<p>2. Written, verbal, and non-verbal modes of communication including electronic information technologies.</p>	<p>2. a. Techniques of written, verbal, and nonverbal communication including electronic information technologies. b. Principles of effective communication and the impact on nursing practice.</p>	<p>2. a. Techniques of written, verbal, and nonverbal communication including electronic information technologies. b. Communication theories and their impact on nursing practice.</p>
<p>3. Fundamental principles of disease prevention and health promotion/restoration for patients.</p>	<p>3. Principles of disease prevention, health promotion, education, and rehabilitation for patients.</p>	<p>3. a. Principles and theories of disease prevention, health promotion, education, and rehabilitation for patients. b. Principles of epidemiology and genomics.</p>
<p>4. a. Interventions to support the patients and their families during life stages, including end-of-life care. b. Interdisciplinary collaboration.</p>	<p>4. a. Evidence-based clinical practice guidelines as a basis of interventions to support patients and their families throughout the lifespan, including end-of-life care. b. Interdisciplinary collaboration.</p>	<p>4. a. Evidence-based clinical practice guidelines as a basis of interventions to support patients and families throughout the lifespan, including end-of-life care. b. Interdisciplinary interventions, including nursing care across all settings.</p>
<p>5. Relationships among the nursing plan of care, the therapeutic regimen, the plan of care of other interdisciplinary health care team members, and basic cost factors.</p>	<p>5. Congruence of the relationships among the nursing plan of care, the therapeutic regimen, the plan of care of other interdisciplinary health care team members, and basic cost factors.</p>	<p>5. Congruence of the relationships among the nursing plan of care, the therapeutic regimen, the plan of care of other interdisciplinary health care team members and cost factors in multiple settings.</p>
<p>6. Criteria for setting priorities in planning and evaluating care.</p>	<p>6. A systematic approach for problem-solving and decision-making for prioritizing and evaluating the plan of care.</p>	<p>6. A variety of systematic approaches for problem-solving and decision-making for prioritizing and evaluating the plan of care.</p>
<p>7. Steps and procedures in discharge planning process.</p>	<p>7. Strategies for collaborative discharge planning.</p>	<p>7. a. Strategies for collaborative discharge planning. b. Research findings related to nursing care and discharge planning.</p>
<p>8. Concepts from basic sciences and support courses.</p>	<p>8. Concepts from humanities and natural, social, and behavioral sciences applied to care planning for patients and their families.</p>	<p>8. Concepts and principles of arts, humanities, and natural, social, and behavioral sciences as applied to care</p>

		planning for patients, families, populations, and communities.
Clinical Judgments and Behaviors		
1. Integrate concepts from basic sciences and humanities to deliver safe and compassionate care in delivery of patient care.	1. Integrate knowledge from general education and sciences for the direct and indirect delivery of safe and compassionate care for patients and their families.	1. Synthesize theory and research-based knowledge from arts, humanities, and sciences for the direct and indirect delivery of safe and compassionate care for patients, families, populations, and communities.
2. Identify short-term goals and outcomes, select interventions considering cultural aspects, and establish priorities for care in collaboration with patients, their families, and the interdisciplinary team.	2. Establish short- and long-term goals and outcomes, select interventions considering cultural aspects, and establish priorities for care in collaboration with patients, their families, and the interdisciplinary team.	2. Establish short- and long-term goals and outcomes, select interventions considering cultural aspects, and establish priorities for care with patients, families, populations, communities, and the interdisciplinary team.
3. Participate in the development and modification of the nursing plan of care across the lifespan, including end-of-life care.	3. a. Use current technology and evidence-based information to formulate and modify the nursing plan of care across the lifespan, including end-of-life care. b. Assist with collection of data from direct patient care to redefine practice guidelines.	3. a. Use current technology and evidence-based information to formulate and modify the nursing plan of care across the lifespan, including end-of-life care. b. Assist in the development of clinical practice guidelines using evidence-based practice and research findings.
4. Contribute to the plan of care by collaborating with interdisciplinary team members.	4. Collaborate with interdisciplinary team members to plan for comprehensive services for patients and their families.	4. Collaborate with interdisciplinary team members to plan for comprehensive services for patients, families, populations, and communities.
5. Assist in the discharge planning of selected patients.	5. Plan, implement, and evaluate discharge planning using evidence-based guidelines in collaboration with the interdisciplinary health care team.	5. Use research findings and evidence-based guidelines to plan, implement, and evaluate discharge plans in collaboration with the interdisciplinary health care team.
6. Demonstrate fiscal accountability in providing patient care.	6. Demonstrate fiscal accountability in providing care for patients and their families.	6. In collaboration with the interdisciplinary team, use knowledge of financial resources to demonstrate fiscal accountability for health care of patients, families, populations, and communities.

7. Demonstrate basic knowledge of disease prevention and health promotion in delivery of care to patients and their families.	7. Demonstrate knowledge of disease prevention and health promotion in delivery of care to patients and their families.	7. Demonstrate knowledge of disease prevention and health promotion in delivery of care to patients, families, populations, and communities.
---	---	--

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
D. Provide safe, compassionate, basic nursing care to assigned patients with predictable health care needs through a supervised, directed scope of practice.	D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.	D. Provide safe, compassionate, comprehensive nursing care to patients, families, populations, and communities through a broad array of health care services.
Knowledge		
1. a. Components of compassionate, patient-centered care. b. Standards of Care; Standards of Practice; institutional policies and procedures for delivery of nursing care. c. Professional ethics. d. Aspects of professional behavior that conform to generally accepted standards of nursing care and of regulation.	1. a. Components of compassionate, patient-centered care. b. Standards of Care; Standards of Practice; institutional policies and procedures for delivery of nursing care. c. Professional ethics. d. Aspects of professional behavior that conform to generally accepted standards of nursing care and of regulation. e. Nursing unit and staffing management.	1. a. Components of compassionate, patient-centered care. b. Standards of Care; Standards of Practice; institutional policies and procedures for delivery of nursing care. c. Professional ethics. d. Aspects of professional behavior that conform to generally accepted standards of nursing care and of regulation. e. Nursing unit staff management. f. Resource management and organizational behavior.
2. Characteristics, trends, and issues of health care delivery.	2. Characteristics, trends, and issues of health care delivery.	2. a. Characteristics, trends, and issues of health care delivery. b. Models for health care delivery in organizations and communities.
3. a. Basis for determining nursing care priorities in patient care. b. Principles of decision-making.	3. a. Basis for determining nursing care priorities in patient care. b. Principles for determining priorities and organization of nursing care.	3. a. Basis for determining nursing care priorities in patient care. b. Principles for determining priorities and organization of nursing care.

		c. Models of priority setting and organizational management.
4. Scope of responsibilities and accountability for supervision and collaboration.	4. a. Scope of responsibilities and accountability for supervision and collaboration. b. Principles of delegation, supervision, and collaboration including Texas Board of Nursing delegation rules. c. Models and patterns of nursing care delivery.	4. a. Scope of responsibilities and accountability for supervision and collaboration. b. Principles of delegation, supervision, and collaboration including Texas Board of Nursing delegation rules. c. Systems of nursing care delivery.
5. Channels of communication for decision-making processes within the work setting.	5. a. Channels of communication for decision-making processes within work settings. b. Principles of decision making.	5. a. Channels of communication and decision-making processes within work settings, organizations, and communities. b. Decision-making principles and models.
Clinical Judgments and Behaviors		
1. Assume accountability and responsibility for nursing care through a directed scope of practice under the supervision of a registered nurse, advanced practice registered nurse, physician assistant, physician, podiatrist, or dentist using standards of care and aspects of professional character.	1. Assume accountability and responsibility for nursing care provided within the professional scope of practice, standards of care, and aspects of professional character.	1. Assume accountability and responsibility for nursing care provided within the professional scope of practice, standards of care, and aspects of professional character.
2. a. Identify priorities and make judgments concerning basic needs of multiple patients with predictable health care needs in order to organize care. b. Manage multiple responsibilities. c. Recognize changes in patient status. d. Communicate changes in patient status to other providers.	2. a. Identify priorities and make judgments concerning the needs of multiple patients in order to organize care. b. Anticipate and interpret changes in patient status and related outcomes. c. Communicate changes in patient status to other providers. d. Manage priorities and multiple responsibilities to provide care for multiple patients.	2. a. Identify priorities and make judgments concerning the needs of multiple patients, families, communities, and populations in order to organize care. b. Anticipate and interpret changes in patient and group status and related outcomes. c. Communicate changes in patient status to other providers. d. Manage priorities and multiple responsibilities to provide care for patients and groups.

<p>3. a. Implement plans of care for multiple patients. b. Collaborate with others to ensure that healthcare needs are met.</p>	<p>3. a. Implement plans of care for multiple patients. b. Collaborate within and across health care settings to ensure that healthcare needs are met, including primary and preventive health care. c. Manage care for multiple patients and their families.</p>	<p>3. a. Implement plans of care for multiple patients. b. Collaborate within and across a broad array of settings to ensure that healthcare needs are met, including primary and preventive health care. c. Manage care for multiple patients, families, communities, and populations.</p>
<p>4. Participate in management activities.</p>	<p>4. Apply management skills to assign and/or delegate nursing care to other members of the nursing team.</p>	<p>4. Apply concepts and skills from management theory to assign and/or delegate nursing care to other members of the nursing team in a variety of settings.</p>

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

<p>2. Methods of therapeutic communication.</p>	<p>2. Patterns and modes of therapeutic and non-therapeutic communication, delegation, and collaboration.</p>	<p>2. Theories, models, patterns, and modes of therapeutic and non-therapeutic communication, delegation, and collaboration.</p>
<p>3. Rights and responsibilities of patients related to health care and basic advocacy.</p>	<p>3. a. Rights and responsibilities of patients related to health care and advocacy. b. Advocacy for health promotion for patients and their families.</p>	<p>3. a. Rights and responsibilities of patients related to health care and advocacy. b. Public policy advocacy.</p>
<p>4. Basic physiological and mental health aspects of nursing interventions.</p>	<p>4. a. Physiological, psychiatric, and mental health aspects of nursing interventions. b. Approaches to comprehensive healthcare, including health promotion and preventive practices for patients and families.</p>	<p>4. a. Physiological, psychiatric, and mental health aspects of nursing interventions. b. Approaches to comprehensive healthcare, including health promotion and preventive practices for patients, families, populations, and communities.</p>
<p>5. Principles and factors that contribute to the maintenance or restoration of health and prevention of illness.</p>	<p>5. Principles and factors that contribute to the maintenance or restoration of health and prevention of illness.</p>	<p>5. Principles and research findings of factors that contribute to the maintenance or restoration of health and prevention of illness.</p>
<p>6. a. Properties, effects, and basic principles underlying the use and administration of pharmacotherapeutic agents, including patients' responses. b. Effects of misuse of prescription and nonprescription medications and other substances.</p>	<p>6. a. Principles and rationale underlying the use, administration, and interaction of pharmacotherapeutic and psychopharmacotherapeutic agents using evidence-based outcomes which impact patients' responses to these agents. b. Effects of misuse of prescription and nonprescription medications and other substances</p>	<p>6. a. Principles and rationale underlying the use, administration, and interaction of pharmacotherapeutic and psychopharmacotherapeutic agents and research studies impacting patients' responses to these agents. b. Effects of misuse of prescription and nonprescription medications and other substances</p>
<p>7. Coping mechanisms for managing stress and identifying resources for crisis management.</p>	<p>7. Principles and strategies of stress management, crisis intervention, and conflict management.</p>	<p>7. Principles, strategies, theories, and models of stress, crisis responses, and conflict management.</p>
<p>8. Code of vocational nurse ethics and patient's rights.</p>	<p>8. Code of ethics, ethical practices, and patient's rights and framework for ethical decision-making.</p>	<p>8. Code of ethics, ethical practices, current issues, and patient's rights in the health care delivery system.</p>
<p>9. Legal parameters of vocational nursing practice and health care.</p>	<p>9. Legal parameters of professional nursing practice and health care.</p>	<p>9. Legal standards and implications for professional nursing care in multiple health care delivery settings.</p>

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

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

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

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

<p>2. Use standard references to compare expected and achieved outcomes of nursing care.</p>	<p>2. a. Use standard references to compare expected and achieved outcomes of nursing care. b. Analyze patient data to compare expected and achieved outcomes for patient using evidence-based practice guidelines.</p>	<p>2. a. Use standard references to compare expected and achieved outcomes of nursing care. b. Analyze patient data and use research findings, evidence-based practice guidelines, and a variety of systematic processes to compare expected and achieved outcomes for patient.</p>
<p>3. Communicate reasons for deviations from plan of care to supervisory health care team member.</p>	<p>3. a. Communicate reasons and rationale for deviation from plan of care to interdisciplinary health care team. b. Use nursing knowledge to recommend revisions of plan of care with interdisciplinary team.</p>	<p>3. a. Communicate reasons and rationale for deviation from plan of care to interdisciplinary health care team. b. Use research findings to help explain deviations from plan of care and revise plan of care with interdisciplinary health care team.</p>
<p>4. Assist in modifying plan of care.</p>	<p>4. Modify plan of care based on overt or subtle shifts in patient status and outcomes.</p>	<p>4. Modify plan of care based on overt or subtle shifts in patient status, research findings, and evaluation data.</p>
<p>5. Report and document patient's responses to nursing interventions.</p>	<p>5. a. Report and document patient's responses to nursing interventions. b. Evaluate and communicate quality and effectiveness of therapeutic interventions. c. Collaborate with interdisciplinary health care team to evaluate plan of care and to promote quality and effectiveness of care.</p>	<p>5. a. Report and document patient's responses to nursing interventions. b. Evaluate and communicate quality and effectiveness of therapeutic interventions. c. Collaborate with interdisciplinary health care team to evaluate plan of care and to promote quality and effectiveness of care.</p>
<p>6. Assist in evaluating patient care delivery based on expected outcomes in plan of care and participate in revision of plan of care.</p>	<p>6. Evaluate the effectiveness of nursing interventions based on expected patient outcomes; modify interventions to meet the changing needs of patients; and revise plan of care as a result of evaluation.</p>	<p>6. a. Evaluate the effectiveness of nursing interventions based on expected patient outcomes; modify interventions to meet the changing needs of patients; and revise plan of care as a result of evaluation. b. Evaluate evidence-based data for use in providing comprehensive, efficient, cost-effective care to diverse patients, families, populations, and communities.</p>

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
<p>G. Implement teaching plans for patients and their families with common health problems and well-defined health learning needs.</p>	<p>G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.</p>	<p>G. Develop, implement, and evaluate teaching plans for patients, families, populations, and communities to address health promotion, maintenance, restoration, and population risk reduction.</p>
Knowledge		
<p>1. Lifespan development and common situational variables affecting learning, such as stress, pain, and fear.</p>	<p>1. a. Lifespan development and sociocultural variables affecting the teaching/learning process. b. Techniques for assessment of learning needs and factors affecting learning.</p>	<p>1. a. Lifespan development and sociocultural variables affecting the teaching/learning process. b. Techniques for assessment of learning needs and factors affecting learning. c. Techniques for assessment of community health literacy, learning needs, and factors affecting quality of life and health care.</p>
<p>2. Basic principles of the teaching/ learning process.</p>	<p>2. a. Principles, methods, strategies, and outcomes of learning and teaching. b. Methods and strategies to evaluate learning and teaching.</p>	<p>2. a. Principles, methods, strategies, and outcomes of learning and teaching. b. Learning theories and best practices for evaluating methods, strategies, and outcomes of learning and teaching.</p>
<p>3. Resources that support patient health care knowledge, decision-making, and self-advocacy.</p>	<p>3. a. Resources that support patient health care knowledge, decision-making, and self-advocacy. b. Methods for advocating for patient and family health.</p>	<p>3. a. Resources that support patient health care knowledge, decision-making, and self-advocacy. b. Methods for advocating for patient, family, population, and community health.</p>
Clinical Judgments and Behaviors		
<p>1. Identify health-related learning needs of patients and their families.</p>	<p>1. Assess learning needs of patients and their families related to risk reduction and health promotion, maintenance, and restoration.</p>	<p>1. a. Assess learning needs of patients, families, populations, and communities related to health promotion, maintenance, and restoration.</p>

		<p>b. Assess genetic, protective, and predictive factors that influence the learning needs of patients, families, populations, and communities, related to risk reduction and health promotion, maintenance, and restoration.</p>
<p>2. Contribute to the development of an individualized teaching plan.</p>	<p>2. a. Collaborate with the patient and interdisciplinary health care team to develop individualized teaching plans based upon developmental and health care learning needs.</p> <p>b. Use best practice standards and other evidence-based findings in developing and modifying teaching plans for patients and their families.</p>	<p>2. a. Collaborate with the patient and interdisciplinary health care team to develop individualized teaching plans based upon developmental and health care learning needs.</p> <p>b. Use best practice standards and other evidence-based findings in developing and modifying teaching plans and strategies for patients, families, populations, and communities.</p>
<p>3. Implement aspects of an established teaching plan for patients and their families.</p>	<p>3. Develop and implement comprehensive teaching plans for health promotion, maintenance, and restoration and risk reduction for patients and their families with consideration of their support systems.</p>	<p>3. Develop and implement comprehensive teaching plans for health promotion, maintenance and restoration and risk reduction of patients, families, populations, and communities.</p>
<p>4. Assist in evaluation of learning outcomes using structured evaluation tools.</p>	<p>4. Evaluate learning outcomes of the patients and their families receiving instruction.</p>	<p>4. Evaluate learning outcomes of comprehensive teaching plans for patients, families, populations, and communities.</p>
<p>5. Teach health promotion and maintenance and self-care to individuals from a designated teaching plan.</p>	<p>5. a. Modify teaching plans for health promotion and maintenance and self-care to accommodate patient and family differences.</p> <p>b. Teach health promotion and maintenance and self-care to individuals and their families based upon teaching goals.</p>	<p>5. a. Modify teaching plans for health promotion and maintenance and self-care to accommodate patient and family differences.</p> <p>b. Develop teaching plans with special considerations for vulnerable populations.</p> <p>c. Teach health promotion and maintenance and self-care to individuals, families, and groups based upon teaching goals.</p>
<p>6. Provide the patient with the information needed to make choices regarding health.</p>	<p>6. Provide patients and their families with the information needed to make choices regarding health.</p>	<p>6. a. Provide patients, families, populations, and communities with the information</p>

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

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

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

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

III. Patient Safety Advocate

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

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

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

Clinical Judgments and Behaviors

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

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

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

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

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

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

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

9. Inform patients regarding their plans of care and encourage participation to ensure consistency and accuracy in their care.	9. Inform patients regarding their plans of care and encourage participation to ensure consistency and accuracy in their care.	9. Inform patients regarding their plans of care and encourage participation to ensure consistency and accuracy in their care.
--	--	--

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

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

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

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

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

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

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

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

2. Understand nursing peer review rules and implement when appropriate.	2. Understand nursing peer review rules and implement when appropriate.	2. Understand nursing peer review rules and implement when appropriate.
3. Report safety incidents and issues through the appropriate channels.	3. Report safety incidents and issues to the appropriate internal or external individual or committee.	3. Report safety incidents and issues to the appropriate internal or external individual or committee.
4. Implement established safety and risk management measures.	4. Participate in committees that promote safety and risk management.	4. a. Participate in committees that promote quality, safety, and risk management. b. Interpret and guide others toward safe and legal clinical practice. c. Identify systems issues that impact nursing practice.

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
<i>*F. Accept and make assignments that take into consideration patient safety and organizational policy.</i>	<i>*F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.</i>	<i>*F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.</i>
Knowledge		
1. a. Standards of Practice. b. Texas Board of Nursing Rules (including awareness of RN Delegation Rules), Position Statements, and Guidelines. c. Scope of Practice.	1. a. Standards of Practice. b. Texas Board of Nursing Rules (including RN Delegation Rules), Position Statements, and Guidelines. c. Scope of Practice.	1. a. Standards of Practice. b. Texas Board of Nursing Rules (including RN Delegation Rules), Position Statements, and Guidelines. c. Scope of Practice.
2. Facility policies and procedures.	2. Facility policies and procedures.	2. Facility policies and procedures.
Clinical Judgments and Behaviors		
1. Accept only those assignments and administrative responsibilities that fall	1. Accept only those assignments and administrative responsibilities that fall	1. Accept only those assignments and administrative responsibilities that fall

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

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

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

IV. Member of the Health Care Team

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

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

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

solving, data collection, and basic time management.	motivation, delegation, supervision, and time management.	b. Principles of conflict management, decision-making, motivation, delegation, systems theory, assertiveness, budgeting, delegation, time management, supervision, and performance appraisal.
4. a. Patient advocacy and consumer rights and responsibilities. b. Legal and ethical processes related to health care.	4. a. Patient advocacy and consumer rights and responsibilities. b. Legal and ethical processes related to health care.	4. a. Patient advocacy and consumer rights and responsibilities. b. Legislative, legal, and ethical processes related to health care.
5. Contribution of evidence-based practice in development of health care and quality improvement.	5. a. Principles of evidence-based practice and application of evidence-based outcomes related to health care. b. Methods of evaluation for continuous quality improvement.	5. a. Evidence-based practice and research findings related to health care. b. Process of translating current evidence into practice. c. Methods of evaluation for continuous quality improvement. d. Processes of continuous quality improvement and application of quality improvement data.
Clinical Judgments and Behaviors		
1. Involve patients and their families with other interdisciplinary health care team members in decisions about patient care across the lifespan.	1. Involve patients and their families in collaboration with other interdisciplinary health care team members in planning health care delivery to improve the quality of care across the lifespan.	1. a. Involve patients, families, populations, and communities in collaboration with interdisciplinary health care team members in planning health care delivery to improve the quality of care across the lifespan. b. Use models of health care delivery to plan and improve health care for patients, families, populations, and communities.
2. Cooperate and communicate to assist in planning and delivering interdisciplinary health care.	2. a. Use strategies of cooperation, collaboration, and communication to	2. a. Use strategies of cooperation, collaboration, and communication to

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Vocational Nursing	Diploma and Associate Degree Nursing	Baccalaureate Degree Nursing
G. Assist health care teams during local or global health emergencies or pandemics	G. Participate with health care teams during local or global health emergencies or	G. Coordinate, collaborate, and lead health care teams during local or global health

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

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

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

<p>resolution of a global or local crisis and promotion of health among the population.</p>	<p>resolution of a global or local crisis and promotion of health among the population.</p>	<p>address resolution of a global or local crisis and promotion of health among the population.</p>
---	---	---

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

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

Implementing the DEC's in Education and Practice

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

It is recommended that nursing education programs:

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

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

Implementing the DEC's in Practice Settings

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

It is recommended that practice settings:

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

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

Glossary

Explanation of Terms Used in the DEC's

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

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

References

- Accreditation Commission for Education in Nursing. (2017). *ACEN 2017 accreditation manual standards and criteria*. <https://www.acenursing.org/acen-accreditation-manual/>
- Aliyu, U., Mathew, O. K., Paul, R. Y., Shinaba, S. T., Oyewole, W. R., & Olusanya, M. O. (2014). Service excellence: A challenge for nurses. *IOSR Journal of Nursing and Health Science*, 3(5), 52-56.
- Alexander, G. K., Rollins, K., Walker, D., Wong, L., & Pennings, J. (2015). Yoga for self-care and burnout prevention among nurses. *Workplace Health and Safety*, 63(10), 462-470.
- Altmiller, G., & Armstrong, G. (2017). 2017 national quality and safety education for nurses faculty survey results. *Nurse Educator*, 42(5), 3-7.
- American Association of Colleges of Nursing. (2009). *The essentials of baccalaureate education for professional nursing practice*. <https://www.aacnnursing.org/Portals/42/AcademicNursing/Tool%20Kits/BaccEssToolkit.pdf>
- American Nurses Association. (n.d.). *Advocacy*. <https://www.nursingworld.org/practice-policy/advocacy/>
- American Nurses Association. (2014, November 12). *Professional role competence ANA position statement*. <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/professional-role-competence/>
- American Nurses Association. (2015a). *ANA code of ethics for nurses with interpretive statements*. <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/coe-view-only/>
- American Nurses Association. (2015b). *Nursing scope and standards of practice (3rd ed.)*. American Nurses Association.
- Ballard, K., Haagenson, D., Christiansen, L., Damgaard, G., Halstead, J. A., Jason, R. R., Joyner, J. C., O'Sullivan, A. M., Silvestre, J., Cahill M., Radtke, B., & Alexander, M. (2016). Scope of nursing practice decision-making framework. *Journal of Nursing Regulation*, 7(3), 19-21.
- Barnsteiner, J., & Disch, J. (2012). A just culture for nurses and nursing students. *Nursing Clinics of North America*, 47(1), 407-416.

- Battams, S., & Matlin, S. A. (2013). *Discussing a definition of global health*. The Graduate Institute Geneva. <https://www.graduateinstitute.ch/library/publications-institute/discussing-definition-global-health>
- Beischel, K. P., & Davis, D. S. (2014). A time for change: QSENizing the curriculum. *Nurse Educator*, 39(2), 65-71.
- Benner, P., Sulphen, M., Leonard, V., & Day, L. (2010). *Educating nursing: A call for radical transformation*. Jossey-Bass.
- Carlton, K. H., Ryan, M., Ali, N. S., & Kelsey, V. (2007). Integration of global health concepts in nursing curricula: A national study. *Nursing Education Perspectives*, 28(3), 124-129.
- Centers for Disease Control and Prevention. (n.d.). *Social determinants of health: Know what affects health*. <https://www.cdc.gov/socialdeterminants/index.htm>
- Clark, C. (2017). *Creating and sustaining civility in nursing education* (2nd ed.). Sigma Theta Tau International.
- Clark, M., Raffray, M., Hendricks, K., & Gagnon, A. J. (2016). Global and public health competencies for nursing education: A systematic review of essential competencies. *Nurse Education Today*, 40(1), 173-180.
- Commission on Collegiate Nursing Education (2018). *Standards for accreditation of baccalaureate and graduate degree nursing programs*. <https://www.aacnursing.org/Portals/42/CCNE/PDF/Standards-Final-2018.pdf>
- Cooper, E. (2017). Quality and safety education for nurses' implementation. *Nurse Educator*, 42(5), 8-11.
- Crane, P. J., & Ward, S. F. (2016). Self-healing and self-care for nurses. *AORN Journal*, 104(5), 387-400.
- Cusack, L., Drioli-Phillips, P. G., Brown, J. A., & Hunter, S. (2019). Re-engaging concepts of professionalism to inform regulatory practices in nursing. *Journal of Nursing Regulation*, 10(3), 21-27.
- DeSalvo, K. B., Wang, C., Harris, A., Auerbach, J., Koo, D., & O'Carroll, P. (2017). Public health 30: A call to action for public health to meet the challenges of the 21st century. *Preventing Chronic Disease*, 14(170017).

- Dolansky, M. A., & Moore, S. M. (2013). Quality and safety education for nurses (QSEN): The key is systems thinking. *The Online Journal of Issues in Nursing*, 18(3).
- Dolansky, M. A., Schexnayder J., Patrician, P. A., & Sales, A. (2017). New approaches to integrating quality and safety education for nurses competencies in nursing education. *Nurse Educator*, 42(5), 12-17.
- Dyer, J. A. (2001). Multidisciplinary, interdisciplinary, and transdisciplinary educational models and nursing education. *Nursing Education Perspectives*, 24(4), 186-188.
- Englander, R., Cameron, T., Ballard, A. J., Dodge, J., Bull, J., & Aschenbrenner, C.A. (2013). Toward a common taxonomy of competency domains for the health professions and competencies for physicians. *Academic Medicine*, 88(8), 1088-1094.
- Gorski, M. S., Polansky, P., & Swider, S. (2019, March). *Nursing education and the path to population health improvement*. Robert Wood Johnson Foundation.
<https://campaignforaction.org/wp-content/uploads/2019/03/NursingEducationPathtoHealthImprovement.pdf>
- Griffits, S., Hines, S., Moloney, C., & Ralph, N. (2017). Characteristics and processes of clinical reasoning in nurses and factors related to its use: A scoping review protocol. *Joanna Briggs Institute Database of Systematic Reviews and Implementation Reports*, 15(12), 2832-2836.
- Hughes, R. G. (Ed.) (2008). *Patient safety and quality: An evidence-based handbook for nurses*. Agency for Healthcare Research and Quality.
- Hunt, D. (2012). QSEN competencies: A bridge to practice. *Nursing Made Incredibly Easy*, 10(5), 1-3.
- Institute for Healthcare Improvement. (n.d.). *Triple aim for populations*.
<http://www.ihl.org/Topics/TripleAim/Pages/Overview.aspx>
- Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. National Academics Press.
- Kamerer, J. L., & McDermott, D. (2020). Cybersecurity: Nurses on the front line of prevention and education. *Journal of Nursing Regulation*, 10(4), 48-53.
- Kumm, S., Godfrey, N., Martin, D., Tucci, M., Muenks, M., & Spaeth, T. (2014). Baccalaureate outcomes met by associate degree nursing programs. *Nurse Educator*, 39(5), 216-220.

- Laschinger, H. K. S., Finegan, J., & Wilk, P. (2009). New graduate burnout: The impact of professional practice environment, workplace civility, and empowerment. *Nursing Economics*, 27(6), 377-383.
- Lucey, C. R. (2018, February). *Achieving competency-based, time-variable health professions education*.
https://macyfoundation.org/assets/reports/publications/macy_monograph_2017_final.pdf
- Massachusetts Department of Higher Education. (2016, March). *Massachusetts nurse of the future nursing core competencies registered nurse*.
<https://archives.lib.state.ma.us/bitstream/handle/2452/685772/ocn987380713.pdf?sequence=1&isAllowed=y>
- Mitchell, P. H. (2008). Defining patient safety and quality care. In R. G. Hughes (Ed.), *Patient safety and quality: An evidence-based handbook for nurses*. Agency for Healthcare Research and Quality.
- Mohn-Brown, E. (2017). Implementing quality and safety education for nurses in post-clinical conferences. *Nurse Educator*, 42(5), 18-21.
- My American Nurse. (2012, May 11). *Civility starts with you*.
<https://www.myamericannurse.com/civility-starts-with-you/>
- National Association of Licensed Practical Nurses. (2015, December). *Nursing practice standards for the licensed practical/vocational nurse*. <http://wildcatresourcesinc.com/wp-content/uploads/sites/38/2016/03/NALPN-Practice-Standards.pdf>
- National Council of State Boards of Nursing. (2016, March). *2015 LPN/VN Practice Analysis: Linking the NCLEX-PN examination to practice (Vol. 67)*.
https://www.ncsbn.org/16_2015LPN_Practice_Analysis_vol67.pdf
- National Council of State Boards of Nursing. (2017). *NCLEX-PN Test Plan*.
<http://www.ncsbn.org/testplans.htm>
- National Council of State Boards of Nursing. (2018). *2017 RN Practice Analysis: Linking the NCLEX-RN examination to practice – US and Canada (Vol. 62)*.
https://www.ncsbn.org/15_RN_Practice_Analysis_Vol62_web.pdf
- National Council of State Boards of Nursing. (2019). *NCLEX-RN Test Plan*.
https://www.ncsbn.org/2019_RN_TestPlan-English.pdf

- National Council of State Boards of Nursing and American Nurses Association. (2019) *National guidelines for nursing delegation*. <http://www.ana.org>
- National Hartford Center of Gerontological Nursing Excellence. (n.d.). *Core competencies for gerontological nurse educators*. <https://www.nhcgne.org/core-competencies-for-gerontological-nursing-excellence>
- National League for Nursing. (2014, September). *A vision for recognition of the role of licensed practical/vocational nurses in advancing the nation's health*.
http://www.nln.org/docs/default-source/about/nln-vision-series-%28position-statements%29/nlnvision_7.pdf
- National League for Nursing Commission for Nursing Education Accreditation. (2016, February). *Accreditation standards for nursing education programs*. <http://www.nln.org/docs/default-source/accreditation-services/cnea-standards-final-february-201613f2bf5c78366c709642ff00005f0421.pdf?sfvrsn=12>
- Nursing & Midwifery Council. (2010). *Standards for competency for registered nurses*.
<https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-competence-for-registered-nurses.pdf>
- Olson, L. L., & Stokes, F. (2016). The ANA *code of ethics for nurses with interpretive statements*: Resource for nursing regulation. *Journal of Nursing Regulation*, 7(2), 9-20.
- QSEN Institute. (2010). *Quality and safety education for nurses*. <http://www.qsen.org>
- Ross, A., Bevans, M., Brooks, A. T., Gibbons, S., & Wallen, G. R. (2017). Nurses and health-promoting behaviors: Knowledge may not translate into self-care. *AORN Journal*, 105(3), 267-275.
- Selanders, L., & Crane, R. (2012). The voice of Florence Nightingale on Advocacy. *The Online Journal of Issues in Nursing*, 17(1).
- Sroczyński, M., Conlin, G., Costello, E., Crombie, P., Hanley, D., Tobin, M., & Welsh, D. (2017). Continuing the creativity and connections: The Massachusetts initiative to update the nurse of the future nursing core competencies. *Nursing Education Perspectives*, 38(5), 233-236.
- Sroczyński, M., Close, L., Gorski, M. S., Farmer, P., & Wortock, J. (2017). The competency/outcomes model: Advancing academic progression. *Nursing Education Perspectives*, 38(5), 2370-242.

- Stevens, K. R. (2013). The impact of evidence-based practice in nursing and the next big ideas. *The Online Journal of Issues in Nursing*, 18(2), 1-12.
- Sullivan, T. (2018, May 5). Institute of Medicine report – the future of nursing: leading change, advancing Health. *Policy and Medicine*. <https://www.policymed.com/2011/02/institute-of-medicine-report-the-future-of-nursing-leading-change-advancing-health.html>
- Texas Board of Nursing. (2017). *Texas nursing practice act*.
http://www.bon.texas.gov/laws_and_rules_nursing_practice_act.asp
- Texas Board of Nursing. (2019a). *BON rules and regulations*.
http://www.bon.texas.gov/pdfs/law_rules_pdfs/rules_regulations_pdfs/April2019BONRulesandRegulations.pdf
- Texas Board of Nursing. (2019b). *The LVN scope of practice – Position Statement 15.27*.
http://www.bon.texas.gov/practice_bon_position_statements_content.asp#15.27
- Texas Board of Nursing. (2019c). *The Registered Nurse Scope of Practice – Position Statement 15.28*. http://www.bon.texas.gov/practice_bon_position_statements_content.asp#15.28
- Texas Board of Nursing. (2019d). *Scope of practice decision-making model*.
https://www.bon.texas.gov/pdfs/publication_pdfs/Scope%20of%20Practice%20Decision-Making%20Model%20-%20DMM.pdf
- Texas Board of Nursing. (2019e). *Synopsis of differences in scope of practice for licensed vocational, associate, diploma and baccalaureate degree nursing*.
https://www.bon.texas.gov/practice_bon_position_statements_content.asp#15.27
- Texas Health and Human Services. (2021). *Texas center for nursing workforce studies*.
<https://www.dshs.state.tx.us/chs/cnws/>
- Texas Tech University Health Sciences Center (n.d.). *Bridging the gap*.
<https://nursing.ttuhscc.edu/bridge/index.php>
- The American Journal of Managed Care. (2006). Vulnerable populations: Who are they? *AJMC*, 12(13), 348-352.
- The Joint Commission. (2017). *Hospital national patient safety goals*.
https://www.jointcommission.org/assets/1/6/2017_NPSG_HAP_ER.pdf
- Thibault, G. E. (2020). The future of health professions education: Emerging trends in the United States. *FASEB BioAdvances*, 2020(1), 1-10.

- Thibault, G. E., & Schoenbaum, S. C. (2013). *Forging collaboration within academia and health care delivery organization: Importance, successes, and future work*. Commentary, Institute of Medicine. <https://nam.edu/2013-forging-collaboration-within-academia-and-between-academia-and-health-care-delivery-organizations-importance-successes-and-future-work/>
- Torres-Alzate, H. (2019). Nursing global health competencies framework. *Nursing Education Perspectives*, 40(5), 295-299.
- U. S. Department of Health and Human Services. (2018, March). *Long-term services and supports: Direct care worker demand projections 2015-2030*. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/hrsa-ltts-direct-care-worker-report.pdf>
- U. S. Department of Health and Human Services (2018). *The U.S. health workforce chartbook: Part I: Clinicians (2018)*. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/hrsa-us-health-workforce-chartbook-part-1-clinicians.pdf>
- Weybrew, K. (2019, July). *Professional identity formation in nursing: Tree of impact*. Presentation to Texas Board of Nursing, Austin, Texas.
- White, K. M., & O'Sullivan (Eds). (2012). *The essential guide to nursing practice: Applying ANA's scope and standards in practice and education*. American Nurses Association.
- World Health Organization. (2020). *State of the world's Nursing 2020 – Investing in education, jobs, & leadership*. <https://www.who.int/publications/i/item/9789240003279>

Members of the DEC's Work Group and Board Staff

Board-Appointed Committee:

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

Texas Board of Nursing Liaison: Tamara Rhodes, MSN, RN

Texas Board of Nursing Staff:

Virginia Ayars, EdD, MS, RN, CNE, Nursing Consultant for Education

Jackie Ballesteros, Administrative Assistant

Kristin Benton, DNP, RN, Director of Nursing

Alexandria Chamberlain, MSN, RN, Nursing Consultant for Practice

Janice Hooper, PhD, RN FRE, CNE, FAAN, ANEF, Lead Nursing Consultant for Education

Elise McDermott, MSN, RN, Lead Nursing Consultant for Practice

Timothy Sherman, MSN, APRN, FNP-C, Nursing Consultant for Practice

Beverly Skloss, MSN, RN, Nursing Consultant for Education

Gayle Varnell, PhD, RN, CPNP-PC, Nursing Consultant for Education

Texas Administrative Code

[TITLE 22](#)

EXAMINING BOARDS

[PART 11](#)

TEXAS BOARD OF NURSING

[CHAPTER 213](#)

PRACTICE AND PROCEDURE

RULE §213.27

Good Professional Character

-
- (a) Every individual who seeks to practice nursing in Texas must have good professional character related to the practice of nursing. This requirement includes all individuals seeking to obtain or retain a license or privilege to practice nursing in Texas.
- (b) The Board defines good professional character as the integrated pattern of personal, academic, and occupational behaviors that indicate an individual is able to consistently conform his/her conduct to the requirements of the Nursing Practice Act, the Board's rules, and generally accepted standards of nursing practice. An individual who provides satisfactory evidence that he/she has not committed a violation of the Nursing Practice Act or a rule adopted by the Board is considered to have good professional character related to the practice of nursing.
- (c) A determination that an individual does not have good professional character related to the practice of nursing must be based on a showing by the Board of a clear and rational connection between a violation of the Nursing Practice Act or a rule adopted by the Board and the individual's ability to effectively practice nursing. When evaluating the rationale connection between the relevant conduct and the ability to effectively practice nursing, the Board will consider the following factors:
- (1) whether the individual will be able to practice nursing in an autonomous role with patients/clients, their families, significant others, healthcare professionals, and members of the public who are or who may become physically, emotionally, or financially vulnerable;
 - (2) whether the individual will be able to recognize and honor the interpersonal boundaries appropriate to any therapeutic relationship or health care setting;
 - (3) whether the individual will be able to make appropriate judgments and decisions that could affect patients/clients and/or the public;
 - (4) whether the individual has exhibited an inability to conform his/her behavior to the requirements of the Nursing Practice Act, Board rules and regulations, including §217.11 (relating to Standards of Nursing Practice) and §217.12 (relating to Unprofessional Conduct) of this title, and generally accepted standards of nursing practice; and
 - (5) whether the individual will be able to promptly and fully self-disclose facts, circumstances, events, errors, and omissions, when such disclosure could enhance the health status of patients/clients or the public and/or could protect patients/clients or the public from an unnecessary risk of harm.
- (d) Actions from Other Jurisdictions A certified copy of the order of the denial, suspension, or revocation or other action relating to an individual's license or privilege to practice nursing in another jurisdiction or under federal law is conclusive evidence of that action.

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

Texas Administrative Code

TITLE 22
PART 11
CHAPTER 213
RULE §213.28

EXAMINING BOARDS
TEXAS BOARD OF NURSING
PRACTICE AND PROCEDURE
Licensure of Individuals with Criminal History

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) involves a current or former patient;

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

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

or

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

(g) Sanction. Not all criminal conduct will result in a sanction. The Board recognizes that an individual may make a mistake, learn from it, and not repeat it in the nursing practice setting.

As such, each case will be evaluated on its own merits to determine if a sanction is warranted. If multiple crimes are present in a single case, a more severe sanction may be considered by the Board pursuant to Texas Occupations Code §301.4531. If a sanction is warranted, the Board will utilize the schedule of sanctions set forth in §213.33(e) (relating to Factors Considered for Imposition of Penalties/Sanctions) of this chapter. At a minimum, an individual will be required to successfully complete the terms of his/her criminal probation and provide evidence of successful completion to the Board. If an individual's criminal behavior is due to, or associated with, a substance use disorder or a mental health condition, evidence of ongoing sobriety, effective clinical management, and/or appropriate ongoing treatment may be required. Further, if an individual's criminal history implicates his/her current fitness to practice, the individual may also be required to meet the requirements of §213.29 to ensure he/she is safe to practice nursing.

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

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

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

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

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

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

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

(7) a record of steady employment;

(8) support of the individual's dependents;

(9) a record of good conduct;

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

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

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

(13) the results of an evaluation performed pursuant to Texas Occupations Code §301.4521 and §213.33(k) and (l) of this chapter;

(14) evidence of remorse and having learned from past mistakes;

(15) evidence of current support structures that will prevent future criminal activity;

(16) evidence of current ability to practice nursing in accordance with the NPA, Board rules, generally accepted standards of nursing; and other laws that affect nursing practice; and

(17) any other matter that justice requires.

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

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

(1) the offense was not classified as a felony;

(2) absence of criminal plan or premeditation;

(3) presence of peer pressure or other contributing influences;

(4) absence of adult supervision or guidance;

(5) evidence of immature thought process/judgment at the time of the activity;

(6) evidence of remorse;

(7) evidence of restitution to both victim and community;

(8) evidence of current maturity and personal accountability;

(9) absence of subsequent criminal conduct;

(10) evidence of having learned from past mistakes;

(11) evidence of current support structures that will prevent future criminal activity; and

(12) evidence of current ability to practice nursing in accordance with the NPA, Board rules, generally accepted standards of nursing, and other laws that affect nursing practice.

(k) Bars to Licensure.

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

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

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

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

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

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

Texas Administrative Code

[TITLE 22](#)

EXAMINING BOARDS

PART 11
CHAPTER 213
RULE §213.29

TEXAS BOARD OF NURSING
PRACTICE AND PROCEDURE
Fitness to Practice

(a) Each individual who seeks to practice nursing in Texas must possess current fitness to practice. This requirement includes all individuals seeking to obtain or retain a license or privilege to practice nursing in Texas and applies in all eligibility and disciplinary matters. Each individual has a duty to self-evaluate to ensure that he/she is fit to practice before providing nursing care.

(b) An individual's fitness to practice will be determined by evaluating the individual's ability to consistently comply with the requirements of the Nursing Practice Act, the Board's rules and regulations, and generally accepted standards of nursing practice. An individual's fitness to practice may be subject to Board review due to an individual's substance use disorder; possession, abuse, or misuse of alcohol or drugs, prescribed or otherwise; or physical or mental health condition. This is not an exhaustive list. If an individual exhibits any conduct that may prevent him/her from practicing nursing with reasonable skill and safety, the Board will review the individual's conduct to determine if he/she possesses current fitness to practice.

(c) Evaluations. If an individual exhibits conduct that raises questions about his/her fitness to practice, the Board may require the individual to undergo a physical and/or psychological evaluation that meets the criteria of the Occupations Code §301.4521 and §213.33 of this chapter (relating to Factors Considered for Imposition of Penalties/Sanctions). Pursuant to §301.4521, an individual subject to this rule is responsible for paying the costs of the evaluation. Utilizing the results of the evaluation and the individualized facts of the case, the Board may deny licensure (including renewal, reinstatement/reactivation, or the return to direct patient care from a limited license); suspend or revoke the individual's license or privilege to practice nursing in this state; or impose probationary conditions or restrictions on the individual's ability to practice nursing in this state.

(d) Substance Use Disorders and Abuse/Misuse of Alcohol or Drugs.

(1) Individuals who have been diagnosed, treated, or hospitalized for a substance use disorder that may impair their ability to practice nursing safely, will, at a minimum, be required to demonstrate sobriety and abstinence from drugs and alcohol for a minimum of twelve consecutive months, through verifiable and reliable evidence, in order to obtain or retain licensure. Verifiable and reliable evidence of sobriety and abstinence from drugs and alcohol may include evidence of the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance. Depending upon the individualized facts of each case, an individual may be required to establish this period of sobriety and abstinence prior to being permitted to practice nursing in this state. If appropriate, based upon the individualized facts of the case, an individual may also be eligible to obtain or retain licensure and practice nursing under an encumbered license with conditions/restrictions determined by the Board or through participation in a Board-approved peer assistance program created pursuant to the Texas Health and Safety Code Chapter 467 or other lawfully authorized peer assistance program. Licensure conditions/restrictions may include the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance. The outcome of any particular case will be based upon an

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

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

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

(e) Mental Health Conditions and Diminished Capacity.

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

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

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

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

(f) Other Medical Conditions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Texas Administrative Code

[TITLE 22](#)

EXAMINING BOARDS

[PART 11](#)

TEXAS BOARD OF NURSING

[CHAPTER 213](#)

PRACTICE AND PROCEDURE

RULE §213.30

Declaratory Order of Eligibility for Licensure

(a) For purposes of this section only, "petitioner" means an individual who:

(1) is enrolled or planning to enroll in an educational nursing program that prepares individuals for initial licensure as a registered or vocational nurse;

(2) seeks licensure by endorsement pursuant to §217.5 of this title (relating to Temporary License and Endorsement); or

(3) seeks licensure by examination pursuant to §217.2 (relating to Licensure by Examination for Graduates of Nursing Education Programs Within the United States, its Territories, or Possessions) or §217.4 (relating to Requirements for Initial Licensure by Examination for Nurses Who Graduate From Nursing Education Programs Outside of United States' Jurisdiction) of this title.

(b) An individual who has reason to believe that he or she may be ineligible for initial licensure or licensure by endorsement due to issues discussed in this rule may petition the Board for a declaratory order as to his or her eligibility.

(c) A petitioner must submit a petition, on forms provided by the Board, and the following information:

(1) a statement by the petitioner indicating the reason(s) and basis of his/her potential ineligibility;

(2) if the potential ineligibility is due to the petitioner's criminal history, all court documents, including, but not limited to: indictments, agreements for pre-trial diversion or deferred prosecution, orders of deferred adjudication, judgments, probation records, and evidence of completion of probation, as applicable;

(3) if the potential ineligibility is due to the petitioner's mental health condition or diminished capacity, verifiable and reliable evidence of controlled behavior and consistent compliance with recommended treatment, including compliance with a prescribed medication regime, for a reasonable amount of time, as applicable;

(4) if the potential ineligibility is due to the petitioner's substance use disorder and/or the abuse/misuse of alcohol or drugs, verifiable and reliable evidence of sobriety and abstinence from drugs and alcohol, which may include evidence of the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance;

(5) the required fee, which is not refundable; and

(6) an evaluation that meets the criteria of the Occupations Code §301.4521 and §213.33 of this chapter (relating to Factors Considered for Imposition of Penalties/Sanctions), as applicable.

(d) Once the Board has received all necessary information, including the information required by subsection (c) of this section, an investigation of the petition and the petitioner's eligibility shall be conducted. The investigation will be based upon an evaluation of the individualized factors of the case, the potential risk of harm the individual's practice may pose to

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Nursing Practice Act — Chapter 301

Subchapter A. General Provisions

Sec. 301.252. License Application.

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

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

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

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

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

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

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

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

Sec. 301.257. Declaratory Order of License Eligibility.

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

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

or vocational nurse; or

(2) is an applicant for a license.

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

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

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

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

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

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

(h) The information required under Subsection

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

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

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

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

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

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

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

Sec. 301.4521. Physical and Psychological Evaluation.

(a) In this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

release to anyone, except that the results may be:

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

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

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

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

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

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

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

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

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

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

program of remedial education;

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

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

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

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

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

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

Sec. 301.4531. Schedule of Sanctions.

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

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

(1) whether the person:

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

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

(2) the seriousness of the violation;

(3) the threat to public safety; and

(4) any mitigating factors.

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

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

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

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

including revocation of the person's license,

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

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

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

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

Section 19.04, Penal Code;

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

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

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

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

Section 21.11, Penal Code;

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

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

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

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

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

punished as a felony;

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

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

(13) robbery under Section 29.02, Penal Code;

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

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

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

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

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

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

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

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

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

Sec. 301.454. Notice and Hearing.

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

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

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

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

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

- (1) refuse to admit the person to examination;
- (2) refuse to issue a license or temporary permit;
- (3) refuse to renew a license; or
- (4) suspend or revoke the person's license or permit.

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

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

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

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

Sec. 301.455. Temporary License Suspension or Restriction.

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

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

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

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

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

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

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

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

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

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

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

Sec. 301.456. Evidence.

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

Sec. 301.457. Complaint and Investigation.

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

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

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

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

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

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

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

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

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

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

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

Sec. 301.458. Initiation of Formal Charges; Discovery.

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

(b) A formal charge must:

(1) be written;

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

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

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

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

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

Sec. 301.459. Formal Hearing.

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

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

Sec. 301.460. Access to Information.

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

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

(b) The Board is not required to provide:

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

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

Sec. 301.461. Assessment of Costs.

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

Sec. 301.462. Voluntary Surrender of License.

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

Sec. 301.463. Agreed Disposition.

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

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

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

(c) An agreed order is a public record.

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

Sec. 301.464. Informal Proceedings.

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

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

(b) Rules adopted under this section must:

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

Sec. 301.465. Subpoenas; Request for Information.

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

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

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

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

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

Sec. 301.466. Confidentiality.

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

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

board employee or agent involved in license holder discipline.

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

- (1) a person involved with the Board in a disciplinary action against the nurse;
- (2) a nursing licensing or disciplinary board in another jurisdiction;
- (3) a peer assistance program approved by the Board under Chapter 467, Health and Safety Code;
- (4) a law enforcement agency; or
- (5) a person engaged in bona fide research, if all information identifying a specific individual has been deleted.

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

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

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

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

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

Sec. 301.467. Reinstatement.

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

(b) An application to reinstate a revoked license:

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

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

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

Sec. 301.468. Probation.

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

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

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

(3) requiring the person to submit to random drug or alcohol tests in the manner prescribed by the board.

(b) At the time the probation is granted, the Board shall establish the term of the probationary period.

(c) At any time while the person remains subject to the probation order, the Board may hold a hearing and rescind the probation and enforce the Board's original action in denying or suspending the license. The hearing shall be called by the presiding officer of the Board, who shall issue a notice to be served on the person or the person's counsel not later than the 20th day before the date scheduled for the hearing that:

- (1) sets the time and place for the hearing; and
- (2) contains the charges or complaints against the probationer.

(d) Notice under Subsection (c) is sufficient if sent by registered or certified mail to the affected person at the person's most recent address as shown in the Board's records.

(e) A hearing under this section is limited to a determination of whether the person violated the terms of the probation order under Subsection (a) and whether the board should:

- (1) continue, rescind, or modify the terms of probation, including imposing an administrative penalty; or
- (2) enter an order denying, suspending, or revoking the person's license.

(f) If one of the conditions of probation is the prohibition of using alcohol or a drug or participation in a peer assistance program, violation of that condition is established by:

- (1) a positive drug or alcohol test result;
- (2) refusal to submit to a drug or alcohol test as required by the board; or
- (3) a letter of noncompliance from the peer assistance program.

[Amended by Acts 2009 (H.B. 3961), 81st Leg., eff. June 19, 2009.]

Sec. 301.469. Notice of Final Action.

If the Board takes a final disciplinary action, including a warning or reprimand, against a nurse under this subchapter, the Board shall immediately send a copy of the Board's final order to the nurse and to the last known employer of the nurse.