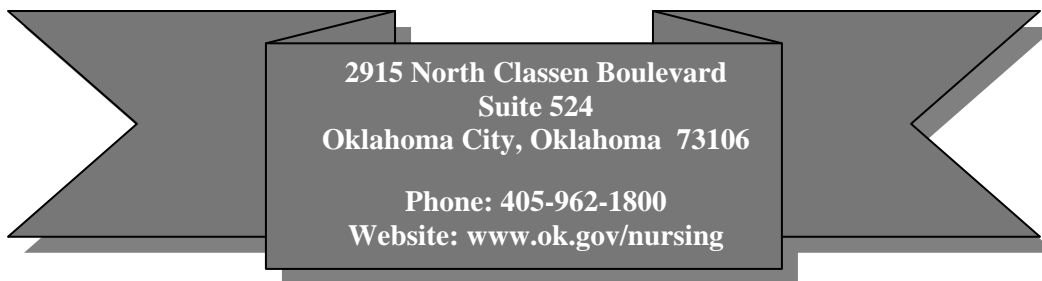


# OKLAHOMA BOARD OF NURSING NEWSLETTER



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## Do You Know Your Responsibility? Melinda Laird, RN, MS, President

This is the time of year when graduates of nursing programs enter the nursing profession in Oklahoma. Enthusiastic, excited, stimulated, thrilled, anxious and even frightened by the challenges of beginning a nursing career, they come into the profession full of knowledge and ready to serve the people of Oklahoma.

As nurses, whether inexperienced or seasoned, do we comprehend what it means to be a responsible RN or LPN in the state of Oklahoma? Are new graduates entering the profession aware of that responsibility, and/or will they gain a deeper understanding of it from their experienced co-workers? In order for nurses to provide patients with safe, high-quality care, we must all be familiar with the *Oklahoma Nursing Practice Act* and *Oklahoma Board of Nursing Rules*.

How is appropriate patient care related to knowledge of the *Oklahoma Nursing Practice Act* and *Oklahoma Board of Nursing Rules*? The Oklahoma Board of Nursing is responsible for protecting the public, and we, as nurses, share this responsibility. Please read the following sections of the *Nursing Practice Act* (567.2, Pur-

pose of Act) and circle the words "nurses" and "public" each time you see them.

1. The education, certification and licensure of registered and licensed practical nurses or advanced unlicensed assistive persons, and the practice of registered or practical nursing or advanced unlicensed assistants in this state is hereby declared to affect the public health, safety and welfare, and, in the public interest, is therefore subject to regulation and control by the Oklahoma Board of Nursing.
2. It is further declared to be a matter of public interest and concern that the education of nurses and advanced unlicensed assistive persons, as such terms are defined in the *Oklahoma Nursing Practice Act* and, the practice of nursing and advanced unlicensed assistants merit and receive the confidence of the public and that only qualified persons be authorized to practice in this state.
3. The Board shall promulgate rules to identify the essential elements of education and practice

*(Continued on page 2)*

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necessary to protect the public.

Now, please note that the Oklahoma “public” is mentioned even more often than “nurses.” Clearly, the focus of this section of the *Nursing Practice Act* is on service to/protection of the public.

Communication is a key element for meeting the obligation of being accountable in the nursing profession. The health care environment is changing, in practice and in education. Many organizations, including the National Council of State Boards of Nursing, are conducting research designed to help meet the challenges presented by these changes. Current journal articles and seminar topics often feature topics such as the impact of nursing shortages,

nursing staff retention, and technology in practice and teaching. The Oklahoma Board of Nursing provides you with information on what is occurring from the regulatory perspective for nursing via the website and newsletter. You receive information from many sources in your work environment, and as nurses, you are responsible for keeping informed about your profession. You must filter through and read a great deal of information to keep current and informed about the nursing profession. In prioritizing and determining the impact of such information on you and your nursing career, look to the communication you received from the Oklahoma Board of Nursing.

#### Notification to Individuals Under a Board Order or Enrolled in the Peer Assistance Program Regarding Drug Screen Services

Effective April 1, 2009, the Oklahoma Board of Nursing has contracted with FirstLab to provide drug screen services for individuals under a Board Order or enrolled in the Peer Assistance Program.

Individuals meeting *Guidelines for Individuals Requesting Reinstatement After Suspension, Surrender or Revocation for Misappropriation or Misuse of Drugs/Alcohol* will need to enroll with FirstLab in order to begin drug screens.

One of the changes that will be in effect with the use of FirstLab is that individuals doing random drug screens will be required to call seven days a week and holidays to determine if they will need to go for random drug screen testing.

Individuals are required to enroll directly with FirstLab on-line by logging on to [www.firstlab.com](http://www.firstlab.com). If the individual does not have access to the internet, the individual may call 800-732-3784 or 800-948-8589 to request an enrollment packet. Individuals should also call the numbers above if there is any difficulty with enrollment on-line or difficulty when calling to determine if there is a need to test.

If there are any questions, please call the Christy Maxwell, Nurse Investigator at 405-962-1826 or the Peer Assistance Program at 405-962-1815.

## Affidavit of Citizenship Status Required For Licensees

In the February 2008 Oklahoma Board of Nursing Newsletter, information was provided on House Bill 1804, entitled the Oklahoma Taxpayer and Citizen Protection Act of 2007, which allows licensing agencies, including the Oklahoma Board of Nursing, to issue a license only to United States citizens, nationals and legal permanent resident aliens; and to applicants who present, in person, valid documentary evidence of:

1. A valid, unexpired immigrant or nonimmigrant visa status for admission into the United States;
2. A pending or approved application for asylum in the United States;
3. Admission into the United States in refugee status;
4. A pending or approved application for temporary protected status in the United States;
5. Approved deferred action status; or
6. A pending application for adjustment of status to legal permanent residence status or conditional resident status.

Applicants in the above six categories are only eligible to receive a temporary license that is valid for the time period of their authorized stay in the United States, or if there is no date of end to the time period of their authorized stay, for one year. The license card will indicate that the license is temporary, with expiration dates as discussed above. Applicants for licensure by examination or endorsement and for reinstatement or return to active status are required to submit a completed *Evidence of Status (EOS) Form* and supporting documentation with the application.

In August, 2008, the Attorney General ruled that House Bill 1804 also requires each current licensee (licensed prior to November 1, 2007) to submit an *Affidavit of Citizenship Status* to the licensing board. Board staff members are in the process of contacting current licensees regarding this requirement. Each licensee who held a license in an active status prior to November 1, 2007, must submit an

*Affidavit of Citizenship Status* to the Board office in order to be eligible for renewal. Because 2009 is the scheduled renewal year for Licensed Practical Nurses (LPNs), letters of notification were first sent to LPNs. *Affidavits of Citizenship Status* will be mailed out to all Registered Nurses (RNs) in the summer and fall so that entry of status can be completed prior to the beginning of the 2010 RN renewal period.

**If you are an LPN who was licensed in Oklahoma prior to November 1, 2007, you must complete an *Affidavit of Citizenship Status* and return it to the Board office immediately, if you have not already done so.** Affidavits were mailed out to LPNs earlier in the year, using the mailing addresses on file with the Board office. If you are an LPN and you did not receive an affidavit, please go the Board's website: [www.ok.gov/nursing](http://www.ok.gov/nursing). Click on the link for "Forms/Applications" to find the *Affidavit of Citizenship Status*. You may print the form and mail it to the Board office. If you are an RN, please wait until you have received your affidavit in the mail or if you do not receive an affidavit in the mail, please wait until July 1, 2009, to submit your affidavit. This will allow Board staff to focus on completing entry of the LPN affidavits before beginning RN affidavits.

**If you are a qualified alien, you are not required to submit an *Affidavit of Citizenship Status*.** Instead, you must present in person at the Board office original, unexpired documentation of your alien status during your renewal period. This information must be presented during your license renewal period and prior to your license expiration date; otherwise, you will not be able to complete your renewal.

The Oklahoma Board of Nursing is making every effort to assist applicants & licensees with compliance with the new law. If you have questions regarding your status, feel free to contact our office.

## A Nurse's Guide to the Importance of Appropriate Professional Boundaries

### Introduction

As a health care professional, a nurse strives to inspire the confidence of clients, treat all clients and other health care providers professionally, and promote the clients' independence. Clients can expect a nurse to act in their best interests and to respect their dignity. This means that a nurse abstains from obtaining personal gain at the client's expense and refrains from inappropriate involvement in the client's personal relationships.

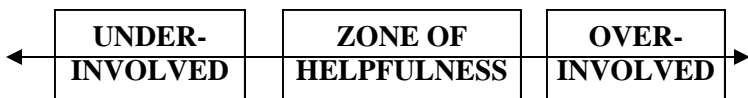
*Professional boundaries are the spaces between the nurse's power and the client's vulnerability.* The power of the nurse comes from the professional position and the access to private knowledge about the client. Establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the client's needs.

*Boundary violations can result when there is confusion between the needs of the nurse and those of the client.* Such violations are characterized by excessive personal disclosure by the nurse, secrecy or even a reversal of roles. Boundary violations can cause distress for the client, which may not be recognized or felt by the client until harmful consequences occur.

*Boundary crossings are brief excursions across boundaries that may be inadvertent, thoughtless or even purposeful if done to meet a special therapeutic need.* Boundary crossings can result in a return to established boundaries but should be evaluated by the nurse for potential client consequences and implications. Repeated boundary crossings should be avoided.

*Professional sexual misconduct is an extreme form of boundary violation and includes any behavior that is seductive, sexually demeaning, harassing or reasonably interpreted as sexual by the client.* Professional sexual misconduct is an extremely serious violation of the nurse's professional responsibility to the client. It is a breach of trust.

### A Continuum of Professional Behavior



A zone of helpfulness is in the center of the professional behavior continuum. This zone is where the majority of client interactions should occur for effectiveness and client safety. Over involvement with a client is on the right side of the continuum; this includes boundary crossings, boundary violations and professional sexual misconduct.

Under-involvement lies on the left-hand side; this includes distancing, disinterest and neglect, and it can also be detrimental to the client and the nurse. There are no definite lines separating the zone of helpfulness from the ends of the continuum; instead it is a gradual transition or melding.

This continuum provides a frame of reference to assist nurses in evaluating their own and their colleagues' professional-client interactions. For a given situation, the facts should be reviewed to determine whether or not the nurse was aware that a boundary crossing occurred and for what reasons. The nurse should be asked: What was the intent of the boundary crossing? Was it for a therapeutic purpose? Was it in the client's best interest? Did it optimize or detract from the nursing care? Did the nurse consult with a supervisor or colleague? Was the incident appropriately documented?

### Some Guiding Principles for Determining Professional Boundaries and the Continuum of Professional Behavior

- The nurse's responsibility is to delineate and maintain boundaries
- The nurse should work within the zone of helpfulness.
- The nurse should examine any boundary crossings, be aware of potential implications and avoid repeated crossings.
- Variables such as the care setting, community influences, client needs and the nature of therapy affect the delineation of boundaries.
- Actions that overstep established boundaries to meet the needs of the nurse are boundary violations.
- The nurse should avoid situations where the nurse has a personal or business relationship, as well as a professional one.

- Post-termination relationships are complex because the client may need services and it may be difficult to determine when the nurse-client relationship is truly terminated.

### Questions & Answers

*What if a nurse wants to date or even marry a former patient? Is that considered sexual misconduct?*

The key word here is former, and the important factors to be considered when making this determination are:

- What is the length of time between the nurse-client relationship and the dating?
- What kind of therapy did the client receive? Assisting a client with a short-term problem, such as a broken limb, is different than providing long-term care for a chronic condition.
- What is the nature of the knowledge the nurse has had access to, and how will that affect the future relationship?
- Will the client need therapy in the future?
- Is there risk to the client?
- What if a nurse lives in a small community? Does this mean that he or she cannot interact with neighbors or friends?

Variables such as the care setting, community influences, client needs, nature of the therapy provided, age of the client and degree of involvement affect the delineation of behavioral limits. All of these factors must be considered when establishing boundaries, and all contribute to the complexity of professional boundaries. The difference between a caring relationship and an over-involved relationship is narrow. A professional living and working in a remote community will, out of necessity, have business and social relationships with clients. Setting appropriate standards is very difficult. If they do not relate to real life, these standards may be ignored by the nurse or simply may not work. However, the absence of consideration of professional boundaries places the client and nurse at risk.

*Do boundary violations always precede sexual misconduct?*

Boundary violations are extremely complex. Most are ambiguous and difficult to evaluate. Boundary violations may lead to sexual misconduct, or they may not. In some cases, extreme sexual misconduct, such as assault or rape, may be habitual behavior, while at other times, it is a crime of opportunity. Regardless of the motive, extreme sexual misconduct is

not only a boundary violation, it is a criminal behavior.

*Does client consent make a sexual relationship acceptable?*

If the client consents, and even if the client initiates the sexual conduct, a sexual relationship is still considered sexual misconduct for the health care professional. It is an abuse of the nurse-client relationship and puts the nurse's needs first. It is always the responsibility of the health care professional to establish appropriate boundaries with present and former clients.

*How can a nurse identify a potential boundary violation?*

Some behavioral indicators can alert nurses to potential boundary issues, for which there may be reasonable explanations. However, nurses who display one or more of the following behaviors should examine their client relationships for possible boundary crossings or violations:

- **Excessive Self-Disclosure** The nurse discusses personal problems, feelings of sexual attractions or aspects of his or her intimate life with the client.
- **Secretive Behavior** The nurse keeps secrets with the client and/or becomes guarded or defensive when someone questions their interaction.
- **"Super Nurse" Behavior** The nurse believes he or she is immune from fostering a nontherapeutic relationship and that only he or she understands and can meet the client's needs.
- **Singled-out Client Treatment or Client Attention to the Nurse** The nurse spends inappropriate amounts of time with a particular client, visits the client when off-duty or trades assignments to be with the client. This form of treatment may also be reversed, with the client paying special attention to the nurse, e.g., giving gifts to the nurse.
- **Selective Communication** The nurse fails to explain actions and aspects of care, reports only some aspects of the client's behavior or gives "double messages." In the reverse, the client returns repeatedly to the nurse because other staff members are "too busy."
- **Flirtations** The nurse communicates in a flirtatious manner, perhaps employing innuendo, off-color jokes or offensive language.
- **"You and Me Against the World" Behavior** The nurse views the client in a protective manner, tends not to accept the client as merely a client or sides with the client's position regardless of the

(Continued from page 5)

situation.

- **Failure to Protect Client** The nurse fails to recognize feelings of sexual attraction to the client, consult with supervisor or colleague, or transfer care of the client when needed to support boundaries.

*What should a nurse do if confronted with possible boundary violations or sexual misconduct?*

The nurse needs to be prepared to deal with violations by any member of the health care team. Client safety must be the first priority. If a health care provider’s behavior is ambiguous, as if the nurse is unsure of how to interpret a situation, the nurse should consult with a trusted supervisor or colleague. Incidents should be thoroughly documented in a timely man-

ner. Nurses should be familiar with reporting requirements, as well as grounds for discipline in their respective jurisdictions, and they are expected to comply with these legal and ethical mandates for reporting.

*What are some of the nursing practice implications of professional boundaries?*

Nurses need to practice in a manner consistent with professional standards. Nurses should be knowledgeable regarding professional boundaries and work to establish and maintain those boundaries. Nurses should examine any boundary-crossing behavior and seek assistance and counsel from their colleagues and supervisors when crossings occur.

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### BOARD MEETING NOTICE

All Oklahoma Board of Nursing meetings are open to the public *except* those portions which may be in Executive Session. The first day of Board meetings begins at 5:30 p.m., with the second and third day beginning at 8:00 a.m. All actions of the Board are taken in open session. Nurses, members of other professional disciplines, students and the public are invited to attend. Groups who plan to attend should schedule their attendance in advance with the Board office to ensure seating is available. There is an Open Forum on the first day of each Board meeting. Anyone wishing to address the Board about a nursing issue should contact Kim Glazier, Executive Director, and request to be placed on the agenda for the Open Forum.

Committee meetings are also open to the public. Please call ahead if you plan to attend, as dates, times and location may be changed. The committee meetings are cancelled and rescheduled if it is determined a quorum will not be present.

#### MEETINGS DATES

#### SITES

**Oklahoma Board of Nursing**  
 Generally begins 1st day-5:30pm  
 2nd & 3rd day-8:00 a.m.  
 Please check agenda.

**May 19, 20, & 21, 2009**  
**July 28, 29, & 30, 2009**  
**Sept. 22, 23 & 24, 2009**  
**Nov. 10, 11 & 12, 2009**

**Wyndham Hotel**  
**(formerly Holiday Inn)**  
**2101 S. Meridian**  
**Oklahoma City, OK**  
**405-685-4000**

**Advanced Practice  
 Advisory Committee**

**August 18, 2009**

**Board Office**

**Advanced Unlicensed  
 Assistive Committee**

**May 7, 2009**

**Board Office**

**Formulary Advisory  
 Council**

**August 13, 2009**

**Board Office**

**Nursing Education &  
 Nursing Practice**

**June 8, 2009**

**Board Office**



## Peer Assistance Program Provides Support and Structure

Nurses understand the importance of care planning. It begins with the first patient contact and is the road map back to optimum health. Unfortunately, patients return because of failure to follow the map. At Peer Assistance we try to help our clients follow that map to solid recovery, even when they are tempted to go in another direction or stop all together. This is done by providing structure and accountability.

Nurses with substance abuse problems enter into a monitoring contract with the program for a period of two to five years. The actual length of monitoring will depend on the nurse meeting the program’s Successful Completion Criteria. These criteria include demonstration of 24 consecutive months of sobriety evidenced by appropriate body fluid testing and behaviors consistent with recovery, a minimum period of supervised practice, and compliance with the contract. As the conclusion of the contract approaches, the nurses are asked to address their stability in recovery and their plans for continuation of sobriety without the external structure of the program. The following statements are excerpts from nurses who successfully completed the program.

“Today, I am very grateful that I was caught diverting and that Peer Assistance exists. In the beginning when I didn’t think I could stay clean, and didn’t want to, the things I had to do for Peer Assistance kept me from using. Later, when I began to like the way I felt without drugs, I was grateful for the support of the Committee. Today, I am glad Peer Assistance is here. The structure requirements were the support I needed until I was

strong enough to stand on my own feet.”  
 “Today, I give thanks for many things. I am grateful that I was caught diverting and forced into treatment, grateful that Peer Assistance was there, grateful to still have a family and still be a nurse. I am grateful first to be alive.”

“In closing, to say that I am not apprehensive about exiting the Peer Assistance Program would be a lie. There is a part of me that is scared, but the other part of me knows that if I continue to work on my recovery one day at a time, I will be able to stay clean and sober one day at a time. I would like to say how much I appreciate this program and how valuable I think it is for the nurses in their road to recovery. God has already brought other nurses into my life, and I am more than happy to share my experience, strength, and hope with them.”

Individuals in early recovery need help if they are going to stay clean and sober. The Peer Assistance Program tries to provide external structure and a support system in the community. The nurses above chose to accept the help that was offered.

Do you or a nurse you know need help? Contact the Peer Assistance Program at (405) 525-2277. **All inquiries are confidential.**

**\*CHANGE OF ADDRESS FORM\***

Please Mail To: Oklahoma Board of Nursing  
 2915 N. Classen Blvd. Ste. 524  
 Oklahoma City, OK 73106

Yes, I need to report my change of address to the Oklahoma Board of Nursing.

\*Address changes may also be made on the Board’s website: [www.ok.gov/nursing](http://www.ok.gov/nursing).

License Number \_\_\_\_\_ (Or) Social Security Number \_\_\_\_\_

Full Name \_\_\_\_\_ Signature (\*required) \_\_\_\_\_

New Address \_\_\_\_\_

Old Address \_\_\_\_\_

*\*In accordance with OAC 485:10-7-9 & 485:10-9-9, it is the legal duty of a licensed nurse to notify the Oklahoma Board of Nursing of a change of address in writing within 30 days of the change.*

## FY 2008 OBN Annual Report Shows Increase in Nursing Program Enrollment

Enrollment in Oklahoma nursing programs has risen by 33% since 2004. Between 2000 and 2003, applications and admissions to nursing programs declined, possibly related to downsizing in managed care facilities and lack of funding in nursing education programs. Increased interest in nursing has returned, due to increased opportunities for employment in every community, the attraction of second career applicants to nursing salaries, flexible curriculum offerings, the potential for advanced practice, and the availability of nursing scholarships and grants. The Oklahoma State Legislature, through the Oklahoma Board of Regents for Higher Education, has invested additional funding in nursing education and education of nursing faculty members. In addition, hospitals have invested in nursing education programs through sharing faculty and equipment, and offering scholarships for students.

According to the *FY 2008 Annual Report of the Oklahoma Board of Nursing*, the number of applications to baccalaureate degree programs increased 73% over the past five years, which speaks to the strong interest in these programs. Enrollments for all levels of nursing programs have also increased significantly over the past five years. Baccalaureate programs enrollments increased from 1,553 in FY 2004 to 2,248 in FY 2008. Enrollments in associate degree programs rose from 2,221 in FY 2004 to 3,446 in FY 2008. Enrollments in practical nursing programs have also increased, from 2,424 in FY 2004 to 2,557 in FY 2008. Higher enrollments have led to increased numbers of nursing graduates. Graduate numbers increased in RN programs by 51.7% since 2004, resulting in more registered nurses available in the workforce. This positive change has been offset to a certain extent by lower first-time NCLEX-RN pass rates, which started at 86.36% in 2003, rose to 88.88% in 2006, and dropped to 82.07% in 2007, before rising again to 85.65% in 2008. Practical nursing programs experienced an increase of 16% in the number of graduates between FY 2004 and FY 2008, while maintaining a high NCLEX-PN pass rate, which stood at 90.90% in 2008. Nursing faculty and administrators have noted that as programs continue to expand in size, more attention is needed to ensure

quality in the curriculum and preparation for the NCLEX.

Nursing school enrollments may have increased, but some nurse administrators have indicated they have not been able to fully expand due to a shortage of nursing faculty, overcrowding of clinical facilities, and lack of physical space and funding. In order to maximize their capacity within these constraints, they report receiving appropriations of state and federal monies to facilitate expansion and assist with preparation of faculty.

In FY 2008, two new nursing education programs opened: a new tribal college offering a practical nursing program and a new private associate degree nursing program. Two associate degree nursing programs also opened extended campuses in 2008. Since FY 2004, 19 new campuses and seven new programs have been approved by the Oklahoma Board of Nursing.

Nursing education programs have introduced innovative options to increase program enrollments within the constraints of faculty shortage, and budgetary and space constraints. For example, in 2006, the Oklahoma State Regents for Higher Education provided funding to allow selected programs to expand enrollments through increasing the number of classes admitted. In addition, Integris Health has assisted with funding 1+1 programs that allow community colleges and technology centers to work together to produce more graduates at both levels. Associate degree programs at Oklahoma State University-Oklahoma City, Redlands Community College, Rose State College, and Oklahoma City Community College have partnered with practical nursing programs at Francis Tuttle Technology Center, Metro Technology Center, and Moore Norman Technology Center to meet the goal of providing more graduates eligible for RN licensure. The associate degree programs in this venture had significantly more qualified applicants than they could admit. Therefore, the practical nursing programs agreed to admit students into their programs who were among those qualified

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applicants who could not be admitted. After completion of the practical nursing program, those individuals were able to progress directly into the second year of one of the associate degree program partners. As an example, Oklahoma City Community College admitted 11 students from their practical nursing partner programs in 2005, and by 2009 they were able to increase this number to 30 students.

Another program pathway initiated in 2008 is the baccalaureate to associate degree nursing accelerated pathway (BADNAP), which provides individuals with baccalaureate or higher degrees in other disciplines the opportunity to complete the associate degree in nursing within 10 months. Almost one-half of the theory is provided online, and clinical experience is obtained in 12-hour weekend placements. Oklahoma City Community College reports great success with this program as verified in increasing enrollments and high success rates on the NCLEX-RN exam. The program admitted 30 students in 2007, 40 in 2008, and 130 in 2009. Several of these graduates are already enrolled in baccalaureate degree programs in nursing.

Another innovative program that has facilitated an increase in baccalaureate prepared nurses is through the collaborative partnerships between the University of Oklahoma College of Nursing and three community colleges: Oklahoma City Community College, Northeastern A&M College in Miami, and Tulsa Community College. Initiated in 2007, junior level students are enrolled in baccalaureate nursing coursework offered at the community college, taught by adjunct and full-time University of Oklahoma faculty members.

Northwestern Oklahoma State University is an example of a nursing program that has increased enrollment ca-

capacity through partnering with Astry Technology Center, High Plains Technology Center, and Northwest Technology Center. Northwestern implemented an articulation agreement for all graduates of allied health programs at the technology centers, allowing graduates from those programs to receive credit from NWOSU.

To improve student retention, several of the state's practical nursing programs are offering part-time and non-traditional self-paced options, and along with registered nursing programs, are requiring review courses and individual standardized testing to assist students with academic needs. In addition, non-traditional clinical hours and distance education through interactive television and online learning to rural sites have been added to increase enrollments in nursing programs. Also, many practical nursing programs have adopted a standard curriculum published by the Oklahoma State Department of Career and Technology Education, in order to facilitate transfer between programs and articulation into registered nursing programs.

Nursing faculty and programs are working closely together on important issues such as articulation in nursing education, use of simulations to promote clinical skill, and transition to practice, through discussions with the Board of Nursing, the Institute of Oklahoma Nurse Educators, the Oklahoma State Department of Career and Technology Education, the Oklahoma State Regents for Higher Education, and the Oklahoma Workforce Center, in order to design education that will meet the future health care needs in Oklahoma.

**PROTECT THE SECURITY OF YOUR ONLINE INFORMATION:  
DO NOT SHARE YOUR PIN NUMBER WITH ANOTHER PERSON. ONLY YOU SHOULD  
ACCESS AND ENTER YOUR RENEWAL OR UPDATE PERSONAL INFORMATION ON  
THE BOARD'S WEBSITE.**

## New Members Appointed to the Oklahoma Board of Nursing

Governor Brad Henry recently appointed three new members to the Oklahoma Board of Nursing. They are MaryJac Rauh, MPH, public member; Jean Winter, LPN; and Liz Michael, RN, MS. The new Board members take the places of Roy Watson, Ph.D, public member; Janice O'Fields, LPN; and Jackye Ward, RN; who completed their terms of appointment in 2008. The Board extends its appreciation to Dr. Watson, Ms. O'Fields, and Ms. Ward. The hard work of Board members who volunteer their time is instrumental in ensuring the safety of the citizens of Oklahoma.

MaryJac Rauh has a Master of Public Health degree from the University of Oklahoma Health Sciences Center and a Bachelor of Arts in Pastoral Ministry degree from Kansas Newman University, Wichita, Kansas. Ms. Rauh currently volunteers at her church as the business manager. She has been a volunteer mediator with the Early Settlement Northwest Program for ten years and is also a Certified Mediator Trainer for the Administrative Office of the Oklahoma Supreme Court. She is the Membership Chair for the Oklahoma Food Cooperative and serves on their governing board. In addition, Rauh is a member of the Blaine County Health Board. "I am honored that Governor Henry selected me to serve on this board," Ms. Rauh said. "It is a great privilege and responsibility to carry out the mission of the Oklahoma Board of Nursing. I look forward to working with the other board members through the next 2½ years."

Jean Winter, LPN, Weatherford, is currently employed with Encompass Home Health of Western Oklahoma in Weatherford, Oklahoma. Ms. Winter completed her practical nursing education at Caddo-Kiowa Technology Center. She believes her nursing career has been well rounded, given her experiences in a physician's clinic, home health, hospice, nursing homes and private duty. Ms. Winter attributes the variety of her work experiences, along with her commitment to patient advocacy, as the reasons she was appointed to the Board of Nursing. According to Ms. Winter, "I am honored to have been appointed to the Oklahoma Board of Nursing and look forward to serving patients

in a different way for the next five years. To be a patient advocate in this new venue is going to be both challenging and very rewarding."

Liz Michael, RN, MS, currently serves as Vice President of Patient Care Services/Chief Nursing Officer at Stillwater Medical Center. Prior to Ms. Michael's move to Stillwater in November 2007, she held the position as Director of Medical and Surgical Services at Deaconess Hospital in Oklahoma City. Ms. Michael received her Bachelor of Science in Nursing degree and Master of Science in Management degree from Southern Nazarene University, and has a nursing background in medical and surgical services, oncology and nursing administration. She takes the profession of nursing seriously and believes that her commitment to the profession, coupled with her commitment to patient advocacy, is the reason she was appointed to the Board of Nursing. "I was honored and excited to be appointed to the Oklahoma Board of Nursing," Ms. Michael said. "Having been a nurse in Oklahoma for twenty plus years, I take this responsibility seriously, and I look forward to being a key player in ensuring safe nursing practice in our state."



New Board Members recently appointed by Governor Brad Henry to the Oklahoma Board of Nursing are (left to right): Liz Michael RN, Stillwater; MaryJac Rauh, Okeene; and Jean Winter, LPN, Weatherford.

## Nursing Practice and Advance Practice Resources Available on Website

A “Frequently Asked Questions” section has been placed under the link for “Practice/Advanced Practice.” on the Oklahoma Board of Nursing website: [www.ok.gov/nursing](http://www.ok.gov/nursing). Twenty questions were developed after reviewing outcomes for the last three years of which nursing practice-related questions are asked most frequently. While these “Frequently Asked Questions” and answers are included for the purpose of illustration and cannot be relied upon as correct under all circumstances, they are available as a quick reference for nurses and the public. Here is an example of one of the “Frequently Asked Questions,”

**Question:** How many consecutive hours and shifts can a nurse work? Can an employer force a nurse to work longer than scheduled or to work overtime?

**Answer:** The Board of Nursing has no jurisdiction over workplace issues, such as scheduling or number of hours worked (consecutively or in a given time period. The Board’s jurisdiction is over Oklahoma licensed nurses. Some facilities may have policies requiring nurses to work overtime or other staffing and scheduling requirements. Each licensed nurse should inquire about facility policies regarding these issues prior to employment. If a nurse exhibits conduct which jeopardizes a patient’s life, health or safety by failure to utilize appropriate judgment in administering safe nursing practice or patient care assignment based upon the level of nursing for which the individual is licensed or recognized, the nurse may be in violation of the Rules of the Board, specifically OAC 485:10-11(B)(4)(D) and the *Oklahoma Nursing Practice Act* (ONPA). Nurses working too many hours may exhibit impaired judgment and inappropriate decision making. Exhibiting impaired judgment and inappropriate decision making is a violation of the ONPA. The Board has approved an *Abandonment Statement* addressing the responsibilities of licensed nurses regarding patient care assignments and leaving the employment site during an assigned patient care shift. You may access the statement through this hyperlink: <http://www.ok.gov/nursing/prac-aband.pdf>.

Also available on the website is information related to advanced practice and prescriptive authority recognition. In addition to specific questions and answers related to advanced practice that are included under “Frequently Asked Questions.” statute and rule citations related to advanced practice and prescriptive authority recognition have been pulled out from the *Oklahoma Nursing Practice Act* and *Rules* and are available under the link for “Practice/Advanced Practice.” This provides easy access to information on the laws and rules for advanced practice nurses to all interested parties.

For additional information on any of the frequently-asked questions or on advanced practice nursing, feel free to call the Board office : (405) 962-1800.

### REQUEST FOR OKLAHOMA NURSING PRACTICE ACT WITH RULES

Enclosed is my cashier’s check or money order in the amount of \_\_\_\_\_ for \_\_\_\_\_ copy/copies (at a cost of \$15) of the Oklahoma Nursing Practice Act/Rules relating to nursing education, licensure and practice.

Mail to the following name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form with your payment.

## Oklahoma Nursing Population FY 2008

According to the *2008 Annual Report of the Oklahoma Board of Nursing*, there were 39,625 Registered Nurses (RNs) and 18,424 Licensed Practical Nurses (LPNs) licensed in Oklahoma at the end of FY 2008. In addition, 694 Advanced Unlicensed Assistants (AUAs) held certification through the Oklahoma Board of Nursing. Of the 39,625 RNs licensed in Oklahoma, 1,667 hold advanced practice recognition required for practice as an Advanced Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nursing Anesthetist, or Clinical Nurse Specialist.

Information regarding employment of licensees is gathered at the time of renewal. In FY 2008, 87% of RNs and 82% of LPNs holding an active license reported employment in nursing at the time of license renewal. Actual employment percentages are higher, as the employment status of new licensees is not known until submission of their first renewal (the employment status is unknown for 3% of Registered Nurses and 5% of Licensed Practical Nurses). Of those reporting employment in nursing, more than 86% of RNs and 87% of LPNs work full-time.

### Nurses Residing in Oklahoma and Reporting Employment in Nursing:

FIELD	# RNs	% RNs	# LPNs	%LPNs
Ambulatory Care	978	3.29%	357	2.5%
Case Management	1,434	4.82%	179	1.25%
Community/Public Health	1,147	3.86%	395	2.77%
Home Health	2,180	7.34%	1,605	11.25%
Hospital	16,491	55.45%	5,471	38.34%
Long Term/Extended Care	1,299	4.37%	3,608	25.28%
Occupational Health	123	0.41%	106	0.74%
Other	2,574	8.65%	1,236	8.66%
Private Practice	2,412	8.11%	1,148	8.05%
School Health	403	1.35%	128	0.9%
School of Nursing	693	2.33%	19	0.13%
Did not answer	7	0.02%	18	0.13%
Total	29,741	100%	14,270	100%

The FY 2008 annual report also showed that more than 52% of RNs hold an associate degree in nursing and 33% hold a baccalaureate degree in nursing as the highest degree held. Less than 6% of RNs hold graduate degrees in nursing. Approximately 8% of employed RNs residing in Oklahoma and 6% of employed LPNs residing in Oklahoma are male. The average age of all nurses residing in Oklahoma is 46.

For more information regarding the Oklahoma nursing population and activities of the Oklahoma Board of Nursing during FY 2008, please go to the Board's website: [www.ok.gov/nursing](http://www.ok.gov/nursing). The *2008 Annual Report of the Oklahoma Board of Nursing* is available under the link for "Publications."

## Board Appoints Task Forces

The Oklahoma Board of Nursing has appointed two task forces to address relevant issues in nursing education and practice. The two task forces are the Advanced Practice Nursing Task Force to Review Regulations and the Task Force on the Use of Simulations in Nursing Education.

The Advanced Practice Nursing Task Force to Review Regulations (APRN Task Force) was convened for the following purposes:

- To compare Advanced Practice Registered Nurse (APRN) statutes and rules in the *Oklahoma Nursing Practice Act and Rules* with those in the *APRN Model Act/Rules and Regulations*, and to analyze commonalities and differences and how they interface with other health care disciplines;
- To review current literature to determine trends in education, credentialing, and regulation of APRNs; and
- To identify potential areas of future statutory amendments and rule revisions to be considered by the Advanced Practice Advisory Committee for recommendation to the Board.

Organizations represented on the task force include the Oklahoma Board of Nursing, the OBN Advanced Practice Advisory Committee, the Oklahoma Association of Clinical Nurse Specialists, the Oklahoma Nurse Practitioner Association, the American College of Nurse Midwives Region 5 Chapter 8, the Oklahoma Nurse Anesthetist Association, the Oklahoma Nurses Association, the Oklahoma Healthcare Workforce Center, and Oklahoma advanced practice nursing educational programs. The APRN Task Force's work is based on the work of a national APRN Consensus Work Group (composed of designees from 23 organizations) that developed one multi-stakeholder paper on the future of advanced practice regulation. In 2008, the joint efforts of these organizations re-

sulted in a *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education*. During the August 2008 National Council of State Boards Nursing Delegate Assembly, an *APRN Model Act/Rules and Regulations*, which parallels the *Consensus Model*, was approved by the delegates, who represent boards of nursing throughout the United States and its territories.

The Task Force on the Use of Simulations in Nursing Education was requested by the Board at its January 2009 meeting. The objectives of this task force, which will begin meeting in June, will be as follows:

- Review current literature to determine the definition(s) of simulated learning experiences and the historical use of simulation in nursing and other health care professions;
- Compare the rules in the *Oklahoma Nursing Practice Act and Rules* regarding the use of simulations in nursing education with those in other states;
- Analyze current research regarding the use of simulations in nursing education to include the efficacy of the use of simulations in learning; and
- Review the position statements held by major nursing bodies concerning the use of simulations in nursing education.

Organizations invited to appoint representatives to this task force are the Board's Nursing Education and Practice Committee, the Deans and Directors of Baccalaureate and Higher Degree Programs Council, the Directors of Associate Degree Programs Council, the Directors of Practical Nursing Programs Council, the Oklahoma Nurses Association, the Oklahoma Healthcare Workforce Center, and the Oklahoma Organization of Nurse Executives. For additional information on the work of these task forces, please contact Gayle McNish, Deputy Director for Regulatory Services; or Wendy Hubbard, Nursing Education Consultant.



**OKLAHOMA BOARD OF NURSING  
FIRST TIME NCLEX-RN PASS RATE (Percent by Calendar Year)**

Nursing Program	#2008										
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	Candidates
Bacone College	80.80	76.00	81.80	61.11	68.75	58.82	78.57	72.41	100.00	85.71	14
Carl Albert State College - Poteau	92.60	78.80	85.00	94.74	90.24	100.00	93.33	95.83	73.91	77.78	18
Carl Albert State College - Sallisaw							80.00	100.00	100.00	66.67	6
Connors State College - Warner	85.40	91.40	87.00	94.44	77.27	77.78	92.00	100.00	95.65	100.00	26
Connors State College - Muskogee			100.00	100.00	87.50	78.79	91.67	100.00	91.43	100.00	38
East Central University - Ada	100.00	91.90	100.00	91.67	91.30	82.05	88.00	79.07	83.33	94.29	35
East Central University - Durant					81.82	100	91.67	81.25	88.24	92.86	14
Eastern Oklahoma State College - Wilburton	61.90	85.40	52.90	76.47	93.75	52.38	88.88	84.21	86.36	79.31	29
Eastern Oklahoma State College - McAlester			61.10		100					92.86	14
Eastern Oklahoma State College - Idabel			81.80	84.62	86.96	81.82	86.66	86.36	80.00	93.75	16
Langston University - Langston	77.60	84.40	53.30	42.86	100.00	100.00	80.00	87.50	60.00	85.71	14
Langston University - Tulsa			85.70	81.25	71.43	78.94	69.23	91.11	65.96	62.22	45
Murray State College	86.50	71.10	73.20	66.67	96.00	85.71	87.50	98.04	80.70	71.43	56
Northeastern OK A&M College- Miami	78.60	78.10	62.50	90.00	92.86	89.58	87.50	100.00	84.78	88.64	44
Northeastern OK A&M College- Grove								100.00	100.00	100.00	2
Northern Oklahoma College- Tonkawa	89.10	98.00	100.00	90.00	92.86	90.00	86.21	81.25	95.83	80.00	30
Northern Oklahoma College- Enid			95.00	78.26	85.00	89.66	94.74	97.06	96.00	76.00	25
Northern Oklahoma College- Stillwater					100.00	100.00	88.24	86.36	87.50	86.96	23
Northwestern OK State University - Alva	71.40	87.50	75.00	100.00	33.33	66.67	50.00	93.33	70.00	100.00	5
Northwestern OK State University - Enid			83.33	83.33	100.00	88.89	82.35	100.00	73.33	88.89	9
Northwestern OK State University - Woodward							66.67	50.00	100.00		
Oklahoma Baptist University	93.10	95.70	96.30	94.74	93.33	86.96	80.00	65.71	90.91	87.50	32
Oklahoma Christian University										88.24	17
Oklahoma City Community College	78.60	68.60	85.20	85.86	89.00	86.61	83.47	85.71	89.55	92.78	180
Oklahoma City University	90.00	70.59	77.80	63.64	58.00	57.89	92.59	97.67	92.11	97.73	44
Oklahoma State University - OKC	76.90	71.69	86.90	88.41	86.00	81.61	89.42	96.04	93.97	83.33	132
Oklahoma State University - Goodwell			100.00	83.33	100.00	83.33	83.33	100.00	100.00	100.00	6
Oklahoma State University - Okmulgee							53.85	62.07	66.67	71.43	14
Oklahoma Wesleyan University										70.00	10
Oral Roberts University	56.30	83.30	80.00	86.67	83.00	74.07	83.33	89.29	76.32	90.32	31

## OKLAHOMA BOARD OF NURSING

## FIRST TIME NCLEX-RN PASS RATE (Percent by Calendar Year)

NURSING PROGRAM	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	# 2008 Candidates
Platt College - OKC							84.00	69.39	47.57	56.18	89
Platt College - Tulsa								67.57	53.13	67.24	58
Redlands Community College- El Reno	82.60	64.30	90.30	84.62	88.89	69.49	87.17	94.74	83.72	95.24	21
Redlands Community College - Mercy Campus						100.00	71.42	50.00	66.67	25.00	8
Redlands Community College - OU Medical Center									58.33	00.00	1
Rogers State University	86.00	92.30	97.40	97.14	92.50	86.96	85.00	96.77	92.00	92.16	51
Rose State College - Midwest City	83.80	81.30	90.00	77.42	87.01	87.36	92.75	95.95	85.23	95.55	93
Rose State College - Internet Program			87.50	81.25	93.10	93.55	79.17	100.00	90.00	77.78	18
Seminole State College	95.70	88.00	100.00	77.78	84.21	88.00	85.71	90.48	76.19	87.50	32
Southern Nazarene University	92.90	93.30	57.10		66.67	50.00	46.67	85.19	68.97	88.89	18
Southwestern OK State University	92.30	65.20	100.00	100.00	82.35	90.00	93.33	83.33	86.11	95.65	23
Tulsa Community College	69.60	80.80	79.50	86.30	85.86	92.78	88.37	90.48	91.60	95.53	107
University of Central Oklahoma	87.90	87.90	86.10	83.61	78.85	90.91	91.89	93.55	90.24	89.71	68
University of Oklahoma - Mercy				50.00							
University of Oklahoma - OKC	80.50	88.60	91.60	84.21	86.32	83.48	92.36	91.62	84.02	87.21	172
University of Oklahoma - Tulsa		100.00	100.00	100.00	100.00	96.15	100.00	94.44	90.00	88.89	108
University of Oklahoma - Lawton	82.40	71.42	88.57	78.13	96.00	90.63	80.56	82.05	59.52	82.46	57
University of Oklahoma - Woodward/Enid		77.77	100.00	80.00	100.00	100.00					
University of Oklahoma - Internet Campus								100.00	100.00	100.00	3
University of Tulsa	92.00	86.20	94.40	82.35	88.24	53.33	80.00	95.45	77.27	100.00	25
Western Oklahoma State College - Altus	82.40	82.40	95.80	90.91	91.67	81.25	93.33	82.75	80.95	86.36	22
Western Oklahoma State College - Duncan									71.43	85.71	14
Western Oklahoma State College - Elk City									60.00	84.62	13
Western Oklahoma State College - Lawton							92.86	82.35	75.00	88.46	26
Oklahoma Pass Rate	81.65	80.94	84.92	83.92	86.36	83.68	86.59	88.88	82.07	85.65	1,965
National Pass Rate	84.79	83.84	85.53	86.66	87.01	85.26	87.29	88.11	85.47	86.73	129,114

**OKLAHOMA BOARD OF NURSING  
FIRST TIME NCLEX-PN PASS RATE (Percent by Calendar Year)**

NURSING PROGRAM	1999										#2008 Candidates	
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008		
Astry Technology Center	85.70	90.50	80.00	95.24	93.75	100.00	100.00	100.00	100.00	100.00	90.00	10
Caddo-Kiowa Technology Center	91.30	83.30	86.70	90.00	95.83	100.00	100.00	89.47	72.73	88.89	84.21	19
Canadian Valley Technology- Chickasha	70.60	92.90	100.00	100.00	100.00	100.00	95.24	93.75	100.00	100.00	100.00	18
Canadian Valley Technology- El Reno	100.00	100.00	100.00	88.89	82.35	100.00	95.24	100.00	88.24	100.00	100.00	25
Central Technology Center - Drumright	86.50	92.00	95.80	87.10		68.42		79.17	75.00	76.47	17	
Central Technology Center - Sapulpa					100.00	95.00	95.24	88.10	80.00	72.22	18	
Chisholm Trail Technology Center	90.00	88.90	80.00	100.00	100.00	100.00	100.00	100.00	77.78	100.00	5	
Equivalency (Air Force)	83.30	85.70	100.00	100.00	56.25	85.71		70.00	89.47	83.33	6	
Francis Tuttle Technology Center	88.90	78.60	80.00	88.00	96.97	94.44	88.10	92.11	86.05	92.59	54	
Gordon Cooper Technology Center	85.00	87.00	100.00	77.27	80.95	86.36	92.59	100.00	96.15	100.00	14	
Great Plains Technology Center - Lawton	81.70	82.90	84.20	90.57	90.91	96.15	93.18	84.91	91.67	87.18	39	
Great Plains Technology Center - Frederick					69.23	62.50	80.00	71.43	100.00	100.00	3	
Great Plains Technology Center - Comanche Nation								100.00	83.33	100.00	1	
Green Country Technology Center	86.70	73.30	58.30	69.23	90.91	83.33	95.45	70.83	90.48	62.50	24	
High Plains Technology Center	89.50	68.20	53.30	68.42	94.12	81.82	85.71	68.75	80.95	100.00	18	
Indian Capital Technology Center - Tahlequah	70.60	100.00	100.00	84.62	90.00	100.00	90.91	100.00	100.00	91.67	24	
Indian Capital Technology Center - Muskogee	100.00	100.00	100.00	100.00	90.91	100.00	100.00	100.00	100.00	100.00	15	
Indian Capital Technology Center - Sallisaw	100.00	100.00	80.00	100.00	87.50	93.33	100.00	100.00	100.00	95.65	23	
Indian Capital Technology Center - Stilwell	85.70	100.00	80.00	71.43	66.67	100.00	100.00	100.00	70.00	90.00	10	
Kiamichi Technology Center - Atoka		60.00		66.67		91.30		100.00	100.00	100.00	6	
Kiamichi Technology Center - Durant	95.20	87.00	95.20	90.32	94.74	89.29	92.31	100.00	95.24	96.67	30	
Kiamichi Technology Center - Hugo	79.20	85.00	76.50	94.44	95.24	95.24	100.00	95.24	95.83	100.00	17	
Kiamichi Technology Center - Idabel	95.70	86.70	100.00	93.75	100.00	100.00	100.00	93.10	100.00	96.55	29	
Kiamichi Technology Center - McAlester	100.00	100.00	90.90	100.00	88.89	100.00	94.12	95.00	100.00	100.00	17	
Kiamichi Technology Center - Poteau	100.00	95.80	78.30	80.95	91.30	100.00	84.00	70.83	100.00	95.24	21	
Kiamichi Technology Center - Stigler		90.00		92.31		100.00		81.82		77.78	9	
Kiamichi Technology Center - Tahlequah		70.00	100.00	88.89		90.00		100.00	100.00	100.00	4	

**OKLAHOMA BOARD OF NURSING  
FIRST TIME NCLEX-PN PASS RATE (Percent by Calendar Year)**

NURSING PROGRAM	#2008										
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	Candidates
Meridian Technology Center	87.00	88.20	84.60	70.00	90.63	90.00	100.00	77.78	94.74	90.00	20
Metro Technology Center	73.90	83.30	78.90	90.91	82.61	90.00	90.00	97.30	92.31	91.80	61
Mid-America Technology Center	75.90	100.00	86.70	90.91	79.17	91.30	91.30	87.50	96.00	95.24	21
Mid-Del Technology Center	81.30	86.67	78.60	57.14	88.89	85.71	100.00	100.00	95.45	90.91	11
Moore Norman Technology Center	90.70	90.00	71.40	89.47	90.70	87.88	87.80	87.88	97.92	97.06	34
Northeast Technology Center - Afton	94.40	100.00	81.30	93.30	95.45	91.67	83.33	96.15	93.33	96.15	26
Northeast Technology Center - Kansas	75.00	61.10	93.30	84.61	71.43	85.71	85.71	84.21	92.31	86.21	29
Northeast Technology Center - Pryor	85.70	82.40	95.70	100.00	91.30	100.00	95.65	88.24	86.36	95.45	22
Pioneer Technology Center	76.00	88.90	81.30	100.00	94.12	100.00	100.00	94.74	100.00	95.65	23
Platt College - OKC	79.20	81.30	79.20	72.73	84.00	77.36	86.54	70.49	90.70	81.25	64
Platt College - Tulsa	92.60	95.00	94.30	87.88	86.15	90.77	93.15	97.22	93.67	98.73	79
Platt College - Lawton	86.70	78.30	76.70	70.27	93.55	86.49	86.96	83.33	83.33	91.67	12
Platt College - Moore							70.77	67.86	70.19	83.10	77
Pontotoc Technology Center	78.30	70.80	81.00	79.17	81.48	80.77	81.82	83.33	85.00	84.21	38
RN Educated Partial RN Completion	96.00	96.20	96.20	96.90	98.57	94.96		98.17	96.04	96.59	88
RN Failure Taking PN					97.30	95.65		100.00	100.00	100.00	2
Red River Technology Center	85.00	100.00	87.50	100.00	79.17	100.00	95.00	100.00	100.00	90.00	20
Southern Oklahoma Technology Center	81.40	82.10	100.00	93.75	78.57	100.00	100.00	100.00	100.00	95.24	21
Southwest Technology Center	96.00	90.90	79.20	91.67	82.61	92.00	100.00	88.24	83.33	83.33	18
Tri County Technology Center	79.20	93.10	96.30	80.00	97.14	96.00	100.00	91.18	97.06	93.94	33
Tulsa Technology Center	85.70	92.90	95.00	80.56	88.57	84.62	80.43	82.35	79.41	85.51	69
Tulsa Technology Center - St. Francis					100.00	100.00	100.00		100.00	100.00	1
Tulsa Technology Center - Hillcrest						100.00	100.00	100.00			
Tulsa Technology Center - St. John's						100.00			100.00		
Wes Watkins Technology Center	69.20	87.00	100.00	100.00	100.00	92.86	100.00	87.50	100.00	77.78	9
Western Technology Center	86.70	70.80	65.40	90.48	94.44	100.00	88.89	94.44	95.65	88.24	17
Oklahoma Pass Rate	87.40	87.12	86.41	86.07	89.21	91.81	90.95	88.95	90.14	90.90	1,275
National Pass Rate	86.32	85.10	86.46	86.50	88.21	89.36	89.06	87.87	87.25	85.62	61,772

## Summary of Board Activities

During the **July 2008** meeting, the Board:

- Reviewed without revision or approved proposed revisions to the following policies, procedures, position statements, and declaratory rulings:
  - *Approved Skills List for Performance by Board-Certified Advanced Unlicensed Assistants, #E-43*
- Approved a curriculum change request submitted by Metro Technology Center, Oklahoma City
- Accepted a report submitted by Western Oklahoma State College, campuses in Altus, Lawton, Elk City, and Duncan, on faculty qualifications. Requested a follow-up report to be submitted in one year.
- Accepted survey visit reports and granted Full Approval status for five years for Oklahoma State University, campuses in Oklahoma City and Goodwell; and Kiamichi Technology Center, campuses in Hugo, Stigler, McAlester, Poteau, Idabel, Durant, Atoka, and Talihina

During the **September 2008** meeting, the Board:

- Reviewed without revision or approved proposed revisions to the following policies, procedures, position statements, and declaratory rulings:
  - *National Certifying Bodies and APN Certification Examinations Approved by the Oklahoma Board of Nursing Policy, #P-52A*
  - *National Certifying Bodies and Non-APN Certification Examinations Approved by the Oklahoma Board of Nursing Policy, #P-52B*
  - *Advanced Practice Nurses with Prescriptive Authority Exclusionary Formulary, #P-50B*
  - *Formulary Advisory Council Procedure for Amending the Formulary, #P-50*
  - *Review and Challenge of National Council Licensing Examination Policy, #E-25*
  - *Utilizing Skills Observers to Conduct AUA Skills Examinations Policy, #E-42*
  - *Successful Completion of the Peer Assistance Program Guidelines, #PA-13*
  - *Peer Assistance Program Counselor Qualification Approval Criteria, #PA-05*
  - *Counselor Qualification Approval Criteria, #I-11, Investigative Division*
- Accepted a follow-up report on NCLEX pass rate from Platt College PN Program, Moore campus
- Approved Step I application for a new associate degree nursing education program for ITT Technical Institute, Tulsa
- Approved curriculum change requests at Francis Tuttle Technology Center, Oklahoma City; Oklahoma City Community College, Oklahoma City; and Red River Technology Center, Duncan
- Accepted initial survey visit report and granted Full Approval status for three years for Oklahoma Christian University, Oklahoma City
- Accepted survey visit report and granted Full Approval status for five years for Pioneer Technology Center, Ponca City

During the **November 2008** meeting, the Board:

- Reviewed without revision or approved proposed revisions to the following policies, procedures, position statements, and declaratory rulings:
  - *Wound Debridement for Licensed Nurses Guidelines, #P-05*
  - *Guidelines for Registered Nurse Monitoring the Conscious Sedation Patient, #P-06*
  - *Limited Ultrasound Performed by Registered Nurse Guidelines, #P-13*
  - *Peer Assistance Program Admission Criteria Guidelines, #PA-01*
  - *Medical Care/Medications Guidelines, #PA-12*
  - *Return to Work Criteria, #PA-16*



- Accepted a follow-up report on NCLEX pass rate from Southern Nazarene University, Bethany
- Approved curriculum change requests from Caddo-Kiowa Technology Center, Ft. Cobb; Central Technology Center, Drumright and Sapulpa; Chisholm Trail Technology Center, Omega; Gordon Cooper Technology Center, Shawnee; Great Plains Technology Center, Lawton and Frederick; High Plains Technology Center, Woodward; Indian Capital Technology Center, Sallisaw, Muskogee, Tahlequah, and Stilwell; Meridian Technology Center, Stillwater; Mid-Del Technology Center, Midwest City; Northeast Technology Center, Afton, Pryor, and Kansas; Pontotoc Technology Center, Ada; Southern Oklahoma Technology Center, Ardmore; Southwest Technology Center, Altus; Tulsa Technology Center, Tulsa; Western Technology Center, Burns Flat; and Green Country Technology Center, Okmulgee
- Accepted report submitted by Redlands Community College, El Reno, on faculty qualifications, with the requirement that conditions be met
- Accepted survey visit report and granted Full Approval status for five years to Southwestern Oklahoma State University, Weatherford
- Accepted focus visit report for Central Technology Center, Drumright and Sapulpa campuses

During the **January 2009** meeting, the Board:

- Reviewed without revision or approved proposed revisions to the following policies, procedures, position statements, and declaratory rulings:
  - *Board Document Definitions, #P-20*
  - *Evaluation Criteria Investigation Division, #I-13*
  - *Peer Assistance Program Evaluation Criteria, #PA-6*
  - *NCLEX or AUA Certification Candidates with a History of Arrests/Conviction Policy, #E-20*
  - *Administrative Provisions to be Included in All Probation Orders Unless Specified Otherwise by Board, #I-03*
- Approved formation of a task force for the purpose of making recommendations to the Board regarding the use of simulations in nursing education programs
- Adopted proposed changes to the *Rules of the Oklahoma Board of Nursing*
- Approved Step II application for a new associate degree nursing education program, ITT Technical Institute, Tulsa
- Deferred decision on Step I application for a new associate degree nursing education program at Brown Mackie College, Tulsa, pending submission of additional information
- Approved curriculum change requests from Northwestern Oklahoma State University, campuses in Alva, Enid, and Woodward; Oral Roberts University, Tulsa; Kiamichi Technology Center, campuses in Antlers, Atoka, Durant, Hugo, Idabel, McAlester, Poteau, Stigler, and Talihina; and Wes Watkins Technology Center, Wetumka
- Accepted survey visit report and granted Full Approval status for two years for Oklahoma Wesleyan University, Bartlesville
- Accepted survey visit reports and granted Full Approval status for five years for Bacone College, Muskogee; Great Plains Technology Center, Lawton and Frederick campuses; and University of Tulsa, Tulsa
- Approved an Advanced Pharmacologic Applications in Primary Care continuing education course for advanced practice nurses from the University of Oklahoma, Oklahoma City

**Disciplinary actions taken by the  
Oklahoma Board of Nursing can be  
reviewed on the Board's website:**

**[www.ok.gov/nursing](http://www.ok.gov/nursing)**

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