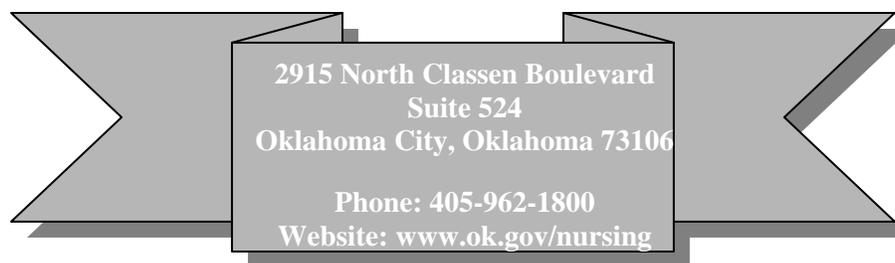


# OKLAHOMA BOARD OF NURSING NEWSLETTER



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## President's Message Using Ethics in Nursing Practice by Francene Weatherby, RN, PhD, CNE

The practice of nursing offers many rewards, including personal satisfaction for valued services to the public. At the same time, the practice of nursing is filled with difficult challenges. Among these challenges are resolving ethical issues that arise in your nursing practice.

### Ethical Nursing Practice

The nurse-patient relationship is established for the primary purpose of preventing illness, alleviating suffering, and protecting, promoting, and restoring the health of patients. This purpose is nursing's mandate from society, the reason for nursing's existence. In order to ensure that this purpose can be fulfilled, it is critical for the nurse to practice in an ethical manner. Nursing ethics are defined as "the values or moral principles governing relationships between the nurse and patient, the patient's family, other members of the health professions, and the general public" (Mosby, 2009).

To assist the nurse to practice ethically, the nursing profession has established a code of ethics. According to Lachman (2009), "A code of ethics is a fundamental document for any pro-

fession. It provides a social contract with the society served, as well as ethical and legal guidance to all members of the profession." While the *Oklahoma Nursing Practice Act* establishes the legal basis for the practice of nursing, the nursing profession's code of ethics establishes the ethical basis. The original nursing code of ethics was developed by the American Nurses Association (ANA) in 1950. Since that time, the *ANA Code of Ethics for Nurses* has been reviewed and revised on a regular basis, most recently in 2001, to address changes in health care and in the profession of nursing.

The *ANA Code of Ethics for Nurses* addresses fundamental principles of the nurse-patient relationship and nursing care, such as:

- Respecting human dignity;
- Primacy of the patient's interests;
- Collaborating with the patient, the family, and other health professionals to plan patient care;

*(Continued on page 2)*

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- Maintaining professional boundaries;
- Maintaining confidentiality; and
- Accountability for nursing judgment and action.

### Resolving Ethical Dilemmas in Nursing Practice

In the course of nursing practice, the nurse will inevitably encounter ethical dilemmas. What is the nurse's responsibility when put in these ethical dilemmas? When she or he finds herself or himself in a situation where there are conflicting expectations or competing loyalties between personal values and professional values? Between personal values and the values of the patient? The values of the family? The values of other health care providers? The values of the employing health care institution?

When such ethical dilemmas occur, threatening the nurse-patient relationship, the nurse must take action. A first step would be to examine the situation with the potential ethical dilemma. Consider the source of the dilemma and identify the underlying questions within the dilemma.

The nurse should seek assistance in this examination from peers or supervisors. Reviewing the *Oklahoma Nursing Practice Act* and the *Oklahoma Board of Nursing Rules* located on the Board of Nursing website ([www.ok.gov/nursing](http://www.ok.gov/nursing)) can provide guidance. Contacting Board staff for input can also be helpful. The nurse may also access the *ANA Code of Ethics for Nurses with Interpretative Statements* for guidance. This document can be found at: [http://www.nursingworld.org/ethics/code/protected\\_nwcoe629.htm#2.3](http://www.nursingworld.org/ethics/code/protected_nwcoe629.htm#2.3).

The nurse must determine an appropriate course of action in the situation. The *ANA Code of Ethics for Nurses* indicates that "the nurse should do his or her best to resolve such conflicts in ways that ensure patient safety, guard the patient's best interests and preserve the professional integrity of the nurse" (p. 10).

### Summary

As a regulatory agency, the Oklahoma Board of Nursing is charged with the protection of the public. The Board is charged with the duty to impose disciplinary action when it finds a nurse has failed to "adequately care for patients or conform to the minimum standard of acceptable nursing. . . practice that, in the opinion of the Board, unnecessarily exposes a patient or other person to risk of harm" [59 §567.8 (B) (3)]. One source used in determining the standard of acceptable nursing practice is the *ANA Code of Ethics for Nurses*.

Nursing has long been viewed by the public as the most trusted profession. The foundation of this trust is the nurse-patient relationship. Preserving and strengthening this foundation is the responsibility of every professional nurse.

### References

- American Nurses Association. (2001). *Code of ethics for nurses with interpretive statements*. Washington D.C.: American Nurses Association.
- Lachman, V. (2009). Practical use of the nursing code of ethics: Part I. *MedSurg Nurse*, 18 (3), 55-57.
- Mosby's dictionary of medicine, nursing & health professions* (8th ed.). (2009). St. Louis: Mosby.
- Oklahoma nursing practice act*. OS 59 §567.1 et seq.

## Can an Advanced Practice Registered Nurse Delegate Medication Administration to Unlicensed Persons in a Clinic/Office Setting?

**No.** The *Oklahoma Nursing Practice Act* and the *Rules* of the Board do not give licensed nurses (including Advanced Practice Registered Nurses) the authority to delegate medication administration to medical assistants. However, medical assistants may be employed by licensed physicians who may delegate medication administration, including injections, to them lawfully as an exception to the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, 59 O.S. § 492.E.1, which states the following:

“The service rendered by a physician’s unlicensed trained assistant, if such service is **rendered under the supervision and control of a licensed physician** pursuant to (Medical) Board Rules, provided such rules are not in conflict with the provisions of any other healing arts licensure act or rules promulgated pursuant to such act.”

This exception does not allow an Advanced Practice Registered Nurse, or any other licensed nurse, to delegate nursing tasks which require nursing assessment, judgment, evaluation, and teaching during implementation (including but not limited to medication administration) to a medical assistant or any other unlicensed person when unauthorized by state law and rules to perform the task.

Unlicensed persons **authorized** by state law to administer medications include:

- Certified Medication Aides (CMAs) whose **employment environment is limited** to correctional institutions and long-term care facilities (including home health agencies, intermediate care facilities for the mentally retarded, residential care facilities and adult day-care centers).
- Advanced Certified Medication Aides - CMAs who have at least six (6) months or greater experience as a CNA and additional training specific to other medications and routes. Their **employment environment is limited** to those areas as included for CMAs.
- Medication Administration Technicians (MATs) - Though not regulated by a professional board, MATs have completed a training curriculum approved by the Oklahoma State Department of Health. Work settings for MATs include residential care centers, assisted living facilities, and adult day-care centers.

The use of unlicensed persons in health care raises critical regulatory issues. These unlicensed personnel (MATs, CMAs and Advanced CMAs) are regulated or have completed training approved by the Oklahoma State Department of Health. Licensed nurses may delegate medication administration to MATs, CMAs, and Advanced CMAs only when they are working in the facilities designated in the law. However, Advanced Practice Registered Nurses or other licensed nurses may not delegate medication administration to unlicensed persons such as medical assistants, MATs or CMAs outside of their limited practice setting.

While the importance of working with and through others is fundamental in providing nursing care today, the profession of nursing must delegate aspects of nursing care safely and effectively to competent unlicensed staff only as authorized by state and/or federal regulations. The *Oklahoma Nursing Practice Act*, specifically 59 O.S. § 567.3a.3.g states, “Registered nursing means the practice of the full scope of nursing which includes, but is not limited to, delegating such tasks as may safely be performed by others, consistent with educational preparation and that do not conflict with the provisions of the *Oklahoma Nursing Practice Act*.” The *Delegation of Nursing Functions to Unlicensed Persons Guidelines*, a Board-approved policy, provides guidance to all licensed nurses (Licensed Practical Nurses, Registered Nurses, and Advanced Prac-

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tice Registered Nurses) who may be delegating nursing functions to unlicensed personnel, to establish criteria for the delegation of tasks and to clarify which nursing functions are inappropriate for delegation. This guideline may be accessed at [www.ok.gov/nursing/delegation.pdf](http://www.ok.gov/nursing/delegation.pdf).

The *Delegation of Nursing Functions to Unlicensed Persons Guidelines* include the following definitions:

- Delegating means entrusting the performance of selected nursing duties to individuals qualified, competent and legally able to perform such duties. [OAC: 485:10-1-2]
- Supervising means providing guidance by a qualified nurse for the accomplishment of the nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing a task or activity. [OAC 485:10-1-2]
- Unlicensed Person means a trained, responsible individual other than a licensed nurse, who functions in a complementary role to the licensed nurse in providing direct client care,

carrying out common nursing tasks to a level of competence and safety that meets the objectives of the training.

The *Delegation of Nursing Functions to Unlicensed Persons Guidelines* lists nursing tasks that **are not within the scope of sound nursing judgment to delegate**, which include but are not limited to the following nursing tasks:

- Physical, psychological, and social assessment which requires nursing judgment, intervention, referral or follow up;
- Formulation of the plan of nursing care and evaluation of the client's response to the care provided; and
- **Administration of medications except as authorized by state and/or federal regulations.**

## OBN First-Time NCLEX-RN And NCLEX-PN Pass Rates

In Calendar Year (CY) 2009, NCLEX-RN pass rates for first-time Oklahoma-educated candidates rose for the third consecutive year, ranking higher than 27 other states and jurisdictions. Between CY 2007 and CY 2009, the Oklahoma NCLEX-RN pass rate rose from 82.07% to 86.67%. The national NCLEX-RN pass rate average for CY 2009 was 88.42%. Approximately 50% of Oklahoma pre-licensure nursing education programs achieved higher than the national NCLEX-RN pass rate and 16% averaged more than 10 percentage points lower than the national NCLEX-RN pass rate. In 2009, there were 2,213 first-time Oklahoma-educated RN candidates taking the NCLEX exam, a record high.

CY 2009 NCLEX-PN pass rates for first-time Oklahoma-educated candidates declined slightly from 90.0% in CY 2008 to 89.43% in CY 2009; however, the Oklahoma pass rate still remained higher than the

national average of 85.73%. In fact, between CY 2003 and CY 2009, the first-time Oklahoma-educated NCLEX-PN candidate averages ranked consistently above the national NCLEX-PN average. In CY 2009, approximately 73% of Oklahoma practical nursing education programs achieved higher, and approximately 5% averaged more than 10 percentage points lower than national NCLEX-PN pass rate. Oklahoma practical nursing programs ranked higher than the 2009 pass rates for 20 other states or jurisdictions.

Oklahoma nursing education program NCLEX-RN and NCLEX-PN pass rate percentages per calendar year from 2000 through 2009 are listed on pages 12, 13, 14, and 15.

## Continuing Competency Survey Findings

Continuing competence is an ongoing issue for nurses, educators, employers, regulatory boards, and the public. While continuing competence programs have traditionally focused on poor performers, there is now a shift toward improving the performance of the profession as a whole. This shift, recognizing public protection as the primary reason for developing continuing competence programs, is driven by insurance of the overall quality of care delivered by all practitioners.

In an effort to successfully develop and implement a continuing competency model, the Oklahoma Board of Nursing staff, with Board approval, provided education to stakeholders regarding the continuing qualifications of competency currently being considered. In addition to information shared through the Oklahoma Board of Nursing website via the Continuing Competence Survey, Agency Data Practice News and Alerts, and the Oklahoma Board of Nursing Newsletter, Board staff collaborated with stakeholders through the Oklahoma Organization of Nurse Executives Board, the Oklahoma Voluntary Hospitals of America (VHA) Chief Nursing Officer group, the Oklahoma Nurses Association Committee on Professional Practice in the Workplace, the Long Term Care Facility Advisory Board of the Oklahoma State Health Department, and the VHA Chief Executive Officer Board Committee.

The Continuing Competence Survey was available on the Oklahoma Board of Nursing website from March 29, 2010, through June 3, 2010; 1,435 Oklahoma licensed nurses completed the survey. The findings include:

### Participant demographics:

- License held:
  - o 80% Registered Nurses (RNs)
  - o 11% Licensed Practical Nurses (LPNs)
  - o 6% Advanced Practice Registered Nurses (APRNs)
  - o 4% Both RN and LPN

- Years of nursing experience:
  - o < 1 year: 3%
  - o 1 – 5 years: 13%
  - o 6 – 10 years: 13%
  - o 11 – 15 years: 16%
  - o 16 – 20 years: 16%
  - o 21 – 25 years: 10%
  - o 26 – 30 years: 17%
- Highest level of nursing education completed:
  - o Associate Degree: 37%
  - o BSN: 35%
  - o MSN: 9%
  - o Practical Nursing: 8%
  - o MS in discipline other than Nursing: 3%
  - o Doctorate degree in Nursing: 0.5%
  - o Doctorate degree in discipline other than Nursing: 0.5%
  - o Other: 2%
- 4% of those completing the survey were not working in nursing
- 26% of those completing the survey maintain specialty certification
- 51% are employed in acute care hospitals
- 65% of employers require continuing competency assessments
- 74% of employers provide continuing education pertinent to the nurse's professional needs
- Average number of continuing education contact hours obtained by participating nurses  
PER YEAR:
  - o None: 10%
  - o 1 – 5: 10%
  - o 6 – 10: 16%
  - o 11 – 15: 19%
  - o 16 – 20: 17%
  - o 21 – 25: 9%
  - o 26 – 30: 6%
  - o > 30: 12%

*(This reflects that at least 63% of those responding already obtain the suggested 24*

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*continuing education hours or more in a two year period.)*

Continuing qualification options were scored as below:

- Verify employment in a position that requires a Registered Nurse (Licensed Practical Nurse) license with verification of at least 520 work hours. *For clarification, this option applies to all jobs that list a nursing license as a requirement; it is not specific to bedside nursing only.* Sixty-two percent of the survey participants support this option;
- Verify the completion of at least twenty four (24) contact hours of continuing education applicable to nursing practice. *The average number of contact hours approved by the Board was based on the national average of contact hours now being required by other state boards of nursing.* Sixty-three percent of the survey participants support this option;
- Verify current certification in a nursing specialty area (includes but is not limited to a nursing specialty area such as emergency room nursing, certification in operating room nursing, wound healing, oncology, AACN and ARNP certifications.) Twenty-eight percent of the survey participants support this option;
- Verification of a Board-approved nurse refresher course. Fifteen percent of the survey participants support this option;

- Verify completion of at least six (6) academic semester credit hours of nursing coursework at the licensee’s current level of licensure or higher. Thirteen percent of the survey participants support this option.

Level of support for mandating one or more of the requirements (as listed above) as evidence of continuing competence for Oklahoma-licensed nurses:

- Score of 1 (strongly oppose): 20%
- Score of 2: 10%
- Score of 3: 25%
- Score of 4: 20%
- Score of 5 (strongly support): 26%

These findings were shared with Board members during the August 2010 Board meeting.

As the Oklahoma Board of Nursing moves forward with the competency model, the message to nursing employers is not that the boards are dealing with competence conduct so employers do not have to address it, but rather that competence conduct is viewed as critical to public safety and must be addressed by both Board and employer.

**\*CHANGE OF ADDRESS\***

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

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.*

## TASK FORCE REPORT ON THE USE OF SIMULATIONS IN NURSING EDUCATION

At the January 2009 Oklahoma Board of Nursing (OBN) meeting, a task force was appointed for the purpose of making recommendations to the Board regarding the use of simulations as equivalent substitutes for clinical practicum with actual patients in nursing education programs. The objectives addressed by the task force were as follows:

- Definition(s) of simulated learning experiences;
- Historical review of simulation in nursing and other healthcare professions;
- Comparison of Board rules to those in other states regarding the use of simulations in nursing education;
- Review of position statements held by major nursing bodies concerning the use of simulations in nursing education; and
- Analysis of current research regarding the use of simulations in nursing education to include the efficacy of the use of simulations in learning.

The Board requested recommendations regarding whether simulation should be considered equivalent to clinical experience with “live” patients. If considered equivalent, the task force was asked to provide:

- Specification of the type of simulation to be considered equivalent to clinical experience with live patients; and
- Maximum percent of simulation experience of the total clinical hours allowable.

In May 2009, representation on the Use of Simulations in Nursing Education Task Force was established as directed by the Board, facilitated by Wendy Hubbard, MS, RN, OBN Nursing Education Consultant. Representatives included an OBN Board member, representatives from the OBN Nursing Education and Practice Committee, representatives from the B.S.N., A.D.N., and P.N. Deans and Directors Councils, a representative from the Oklahoma Nurses Association representing nursing practice, a representative from the Oklahoma Healthcare Workforce Center, a representative from the Oklahoma Healthcare Workforce Center

Committee on Education and Training, representatives from the Oklahoma Organization of Nurse Executives, and one consumer representing a consumer healthcare advocacy group. Final recommendations of the task force which were presented at the August 2010 Board meeting included:

1. Maintain the current Rules regarding program length (485:10-5-9), scope and components of nursing curricula (485:10-5-6), clinical learning experiences (485:10-5.4.1), and the definitions found in 485:10-1-2, which allow a nursing education program to distribute, or redistribute, program hours between theory instruction, clinical skills laboratory, and clinical learning experiences as needed to meet program outcomes.
2. Support nursing education program efforts to incorporate or expand simulation learning experiences using human patient simulators in the clinical skills laboratory.
3. Continue a position of inquiry on the equivalency of simulation experience for clinical experiences.

At the August 2010 Board meeting, the Board voted to accept the recommendation of the task force. The Board would like to express its appreciation to task force members: Lynn Sandoval, BSN, RN; Kim Sherrod, RN; Reggie Pennypacker, RN; Chris Wiegand, RN; Shelly Hovis, RN; Renee Lewis, MS, RN; Deborah Buttrum, MS, RN; Linda Rider, EdD, RN; Francene Weatherby, PhD, RN; Joani Bruce; Kammie Monarch, RN, MS, JD; Rosemary Klepper, MS, RN; Carolyn Kornegay, PhD, RN; and Kimberly Lynch, RN.

## EMPLOYMENT OF NURSING STUDENTS

Board staff members are frequently asked about appropriate employment roles for nursing students and graduates of nursing education programs who are not yet licensed. The definition of a Nurse Technician/Practical Nurse Technician is an individual who is currently enrolled in a program of registered or practical nursing or is between terms/semesters; or has completed a program of registered or practical nursing and has applied to take the licensure examination.

A nursing student or recent graduate of a nursing education program may be employed as a Nurse Technician or a Practical Nurse Technician, performing all duties of a nursing assistant as well as other technical skills which have been taught in a nursing education program and for which competency has been previously demonstrated under supervision of a faculty member. The Nurse Technician or Practical Nurse Technician **may not:**

- administer medications including but not limited to blood products and intravenous fluids;
- perform assessments;
- act in a supervisory position;
- take verbal orders from the physician or other health care provider; or
- develop the plan of care.

A Registered Nurse must be directly responsible for the Nurse Technician/Practical Nurse Technician and physically present in the institution. A written job description for the Nurse Technician/Practical Nurse Technician must be developed by the employing facility and provided to the individual serving in this defined role as an unlicensed person. This job description may be more restrictive than the Board policy but may not be less restrictive. The Nurse

Technician/Practical Nurse Technician shall not wear a patch, uniform, or nametag that identifies the individual as a student of a nursing education program.

The non-licensed graduate may continue to be employed in a Nurse Technician/Practical Nurse Technician role until licensed in any state, territory, or country, provided that the first licensure examination is taken within 90 days after graduation and the examination is passed within 6 months of graduation, on either the first or the second attempt. However, the non-licensed graduate cannot be employed as a Graduate Nurse (G.N.) or Graduate Practical Nurse (G.P.N), or be oriented to the job description of the Registered Nurse or Licensed Practical Nurse, until licensure is obtained. The terms “Graduate Nurse” or “Graduate Practical Nurse” are no longer recognized by the Board and should not be used by the graduate. There is no “Interim Work Permit” issued by the Board allowing a graduate to work in a licensed position.

Recent questions have arisen regarding the employment of new graduates in Oklahoma who have obtained initial licensure in another state. **An individual who is licensed in another state is not eligible to serve in the role of a Nurse Technician/Practical Nurse Technician.**

The appropriate utilization of nursing students and non-licensed graduates is addressed in the Board’s *Guidelines for Employment of Nursing Students or Non-Licensed Graduates*, which may be downloaded from the Board’s website: [www.ok.gov/nursing/ed-guide.pdf](http://www.ok.gov/nursing/ed-guide.pdf). Please feel free to contact the Board office if you have questions about the employment of nursing students or unlicensed graduates.

## LPNs AND AUAs - GET READY TO RENEW IN 2011!

### DO WE HAVE YOUR CITIZENSHIP AFFIDAVIT ON FILE?

Licensed Practical Nurses (LPNs) and Advanced Unlicensed Assistants (AUAs): **2011 is your year to renew.** Please ensure that you submit your renewal by your expiration date, which is the last day of your birth month. An exception is for qualified aliens who may have a different expiration date that is based on the expiration of the qualified alien status. If you are unsure of your expiration date, use the License Verification section of our website ([www.ok.gov/nursing](http://www.ok.gov/nursing)) to check your expiration date. While you are on the website, use the License Renewal section to quickly and easily renew your license. You may do so beginning 90 days prior to your expiration date, so don't delay!

As a reminder, House Bill 1804, titled the Oklahoma Taxpayer and Citizen Protection Act of 2007, established that licensing agencies, including the Oklahoma Board of Nursing, may issue a license only to United States citizens, nationals, legal permanent resident aliens, and 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 resident status or conditional resident status.

Applicants in the six qualified alien 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. **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 90-day license renewal period and prior to your license expiration date; otherwise, you will not be able to complete your renewal.

In August 2008, the Attorney General ruled that House Bill 1804 also requires each licensee who held a license in an active status prior to November 1, 2007, to submit an *Affidavit of Citizenship Status* to the licensing board office in order to be eligible for renewal.

**Do we have your Citizenship Affidavit on file?** If not, you will not be able to renew until we do. We recommend that every LPN and AUA submit his/her renewal at the earliest opportunity (up to 90 days prior to the expiration date), in order to ensure there is ample time to address any and all issues.

**If you are a LPN or AUA 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.** If you are in need of 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, complete it, sign it in the presence of a Notary Public, and mail it to the Board office.

## THE DECISION-MAKING MODEL FOR SCOPE OF NURSING PRACTICE DECISIONS REVISED AND EXPANDED

The intent of the *Decision-Making Model for Scope of Nursing Practice Decisions: Determining Advanced Practice Registered Nurse, Registered Nurse and Licensed Practical Nurse Scope of Practice Guidelines* is to present a process for determining acts appropriate to nursing at various levels. Changes in health care delivery are occurring in health care organizations throughout Oklahoma and the nation. These changes can lead to role confusion.

While all nurses share in “the practice of nursing” as is cited in the *Oklahoma Nursing Practice Act* [59 O.S. § 567.3a.2], competency-based practice scopes of individual nurses may vary according to basic licensure preparation, practice experiences, and professional development activities. The licensed nurse is held responsible and accountable for determining his/her personal scope of practice. The *Decision-Making Model for Scope of Nursing Practice Decisions: Determining Advanced Practice Registered Nurse, Registered Nurse and Licensed Practical Nurse Scope of Practice Guidelines (Decision-Making Model)* serves as a tool in guiding nurses in

making decisions regarding individual scope of practice.

The Oklahoma Board of Nursing, continuing to act in the best interest of public health and safety, has recently revised the *Decision-Making Model* to incorporate Advanced Practice Registered Nurse language into the model, with a change in title reflecting this addition, and to simplify the Summary pathway. Addendum A lists practice issues and board responses regarding the nurses’ authority to carry out the defined acts. The guideline was reviewed and approved by the Advanced Practice Advisory Committee on February 9, 2010; the Nursing Education and Practice Advisory Committee on April 13, 2010; and the Board of Nursing on May 25, 2010.

The *Decision-Making Model for Scope of Practice Decisions: Determining Advanced Practice Registered Nurse, Registered Nurse and Licensed Practical Nurse Scope of Practice Guidelines* is available at: [www.ok.gov/nursing/prac-decmak.pdf](http://www.ok.gov/nursing/prac-decmak.pdf).

### NOTICE TO LICENSEES SUBMITTING ONLINE RENEWALS:

The OBN online renewal system provides a convenient way for you to submit your renewal. However, it is essential that you protect the security of your online information. Your PIN number, which is required for the renewal, should not be shared with anyone, even with your spouse or with support staff members at your place of employment who tell you that it is their “job” to submit the renewal for you. You are the only person who can complete and submit your online renewal!

## NURSING COMPETENCIES BY EDUCATIONAL LEVEL:

### GUIDELINES FOR NURSING PRACTICE AND EDUCATION IN OKLAHOMA

In 2001, a Nurse Utilization Task Force appointed by the Oklahoma Board of Nursing developed a model to describe the appropriate utilization of Licensed Practical Nurses and Registered Nurses educated at the associate degree, baccalaureate degree, and master degree levels. The model, which was entitled *Goals for Nursing Practice and Education in Oklahoma*, was often used by educational institutions to develop program objectives and curricula. The model was also used in practice settings to assist with development of job descriptions and procedures.

By 2009, the Board had identified that an update of the document was necessary to evaluate the applicability of the model to today's practice. Therefore, a subcommittee of the Nursing Education and Practice Advisory Committee was appointed to review and update the model. Subcommittee members were chosen to represent practical nurse, registered nurse, and graduate nurse education, as well as nursing practice. The subcommittee met in 2009-10 to review current literature and revise the model to reflect current nursing competencies. In addition, the subcommittee recommended revising the model title as follows: *Nursing Competencies by Educational Level: Guidelines for Nursing Practice and Education in Oklahoma*.

In 2003, the Institute of Medicine (IOM) identified a set of core competencies to be demonstrated by all health care professionals to meet the needs of the 21st-century health system (Greiner & Knebel, 2003). The competencies are to be able to:

- o Provide patient-centered care;

- o Work in interdisciplinary teams;
- o Employ evidence-based practice;
- o Apply quality improvement; and
- o Utilize informatics.

The subcommittee revised the *Nursing Competencies by Educational Level: Guidelines for Nursing Practice and Education in Oklahoma* model to include specific nursing competencies by educational level based on the IOM's five core competencies.

At the May 2010 Oklahoma Board of Nursing meeting, the Board approved the revisions recommended by the subcommittee. The model is available on the Board's website as a mechanism to assist nurses in education and practice with decisions regarding nursing curricula, articulation between educational levels, and nursing roles in various practice settings. The model does not mandate nursing roles, curriculum, or articulation, but rather, it is available as a resource for Oklahoma nurses. To review the document, please go to: [www.ok.gov/nursing/ed-goals.pdf](http://www.ok.gov/nursing/ed-goals.pdf).

The Board would like to express its appreciation to the members of the subcommittee: Carolyn Kornegay, Ph.D, RN; Rose Marie Smith, MS, RN; Shelley Hovis, RN; Teri Round, MS, RN; Linda Fanning, RN, MS; and Jana Pressler, PhD, RN.

Access the current *Oklahoma Nursing Practice Act and Rules* on the Board's website: [www.ok.gov/nursing](http://www.ok.gov/nursing).  
Links to the *Act and Rules* are on the home page.

OKLAHOMA BOARD OF NURSING											
FIRST-TIME NCLEX-RN CANDIDATE PASS RATE (Percent by Calendar Year)											
Nursing Program	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	#2009 Candidates
Bacone College	76.00	81.80	61.11	68.75	58.82	78.57	72.41	100.00	85.71	33.30	27
Carl Albert State College - Poteau	78.80	85.00	94.74	90.24	100.00	93.33	95.83	73.91	77.78	100.00	16
Carl Albert State College - Sallisaw	N/A	N/A	N/A	N/A	N/A	80.00	100.00	100.00	66.67	100.00	6
Connors State College, Warner	91.40	87.00	94.44	77.27	77.78	92.00	100.00	95.65	100.00	92.59	27
Connors State College, Muskogee	N/A	100.00	100.00	87.50	78.79	91.67	100.00	91.43	100.00	97.62	42
East Central University - Ada	91.90	100.00	91.67	91.30	82.05	88.00	79.07	83.33	94.29	97.30	37
East Central University - Durant	N/A	N/A	N/A	81.82	100	91.67	81.25	88.24	92.86	100.00	16
Eastern Okla State College, Wilburton	85.40	52.90	76.47	93.75	52.38	88.88	84.21	86.36	79.31	77.78	27
Eastern Okla State College, McAlester	N/A	61.10	N/A	N/A	N/A	N/A	N/A	N/A	92.86	80.00	20
Eastern Okla State College, Idabel	N/A	81.80	84.62	86.96	81.82	86.66	86.36	80.00	93.75	76.00	25
Langston University - Langston	84.40	53.30	42.86	100.00	100.00	80.00	87.50	60.00	85.71	83.33	24
Langston University - Tulsa	N/A	85.70	81.25	71.43	78.94	69.23	91.11	65.96	62.22	70.21	47
Murray State College	71.10	73.20	66.67	96.00	85.71	87.50	98.04	80.70	71.43	78.57	42
Murray State College - Internet	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	84.21	19
Northeastern OK A&M College, Miami	78.10	62.50	90.00	92.86	89.58	87.50	100.00	84.78	88.64	70.83	48
Northeastern OK A&M College, Grove	N/A	N/A	N/A	N/A	N/A	N/A	100.00	100.00	100.00	85.71	14
Northern Oklahoma College, Tonkawa	98.00	100.00	90.00	92.86	90.00	86.21	81.25	95.83	80.00	80.00	30
Northern Oklahoma College, Enid	N/A	95.00	78.26	85.00	89.66	94.74	97.06	96.00	76.00	75.00	32
Northern Oklahoma College, Stillwater	N/A	N/A	N/A	100.00	100.00	88.24	86.36	87.50	86.96	85.71	28
Northwestern OK State University - Alva	87.50	75.00	100.00	33.33	66.67	50.00	93.33	70.00	100.00	100.00	8
Northwestern OK State University - Enid	N/A	83.33	83.33	100.00	88.89	82.35	100.00	73.33	88.89	100.00	9
Northwestern OK State University - Woodward	N/A	N/A	N/A	N/A	N/A	66.67	50.00	100.00	N/A	100.00	3
Oklahoma Baptist University	95.70	96.30	94.74	93.33	86.96	80.00	65.71	90.91	87.50	80.95	42
Oklahoma Christian University	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	88.24	88.89	18
Oklahoma City Community College	68.60	85.20	85.86	89.00	86.61	83.47	85.71	89.55	92.78	91.75	206
Oklahoma City University	70.59	77.80	63.64	58.00	57.89	92.59	97.67	92.11	97.73	94.74	57
Oklahoma State University - OKC	71.69	86.90	88.41	86.00	81.61	89.42	96.04	93.97	83.33	90.70	129
Oklahoma State University - Goodwell	N/A	100.00	83.33	100.00	83.33	83.33	100.00	100.00	100.00	N/A	N/A
Oklahoma State University - Okmulgee	N/A	N/A	N/A	N/A	N/A	53.85	62.07	66.67	71.43	82.35	17
Oklahoma Wesleyan University	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	70.00	66.67	12
Oral Roberts University	83.30	80.00	86.67	83.00	74.07	83.33	89.29	76.32	90.32	100.00	22

OKLAHOMA BOARD OF NURSING											
FIRST-TIME NCLEX-RN CANDIDATE PASS RATE (Percent by Calendar Year)											
NURSING PROGRAM	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	# 2009 Candidates
Platt College - OKC	N/A	N/A	N/A	N/A	N/A	84.00	69.39	47.57	56.18	59.26	108
Platt College - Tulsa	N/A	N/A	N/A	N/A	N/A	N/A	67.57	53.13	67.24	80.49	41
Redlands Community College- El Reno	64.30	90.30	84.62	88.89	69.49	87.17	94.74	83.72	95.24	96.43	28
Redlands Community College - Mercy Campus	N/A	N/A	N/A	N/A	100.00	71.42	50.00	66.67	25.00	N/A	N/A
Redlands Community College - OU Medical Ctr	N/A	58.33	N/A	N/A	N/A						
Rogers State University	92.30	97.40	97.14	92.50	86.96	85.00	96.77	92.00	92.16	77.05	61
Rose State College - Midwest City	81.30	90.00	77.42	87.01	87.36	92.75	95.95	85.23	95.55	81.65	109
Rose State College - Internet Program	N/A	87.50	81.25	93.10	93.55	79.17	100.00	90.00	77.78	88.89	9
Seminole State College	88.00	100.00	77.78	84.21	88.00	85.71	90.48	76.19	87.50	92.00	25
Southern Nazarene University	93.30	57.10	N/A	66.67	50.00	46.67	85.19	68.97	88.89	100.00	5
Southwestern OK State University	65.20	100.00	100.00	82.35	90.00	93.33	83.33	86.11	95.65	90.91	33
Tulsa Community College	80.8	79.50	86.30	85.86	92.78	88.37	90.48	91.60	95.53	94.06	101
University of Central Oklahoma	87.90	86.10	83.61	78.85	90.91	91.89	93.55	90.24	89.71	91.01	89
University of Oklahoma- Mercy	N/A	N/A	50	N/A							
University of Oklahoma- OKC	88.60	91.60	84.21	86.32	83.48	92.36	91.62	84.02	87.21	92.57	202
University of Oklahoma- Tulsa	100.00	100.00	100.00	100.00	96.15	100.00	94.44	90.00	88.89	94.44	90
University of Oklahoma - Lawton	71.42	88.57	78.13	96.00	90.63	80.56	82.05	59.52	82.46	97.96	49
University of Oklahoma- Woodward/Enid	77.77	100.00	80.00	100.00	100.00	N/A	N/A	N/A	N/A	N/A	N/A
University of Oklahoma - Internet Campus	N/A	N/A	N/A	N/A	N/A	N/A	100.00	100.00	100.00	96.08	102
University of Tulsa	86.20	94.40	82.35	88.24	53.33	80.00	95.45	77.27	100.00	90.48	21
Western Oklahoma State College - Altus	82.40	95.80	90.91	91.67	81.25	93.33	82.75	80.95	86.36	100.00	21
Western Oklahoma State College - Duncan	N/A	85.71	87.50	24							
Western Oklahoma State College - Elk City	N/A	84.62	91.67	12							
Western Oklahoma State College - Lawton	N/A	N/A	N/A	N/A	N/A	92.86	82.35	75.00	88.46	100.00	21
Oklahoma Pass Rate	80.94	84.92	83.92	86.36	83.68	86.59	88.88	82.07	85.65	86.67	2,213
National Pass Rate	83.84	85.53	86.66	87.01	85.26	87.29	88.11	85.47	86.73	88.42	134,728

<b>OKLAHOMA BOARD OF NURSING</b>											
<b>FIRST-TIME NCLEX-PN CANDIDATE PASS RATE (Percent by Calendar Year)</b>											
<b>NURSING PROGRAM</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>#2009 Candidates</b>
Autry Technology Center	90.50	80.00	95.24	93.75	100.00	100.00	100.00	100.00	90.00	93.33	15
Caddo-Kiowa Tech Center	83.30	86.70	90.00	95.83	100.00	89.47	72.73	88.89	84.21	60.00	20
Canadian Valley Tech, Chickasha	92.90	100.00	100.00	100.00	100.00	95.24	93.75	100.00	100.00	85.71	21
Canadian Valley Tech, El Reno	100.00	100.00	88.89	82.35	100.00	95.24	100.00	88.24	100.00	100.00	16
Central Tech Center - Drumright	92.00	95.80	87.10	N/A	68.42	N/A	79.17	75.00	76.47	77.27	22
Central Tech Center - Sapulpa	N/A	N/A	N/A	100.00	95.00	95.24	88.10	80.00	72.22	86.67	15
Chisholm Trail Tech Center	88.90	80.00	100.00	100.00	100.00	100.00	100.00	77.78	100.00	83.33	6
Comanche Nation College	N/A	N/A	N/A	N/A	N/A	N/A	100.00	83.33	100.00	N/A	N/A
Equivalency (Air Force) *	85.70	100.00	100.00	56.25	85.71	N/A	70.00	89.47	83.33	N/A	N/A
Francis Tuttle Tech Center	78.60	80.00	88.00	96.97	94.44	88.10	92.11	86.05	92.59	86.84	38
Gordon Cooper Tech Center	87.00	100.00	77.27	80.95	86.36	92.59	100.00	96.15	100.00	96.15	26
Great Plains Tech Center - Lawton	82.90	84.20	90.57	90.91	96.15	93.18	84.91	91.67	87.18	94.59	37
Great Plains Tech Center - Frederick	N/A	N/A	N/A	69.23	62.50	80.00	71.43	100.00	100.00	100.00	8
Green Country Tech Center	73.30	58.30	69.23	90.91	83.33	95.45	70.83	90.48	62.50	83.33	24
High Plains Technology Center	68.20	53.30	68.42	94.12	81.82	85.71	68.75	80.95	100.00	95.24	21
Indian Capital Tech Center - Tahlequah	100.00	100.00	84.62	90.00	100.00	90.91	100.00	100.00	91.67	100.00	12
Indian Capital Tech Center - Muskogee	100.00	100.00	100.00	90.91	100.00	100.00	100.00	100.00	100.00	93.75	16
Indian Capital Tech Center - Sallisaw	100.00	80.00	100.00	87.50	93.33	100.00	100.00	100.00	95.65	81.25	16
Indian Capital Tech Center - Stilwell	100.00	80.00	71.43	66.67	100.00	100.00	100.00	70.00	90.00	100.00	8
Kiamichi Tech Center - Atoka	60.00	N/A	66.67	N/A	91.30	N/A	100.00	100.00	100.00	100.00	9
Kiamichi Tech Center - Durant	87.00	95.20	90.32	94.74	89.29	92.31	100.00	95.24	96.67	96.15	26
Kiamichi Tech Center - Hugo	85.00	76.50	94.44	95.24	95.24	100.00	95.24	95.83	100.00	100.00	16
Kiamichi Tech Center - Idabel	86.70	100.00	93.75	100.00	100.00	100.00	93.10	100.00	96.55	100.00	18
Kiamichi Tech Center - McAlester	100.00	90.90	100.00	88.89	100.00	94.12	95.00	100.00	100.00	100.00	18
Kiamichi Tech Center - Poteau	95.80	78.30	80.95	91.30	100.00	84.00	70.83	100.00	95.24	100.00	21
Kiamichi Tech Center - Stigler	90.00	N/A	92.31	N/A	100.00	N/A	81.82	N/A	77.78	N/A	N/A
Kiamichi Tech Center - Tahhina	70.00	100	88.89	N/A	90.00	N/A	100.00	N/A	100.00	N/A	N/A

OKLAHOMA BOARD OF NURSING												
FIRST-TIME NCLEX-PN CANDIDATE PASS RATE (Percent by Calendar Year)												
NURSING PROGRAM	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	#2009 Candidates	
Meridian Technology Center	88.20	84.60	70.00	90.63	90.00	100.00	77.78	94.74	90.00	64.71	17	
Metro Technology Center	83.30	78.90	90.91	82.61	90.00	90.00	97.30	92.31	91.80	95.12	41	
Mid-America Technology Center	100.00	86.70	90.91	79.17	91.30	91.30	87.50	96.00	95.24	86.96	23	
Mid-Del Technology Center	86.67	78.60	57.14	88.89	85.71	100.00	100.00	95.45	90.91	100.00	13	
Moore Norman Technology Center	90.00	71.40	89.47	90.70	87.88	87.80	87.88	97.92	97.06	97.14	35	
Northeast Technology Center - Afton	100.00	81.30	93.30	95.45	91.67	83.33	96.15	93.33	96.15	90.48	21	
Northeast Technology Center - Kansas	61.10	93.30	84.61	71.43	85.71	85.71	84.21	92.31	86.21	100.00	22	
Northeast Technology Center - Pryor	82.40	95.70	100.00	91.30	100.00	95.65	88.24	86.36	95.45	88.46	26	
Pioneer Technology Center	88.90	81.30	100.00	94.12	100.00	100.00	94.74	100.00	95.65	85.71	14	
Platt College - OKC	81.30	79.20	72.73	84.00	77.36	86.54	70.49	90.70	81.25	75.81	62	
Platt College - Tulsa	95.0	94.30	87.88	86.15	90.77	93.15	97.22	93.67	98.73	95.52	67	
Platt College - Lawton	78.30	76.70	70.27	93.55	86.49	86.96	83.33	83.33	91.67	75.00	8	
Platt College - Moore	N/A	N/A	N/A	N/A	N/A	70.77	67.86	70.19	83.10	77.08	48	
Pontotoc Technology Center	70.80	81.00	79.17	81.48	80.77	81.82	83.33	85.00	84.21	82.00	50	
RN Educated Partial RN Completion **	96.20	96.20	96.90	98.57	94.96	N/A	98.17	96.04	96.59	94.96	119	
RN Failure Taking PN **	N/A	N/A	N/A	97.30	95.65	N/A	100.00	100.00	100.00	100.00	3	
Re-Entry/Board Request										100.00	8	
Red River Technology Center	100.00	87.50	100.00	79.17	100.00	95.00	100.00	100.00	90.00	89.47	19	
Southern Oklahoma Technology Center	82.10	100.00	93.75	78.57	100.00	100.00	100.00	100.00	95.24	100.00	12	
Southwest Technology Center	90.90	79.20	91.67	82.61	92.00	100.00	88.24	83.33	83.33	90.91	22	
Tri County Technology Center	93.10	96.30	80.00	97.14	96.00	100.00	91.18	97.06	93.94	87.18	39	
Tulsa Technology Center	92.90	95.00	80.56	88.57	84.62	80.43	82.35	79.41	85.51	85.96	57	
Tulsa Technology Center - St. Francis	N/A	N/A	N/A	100.00	100.00	100.00	N/A	100.00	100.00	N/A	N/A	
Tulsa Technology Center - Hillcrest	N/A	N/A	N/A	N/A	100.00	100.00	100.00	N/A	N/A	N/A	N/A	
Tulsa Technology Center - St. John's	N/A	N/A	N/A	N/A	100.00	N/A	N/A	100.00	N/A	N/A	N/A	
Wes Watkins Technology Center	87.00	100.00	100.00	100.00	92.86	100.00	87.50	100.00	77.78	88.89	18	
Western Technology Center	70.80	65.40	90.48	94.44	100.00	88.89	94.44	95.65	88.24	80.77	26	
Oklahoma Pass Rate	87.12	86.41	86.07	89.21	91.81	90.95	88.95	90.14	90.90	89.43	1,201	
National Pass Rate	85.1	86.46	86.50	88.21	89.36	89.06	87.87	87.25	85.62	85.73	65,532	

## PEER ASSISTANCE PROGRAM

Do you or someone you know have a substance abuse problem? Did you know if you are a nurse substance abuse could lead to disciplinary action by the Oklahoma Board of Nursing? According to the *Oklahoma Nursing Practice Act* (59 O.S. §567.8 B. 4), the Board is required to impose disciplinary action upon proof that the nurse is intemperate in the use of alcohol or drugs if the Board determines it does or could endanger patients. The exception to the imposition of discipline is if the nurse voluntarily enters and successfully completes the Peer Assistance Program.

The Peer Assistance Program is a voluntary alternative to the disciplinary process for nurses who abuse drugs or alcohol. It is under the control of the Oklahoma Board of Nursing. It is through stringent monitoring of the recovery of the participants that the program supports the mission of the Board to safeguard the public. Participants agree to receive recommended treatment, abstain from the use of mind-altering, intoxicating and potentially addictive chemicals, submit to random body fluid testing, attend support groups and practice nursing only with the approval of the program and with supervision by their employer.

These may sound like a “lot of hoops”, and in fact some of our graduates have described them in those terms. But some of those same nurses today would attest that these were necessary for not only the public’s protection, but also for their recovery. The following is a quote from a nurse who successfully completed the program and is now giving back to other nurses struggling with the same problem.

“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 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 and requirements were the support I needed until I was strong enough to stand on my own feet.”

If you or someone you know needs assistance, call the Peer Assistance Program at 405-525-2277. Inquiries are confidential.

### 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 generally 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 locations may be changed. The committee meetings are cancelled and rescheduled if it is determined a quorum will not be present.

Meeting	Dates	Sites
Oklahoma Board of Nursing Generally begins 1st day - 5:30 p.m. 2nd & 3rd day - 8:00 a.m. Please check agenda for time.	Nov. 9, 10, & 11, 2010 Jan. 25, 26, & 27, 2011 March 29, 30 & 31, 2011 May 24, 25, & 26, 2011 July 26, 27, & 28, 2011	Wyndham Garden Hotel 2101 S. Meridian Oklahoma City, OK 405-685-4000
Advanced Practice Advisory Comm.	Feb. 24, 2011	Board Office
Nursing Education & Practice Advisory Committee	Feb. 28, 2011	Board Office
CRNA Formulary Advisory Committee	April 25, 2011	Board Office
Advanced Unlicensed Assistant Advisory Committee	May 5, 2011	Board Office

## INFORMATION FOR CERTIFIED REGISTERED NURSE ANESTHETISTS

The Oklahoma Board of Nursing (Board) receives many calls regarding roles of Advanced Practice Nurses including questions specific to the select, order, obtain, and administer (SOOA) authority for Certified Registered Nurse Anesthetists (CRNAs). Because of the nature of CRNA practice, rules related to SOOA authority are slightly different for Advanced Practice Nurses holding CRNA recognition.

The CRNA may apply for SOOA authority after meeting specified requirements including satisfactory completion within the last two years of a minimum of 15 units of continuing education in advanced pharmacology related to the administration of anesthesia as recognized by the Council on Certification of Nurse Anesthetists. SOOA authority allows the CRNA to select, order, obtain, and administer anesthesia-related drugs, gases, and devices that are included on the CRNA Inclusionary Formulary during the perioperative and periobstetrical periods so as to maintain the patient in sound physiological status. Statutory authority limiting the periods in which CRNAs may exercise this authority can be found in the *Oklahoma Nursing Practice Act*, specifically 59 O.S. § 567.3a.10.b which includes: “A certified registered nurse anesthetist may order, select, obtain and administer drugs **only during the perioperative or periobstetrical period.**”

The CRNA Inclusionary Formulary is reviewed annually, most recently on April 26, 2010, by a statutory committee of the Board. The current inclusionary formulary may be found on the Board’s website at [www.ok.gov/nursing/prac-crnafrm.pdf](http://www.ok.gov/nursing/prac-crnafrm.pdf). Schedule II-V drugs may be selected, ordered, obtained and administered if the CRNA has registered with the Oklahoma Bureau of Narcotics and Dangerous Drugs and the Federal Drug Enforcement Agency. **Without SOOA authority**, the CRNA may administer anesthesia, but may not select and order the drugs to be administered without the signature of the physician.

CRNAs are not required to obtain an agreement with a specific supervising physician for SOOA authority as are other Advanced Practice Registered Nurses with prescriptive authority. However, all CRNAs administer anesthesia under the supervision of a medical doctor, an osteopathic physician, a podiatric physician, or a dentist licensed in this state and under conditions in which timely onsite consultation by such doctor, osteopath, podiatric physician, or dentist is available. Orders written by the CRNA with SOOA authority must include the name of the client; the date of the order; the full name of the drug, dosage, route, and specific directions for administration; and the signature of the CRNA.

Senate Bill 479, signed into law on April 9, 2010, also impacts the practice of CRNAs. This bill created the *Oklahoma Interventional Pain Management and Treatment Act*, which prohibits CRNAs from operating certain facilities without specified supervision. As used in the Act 59 O.S. § 650:

- “Chronic pain” means a pain state which is subacute, persistent and intractable;
- “Fluoroscope” means a radiologic instrument equipped with a fluorescent screen on which opaque internal structures can be viewed as moving shadow images formed by the differential transmission of X-rays throughout the body; and
- “Interventional pain management” means the practice of medicine devoted to the diagnosis and treatment of chronic pain, through the use of such techniques as:
  - o Ablation of targeted nerves,
  - o Percutaneous precision needle placement within the spinal column with placement of drugs such as local anesthetics, steroids, and analgesics in targeted areas of the spinal column, or
  - o Surgical techniques, such as laser or endoscopic discectomy, intrathecal infusion pumps, and spinal cord stimulators.

The *Oklahoma Interventional Pain Management and Treatment Act* includes but is not limited to the following key points:

- It shall be unlawful to practice or offer to practice interventional pain management in this state unless such person has been duly licensed under the provisions of the *Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act* or the *Oklahoma Osteopathic Medicine Act*.
- Nothing in this section shall be construed to forbid the administration of lumbar intra-laminar epidural steroid injections or peripheral nerve blocks by a Certified Registered Nurse Anesthetist when requested to do so by a physician and under the supervision of an allopathic or osteopathic physician licensed in this state and under conditions in which timely on-site consultation by such allopathic or osteopathic physician is available.
- A Certified Registered Nurse Anesthetist shall not operate a freestanding pain management facility without direct supervision of a physician who is board-certified in interventional pain management or its equivalent.

In addition, Senate Bill 479 amended the *Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act* to allow the State Board of Medical Licensure and Supervision the authority to impose administrative penalties and initiate disciplinary and injunctive proceedings against any person who violates any of the provisions of the *Oklahoma Interventional Pain Management and Treatment Act* or any rule promulgated pursuant thereto (59 O.S. § 491.B.2).

Laws regarding the practice of CRNAs are complex and may involve several different agencies. CRNAs are encouraged to read all applicable statutes, rules, and policies carefully to ensure compliance.

## SUMMARY OF BOARD ACTIVITIES

Since the last newsletter went to press, the Oklahoma Board of Nursing has met three times. At those meetings, the Board took actions as noted below, in addition to conducting disciplinary hearings. Disciplinary actions taken by the Board can be reviewed at: <http://www.ok.gov/nursing/inv-disc3.html>.

During the **March 2010** meeting, the Board:

- Reviewed without revision or accepted proposed revisions to the following policies:
  - *Discipline Guidelines for the Oklahoma Board of Nursing*, #I-20.
- Accepted survey visit reports and granted five years continuing “Full Approval” status to the following nursing education programs:
  - Redlands Community College, El Reno.
  - University of Central Oklahoma, Edmond.
- Accepted a focus survey visit report for Platt College RN Program, Oklahoma City. Placed the program on “Conditional Approval” status for one year, with a focus survey visit to be conducted in January 2011.
- Accepted a focus survey visit report for Platt College RN Program, Tulsa. Granted continuing “Full Approval” status for two years, with a progress report to be submitted in one year.
- Accepted a focus survey visit report for Oklahoma State University Institute of Technology, Okmulgee, with the program continuing on “Full Approval” status for the remainder of their current five year approval period.
- Reviewed compliance of Comanche Nation College, Lawton, with specified educational standards. Placed the program on “Conditional Approval” status for one year, with focus survey visits to be conducted in April 2010 and December 2010.
- Approved a curriculum change request for Gordon Cooper Technology Center, Shawnee.
- Approved a request for an additional program offering in Tahlequah for Connor State College, Muskogee.
- Reviewed 2009 NCLEX pass rates for nursing education programs and 2009 AUA program pass rates.
- Approved the proposed timeline for implementing recommendations of the Advanced Practice Advisory Committee related to the *Model Nursing Practice Act* and *Model Rules* for Advanced Practice Registered Nurses.
- Accepted the report of the Provider Appeal Committee and approved the recommendations.

During the **May 2010** meeting, the Board:

- Reviewed without revision or accepted proposed revisions to the following policies:
  - *Information for Bulletins and Catalogs of Nursing Education Programs*, #E-05
  - *Employment of Nursing Students and Non-Licensed Graduates Guidelines*, #E-04
  - *Decision Making Model for Scope of Nursing Practice Decisions: Determining RN/LPN Scope of Practice Guidelines*, #P-10
  - *CRNA Inclusionary Formulary*, #P-50A
  - *Peer Assistance Program Committee Code of Conduct*, #PA-17
  - *Goals for Nursing Practice and Education in Oklahoma* [title changed to *Nursing Competencies by Educational Level: Guidelines for Nursing Practice and Education in Oklahoma*, #P-21]
- Approved proposed *Peer Assistance Program Noncompliance Guidelines*.
- Appointed Brad Collins, MHR, LADC, and James Patterson, CADC, to the Peer Assistance Committee.
- Accepted survey visit reports and granted five years continuing “Full Approval” status to the following nursing education programs:
  - Tri-County Technology Center, Bartlesville
  - Green Country Technology Center, Okmulgee

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- o Tulsa Community College, Tulsa
- Accepted a focus survey visit report conducted at Comanche Nation College, Lawton.
- Approved a program change request for Northeast Technology Center, Claremore campus.
- Denied the Step I application for a new practical nursing education program for Career Point College, Tulsa.
- Approved the recommendations of the Board's Subcommittee to Review NCLEX Pass Rate Reports and issued a "Warning" to Langston University, Tulsa. Accepted a follow-up report from the program.
- Approved the recommendations of the Board's Subcommittee to Review NCLEX Pass Rate Reports and issued a "Warning" to Oklahoma Wesleyan University, Bartlesville.
- Approved the recommendations of the Board's Subcommittee to Review NCLEX Pass Rate Reports and took no action on the approval status for the following programs:
  - o Bacone College, Muskogee
  - o Caddo-Kiowa Technology Center, Ft. Cobb
  - o Eastern Oklahoma State College, Idabel and Wilburton campuses
  - o Meridian Technology Center, Stillwater
  - o Northeastern Oklahoma A&M College, Miami campus
  - o Northern Oklahoma College, Enid campus
  - o Platt College RN Program, Oklahoma City
  - o Rogers State University, Claremore

During the **August 2010** meeting, the Board:

- Reviewed without revision or accepted proposed revisions to the following policies:
  - o *Issuance of Temporary Licenses for RN's and LPN's*, #P-09
  - o *Decision-Making Model for Scope of Nursing Practice Decisions: Determining Advanced Practice Registered Nurse, Registered Nurse, and Licensed Practical Nurse Scope of Practice Guidelines*, #P-10
  - o *Administrative Provisions to be Included in All Probation Orders Unless Specified Otherwise by Board*, #I-03
  - o *Nurse Support Group Approval Criteria*, #I-14
  - o *Guidelines for Supervised Practice*, #I-18
  - o *Peer Assistance Program Nurse Support Group Approval Criteria*, #PA-07
  - o *Peer Assistance Program Support Group Participation Guidelines*, #PA-08
  - o *Peer Assistance Program Supervised Practice Guidelines*, #PA-09
  - o *Peer Assistance Program Self Assessment Report Guidelines*, #PA-11.
- Reappointed Leanna Harkess, RN, CNM, ARNP, to the Advanced Practice Advisory Committee and the Formulary Advisory Council.
- Reappointed Jan Heller, RN, and Dianna McGuire, LPC, LADC, NCGCII, to the Peer Assistance Committee.
- Reviewed compliance of ITT Technical Institute, Oklahoma City, with specified educational standards. Placed the program on "Conditional Approval" status for one year.
- Approved requests for curriculum change from Bacone College, Muskogee; and University of Oklahoma College of Nursing, Oklahoma City, Tulsa, Lawton, and Online campuses.
- Accepted the report and recommendations from the Use of Simulations in Nursing Education Task Force.
- Reviewed results of a survey conducted of Oklahoma licensed nurses on a proposed continuing competency model.
- Adopted the *FY 2012 – FY 2016 Oklahoma Board of Nursing Strategic Plan*.
- Accepted survey visit reports and granted five years continuing Full Approval to the following nursing education programs:
  - o Platt College PN Program, Oklahoma and Moore campuses
  - o Platt College PN Program, Tulsa
  - o Western Technology Center, Burns Flat
  - o Connors State College, Muskogee.

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