HIGH-FIDELITY SIMULATION: Report of findings

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NEW CONTINUING EDUCATION REQUIREMENTS FOR RENEWAL OF IV THERAPY CERTIFICATION

Story on page 28
A Rare Opportunity to Become a Part of Nursing Excellence

WHY CHOOSE EXCELLENCE?
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Greetings Wyoming Nurses!

This issue of the Wyoming Nurse Reporter is dedicated to education, a topic that is integral to the board’s mission: to serve and safeguard the people of Wyoming through the regulation of nursing education and practice.

As regulators, we are accountable for review of nursing education in three specific ways: examining transcripts for pre-licensure (nurses), certification (CNAs) or recognition (APRNs); ongoing accrual of education hours to verify continued competency (CNAs and APRNs); and approval of pre-licensure nursing programs in Wyoming. Licensing specialists, LaVelle Ojeda and Maxine Hernandez, are employed at the board office to review every CNA, LPN, and RN application to verify transcripts, school records and NCLEX scores. They also verify CNA documentation of continued competence for certification applications and renewals. The Practice and Education Consultant, Dr. Mary Beth Stepans, evaluates all applications for APRN recognition, as well as the evidence provided for renewal based on continuing education units (CEUs). The approval of pre-licensure nursing education programs is a joint effort among members of the board, board staff, and outside consultants. That is a thumbnail sketch of our formal regulatory function in the area of education. However, there is much more about nursing education, continuing education and lifelong nursing that piques our interest.

The WSBN is excited to be involved in the Robert Wood Johnson project “Partners In Nursing” (PIN grant) that our colleagues from the University of Wyoming Fay W. Whitney School of Nursing (FWWSON) and other stakeholders around the state received. Dr. Mary Burman, Dean of FWWSON, provided an article for this issue to explain this very exciting initiative to our readers. WSBN has also been consulted regarding the “Wyoming Invests In Nursing” (WIIN) program that
has allowed monies set aside by the legislature to be available to individuals interested in pursuing or furthering their nursing education. We are particularly proud that Dr. Stepans has been selected by the National Council of State Boards of Nursing (NCSBN) to serve on the Institute for Regulatory Excellence (IRE) Committee. The IRE grant program group funds research projects including those that explore continued competency for APRNs. We will be modifying the renewal process to require submission of a log of ongoing training for competency. We assure the public that all of their nursing care providers are meeting minimal levels of continuing education and training and education of the APRNs were unable to provide board staff with evidence of earned CEUs for APRNs (the two groups of licensees with a continued competency requirement) in order to verify that the signed statements provided at licensure renewal accurately reflected earned training and education hours. Twenty one percent (21%) of the CNAs and 10% of the APRNs were unable to provide board staff with the appropriate documentation of continued education. Clearly, relying on the check mark and signature verification method does not sufficiently allow for us to assure the public that all of their nursing care providers are meeting minimal levels of continuing education and competency. We will be modifying the renewal process to require submission of a log of ongoing training for all CNAs and evidence of earned CEUs for APRNs. Employers and providers of continuing education can help us meet this part of our mission by keeping adequate records and giving participants certificates or some other proof of attendance and completion.

On a personal note, I would like to share some of my own ideas about nursing education. How nurses learn, why nurses remember and believe some basic tenets and dismiss or forget others, and what sparks personal engagement of the learner: this is my passion and prompted me to seek two graduate degrees in nursing education.

I was asked just the other day what my research interests in nursing were. I relayed that my master’s thesis had been in the area of educating new mothers about Sudden Infant Death Syndrome (SIDS) and my doctoral dissertation was about transformational leadership in novice nurse managers; I was met with raised eyebrows. I did feel a little foolish in this conversation, thinking the other person might have thought I couldn’t make up my mind about what research area to settle on! But upon further reflection, I can see that both these research questions are essentially the same; how can I, as a nurse, persuade (educate) someone to change his or her behavior? This, in truth, is what fascinates me. How do we engage another person to sufficiently generate the enthusiasm, curiosity, and motivation to learn and change behavior accordingly? The answer I am leaning towards probably will not surprise you: interpersonal relationships.

In both of my own research quests, I found that by creating and developing relationships and drawing on interpersonal connections, I was able to see (and measure) a behavioral change. As Jean Watson says, that change is not just in the patient (or the learner/student); it transforms the nurse as well (Watson, 1979, 1988). That is the beautiful art of our profession: as we care for patients or teach students, we, too are transformed and made more whole as human beings.

I would submit to each one of you, that education, whether your first entry-level nursing program, an LPN-RN course of study, or the quest for an advanced degree, is transformative. We cannot engage in this incredible process called education without personal growth and change. We regularly expect our patients to learn new skills (i.e., insulin injections, blood pressure monitoring, medication regimens). We use all of our powers of persuasion to convince our patients that they need to make significant adaptations for a healthier lifestyle. Let’s use that same platform to encourage one another to continually adapt, learn and grow through continuing education, or better yet, LIFELONG LEARNING.

Thank you all for having the courage to not only enter this profession, but to continually seek challenge and growth through your own personal journey of lifelong learning. The relationship that the board is building with each licensee relies heavily on this publication; it is our Number One means of communication with each of you! We appreciate and value your readership and, as always, we welcome your stories and comments. I wish each one of our Wyoming nurses and your families a blessed and happy holiday season!


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1-800-422-1893, Ext. 124
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Equal Opportunity Employer
I am writing to let all nurses in this state know how wonderful it is to work with our State Board of Nursing. I recently had a very important issue take place at my place of employment. I worked with Mary Beth Stephans and Mary Kay Goetter and they were a tremendous amount of support, encouragement, professionalism and knowledge. They helped us settle the workplace issue and went to bat for me and my other nurses. They were also very prompt and provided many forms of educational information, rules and regulations to assist us. I feel very protected and secure knowing they are working for us. I for one have no problem paying the increase in our license fees because I definitely know that they are just a phone call or e-mail away.

My hat goes off to them. They are working hard for all nurses of this state and are definitely there for us.

Thank you again to both Mary Beth and Mary Kay.

Trudy Craft, RN, BSN

Dear Mary Beth

Please accept this letter as a note of recognition of Nancy McGee’s practices. I obtain services from her at Pathways in Laramie. I regularly thank Ann Marie Hart for providing me with Nancy’s name. I have also thanked the operator of Pathways for matching me with Nancy.

I first saw Nancy in May 2008, about 6 months after being denied treatment by another local APRN who made an assessment in less than 50 minutes and did not consult with my other providers. At Nancy’s and my initial session, we visited and signed releases. We met again, and meet on a regular basis. I have never been concerned about being over-medicated by Nancy (for her convenience) as I once was. Changes in medications are rare and gradual. I am informed of the goals of any changes.

What also makes Nancy stand out as a (mental) health provider is that she is even toned, does not personalize my mood shifts, and did not fault me when I had a not-so-good reaction to a medication. She is attentive and follows up, without judgment or threat, at all times.

The words above are only highlights of why I want to give her recognition with the Board.

Thank you!

Mary Kay Goetter, PhD, RNC, NEA-BC
Executive Director, Wyoming State Board of Nursing

NOTICE OF PROPOSED AMENDMENTS TO RULES

Notice is hereby given that the Board of Nursing intends to amend Chapter 4 of the Administrative Rules and Regulations. These proposed amendments are in response to the changes in the Nurse Practice Act (W.S. 33-21-119 through 33-21-157) which became effective July 1, 2005. Chapter 4 establishes qualifications and standards of practice for Advanced Practice Registered Nurses. The existing rules were reorganized for clarity. Language in this chapter was revised to be consistent with the changes made to the Wyoming Nurse Practice Act (July 1, 2005) and the Consensus Model for Advanced Practice Registered Nurse Regulation: Licensure, Accreditation, Certification & Education adopted by the National Council of State Boards of Nursing (August, 2008). In addition, Criminal Background Checks were added as a requirement for advanced practice recognition.

Copies of the proposed rules in a format that clearly indicates additions to and deletions from existing language may be obtained from:

Wyoming State Board of Nursing
1810 Pioneer Avenue
Cheyenne, WY 82002
OR: via http://nursing.state.wy.us.

A public hearing will be held if requested by twenty-five (25) persons, by a governmental subdivision, or by an association having not less than twenty-five (25) members. Requests for a public hearing must be submitted to the above no later than 5:00 p.m. on January 10, 2010. Written comments must be submitted to the above address or via e-mail at wynursing@state.wy.us no later than 5:00 p.m. on January 10th, 2010. Any person may urge the Board not to adopt the rules and also request the Board to state its reasons for overruling the consideration urged against adoption. Requests for a Board response must be made prior to, or within thirty (30) days following adoption of the rule.

Dated this 27th day of November, 2009.

Mary Kay Goetter, PhD, RNC, NEA-BC
Executive Director, Wyoming State Board of Nursing

Letters To the Editor
During National Council of State Boards of Nursing’s (NCSBN) annual meeting, Wyoming State Board of Nursing president, Jennifer Zettl, and Executive Director, Mary Kay Goetter received a plaque commemorating Wyoming State Board of Nursing’s 100th anniversary from NCSBN president, Laura Rhodes.

Help us to celebrate this event during an open house on December 7, 2009. We will celebrate the 100-year anniversary of licensed nursing practice in Wyoming and rededicate the board to the next 100 years of excellence in nursing education and practice! The event will be held at the WSBN office in Cheyenne at 1810 Pioneer Avenue. Come to the office to view a collage of pictures from a century of nursing and attend a “mock” board meeting which will be conducted according to the agenda from the first board meeting which occurred on December 7th and 8th, 1909:

**Agenda for WSBN Meeting**
*(Taken from minutes of the first board meeting December 7 & 8, 1909)*

- Introduction of members present
- Selection of chair
- Call for nominations for president, vice-president, and secretary

**New business:**
1. Record keeping of future meetings of the board
   - Stationery- letter head and envelopes
   - Seal
   - Expense vouchers
   - Book for secretary’s minutes
   - Need a motion for purchase of these items
2. Standard size of training schools
   - Colorado Board of Nursing to be contacted for their recommendation
3. Curriculum for training schools to be at desired standard.
4. Grade to be determined successful in each required course of curriculum
5. Number of beds required of a hospital desiring to have a school
6. Course of study for male students.

The “mock” meeting will begin promptly at 12pm with afternoon tea to follow. Please join us to celebrate a 100 years of nursing regulation!

The Wyoming State Board of Nursing is unveiling its new logo featuring the Indian paintbrush as part of the celebration of its 100th anniversary of ensuring nursing quality in Wyoming. The image was created by tile artist Mimi Ross Blank and was adapted by the WSBN for a logo. Aside from being the state flower, the Indian paintbrush seemed an apt image for the logo because of its delicate but hardy beauty and its ability to thrive in Wyoming’s climate of extremes. The species *Castilleja linariifolia* was adopted by Wyoming as the state flower on Jan. 31, 1917.

Blank says she spent summers on her grandmother’s ranch in Grand Teton National Park, the Bar BC, one of the first dude ranches in Jackson Hole. “I LOVED it,” she says. “All of my best memories are from there and to this day it is my favorite place in the world.” She and her mother would often go on long horseback rides and hikes in the river bottoms and mountains. “She just loved Indian paintbrush and would point it out and pick a sprig whenever we saw some,” Blank said. “Mom told me from the time I was a very little girl a neat little story about an Indian using the plant as a paintbrush. “So, of course I, in turn, love the flower as well and now when I visit my brother in Wyoming, I point it out to my daughter and make a big deal of it too!”

With the approaching anniversary, the board considered a new logo to replace the “lamp” image that is used by so many other nursing groups. Board members considered many images that conveyed the character of the WSBN, including images of pronghorn and the Wind River Mountains. The final decision was influenced by the beauty of Blank’s image and the practical consideration of how it translated to a black-and-white graphic.
strengthening the nursing workforce through ongoing collaboration, communication, and consensus building to meet the health needs of the people of Wyoming is the mission of the newly named Wyoming Center for Nursing and Health Care Partnerships (WCNHCP).

in August 2008, the Wyoming Community Foundation (WCYF), in partnership with the Fay W. Whitney School of Nursing (FWWSON) at the University of Wyoming and the Wyoming Nurses Association (WNA), was funded by the Robert Wood Johnson Foundation (RWJF) to develop the Nursing Workforce Project of Wyoming. The project has two goals: 1) establish a nursing workforce center to serve as a clearinghouse of information on nursing, and 2) fund pilot projects throughout the state to develop and evaluate innovative approaches to enhancing recruitment and retention of nurses.

The first goal has already been met. Although not permanent, the workforce center has been established and is now named the Wyoming Center for Nursing and Health Care Partnerships. It is currently housed in the Nightingale Center for Nursing Scholarship in FWWSON. The development of a website that will act as the primary location for statewide nursing information is currently underway. The WCNHCP is actively pursuing high visibility projects that will benefit the profession of nursing throughout the state. In relation to the second goal, in January of 2009 the WCNHCP awarded funding to 5 pilot projects that will have tangible impacts on critical concerns in nursing. All projects will be completed in April of 2010; subsequently outcomes from each of the projects will be presented at the Wyoming Nursing Summit and WNA meeting scheduled for September 16-18, 2010 in Cheyenne. The projects cover a range of approaches and address innovations relevant to long-term care, acute care and public health. The projects include:

- Campbell County Memorial Hospital's proposal, titled Preparing Clinical Preceptors for Wyoming Healthcare Facilities, places emphasis on both acute care hospitals and long term care facilities in the Gillette, Sheridan, and Buffalo region. The project aims to work with current preceptors, nurse managers, and nurse educators to identify strengths and weaknesses in current preceptor orientation programs, leading to the implementation and evaluation of a more effective, redesigned program.

- Powell Valley Health Care (PVHC) was funded to implement a CNA Mentorship Program. In 2006 PVHC conducted a study that indicated nurses who participated in a mentoring program had lower turnover than those who did not. A similar program for CNAs was designed to examine if comparable results could be achieved.

- The Wyoming Department of Health (WDH) created a Succession Plan for Public Health Nursing, after finding a large number of nurses will be retiring from public health within the next three to five years. The project focuses on recruitment and retention with a strong emphasis on succession planning.

- Wyoming Medical Center (WMC) in Casper is examining Improving Nurse Retention through an extended residency program. Studies show that nurse residency programs enhance recruitment and retention of graduate nurses. WMC has graduated three classes of nurse residents, with the average program lasting eight weeks. Recent literature, however, suggests that a yearlong program may be more effective. WMC created a curriculum that will contribute to a retention rate goal of at least 90 percent by nurse residents' second year of practice.

- Wyoming Nurses Association's created a Nursing Leadership Institute, recognizing important skills in leadership as having a positive effect on retention. Leadership style and behaviors are associated with staff nurse job satisfaction and intent to stay and organizational commitment. The leadership institute involves seminars provided by nursing leaders and development and implementation of a leadership project by each participant.

In addition to the pilot projects, the center was recently funded by the Wyoming Department of Workforce Services to develop and enhance the nursing and health care industry partnerships developed through the RWJF funded project (see next paragraph). Specifically, the proposal has three aims that focus on enhancing the educational capacity for nursing in the state, creating an awareness campaign that fosters interest in nursing for middle school students, and providing leadership development opportunities that enhance retention and recruitment of nurses. From its inception the WCNHCP Advisory Board has created and maintained a diverse and strong partnership involving a variety of organizations, including the WYCF, FWWSON, WNA, Campbell County Memorial Hospital, Ivinson Memorial Hospital, Pioneer Manor, Powell Valley Healthcare, Westview Health Care Center, Wyoming Medical Center, Nurse Educators of Wyoming (NEW), Department of Workforce Services, Wyoming Department of Employment, Wyoming State Board of Nursing, Wyoming Business Council, AARP-Wyoming, UW Outreach School, Area Health Education Center (AHEC), Tate Foundation, Sigma Theta Tau International - Alpha Pi Chapter, Wyoming Council of Advanced Practice Nurses, Wyoming Hospital Association, Wyoming Medical Society, Wyoming School Nurses Association, WDH Public Health Nursing Section, and WDO Office of Rural Health. The board recognizes the importance of bringing diverse partners to the table representing different organizations and, at times, differing viewpoints on nursing and health care. The members of the advisory board represent industry employers, education programs, economic development and workforce services organizations, foundations, professional organizations, state agencies, and advocacy groups. This collaboration of key stakeholders can effect systematic change in educational and health care organizations, to address critical nursing workforce issues for the state of Wyoming.

If you have questions or comments about the WCNHCP or any of the center's current projects, please contact Matthew Sholty at msholty@uwyo.edu, call 307-766-6715, or visit our website at www.wynursing.org. Sarah Trimmer is Project Coordinator; Nightingale Center for Nursing Scholarship.

Matt Sholty is Staff Associate; Wyoming Center for Nursing and Health Care Partnerships
Mary Burman, PhD, APRN, BC, FAANP is Dean and Professor, Fay W. Whitney School of Nursing, University of Wyoming.
This state-of-the-art system offers a comprehensive level of security for the NCLEX® Examination program that is quick and simple to use. Palm vein recognition examines the unique patterns in a candidate’s palm veins using a safe, near-infrared light source like that in a TV remote control. This new technology is fast, highly accurate and secure, with many safeguards built in to protect your privacy and give each test-taker a single record that is virtually impossible to forge.

Why is NCSBN using palm vein technology?
NCSBN is using palm vein recognition because it offers a form of positive identification that is much more accurate than older identity verification technologies, such as digital fingerprinting. Palm vein recognition allows NCSBN to accurately identify people trying to take the NCLEX under assumed testers identities. By preventing proxy testers, the technology helps NCSBN maintain the integrity of the NCLEX examination.

How does the palm vein recognition system work, and how do I use it?
Palm vein recognition works by scanning the veins inside of your hand and creating a digital template that represents your vein pattern. To use the system, place your hand on the device that holds the sensor (see graphic), which records information from the pattern of your palm veins on a digital template. Palm vein patterns are unique to each individual — even identical twins have different patterns.

What can I expect at the testing center, and how will my vein pattern be used?
You will have your palm vein patterns (and fingerprint) recorded when you arrive at the testing center to check-in for your exam. Your pattern will be matched when you return to the testing room after a break. Your palm vein patterns will also be compared with those of other candidates to allow Pearson VUE to find people who may have tested under multiple names or identities. When the reader scans your palm, the information about your vein patterns is stored as a digital template. After you finish taking your exam, the template is sent via encrypted transmission with your test results to Pearson VUE. Your vein pattern template is stored separately from other information about you in the system.

Will I have to provide both a fingerprint and a palm vein pattern?
Yes. All NCLEX candidates will have to provide a digital fingerprint and have their palm vein scanned. These steps are being done to ensure the security of the NCLEX examination and give boards of nursing a method to verify their candidates. As the palm vein system is phased in, test-takers should plan on an extra 15 to 30 seconds for the check-in process.
Project Out: Let’s Go Home!

Project Out is a short-term Medicaid funded program designed to help transition folks out of the nursing home who, with some supports and/or services, may be able to return to independent living within their community. Whenever possible, we can also help divert those who may be heading for nursing home placement, to remain in the community. Project Out’s transition specialists assist Wyoming citizens in every county of the state. We depend on referrals from healthcare providers, nursing homes, discharge planners, social workers, home health workers, public health nurses, private citizens, etc. to help us identify the people who may qualify for our program.

Project Out can help with things like first and last month’s rent, utility deposits, phone service installation, furniture, one-time chore service, limited transportation during the transition process, household items, assistive devices, etc. While we do not provide long-term or medical services, we do enjoy a certain amount of flexibility in order to ensure the success of our clients in their endeavors to be independent.

Project Out clients must be Medicaid eligible, and at least 18 years of age. If you know of anyone who might benefit from this program, please contact the state coordinator, Debbie Walter at 307-777-5048 or 800-442-2766. We will be happy to assess your client for Project Out eligibility.

Debbie Walter is director of Project Out

Assisting new Graduate Nurses who have failed the NCLEX-RN

Hospitals throughout the United States, including Wyoming, struggle to recruit and hire registered nurses (RNs). They spend large amounts of money and time in recruiting, hiring and training newly graduated nurses. When a graduate nurse (GN) takes and fails the NCLEX-RN there is loss for the hospital, the state and mostly, the GN. Most programs to assist nursing students and graduates to prepare and pass the NCLEX-RN occur during nursing school or soon after graduation (Sutherland, J, et.al. 2007; Giddens, J. 2009).

During a literature review the author could not find any program designed by an employer to help GNs whom had failed the NCLEX-RN. Griffiths, et.al. (2004) stated that most research to date had focused on predicting failure, not in helping those individuals who had failed. This article will describe a program developed at Wyoming Medical Center to assist GNs who had failed the NCLEX-RN in being successful at retaking the exam.

Background

As the population increases and complex treatment modalities emerge, the demand for highly prepared nurses has never been more profound. The NCLEX-RN test blueprint was changed to reflect the higher complexity of today’s clinical practice but has resulted in decreasing pass rates. The average pass rate in 2008 for U.S. nursing graduates was 86.7 % and repeaters were less successful with an average pass rate of 53.3%(NCSBN, 2009). The NCLEX-RN, a multiple choice computerized adaptive testing exam, determines the competency of individual test takers. The adaptive testing computer program selects items to match the test plan requirements and the candidate’s ability and knowledge level through subsequent exams, challenging those test takers (O’Neill, T. et.al. 2005). This fact plays a role in the low retest pass rate. Other factors affecting success in subsequent exams include test anxiety, deficient test taking skills and compromises in the graduate’s self-esteem and confidence (Sifford, S & McDaniel, D.M., 2007).

Research indicates that a variety of strategies are needed to improve success on the NCLEX-RN. These strategies include test taking skills, coaching, review of subject matter, GN self-assessment, time management and relaxation techniques (Bonis, S. et.al, 2007, Griffiths, M., et.al., 2004, McDowell, B. 2008, & Sifford, S. & McDaniel, D. 2007). In addition the GN must accept ownership of learning and remediation so the focus is on learning rather than “being taught” (Heroff, K. 2009). The tutor/educator needs to be empathetic of the individual GN and help him/her become aware of how learning best happens and progresses. Also, very importantly, the tutor needs to understand the devastation of failing such an important test and focus not just on content but on the emotional impact and fragileness of the GN who failed the NCLEX-RN. In the time following the failure of the licensure exam, the test taker is grieving and angry (Griffiths, et.al. 2004). Many return to preparing for the retest at varying time frames with some electing never to retake the exam. A major hurdle for the GN is to overcome fear and stress of failing again and its personal and professional consequences.

Program

The tutoring program developed out of the need for RNs at Wyoming Medical Center and the approximate 15% NCLEX-RN failure rate of the newly hired GNs. A beginning planning session was arranged between the Clinical Nurse Specialists and the Nurse Educators to discuss the problem and devise the tutoring program. One of the Clinical Nurse Specialists had extensive experience in nursing education and led the program. A questionnaire was developed by the author to assess the needs of each GN participating in the tutoring program. An e-mail was sent to each GN who had failed and their Manager inviting the GNs to come to a general meeting to describe the program and to assess their desire to participate. During the informational meeting the faculty (CNSs and Nurse Educators) were introduced and a description of the tutoring program was given to the GNs. The questionnaire was given to all of the individuals wanting to participate. The

Continued on next page
participants were asked to be honest with their answers so that an individualized plan could be developed for each person.

Elements of the Program.

1. Establish a group of educators to assist in the tutoring program. Once the need was identified discussion of who would participate in the tutoring program began. It was decided that the two Medical-Surgical Clinical Nurse Specialists and the Nurse Educators would participate. All were present when the program was outlined to the participants. It is important that all tutors be knowledgeable of teaching and learning concepts, the specific needs of adult learners and the emotional upheaval failing the NCLEX-RN causes.

2. Administer the Questionnaire to Participants. The questionnaire was administered to all of the participants, who were told to be very honest. The questionnaire was then used to establish an individual tutoring plan for each GN. After the questionnaires were collected from the participants, they were reviewed and tutoring plans were developed. Each GN was called and tutoring sessions were developed and planned. The GN had input on the content and timing of the sessions.

3. Tutoring sessions. Tutoring sessions were provided on an individual basis. Initially it was thought that the sessions could be group activities but as evaluation and discussion (constricting schedules, embarrassment, and diverse needs) with the participants indicated the GNs would rather do sessions individually. The tutoring sessions never went over two hours and occurred at various times during the week. The Medical Center allowed the tutor to do the sessions during work hours. There was no charge for the tutoring if the participant was an employee.

4. Content of tutoring sessions. The tutoring sessions focused on discussions about feelings and emotions, relaxation techniques, test taking skills and content needs. All of the participants needed the four identified areas in varying degrees. As the tutoring sessions evolved the GN would give ideas of which of the identified needs should be changed or adapted. The need for trust between the participant and tutor was paramount. The GNs were encouraged to express anger, fear and frustration. Each participant had to identify relaxation techniques to be used daily; all were encouraged to devote 15-30 minutes to themselves (no studying or other activities) at the end of the day. Also they would do 50-100 NCLEX style questions daily. Some were completed during the tutoring session so the tutor could:

   a. identify how the GN answered the question
   b. discuss why the choice a particular answer
   c. explain how to look at a question and identify key words and phrases and
   d. provide positive feedback.

   The GNs would bring to the tutoring sessions the printout supplied by the testing company outlining which area(s) needed more attention and studying. From that information content would be identified for more focused tutoring. Two weeks prior to the taking the exam the tutoring focused on discussing delegation, relaxation techniques, control of anxiety, and practice taking 265 questions at one setting. The GN was encouraged not to do any studying the night before the exam. In addition, they were told to keep their mind off of the test (go out to eat, go to a movie), use relaxation techniques, get a good night sleep without any sleeping aids (unless they routinely took sleep aids), eat a good breakfast and use positive self talk.

Results

Seven GNs participated in the tutoring program from August through December 2008. Of those seven, there were two GNs who had failed in previous years. One of those GN’s was working as a LPN (this individual had not retaken the exam in almost 4 years) and one was working as a CNA (this individual had failed more than twice). The average time of tutoring ranged between 2-40 hours with the average being 10 hours and 1-20 sessions per GN with the average of 5 sessions. Five of the seven GNs passed the NCLEX-RN following tutoring and are working at the Medical Center as RNs. Of the remaining two participants, one (the LPN) moved out of the area prior to retaking the exam and one continues to tutor (she started the program at the beginning of December). All of the GNs had varying degrees of test anxiety and self-esteem issues. Test taking skills and relieving test anxiety were the greatest need of most of the GNs. The author identified that the most important determining factor in the success on the retest was the GNs effort and taking responsibility for their own learning and anxiety control.

Conclusion

Having a tutoring program to assist GNs in passing the NCLEX-RN has been a benefit for Wyoming Medical Center. Five RNs were added to their nursing staff and all of the GNs are functioning at a level of the counterparts and contributing to the safe nursing care of patients.

Jane Hartsock is a Clinical Nurse Specialist, Wyoming Medical Center

References:


CHICAGO - The National Council of State Boards of Nursing (NCSBN®) has published the 2010 NCLEX-RN® Detailed Test Plan and has posted it to its Web site at https://www.ncsbn.org/1287.htm.

Entry into the practice of nursing is regulated by the licensing authorities within each of the NCSBN member board jurisdictions (state, commonwealth and territorial boards of nursing). To ensure public protection, each jurisdiction requires candidates to pass an examination that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level registered nurse (RN). NCSBN develops the licensure examination, the National Council Licensure Examination for Registered Nurses (NCLEX-RN®), which is used by member board jurisdictions to assist in making licensure decisions.

The purpose of this document, which is offered in both an Item Writer/Item Reviewer/Nurse Educator version and a Candidate version, is to serve as a guide for both examination development and candidate preparation. Based on the test plans, each unique NCLEX-RN examination reflects the knowledge, skills and abilities essential for the prospective RN to meet the needs of clients requiring the promotion, maintenance and restoration of health.

The NCLEX-RN Test Plan is evaluated every three years and changes are made based on empirical data from a practice analysis, expert judgment and feedback from member boards. The test plan was approved by the NCSBN Delegate Assembly in August and will go into effect on April 1, 2010.

In addition to the NCLEX-RN Examination, NCSBN also develops and administers the National Council Licensure Examination for Licensed Practical/Vocational Nurses (NCLEX-PN®). A total of more than 250,000 NCLEX-RN and NCLEX-PN examinations are administered each year to individuals in its member board jurisdictions and at testing sites in 11 countries.

More information about NCLEX® examinations can be found on the NCSBN Web site www.ncsbn.org, by calling 866.293.9600 (toll-free) or e-mailing nclexinfo@ncsbn.org.

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also four associate members.

Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.
Evidence-Based Nursing Education

Reprinted from the Spring 2009 issue of National Council of State Boards Nursing’s Leader to Leader.

Evidence-based nursing education is the integration of the best available evidence with the teacher’s own judgment and in the context of the educational situation, for example, the available time and setting in which the instruction will take place.

Evidence-based nursing education requires: (a) evidence generated from research studies in teaching, and (b) faculty members who search for and use the available evidence in their own teaching. Nursing education’s progress in developing an evidence base is hampered by a lack of sound research in this area. Those studies that do exist have only small samples, done in one nursing program using instruments that may or may not be valid and reliable. If these small studies were replicated across schools, findings could eventually be integrated and an evidence base built, but few are replicated. Research on concept maps illustrates the problem. Most studies on concept maps in nursing education explore their use in promoting critical thinking or problem solving, but define those outcomes differently and unfortunately, do not measure them with the same tools. It would be more useful for the development of the evidence base if researchers extended and replicated studies to learn more about the effectiveness of concept mapping with different student groups, in addition to learning when and how to use concept maps.

The second and equally pressing need is for faculty members to question their educational practices and search for evidence that is available. Adopting an evidence-based approach to teaching has four steps: asking questions about current practices and examining whether there are better educational approaches to use; searching for evidence to answer those questions and for descriptions of the experiences of other educators; evaluating the quality of the evidence; and deciding if the findings are applicable in one’s own setting (Oermann, 2007, 2009).

Ask Questions About Best Practices

Similar to evidence-based nursing, the key is to reflect on current practices and ask if there are better ways of teaching nursing students. In some areas of nursing education there has been enough research done to establish best practices such as the characteristics and qualities of effective clinical teachers. But how many clinical teachers are aware of that research and use the evidence as a basis for how they teach students?

In other areas of nursing education, studies have described teaching practices that suggest the need for improvement. A good example is the research done on the levels of questions asked by nursing faculty. These studies have consistently shown that teachers ask questions that students can answer by recalling facts, not questions requiring higher level thinking or clinical judgment (Gaberson and Oermann, 2007; Profetto-McGrath, Smith, Day, and Yonge, 2004). How many nurse educators use those research findings to guide the questions they ask students? Even when studies have not been done or are inadequate, a search may reveal descriptions of the experiences of other faculty, avoiding the need to “reinvent the wheel.”

Search the Literature

A search of the literature for evidence should begin with the Cumulative Index to Nursing and Allied Health Literature (CINAHL) because this database contains most of the nursing education studies. However, faculty members cannot stop there and should also search PubMed, the National Library of Medicine’s bibliographic database; the Education Resources Information Center (ERIC) database of education research; and other databases, depending on the questions.

The need to search multiple databases can be seen in the following example. A search in CINAHL for evidence on concept maps, using the key terms “concept maps” and “nursing students,” revealed 18 publications, some of which were dissertations. Using those same key terms to search PubMed yielded 23 publications (no dissertations), but only nine of the papers overlapped with the search in CINAHL. Two journal articles were found in ERIC, both of which were in CINAHL and PubMed. Searching multiple databases increases the likelihood of finding all relevant studies.

Evaluate the Quality of the Evidence

Similar to searching for clinical evidence, the educator should look first for either systematic reviews, in which findings of high quality studies are synthesized, or integrative literature reviews. A search might also reveal a systematic review done in another field applicable to nursing education. For example, a metaanalysis of Internet-based instruction in health professions education found that teaching methods using the Internet (Web based courses, virtual patients, discussion boards and others) resulted in positive outcomes across a wide range of learners, courses and clinical specialties. Internet based instruction had a significant effect when compared with no intervention, but was similar in efficacy to traditional teaching methods (Cook, Levinson, Garside, Dupras, Erwin and Montori, 2008). When reviews are not available, educators need to search for and critique individual articles to find evidence to support or change educational practices, comparable to the process used in clinical practice.

Decide if Findings are Applicable

After reviewing the evidence, nurse educators need to decide if it is applicable to their own students and nursing programs. Adopting an evidence-based approach to teaching also includes studying the outcomes of new educational practices faculty have implemented.

What You Can Do

While some faculty will never conduct research to generate evidence for nursing education, all educators should reflect on their teaching practices; question if there are better approaches to use; ask what other nursing faculty are doing; and search the literature for answers. By integrating this process in your course planning and how you teach, you can adopt evidence-based nursing education as your framework.

Marilyn H. Oermann, PhD, RN, FAAN, ANEF is Professor and Chair of Adult and Geriatric Health, School of Nursing University of North Carolina at Chapel Hill.

References


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To learn more about the U.S. Army Health Care Team, call SFC Gregory Kraft at 303-873-0491, email gregory.kraft@usarec.army.mil, or visit healthcare.goarmy.com/info/ncra1.
or simulation experiences. The pre- and post-treatment examinations were equivalent in content. All students had statistically significant lower scores on the examinations after a 2-week period of practicum despite the simulation and/or clinical experiences. At the end of simulation and/or clinical experiences the students retained, on average, 86% of the knowledge gained in the didactic portion of the course. The simulation group appeared to retain the least (83%) and the clinical group retained the most (88.5%). However, differences between the three groups of students were not statistically significant.

Following theoretical instruction, the majority of the students felt somewhat confident in taking care of acutely ill patients. The students were more confident in recognizing symptoms, conducting assessment and evaluation than providing intervention. This pattern held true for all groups. No significant differences in confidence were found at pretest among all groups. At post-test students in the simulation and combined simulation and clinical groups had a statistical significant increase in their confidence level in taking care acutely ill patients after clinical and/or simulation experiences. No significant change in confidence level was found for those in the clinical alone group.

We are currently looking for RN’s to be a part of the nursing assistant certification process by becoming a testing evaluator. This is a casual part-time position. It is recommended that Evaluators test at least 3 times per year to maintain their skills – but other than that, how often an Evaluator tests is up to them.

Currently there are evaluator openings for the Casper and Gillette and Laramie Testing sites. Testing is generally held on the second Saturday of the month in Casper, the third Saturday of the month in Gillette and the fourth Saturday in Laramie.

Criteria to become an evaluator
Active Wyoming Licensure RN for a minimum of two years

Minimum of one year of long term care experience as an RN
Must live in the same location or close proximity of the test site.
As with other casual positions, there are no of the benefits but also none of the responsibilities which go with a regular full time position. This job is ideal for retired nurses who want to keep their hand in the profession but yet be free to travel and do all of those things that there is not time for when working a full time job. It also is good for stay at home moms who would like to work some hours and for nurses who have gone back to school and need a little extra money. Full time nurses that like staying busy also benefit from this type of position.

Most of the exams start between 8:00am and 9:00am and are usually completed by 3:00pm, depending on the site. Evaluators are paid on a “per candidate tested” basis.

Nursing assistant instructors are eligible to become evaluators but are not allowed to test their own students. Procedures are in place to prevent this from occurring.

Training to become an evaluator is a 2-part process. The first part takes approximately 4 hours for orientation to the testing process. The second part is to attend a scheduled test and watch an experienced evaluator test, and then return demonstrate while being observed. If you are interested in becoming an evaluator for these test sites, or would like additional information, please contact Toni Decklever, RN, State Coordinator at 307-630-8575 or send a resume to tonisrn@gmail.com

Nursing students Annie Scherry, Kourtney Dobrenz, with instructor Carole Hoveland from Northern Wyoming Community College District at Sheridan College

Clinical performance was measured by the faculty’s rating of students’ clinical performance on providing care to three critically ill patients. The patients were portrayed by patient actors (standardized patients). The performance of each student was also videotaped, reviewed and analyzed for professional behaviors, completeness of assessment, accuracy of intervention, and total time from encounter to implementation of intervention.

The clinical performance demonstrated by simulation-based assessment between the groups with simulation-based learning, a combination of simulation-based and bed-side actual clinical experience, and bed-side actual clinical experience alone also indicated no differences between the groups in terms of overall means of the ratings. However, students in the combo group tended to receive the highest scores followed by those in the clinical group. Replicating the study with larger samples and across different settings would probably elucidate whether or not such a tendency was due to chance or not.

Evaluating the impact of simulation-based training on clinical performance remains a significant challenge. Given the small sample size and other limitations of this study the effects of simulation on nursing students clinical performance remains inconclusive.

While the effects of simulation remain elusive, this study lays the foundation for further research. The findings tease us with the notion that clinical experience in combination with simulation training may provide the best performance outcomes. Additional research with large cohorts of learners and the knowledge gained from this study can provide better evidence as to the benefits of simulation-based training.

Questions and comments can be directed to Kevin Kenward, PhD, Director of Research at NCSBN. Dr. Kenward is Director of Research at NCSBN.
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Problem Based Learning

Educating Nurses Using Problem Based Learning

As the world of health care and nursing changes, nurse educators must constantly evaluate the quality and appropriateness of the educational preparation of students. Many nurse educators add increasingly more content to prepare students for practice. The nursing faculty at Western Wyoming Community College (WWCC), became convinced that continuously adding more content resulted in an unmanageable curriculum where students were exposed to vast amounts of content without the depth necessary for competent practice. The faculty held a core value to develop independent, life-long learners. Problem Based Learning (PBL) was identified as the methodology that would create independent, life-long learners and make the curriculum manageable.

What is Problem Based Learning?

Problem Based Learning is active, student centered learning. PBL is a powerful methodology that helps students master content objectives, develop reasoning and research skills, and promote life-long learning. Realistic case studies are developed to address specific learning objectives that meet the outcomes of the program. Situations in the case are similar to challenges found in the real world. Cases are carefully constructed to create a compelling need to know. The learners come to the class with no specific preparation and are forced to rely on their existing knowledge. As gaps in their knowledge are revealed, the learner is stimulated to fill in the gaps through self-directed investigation. Through a re-iterative process, students analyze the data that is available, develop hypothesis, and create learning issues. Learning issues are the gaps in the students' knowledge base. The instructor serves as facilitator and uses questioning techniques to probe for breadth, depth, and understanding.

How does a PBL class function?

A class session lasts three hours and is comprised of eight students and one instructor. Small groups are required to assure all students are actively engaged at all times.

Students are given the case study to analyze one page at a time. Students are unaware of the learning objectives and are unable to advance to the next page until all steps in the process have been completed. The facilitator guides the group through the process, questioning the students' reasoning, assumptions, and knowledge.

The case begins with a vague, general problem. An example of a first page follows:

Lindy Davis opened the door and yelled, “Mom! Where are you? I have something to show you!” She stops at the entrance to the kitchen when she finds her mother lying on the floor, unconscious.

Lindy rushers to her mother’s side and turns her from her side to her back. Her limbs flop against the linoleum as Lindy positions her with her head in her lap. Her mother is breathing raggedly and tries to open her eyes. She mumbles something Lindy can’t decipher.

Lindy calls 911 and reports, “Something is wrong with my mother. I need help.” The operator on the other end of the phone asks Lindy the usual questions and dispatches an ambulance.

The group begins by identifying the relevant data. The facilitator will ask questions that help students differentiate fact from assumptions, such as: “How old do you think Lindy is? Do you think this has ever happened before?” When all of the relevant data has been identified the facilitator will ask, “What do you think caused Lindy’s mom to be in this condition?” or “What kinds of things cause someone to become unconscious like this?”

Students will develop a lengthy list of hypotheses: Lindy’s mother had a seizure, Lindy’s mother has a brain tumor, Lindy’s mother is drunk, etc. This step of the process encourages students to be thorough and creative thinkers. Throughout the process, the facilitator guides students to recognize what they don’t know. “What do you think of Lindy moving her mother?” “What is the usual information you need to give when making a 911 call?” If students aren’t confident in their understanding, they identify a learning issue. This process continues through 3-5 pages of the case study. At the end of the class period, the students divide the learning issues amongst themselves. There may be 25-60 learning issues. The student’s learning issue is their assignment for the next class session. Through this process, the student develops a need to know mentality. They become intrigued by trying to understand what is taking place in the case study and what a nurse would need to know.

When learning issues are returned

The facilitator asks questions as students discuss their learning issues from the previous class period. Questions probe for breadth, depth, connections between pieces of data, and understanding how the information is useful to nursing practice. In the scenario above, it is revealed on subsequent pages that Lindy’s mother has had a stroke. Learning issues might be stated as: “What causes a stroke?” “What are the different kinds of stroke?” “What are the complications of a stroke?” “What teaching is a priority early in the hospitalization?” “What is the relationship between atrial fibrillation and stroke?” “What are the advantages of LTC placement after a stroke?” “Why are many patients resistant to LTC placement?” “What community services could be utilized to help Lindy’s mother recover at home?” The facilitator asks questions that lead the students to understanding and leads them to meeting the objectives. The students are able to share their information to contribute to the body of knowledge as a whole. The process continues each day until the case has been completed. A case usually lasts for five three hour sessions.

End of the Case

When all pages of the case have been completed, students are given the objectives. At WWCC, the objectives follow a template that reflects the conceptual framework. The students review the objectives and identify any objectives that were not met. Those objectives are taken out as learning issues and brought back for the final day. A concept map is developed that reflects the nursing care of the patient. Relationships between pieces of data are emphasized.

Case Construction/Curriculum Development

Cases are written to be realistic. For example, in one case, the patient is an elderly gentleman in a long term care facility who has a cast secondary to a broken tibia. He develops pneumonia, is put on antibiotic therapy, and develops an allergic reaction to the drug. He has a long history of sleep disturbance. He exhibits some behaviors toward the nurses that may or may not be inappropriate. This approach requires students to investigate a variety of patient situations and recognize that health status is impacted by multiple variables at the same time. The lab activities that correlate with this case are cast care, respiratory assessment, and application of oxygen. There is no “cardiac unit” or “respiratory unit”. A content map assures key content areas and nursing theory are addressed in the course of the whole curriculum.

Other Benefits of PBL

Working in small groups provides opportunity for students to learn important social skills needed in the workplace. Students learn the value of teamwork, the art of communicating effectively when the group is not meeting their learning needs, and self-awareness. At the conclusion of each session, the facilitator self evaluates and invites evaluation from the group. This role

Continued on next page
models the ability to be self-aware and to accept feedback. The facilitator asks each student to self-evaluate. The behaviors to be evaluated vary. The facilitator may ask the students to self-evaluate on their level of preparation or level of participation. Students may be asked to evaluate what they contribute to the group that strengthens the group’s performance. Evaluation is where behaviors are shaped. Facilitators can also ask students to evaluate the behaviors of other group members. Not only do students develop skill in self-evaluation, they learn to be articulate, behavior oriented, and future oriented when giving others feedback. A student may say to her peer, “Next time, it would help me more to have the information bulleted or it would help me to have a picture. I’m a visual learner.”

Another benefit of PBL is the students’ exposure to experts in the field. Facilitators are not sources of information for students during the PBL session. Students are encouraged to use experts as a source of information. Students become adept at seeking out physicians, nurses, dieticians, pharmacists, and other faculty, and others who can help them understand their learning issue. Students learn what questions to ask and how to evaluate the reliability of the source.

Disadvantages of PBL

PBL is most applicable in programs of 100 students or less. The logistics of scheduling a larger group would be extremely complex. PBL takes careful planning of the curriculum, cases, and correlation of lab activities and clinical activities. Significant amounts of time are spent by faculty as they collaborate to ensure quality and consistency in learning activities. Case revision is an on-going process.

There is initial resistance by students who may feel uncomfortable with self-directed learning and feel they are teaching themselves with no input from the faculty member. Students will frequently ask for supplemental lectures while they are in the program. After graduation, students express appreciation and value for learning using PBL. They no longer express a belief that lecture would have been helpful. As the reputation of the program grows and outcomes are available, students become more trusting in the process.

Faculty may be resistant. Transition from “sage on the stage to guide on the side” is extremely painful for some faculty – especially faculty who have been successful lecturers. The skills of a PBL facilitator are very different from the skills of a lecturer. Faculty members are key to success of the process. If a faculty member wishes that PBL fail, that person has the power to make it fail by not trusting the process.

Administrators may need to be persuaded to convert to a PBL curriculum. Presentation of research and evidence of careful planning are useful tools. Some college processes do not mesh well with self-directed learning. For example, the college wide evaluation form for faculty asks to rate if the lecture was clear and if the instructor answered all of their questions. Meaningful evaluation as facilitator occurs in department specific evaluation.

Outcomes of PBL

A review of the literature yields mixed findings on standardized tests and grades. The WWCC nursing program outcomes reveal NCLEX scores are usually above the state and national average.

Qualitative outcomes are positive for PBL. Employers, graduates, faculty, and other members of the health care team commonly comment positively on the performance of our students. In follow up surveys, employers and graduates feel WWCC graduates perform at a level higher than other new graduates. Specifically, they report they are better at asking questions and finding answers. Several new graduates have referred to themselves as “a go-to person”. It is common for graduates to call during their first year of practice and thank the faculty for their PBL education. Once in practice, it becomes clear to students that being an independent learner serves them well in the ever-changing environment where they practice.

Marlene Ethier is Director of the Nursing Program at Western Wyoming Community College in Rock Springs, Wyoming.
**Certified Nurse Educator CREDENTIALING**

Sherie Reish, Sheridan College Nursing Student

(NLN, 2007, p. 2).

After many years of work as a nurse generalist in rural settings in Montana and Wyoming, I accepted a full time teaching position at a community college. I found the transition from acute care and community nursing to an academic setting a challenge. I quickly realized how much there was to learn about the academic community and the scholarship of nursing. After completing a master's degree in nursing education, I was excited to learn of the development of a certification exam to recognize nurse educators as specialized advance practice nurses.

A Certified Nurse Educator (CNE) is a nurse who has passed a rigorous certification exam designed by the National League for Nursing (NLN). The CNE credentials are a way of recognizing the nurse's clinical competence as well as educational expertise. This is the first professional credential designed to recognize nursing faculty.

The Certified Nurse Educator (CNE) exam is based on the competencies developed by the NLN in 2005. The first time the exam was offered was in September of 2005 when 206 faculty representing 45 states tested during the NLN convention. As of April of 2008 there were over 750 certified nurse educators from all 50 states. Nurses who are eligible to take the exam are required to have a master's or doctoral degree and work as faculty in an educational institution.

The nursing faculty at Sheridan College where I am employed appreciated the importance of ongoing learning and established CNE certification as one of our faculty goals for the year. Following the lead of two of my colleagues, I became the 11th nurse in the state to achieve CNE status.

I took the 150 question, computer based test at a testing center in Billings, Montana. My preparation for the exam included attendance at a formal workshop designed to help prepare faculty for testing, and extensive reading of suggested study materials. I even made flashcards to help me remember key points - I should have laminated them, as I took them with me on a canoe trip and they were worse for wear by the time we got off the river! There was instant gratification following testing, as there is only a short wait for results. The pass rate for the exam has remained consistent at 84%.

Credentialed of any type represents a high degree of professionalism and communicates a commitment to professional growth and lifelong learning. Nurse educators have been overlooked as advanced practice nurses and the CNE exam is a way to help establish nursing education as a specialty area of advanced practice nursing. Recruitment and retention of qualified faculty has long been a problem. It is hoped that specialty certification for nurse educators will provide incentive to attract more nurses to the field.

Now, more than three years after development of the exam, the NLN will conduct follow-up research to determine the impact of certification on the profession and to identify additional faculty development needs. There is a great deal of personal as well as professional satisfaction in attaining CNE credentials. I encourage any nurse educator who is considering testing to take a look at the eligibility criteria on the NLN website.

**Nurse’s Aide Charged With Taking INAPPROPRIATE PHOTO**

PLATTSBURGH — A former nurse’s aide from Clinton County Nursing Home has been charged with taking a sexually explicit photo of a 49-year-old male patient with a traumatic brain injury. The New York State Attorney General’s Office said Shane Spooner, 33, of Standish Street used a cell phone to take a "inappropriate photo of a nursing-home patient under his care." Plattsburgh City Police charged Spooner this morning with second-degree unlawful surveillance and first-degree dissemination of an unlawful surveillance image, both felonies. Spooner, who is no longer employed at the nursing home, was arraigned before Judge Penelope Clute this morning. A pair of agents from the Attorney General’s Office escorted the husband and father of two, who walked with his head down, into City Court. Clute sent Spooner to Clinton County Jail on $1,000 cash bail, $2,000 bond. She said Spooner has at least three prior misdemeanor convictions in City Court, including aggravated unlicensed operation. The complaint alleges that on March 28 Spooner used his cell phone to take a picture of the 49-year-old's genitals and sent a text message with this photograph to a female employee, who was not working at the time. Spooner asked his co-worker to forward the picture to another friend, but instead she reported the incident to her supervisors. Spooner allegedly admitted his conduct to an investigator from the Attorney General’s Medicaid Fraud Control Unit and conceded that he took and sent the photo for his own amusement. Spooner, who has known about the investigation into his actions for a month, surrendered to law enforcement Thursday. “These charges are a disgusting example of abuse within the walls of a New York nursing home," Attorney General Andrew Cuomo said in a news release. “The employee allegedly violated the privacy rights of his patient, the laws of New York State and the rules of common decency. This office has zero tolerance for nurses and health-care providers who disregard the law, and our investigation into this kind of misconduct at New York nursing homes continues." If convicted, Spooner, who works at CVPH Medical Center part time as a dishwasher, faces a maximum of one and a third to four years in prison. He was scheduled to reappear in court at 10 a.m. Tuesday, Aug. 18, 2009. Permission granted to re-print this article by Stephen Bartlett, staff writer for Associated Press. This article was printed in the Press Republican of Clinton County, PA.
Effective Documentation of Faculty Competencies

**ONE SOLUTION TO AN ONGOING PROBLEM**

The Wyoming State Board of Nursing Rules and Regulations state that, “Registered professional nurse faculty shall be responsible for: Participating in activities which facilitate maintaining the faculty member’s own nursing competence and professional expertise in the area of teaching responsibility and maintaining clinical competence through clinical experience, workshops, and in-service training”. Few nurse educators would take exception to that requirement. Is tracking of faculty competencies consistent within institutions and across the state? Furthermore is the tracking that is done really documenting the faculty member’s nursing competency as well as their teaching competency?

There are many things that faculty members use to maintain competencies. Some schools ask that faculty members work in a clinical area for a certain number of hours outside of their teaching responsibilities. Some faculty members choose to work in addition to teaching, some use in-service and conference activities to satisfy the requirement, and some take class work in their area of specialty.

We began to look at this issue after several faculty members indicated that they felt pressured to work and objected to feeling required to have a part-time clinical job in addition to their full-time teaching job. Working at the bedside did give them experience but not the experience that they wanted and that they felt would help them to better teach their students. One educator said that she would rather go and observe staff nurses using new equipment so that she could consider all the things she could do to effectively teach that use to her students than have to learn to use that same piece of equipment while she was trying to care for a full patient assignment. This later experience would ultimately give her knowledge about the equipment but because of the work load it would not allow her to explore best education practice for teaching students that skill. Other faculty members felt that maintaining the NLN Educator competencies was not necessarily met through working at the bedside.

With this in mind we began to look at the things that we felt should be documented in order to show faculty competency for education. The following Competency Check List was the result of that work.

<table>
<thead>
<tr>
<th>COMPETENCY/EXPECTED PERFORMANCE</th>
<th>Instructor Initials &amp; Date</th>
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<tr>
<td>Fundamental Nursing Skills review of best and evidence based practice (including but not limited to: Foley catheter and NG tube insertion/management, tube feeding, Injections, Dressing changes and wound care, Foot care, medication administration.)</td>
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<td>IV Insertion and Management, IV Pump Operation</td>
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<td>Central Line Care</td>
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<td>Tracheostomy Care</td>
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<td>Isolation Precautions</td>
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<td>Epidural Catheter Care and Epidural Infusion Pumps</td>
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<td>Patient Controlled Analgesia Pumps</td>
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<td>At least four (4) hours of shadowing at clinical facility, more as needed.</td>
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<td>Attendance at one hospital organized skills lab per year.</td>
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<td>Attendance at one State or National conference every two years.</td>
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<td>NLN Nurse Educator Competencies (NEC)</td>
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<td>Facilitate Learning</td>
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Western Wyoming Community College Facilitates Associate Degree (AD) to Bachelor of Science

Western Wyoming Community College facilitates Associate Degree (AD) to Bachelor of Science Degree (BSN) through the University of Wyoming (UW) in several ways. Philosophically, the faculty value AD education and recognize that a BSN provides the student with more opportunities. This is evident in the positive way faculty talk about getting a BSN after the AD. Faculty members explain the differences between AD practice and BSN practice, emphasizing the value of each. A frequent quote is “Education means more opportunities” to help explain the value of BSN education. Faculty members are able to use examples of how AD students have obtained positions in health care beyond entry level positions after completing the BSN.

<table>
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<tr>
<th>Function within the Educational Environment</th>
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<tbody>
<tr>
<td>Engage in Scholarship</td>
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<tr>
<td>Pursue Continuous Quality Improvement in the Nurse Educator Role</td>
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<td>Function as a Change Agent and Leader</td>
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<td>Participate in Curriculum Design and Evaluation of Program Outcomes</td>
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<td>Use Assessment and Evaluation Strategies</td>
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<td>Facilitate Learner Development and Socialization</td>
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We have begun using this tool over the last two years. We try to dedicate time in one faculty meeting per month for education regarding one of the topic areas. At that time the instructor or instructors who teach that content bring a variety of experiences to the meeting. These could include new equipment, articles on best practices, video skills tapes on new procedures/equipment, or practice scenarios. The sessions have been very informative and during the discussions we explore some of the ways that these skills might be better taught.

We felt that it was important for nursing competency to attend a skills lab at our local hospitals in order to keep up to date with the new practices that are being instituted. Additionally, we understand the importance of attending State and National conferences for maintenance of competence. These conferences provide information on the latest in evidence based nursing care and evidence based education practice in nursing education. Faculty members contribute to the competency of the entire faculty by sharing the things they have learned when they return.

Understanding the Educator Competencies is critical for program excellence. We began to look at these one at a time two years ago and to examine how we meet those competencies in our program. We went through all of the competencies briefly the first time and then returned to each of them to look at what we do in more depth. Working in pairs, the faculty members were assigned a competency to present to the group and after the presentation to lead discussion. This helped all of us to more clearly understand the meaning of each competency and how we can more effectively satisfy that competency requirement.

This is a fairly new tool and there have been some implementation glitches along the way. We need to increase documentation consistency. Sometimes we go two months without addressing a part of this tool. But overall the faculty feels that this better meets their need and is a clearer way of tracking what it is that we do to be excellent nursing instructors and to meet the requirements of our governing body.

Judith E McDowell is Director of the Nursing Program at Northern Wyoming Community College District at Sheridan College

References

Marlene Ethier, MS, RN, NE-BC

When doing the initial advising with a new student, faculty members talk about the AD as the stepping stone into the nursing profession. Faculty members review the AD curriculum and explain how it articulates to the University of Wyoming. Faculty use future-oriented language, “when you go on for your BSN”. Being able to work as an RN and complete the degree on-line is a selling point that many students respond to positively.

Pre-nursing students and enrolled nursing students needing to be full-time are advised into UW pre-requisite courses like statistics and microbiology if they have met all general education requirements for an AD. Faculty members explain this is maximizing their time by preparing for the next level after they complete the AD. Students admitted to the nursing program are also advised they can begin to take UW nursing classes while they are in the AD program.

It has been pointed out by faculty from other states that Wyoming functions differently than many states. There is collegiality between the University of Wyoming and the community colleges. There are no territorial issues and community college faculty encourage pursuing a BSN as part of being a life-long learner.

Marlene Ethier, RN, MS, CNE is Director of the Nursing Program at Western Wyoming Community College.
As most of you know, our state is an extremely sparsely populated state. It covers over 97,000 square miles with only 5 people per square mile versus 75 people per square mile on average for the rest of the United States. Physically, it is the ninth largest state; consequently, it often requires a three to four hour drive for many Wyomingites to access the nearest college and is therefore not feasible for many would-be students. Wyoming is also unique in that 94% of the population is white and English speaking. The state’s cultural diversity is in its rurality and age demographics. A little know fact is that, according to the US Census Bureau, Wyoming ranks 49th in population and has 150,000 fewer people than Alaska. In fact, if Wyoming were placed at an angle on the east coast, the four corners of the state would touch: Washington, D.C., Charlotte, NC, Cleveland, OH and Louisville, KY! The state is sorely in need of reaching, recruiting and retaining potential nursing students/nurses.

Because of our rurality, it can be difficult for a person to continue his/her education. LPNs in the state would like to continue their education to become RNs; however, they are hampered because of the geographical distances, need to work, or family obligations precluding their ability to travel or relocate. Currently, the University of Wyoming offers online education for RN to BSN, ADN to MSN or BSN to MSN. Unfortunately, there is no online or distance education career ladder for LPNs who would like to further their education. Moreover, the clinical component for LPNs to become RNs requires on-site clinical evaluations and cannot be accomplished through online programs alone.

Laramie County Community College (LCCC) would like to close this educational gap and will start offering an online option for LPNs to complete their education so they are eligible to sit for their RN licensing exam (NCLEX-RN). LCCC will begin offering this option in January, 2010. This will provide a local option for LPNs to become ADNs and also help fill a gap in the career ladder statewide.

In light of that data, plus discussions we have had around the state with many LPNs, we believe that it would be of great benefit to the state and our program to offer an LPN to RN option online. We began accepting applications for this option in July and received over 50 applications from Massachusetts to California. However, only 36 were fully qualified. We are capping the online option to 24 students for the first year, but we will be able to accommodate most, if not all, of the qualified applicants through either the online or on campus options. We also limited our first admission to students from Wyoming and neighboring states.

As noted, the online option will provide a much needed alternative for LPNs around the region. We have great support for distance learning, as LCCC was just named the “Number 1 tech-savvy community college” in the nation for mid-size community colleges by the American Association of Community Colleges and the Center for Digital Education, for the 3rd year in a row. This dedication to technology is part of LCCC’s plan to enhance education using new technologies and the online option will tie in very nicely with this. We are quite honored to be recognized nation-wide for our technological advancements.

The online didactic will be offered via Angel and Tegrity powered video-casting so the students can participate fully in the educational experience. These programs are supported by the campus including full technical support. The programs are also secure so integrity of the offerings can be easily maintained. The clinical portion will be condensed into a 5 week on campus experience immediately following the spring theory coursework. Most prospective students expressed that this would be the simplest way for them to come to Cheyenne to complete this requirement instead of every other weekend or some other option. By offering the compressed clinical in late spring the time commitment will be diminished and theoretically enhance the student’s opportunity for success. This community involvement may increase retention and job satisfaction of competent nurses in outlying areas.

The students will then return to their community for their final semester and clinical will be provided through preceptorships in their community. This closely mimics what is required of the on campus cohort and was the premise for receiving full NLNAC approval. Currently, this option will only be offered once a year with a January start and December graduation. That will keep the impact to the clinical facilities to a minimum and also lessen the impact to preceptors around the state. Most programs in the state utilize their preceptors more extensively in the Spring, as they have a traditional May graduation with preceptorships in the final semester.

The LCCC nursing faculty is very excited and somewhat nervous as this new endeavor is launched and we encourage feedback from around the state as you encounter the LPNs who are joining this cohort.

Jennifer Anderson is Director of the nursing program at Laramie County Community College.

Fay Whitney
Five Tips to Get Started on your BSN

Are you an Associate Degree in Nursing (ADN) Student in Wyoming, or an Associate Degree Nurse practicing in Wyoming? If yes, and you’re interested in advancing your career to the next level, you’ve come to the right place. My name is Dr Jan. I’m the Endowed Nursing Chair at Sheridan College, and adjunct Nursing Faculty for the University of Wyoming’s RN-BSN Completion program. One of my favorite roles is RN-BSN advisor in Northeast Wyoming. I have advisees in three categories.

First, Pre-ADN students who choose to take BSN courses when they have completed their pre-requisites for an ADN Program in Wyoming, or when they need one more class to be full-time for each academic term. Second, ADN students who have time within their schedule for a BSN course, complete ADN and BSN courses concurrently. I’ve had ADN advisees complete their BSN as quickly as one or two terms following graduation with their associate degree. Two keys to success are early contacts with an RN-BSN advisor and keeping your ADN advisor informed of your concurrent enrollment. Third, associate degree or diploma nurses. All three groups can choose full-time or part-time options.

Popular summer courses are statistics, pathophysiology, and pharmacology.

Here are 5 Tips for you to get started on your BSN?

Tip 1 Review the University of Wyoming School of Nursing web site at www.uwyo.edu/nursing. Click on Academics and then RN-BSN Completion.

Tip 2 To get connected with a regional RN-BSN advisor contact Le Ann Carpenter, the coordinator of RN/BSN admissions and student records, by email at RN.BSN@uwyo.edu or by phone at 307-766-3907.

Tip 3 Contact your assigned advisor by email or telephone, at an Outreach Information Session, or arrange for a face-to-face conference.

Tip 4 Design a “Healthy Education Plan”, including your career goals, supports and barriers, a plan for success, and a tentative course schedule with your advisor.

Tip 5 Contact your advisor prior to open enrollment each academic term to confirm your plans for the next semester. Register for classes using the School of Nursing priority enrollment dates as a guide.

I desire the best for you as you pursue your BSN goals. Remember, you can do it! Janice E. Stephens, RN, PhD, FCN is the Edward A. Whitney Endowed Nursing Chair of Sheridan College ( jstephens@sheridan.edu ; 800-913-9139 ext. 3304).

What is Scope of Practice?

In a recent Wyoming Nurse Reporter, Maria Kidner wrote about her work in cardiovascular care as a family nurse practitioner. As the number of advanced practice registered nurses (APRN) and the variety of health care settings they work in grow, scope of practice issues, e.g., questions about whether an APRN can work in a specific specialty area or with a specific population of clients, increase as well. But the boundaries for practice are not always clear. Certified nurse practitioners (NPs) offer a good example of this. Originally, NP roles developed for primary care; however, rapid expansion has occurred into acute care and into specialty and subspecialty areas. Legally, the authority to practice varies from state to state, which complicates the situation even more. The National Council of State Boards of Nursing and other nursing organizations have developed a “Consensus Document” to develop a more clear and systematic approach to regulation of APRNs (see related article). However, at the individual level it is imperative that every nurse and APRN clearly understand what “scope of practice” is and means for their practice.

Scope of practice refers to the “rules, regulations, and the boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice” in a health care field (Change in healthcare professions’..., pg. 8). Klein (2005) writes, “Scope of practice determines who you can see, who you can treat, and under what circumstance or guidance you can provide this care. Scope of practice also determines the limits and privileges of your licensure and certification as an advanced practice nurse. In the United States, scope of practice determines your ability to bill and be paid for what you do, as well as your ability to be covered by malpractice insurance. Significant liability issues are created when NPs practice outside of their scope” (paragraph 4). Scope of practice is primarily defined and regulated by state nurse practice acts, however, board of nursing regulations and other federal laws and regulations also may be a factor in scope of practice (Christian, Dower & O’Neil, 2007). Professional organizations, such as the American Academy of Nurse Practitioners (2007), develop statements regarding scope of practice that can be used by regulatory bodies as they define scope.

Regulation and, therefore the protection of
the public, is of utmost priority in evaluating scope of practice decisions, not professional self-interest. Moreover, scope of practice is not static and as changes in education and health care occur, scope of practice will evolve as well. Moreover, experience and environment can extend knowledge and competency beyond that of the basic education level. In addition, overlap in the scopes of practice for various health professionals will occur and is necessary. Specific skills or activities do not define a profession. Consequently, it is imperative that collaboration skills or activities do not define a profession. Specifically, it is excluded from the scope of practice.

Klein (2005).

Mary Burman, PhD, APRN, BC, FAANP is Dean and Professor at the Fay W Whitney School of Nursing at the University of Wyoming in Laramie, Wyoming.

Table 1. Scope of Practice: Domains and Questions

<table>
<thead>
<tr>
<th>Domain: Knowledge</th>
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<tbody>
<tr>
<td>Did I complete a program that prepared me to see this population (family, adult, pediatric) of patients?</td>
</tr>
<tr>
<td>Did this program include supervised clinical and didactic training focusing on this population?</td>
</tr>
<tr>
<td>Did I complete a program that prepared me for subspecialization (acute care, geriatric, neonatal)? If so, is the patient in question in that category?</td>
</tr>
<tr>
<td>Do I have the knowledge to differentially diagnose and manage the conditions for which I am seeing this patient?</td>
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<table>
<thead>
<tr>
<th>Domain: Role Validation</th>
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<tbody>
<tr>
<td>Am I licensed to practice in this role?</td>
</tr>
<tr>
<td>Is additional licensure or certification required to do this skill on an ongoing or specialized basis?</td>
</tr>
<tr>
<td>Do professional organizations define this role through specialty scope statements and criteria or standards of practice?</td>
</tr>
<tr>
<td>Do professional standards support or validate what I am doing?</td>
</tr>
<tr>
<td>How do I “hold myself out” (define my role) with the public? Do my qualifications, training, and licensure match this?</td>
</tr>
<tr>
<td>Is the information regarding my training easily accessible and can it be validated to the public, healthcare credentialing staff, facilities, and other interested parties?</td>
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<thead>
<tr>
<th>Domain: Competence and Skill</th>
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<tbody>
<tr>
<td>What are the clinical competence/skills required to treat this condition?</td>
</tr>
<tr>
<td>Have I been trained to differentially diagnosis this type of patient?</td>
</tr>
<tr>
<td>Did this training include clinical and didactic training?</td>
</tr>
<tr>
<td>How have I achieved and demonstrated competence?</td>
</tr>
<tr>
<td>How have I maintained competence?</td>
</tr>
<tr>
<td>What is the standard of a practitioner in this field and do I meet it? Do I meet these standards on a limited or broad basis?</td>
</tr>
<tr>
<td>Have I completed a specialty preceptorship, fellowship, or internship that qualifies me beyond my basic educational training?</td>
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<tr>
<th>Domain: Environment</th>
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<tbody>
<tr>
<td>Does the environment that I work in support this scope of practice through structures such as staffing, consultation, policies and procedures, protocols, and community standards?</td>
</tr>
<tr>
<td>Am I an expert, novice, or midlevel provider in this field? Do my credentialing to the public and my consultative network match this?</td>
</tr>
<tr>
<td>Is access to care an issue? Will I be facilitating or impeding access to the best trained professional?</td>
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<table>
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<tr>
<th>Domain: Ethics</th>
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<tbody>
<tr>
<td>What are the potential consequences of accepting treatment responsibility for this patient?</td>
</tr>
<tr>
<td>Am I prepared to accept and manage the consequences of my diagnosis and treatment, or do I have a formally established relationship with a provider who is so trained and immediately available?</td>
</tr>
<tr>
<td>If I am not the primary care provider, will my provision of care be shared with this person?</td>
</tr>
<tr>
<td>Is the safety of the patient at acute risk if I do not act?</td>
</tr>
<tr>
<td>Will the safety of the patient be compromised if I do act?</td>
</tr>
<tr>
<td>Is there a personal or formal relationship with this patient that would potentially affect my ability to provide or to deny care?</td>
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</tbody>
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References


Advanced practice registered nurses (APRNs) have become a critical part of our health care system, providing care in one of the four main roles: certified nurse practitioner (CNP), certified nurse-midwife (CNM), certified registered nurse anesthetist (CRNA) and clinical nurse specialist (CNS) (see box). Currently, the regulation of APRNs varies significantly from state to state without a uniform model of regulation. Through nurse practice acts and regulations, each individual state independently determines scope of practice, APRN recognized roles, and the criteria for recognition as an APRN.

The Advanced Practice Nursing Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee released a consensus document that describes a new uniform model for regulation of APRNs (see Diagram). This is a future oriented model, since currently regulation does not include all of the agreed upon components. Many organizations have endorsed the model, including the American Nurses Association, American Academy of Nurse Practitioners, American Association of Nurse Anesthetists, American College of Nurse-Midwives, and the National Association of Clinical Nurse Specialists.

The Consensus Model addresses licensure, accreditation, certification and education (LACE). Licensure refers to the granting of authority to practice. Accreditation is the formal review and approval of educational programs. Through certification, individual APRNs are evaluated for their knowledge, skill and experience in relation to national accepted standards. Finally, education is the formal preparation of APRNs, either through a graduate degree-granting program or a post-graduate certification program.

Licensure
APRNs will be licensed as independent clinicians based on one of the four APRN roles and one of the six population foci. For example, a nurse-midwife would be licensed as a CNM with a population focus on women/gender-related. A family nurse practitioner would be licensed as a CNP with a population focus on family/individual across the lifespan. Of critical importance, is that education, certification and licensure must be congruent. An acute care nurse practitioner who graduated from a program with a population focus on adults could not be certified or licensed for care of pediatric populations. APRNs may choose to specialize “to provide depth in one’s practice within the established population foci (italics added)” and they cannot be solely licensed within a specific specialty area. For example, an adult nurse practitioner can specialize in oncology, but he or she would be licensed as an adult nurse practitioner. Furthermore, a psychiatric-mental health clinical nurse specialist with an adult focus could not specialize in some aspect of child psychiatry.

The title APRN is specific for those nurses who have completed advanced, graduate level nursing education to provide direct patient care in one of the four defined roles: CNM, CRNA, CNP and CNS. Nurses with other graduate education, in such areas as informatics, administration and education, are critical for nursing and health care, but are not recognized as APRN because these roles do not focus on direct patient care. Consequently, they do not need to be recognized by regulatory bodies beyond the level of registered nurse.

The document on the consensus model outlines an implementation strategy. The Wyoming State Board of Nursing has already taken steps to implement the new Consensus Model. Members of the board are using the proposed language as they develop Chapter 4 of the regulations, which addresses advanced practice nursing.

Mary Burman, PhD, APRN, BC, FAANP, is Dean and Professor of the Fay W. Whitney School of Nursing at the University of Wyoming in Laramie, Wyoming.

Reference
**The definition of an Advanced Practice Registered Nurse (APRN) is a nurse:**

- who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles;

- who has passed a national certification examination that measures APRN, role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;

- who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients, as well as a component of indirect care; however, the defining factor for all APRNs is that a significant component of the education and practice focuses on direct care of individuals;

- whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;

- who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;

- who has clinical experience of sufficient depth and breadth to reflect the intended license; and

- who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP).

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**PRACTICE QUESTIONS**

Each day nurses ask important questions about issues that affect many nurses. The goal of *Practice Column* is to share information related to these frequently asked questions with our readers.

**QUESTION:** I am a nursing student. I am doing research on the question “What is the scope of practice of a nursing student during clinical?” I was wondering what types of laws regulate what a student nurse can and cannot do during clinical rotations. I know that we have skill check off lists that we must check things off before we can go into the clinic.

**ANSWER:** The *Nurse Practice Act* as well as the *Administrative Rules and Regulations* regulate the practice of nursing. Students enrolled in a nursing program also practice nursing and are covered by these laws. The *Wyoming Nurse Practice Act* covers this within 33-21-154 “Exemptions”:

(a) No provisions in this act [33-21-119 through 33-21-156] prohibit:

(i) The practice of professional and practical nursing that is an integral part of a program by students enrolled in board approved nursing education programs leading to initial licensure;

The practice of practical nursing and professional nursing are defined within the *Nurse Practice Act* 33-21-120:

(xi) “Practice of professional nursing” means the performance of professional services requiring substantial knowledge of the biological, physical, behavioral, psychological and sociological sciences, and of nursing theory as the basis for applying the nursing process which consists of assessment, diagnosis, planning, intervention and evaluation. The nursing process is utilized in the promotion and maintenance of health, case finding and management of illness, injury or infirmity, restoration of optimum function and achievement of a dignified death. Nursing practice includes but is not limited to administration, teaching, counseling, supervision, delegation, evaluation of nursing practice and execution of the medical regimen. The therapeutic plan includes the administration of medications and treatments prescribed by any person authorized by state law to prescribe. Each registered professional nurse is accountable and responsible for the quality of nursing care rendered;

For more specifics related to the standards of nursing practice, refer to [http://nursing.state.wy.us/rules/pdfs/docs/CHAPTER%203.pdf](http://nursing.state.wy.us/rules/pdfs/docs/CHAPTER%203.pdf)

**QUESTION:** I feel one of the keys to improving pressure ulcer prevention and treatment across Wyoming is improving the knowledge and skill of our front line nurses. To facilitate this education and skill development, I am researching the opportunity for the *Wound Care Education Institute* to provide an in-state training seminar which would be one component of eligibility for successful candidacy to become “Wound Care Certified”. This particular certification program is provided by the *Wound Care Education Institute* and includes active unrestricted licensees in the following nursing levels as eligible: RN (ADN, diploma, BSN) and LPN/LVN. The LTC Community has concerns on the “WCC” credential as it relates to the WSBN’s interpretation of the standards of practice for nurses in the LTC setting.
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of the LPN’s scope of practice. The training course outlines the successful candidate would be prepared to “provide direct patient wound and skin care in acute, long-term care, and home care settings. The ‘WCC’ plays an important role as a direct care provider, educator and resource for optimum patient outcomes in wound and skin care management.” “Skin and wound management includes identification, assessment, management, prevention, and continuing evaluation of patients with alternations in skin/tissue integrity...” The question is “If an LPN became ‘wound care certified’, would the WSBN consider it within the LPN’s scope of practice to fulfill the role as outlined by the training course description in the areas of skin and wound assessment, management and evaluation?”

ANSWER: What an exciting opportunity to improve patient care in the State of Wyoming! During their January meeting, the Wyoming State Board of Nursing voted to use a decision tree model in making practice decisions. To resolve the issue of LPNs becoming Wound Care Certified, the Decision Tree should be used in concert with the Nurse Practice Act and the Administrative Rules and Regulations.

As you know, the Nurse Practice Act defines the practice of practical nursing as follows: “Practice of practical nursing” means the performance of technical services and nursing procedures which require basic knowledge of the biological, physical, behavioral, psychological and sociological sciences. These skills and services are performed under the direction of a licensed physician or dentist, advanced practice registered nurse or registered professional nurse. Standardized procedures that lead to predictable outcomes are utilized in the observation and care of the ill, injured and infirm, in provision of care for the maintenance of health, in action directed toward safeguarding life and health, in administration of medications and treatments prescribed by any person authorized by state law to prescribe and in delegation to appropriate assistive personnel as provided by state law and board rules and regulations [NPA 33-21-120 (a)(xi)].

In terms of wound care, the key components of this definition are that the LPN works under the direction of a physician, APRN or RN. The standardized procedures related to becoming wound care certified could only serve to enhance the care provided by LPNs in Wyoming. Encourage those in administrative positions to use the decision tree as policies are written that specifically outline how the LPN is being directed by physician, APRN or RN. Ensuring competency, continued competency and policies that provide clarity in terms of the LPNs scope of practice related to this issue are imperative.

Who Writes the NCLEX?

To enter the professional world, nursing graduates must meet the specific requirements of their state board of nursing. These boards use the National Council Licensure Examination (NCLEX) for both registered nurses and practical nurses, developed by the National Council of State Boards of Nursing. The exams measure competencies needed to perform safely and effectively as new nurses.

While many nursing students and new grads experience anxiety over the NCLEX, around 82% pass the RN exam the first time, and a slightly higher percentage pass the practical nurse exam on the first try. Future nurses can take further comfort in the knowledge that practicing nurses from all over the country are involved in development of the test.

Louellyn Monera, RN, BSN, a certified psychiatric nurse in California, developed items for the RN test, specifically evaluating exam items for graduates of foreign nursing schools. She also worked on the PN test. The experience began with a day of training, she says. “They dispelled a lot of myths about test-taking. One of the most interesting things is that they explain how the test is given and how it works. I don’t think all test-takers understand that.”

Duane Anderson, RN, staff nurse in the child and adolescent psychiatric unit at the University of California, San Diego Medical Center, also helped develop items for the PN test. “It was obvious to me that it was important to NCSBN to make the test meaningful and fair,” Anderson says.

Nurses such as Anderson and Monera go to NCSBN’s offices in Chicago. They work individually on laptops writing test items, with ready access to reference materials and NCSBN staff. “They had made a sincere effort to get a cross-section of nurses geographically, ethnically, across the spectrum,” Anderson says. “They had nurses from different backgrounds so they would have a wide array of questions. I saw this as my chance to make a contribution on a personal level and tried to be reflective of my experiences as a nurse.”

Exam items, once written, are reviewed and thoroughly tested. “It is a very laborious process for one question to get on the exam,” says Linda Gabriel-Marin, RN, MSN, an assistant professor of nursing at Dominican University who also has written items for the exam. “Obviously, each question is multi-dimensional, which is why you can pass with as few as 75 questions, because you have answered a question at a deep level and done many things to get to the answer. The test is researched, validated with current knowledge, fine-tuned, and tested extensively.”

Newlywritten test items undergo comprehensive content review, which includes checking each for clarity, grammar, punctuation, and spelling, as well as accuracy of content. Reviewers also ensure that there is only one correct answer to an item, and they seek to eliminate words that have varied meanings to different groups or wording that could be considered elitist or stereotypical, says Anne Wendt, PhD, RN, CAE, director of the NCLEX Examination Department. New items are administered to at least 400 first-time, U.S.-educated test-takers, and items that performed significantly differently for a minority group are flagged and reviewed again to determine if the differences are plausible and relevant to nursing practice. Often, says Wendt, an item is appropriate, but the group did not answer it correctly due to lack of knowledge of the content tested.

The NCLEX is a computerized adaptive test, says Wendt. “CAT increases the efficiency of the testing process. Each candidate’s test is unique, assembled interactively as they are tested.” The computer calculates a candidate’s ability based on the individual’s responses to items, and then it searches for an item that matches it to show next. This process is repeated until a pass or fail decision can be made. CAT therefore administers only those items that best measure a candidate’s ability.

Knowing how that works can help test-takers, Monera says. “Item difficulty changes depending on your answers. Everybody starts with an easy question, and if you don’t answer that, you’re given another easy one. If you do answer it, then you get a moderate question, and if you answer that, a hard one. At some point, it becomes clear you are going to pass or not, and the test stops. It’s a myth that if the test stops at 75 questions, it means you’ve passed, because it can go both ways.”

Exam results are based not on the number or percentage of items answered correctly, but the difficulty of the items that a candidate can answer correctly 50% of the time. “Passing candidates answer 50% of the more difficult items correctly, and failing candidates answer 50% of easier items correctly,” says Wendt.

Gabriel-Marin believes that the biggest mistake nursing students make is waiting until they graduate to prepare. “You need to prepare all along, and you definitely need a copy of the test plan, which is on the NCSBN website,” she says. “The verbiage and layout of this exam is different from the model we use teaching courses. You need

Continued on next page
to do hundreds and hundreds and hundreds of NCLEX questions over your student career. That teaches you the thinking process, and the more questions you do, the better you get at identifying the kind of thinking an RN license requires."

Exams are increasingly harder, she adds, because the acuity of patients is demanding a smarter nurse, making thorough preparation all the more important. Monera tells nursing graduates, especially those of foreign schools, to read carefully and take plenty of time on the test. "It is important to understand the question, so read it two or three times," says Monera. "People are in a hurry, to answer a lot of questions, but that doesn't work. You can't go back to review answers, and the more you hurry, the more mistakes you make."

Monera and Anderson also both worked on the standards panel, which rates test items as easy, moderate, or difficult. Members of the panel are asked whether, as a new graduate, they would consider an item easy, hard, or moderate. "We vote on each question, and that is correlated with data from the actual use of the item," Monera says. "It's a very long process for every question."

Psychometricians are present during this standards setting. Psychometrics is the science of educational and psychological measurement, specific ally achievement, aptitude, and mastery as measured by testing instruments. Psychometrics is used to ensure the NCLEX is legally defensible, valid, and sound," says Wendt. The take-home message for nursing students is study early and study often for the NCLEX. Nursing colleagues have made sure that, once you pass, you're truly ready to step into the profession of nursing.

NCLEX Development
Test items are created by nurses approved by their board of nursing, currently employed in clinical nursing practice, teaching basic or undergraduate students in clinical settings, and working directly with first-year nurses. RN exam item writers must have a master's degree. NCSBN's Examination Committee provides general oversight of item development, approves item development panels, recommends test plans, and implements the international testing plan. A subcommittee evaluates all pretest questions and operation items, and evaluates actual candidate exams. NCSBN staff provides psychometric, nursing, and operational expertise. NCSBN contracts with Pearson VUE for test development and administration of the exams.

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**New Continuing Education Requirement for Renewal of IV Therapy Certification**

Revisions in Chapter 3 of the Wyoming State Board of Nursing Administrative Rules and Regulations were effective June 22, 2009. The rules outline the expanded role for the Licensed Practical Nurse (LPN) administering intravenous (IV) Therapy and identify the need for 10 hours of continuing education every two years OR a refresher course during the renewal cycle. This means that LPNs who are IV certified will be required to have completed 10 hours of education related to IV therapy or a refresher course by December 31st, 2010 during license renewal in order to retain IV therapy certification. Section 3 of Chapter 3 outlines the requirements as follows:

(c) Expanded role for the licensed practical nurse administering intravenous therapy.

(i) Certification, renewal, reinstatement, discipline.

(A) Initial certification.

(I) Hold an active, unencumbered Wyoming practical nurse license;

(II) Submit required application and fees; and

(III) Submit official evidence of completion of a board-approved educational program of study in basic, advanced or combined basic/advanced intravenous therapy for licensed practical nurses.

(B) Renewal of certification.

(I) Submit renewal application and fee; and

(II) Submit documentation of completion of a minimum of ten (10) contact hours of continuing education and/or in-service education in intravenous therapy within the previous two (2) year period; or

(III) Submit documentation of successful completion of a board-approved licensed practical nurse intravenous therapy refresher course.

(C) Expanded role licensed practical nurses may reinstate a lapsed intravenous certification under the following conditions:

(I) Certification lapsed more than two (2) years but less than five (5) years:

a. Hold an active, unencumbered Wyoming practical nurse license;

b. Submit reinstatement application and fee;

c. Successful completion of a board-approved licensed practical nurse intravenous therapy refresher course; or

d. Successful completion of a board-approved licensed practical nurse intravenous therapy course;

(II) Certification lapsed for 5 years or more:

a. Hold an active, unencumbered Wyoming practical nurse license;

b. Submit reinstatement application and fee;

c. Complete a board-approved basic, advanced or combined licensed practical nurse intravenous therapy course.

(D) Certification by endorsement.

(I) Proof of successful completion of a board-approved basic, advanced or combined licensed practical nurse intravenous therapy course.

(ii) Scope of Practice.

(A) In addition to intravenous related activities within the scope of any licensed practical nurse, the licensed practical nurse certified in intravenous therapy may perform the following advanced acts of intravenous therapy:

(I) Initiate the administration of board-approved intravenous fluids and medications via a peripheral route:

(a) The peripheral route does not include midline or midclavicular catheters.

(II) Administer intravenous fluids and medications including electrolyte solutions with vitamins and/or potassium, antibiotics and hydrochloric acid, provided such fluids and medications are appropriate for intravenous...
administration;

(III) Intravenous fluids and medications must be commercially prepared or premixed and labeled by a registered pharmacist.

(B) Maintain patency of a peripheral intermittent vascular access device using a saline flush solution or nontherapeutic dose of heparin flush solution;

(C) Assist the registered professional nurse in the administration of midline, midclavicular or central venous infusion of approved intravenous fluids by:

(I) Checking the flow rate;

(II) Maintaining patency by use of saline/heparin flush;

(III) Changing the tubing(s) and site dressing(s);

(IV) Administering hyperalimentation; and

(V) Obtaining a blood sample.

(iii) The licensed practical nurse certified in intravenous therapy may not:

(A) Initiate, regulate, add, or administer medications to or discontinue a midline, midclavicular or central venous line except as provided elsewhere in this section.

(B) Administer or add the following to a peripheral venous line:

(I) Intravenous push or bolus medications;

(II) Intravenous medications other than those in Section 3(b)(ii).

(C) Administer blood, blood components, plasma, plasma expanders;

(D) Administer analgesics, antineoplastics, autonomic nervous system agents, cardiovascular agents, central nervous system agents, oxytocic agents, or radiologic agents;

(E) Initiate and/or maintain pediatric intravenous therapy (age twelve (12) and under); nor discontinue pediatric intravenous therapy (ages zero (0)- four (4));

(F) Flush or aspirate an arterial line;

(G) Perform advanced acts of intravenous therapy as listed in this section in the home setting.

(iv) Unless otherwise specified in these regulations, the licensed practical nurse certified in intravenous therapy may perform advanced acts of intravenous therapy if the supervisor is physically on the premises where the patient is having nursing care provided.

(v) Minimum program requirements.

(A) The intravenous therapy program must utilize the board-approved standardized intravenous therapy curriculum; and

(B) Shall be offered and administered by a nursing education program in a post secondary institution of higher learning in Wyoming, in a board-approved educational institution or a licensed health care facility [Chapter 3 Section 3(c)(i)].

One source for online continuing education for LPNs is http://www.napnes.org/etraining/. Continuing education for IV therapy might include in-service education related to new IV equipment, dehydration, IV antibiotics, treatment of shock, etc. An IV therapy review course will be available by 2010.
Disciplinary Actions

Grounds for discipline for Licensed Practice Nurses and Registered professional Nurses are located in the Administrative Rules and Regulations Chapter 3 pages 3-12 through 3-13 and Certified Nursing Assistants Chapter 7, pages 7-8 and 7-9 (June 2009).

Grounds for Discipline are: (i) engaging in any act inconsistent with uniform and reasonable standards of practice, including but not limited to: (A) Fraud and deceit including, but not limited to, omission of required information or submission of false information written or verbal; (B) Performance of unsafe client care; (C) Misappropriation or misuse of property; (D) Abandonment; (E) Abuse, including emotional, physical or sexual abuse; (F) Neglect, including substandard care; (G) Violation of privacy or confidentiality in any form, written, verbal or technological; (H) Drug diversion-self/others; (I) Sale, unauthorized use, or manufacturing of controlled/illicit drugs; (J) Criminal conviction; (K) Unprofessional conduct; (L) Boundary violations, including sexual boundaries; (M) Failure to comply with reasonable requests from the board including, but not limited to: (I) Responses to complaints; (II) Responses to formal pleadings such as notice of hearing and/or petition and complaint; (III) Responses to requests regarding application and/or renewal information; (IV) Written response to request for explanation for failure to disclose required information; (V) Failure to appear at properly noticed hearings; (N) Impairment. (I) lack of nursing competence; (II) Mental illness; (III) Physical illness including, but not limited to, deterioration through the aging process or loss of motor skills; or (IV) Chemical or alcohol impairment/abuse. (ii) Failure to conform to the standards of prevailing nursing practice, in which case actual injury need to be established.

Kristin Anne Hamister  RN #20643  License Reinstated  October 6, 2009
Wyoming State Board of Nursing ordered full reinstatement of license because of satisfactory compliance with the Board’s previous order of conditional licensure dated 7/15/2004.

Chauntelle M. Keilholtz  CNA #17785  Letter of Reprimand  August 31, 2009
Chauntelle M. Keilholtz voluntarily entered into a settlement agreement with the Board in which she agreed to a letter of reprimand for conduct that occurred while she was certified as a CNA and agreed to a conditional license when she applied for licensure as an RN. Ms. Keilholtz admitted to practicing beyond the scope of her CNA certificate when she administered controlled substances to a patient on 2 occasions, committed medication errors in administering controlled substances to a patient and, wrote physician’s orders on a patient chart. The conditions of Ms. Keilholtz’s license include but are not limited to requiring her to successfully complete three (3) credit hours of continuing education in a course relating to medication errors/medication administration, provide employer acknowledgement of conditional status, restrict controlled substance delivery, remain in lawful compliance, and notify the board of any change of address.

Valerie Mae Luegering  RN #20567  License Reinstated  October 6, 2009
Wyoming State Board of Nursing ordered full reinstatement of license because of her satisfactory compliance with the Board’s previous order of conditional licensure dated 7/15/2004.

Jody Lynn Phifer  RN #17701  Conditional  October 9, 2009
Jody Lynn Phifer, RN voluntarily entered into a settlement agreement with the Board following allegations, to which she admitted, of repeatedly obtaining controlled substances through prescription fraud from October 2005 through April of 2007. The settlement agreement required Ms. Phifer to enroll into monitoring agreement with the Wyoming Professional Assistance Program (“WPAP”). Ms. Phifer has been compliant with the WPAP monitoring agreement since her enrollment.

Maria Josephine Ray  LPN #3516  Letter of Reprimand  October 9, 2009
Maria Josephine Ray, LPN entered into a settlement agreement with the Board in which she agreed to a letter of reprimand for conduct which involved the use of excessive force in attempting to physically coerce an elderly patient into ingesting medication. The conduct resulted in no physical injury or harm to the patient.

Robin Lynn Yost  LPN #5830  Voluntary Surrender of License  October 9, 2009
Robin Lynn Yost, LPN voluntarily surrendered her LPN license to the Board following the Board’s investigation of conduct which resulted in the death of a patient under Ms. Yost’s care. Ms. Yost was employed at the Cheyenne Health Care Center in November of 2007. Following her report to work for her assigned shift, at some point, Ms. Yost fell asleep in the therapy room. A patient was reported to Ms. Yost as having a bloody stool. Ms. Yost confirmed the patient’s condition, but failed to meaningfully assess the condition, failed to take further action and went back to sleep in the therapy room. The patient expired later during Ms. Yost’s shift. Ms. Yost failed to contact the patient’s treating physician and failed to properly execute the patient’s death certificate.

Denials of Applicants Seeking Licensure or Certification

The Nurse Practice Act, 33-21-146 identifies the following reasons that an application may be denied:

“(a) The board of nursing may refuse to issue or renew, or may suspend or revoke the license, certificate or temporary permit of any person, or to otherwise discipline a licensee, upon proof that the person:

(i) Has engaged in any act inconsistent with uniform and reasonable standards of nursing practice as defined by board rules and regulations;
(ii) Has been found guilty by a court, has entered an Alford plea or has entered a plea of nolo contendere to a misdemeanor or felony that relates adversely to the practice of nursing or to the ability to practice nursing;

(iii) Has practiced fraud or deceit:
(A) In procuring or attempting to procure a license to practice nursing;
(B) In filing or reporting any health care information, including but not limited to client documentation, agency records or other essential health documents;
(C) In signing any report or record as a registered nurse or as a licensed practical nurse;
(D) In representing authority to practice nursing; or
(E) In submitting any information or record to the board.
(iv) Is unfit or incompetent to practice nursing by reason of negligence, habits or other causes including but not limited to:
(A) Being unable to practice nursing with reasonable skill and safety to patients by reason of physical or mental disability, or use of drugs, narcotics, chemicals or any other mind-altering material; or
(B) Performance of unsafe nursing practice or failure to conform to the essential standards of acceptable and prevailing nursing practice, in which case actual injury need not be established.

(v) Has engaged in any unauthorized possession or unauthorized use of a controlled substance as defined in the Wyoming Controlled Substances Act [§§ 35-7-1001 through 35-7-1057];

(vi) Has had a license to practice nursing or to practice in another health care discipline in another jurisdiction, territory or possession of the United States denied, revoked, suspended or otherwise restricted;

(vii) Has practiced nursing within this state without a valid current license or temporary permit or as otherwise permitted under this act;

(viii) Has knowingly and willfully failed to report to the board any violation of this act or of board rules and regulations;

(ix) Has been found by the board to have violated any of the provisions of this act or of board rules and regulations; or

(x) Has knowingly engaged in an act which the licensee knew was beyond the scope of the individual’s nursing practice prior to committing the act, or performed acts without sufficient education, knowledge, or ability to apply nursing principles and skills; or

(xi) Has failed to submit to a mental, physical or medical competency examination following a proper request by the board made pursuant to board rules and regulations and the Wyoming Administrative Procedure Act.

(b) Upon receipt from the department of family services of a certified copy of an order from a court to withhold, suspend or otherwise restrict a license issued by the board, the board shall notify the party named in the court order of the withholding, suspension or restriction of the license in accordance with the terms of the court order. No appeal under the Wyoming Administrative Procedure Act shall be allowed for a license withheld, suspended or restricted under this subsection” (pg 12-13 of 18).

**DENIALS OF APPLICANTS SEEKING LICENSURE OR CERTIFICATION**

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Reason</th>
<th>Date</th>
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<tbody>
<tr>
<td>Amanda B. James, CNA Applicant</td>
<td>Interfering with a Peace Officer; Driving While Under the Influence Convictions</td>
<td>September 27, 2009</td>
</tr>
<tr>
<td>Solvej Jensen, CNA Applicant</td>
<td>Theft- Petit; False Information to the Courts; Theft of Controlled Property</td>
<td>July 19, 2009</td>
</tr>
<tr>
<td>Laura B. Lessard, CNA Applicant</td>
<td>Driving While Under the Influence; Possession of Marijuana</td>
<td>September 27, 2009</td>
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<tr>
<td>Patrick M. McFadden, CNA Applicant</td>
<td>Driving While Under the Influence; Petit Larceny; Public Intoxication</td>
<td>November 14, 2009</td>
</tr>
<tr>
<td>Fiorella M. Parraga, CNA Applicant</td>
<td>Driving While Under the Influence Convictions; Petit Larceny; Public Intoxication</td>
<td>September 27, 2009</td>
</tr>
<tr>
<td>Ericka M. Pinon, CNA Applicant</td>
<td>Child/Vulnerable Adult Abuse; Issuing Bad Check; Shoplifting-Less Purchase Price; False Report to Law Officer; Violation of Promise to Appear; False Report to Law Enforcement; Criminal Impersonation-False ID; Narcotic Drug Transportation</td>
<td>September 27, 2009</td>
</tr>
<tr>
<td>Lindsey E. Primich, CNA Applicant</td>
<td>Driving While Under the Influence</td>
<td>August 9, 2009</td>
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