Look Again at Delegation Practices

This fall, the Texas Board of Nursing (BON) is expected to propose minor changes to its delegation rules that govern how and when nurses may assign tasks with non-licensed healthcare personnel. This makes now a good time for nurses to review their delegation practices in general.

First, let’s take a look at the areas the BON has discussed through its Nursing Delegation Taskforce. The taskforce was created to review Rule 224, which relates to Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel for Clients with Acute Conditions or in Acute Care Environments. It held its third meeting on September 5.

Overall, the taskforce has thus far concluded no major revisions of Rule 224 are needed. However, the taskforce has recommended three changes, which the BON is expected to consider at its regular meeting in October. These would:

- Add language to make explicit that rule governs APRNs when delegating to unlicensed personnel;
- Clarify an RNs’ responsibilities when supervising unlicensed persons performing tasks delegated by another practitioner (RN and non-RN);
- Clarify that chief nursing officers are responsible for ensuring nurses are compliance with Rule 224.

TNA will follow-up on BON’s actions in the next issue of the Voice.

Delegation Boundaries

Delegation is not just a task-oriented endeavor, but rather one that incorporates the professional relationship between the Registered Nurse (RN) and the client, leveraging the knowledge the RN has regarding the unique client as the care environment changes and care delivery requires delegation of selected nursing tasks.

Understanding what the general term “delegation” means and fully grasping the scope of delegation are two very different things. The nurse must exercise good judgment, nursing prudence, and the knowledge he or she has about the client and the person to whom the RN is delegating. Items the nurse must consider before delegating are:

- The level of supervision required (setting dependent)
- The complexity of the task
- The skills, experiences, and competencies of the Unlicensed Person
- The client’s physical and mental status

The RN maintains accountability for the delegated task, supervision of the task, and assessment of outcomes. This is consistent with the patient-centered nursing role as well as the role of patient advocacy. There are three categories to delegation, outlined in the accompanying illustration.

RNs also work in close collaboration with other licensed providers that may delegate tasks to unlicensed personnel for which the RN has supervisory responsibility. It is important to note that the RN must verify the training of the unlicensed person to accomplish the task safely without placing the client at risk of harm and must also adequately supervise the unlicensed person in completion of the task.

RNs must at all times consider the unique needs of the client, providing person-centered care balanced with sound clinical judgment and expertise. The client relies on the nurse to not only delegate tasks appropriately, but to provide a measure of safety against undue risk. Delegation is more than just the simple assignment of a task. It involves critical thinking, sound judgment and, most of all, patient advocacy.

Look Again at Delegation Practices

See page 7 for Delegation Tasks Chart
# Districts and Presidents

Presidents of the 28 state-wide Districts of Texas Nurses Association, as well as some District offices, are listed below. They invite you to contact them with questions or comments about TNA District membership and involvement.

<table>
<thead>
<tr>
<th>District</th>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dist. 1</td>
<td>Lawrence Giron</td>
<td><a href="mailto:ljcares@elp.n.com">ljcares@elp.n.com</a></td>
<td>915.742-1501</td>
</tr>
<tr>
<td>Dist. 2</td>
<td>Ruth Whitehead</td>
<td><a href="mailto:ruthwhitehead@ttuhsc.edu">ruthwhitehead@ttuhsc.edu</a></td>
<td>806.356-5963</td>
</tr>
<tr>
<td>Dist. 3</td>
<td>Shakyrn Napier</td>
<td><a href="mailto:napier043@aol.com">napier043@aol.com</a></td>
<td>682.885-2913</td>
</tr>
<tr>
<td>Dist. 4</td>
<td>Nancy Roper Willson</td>
<td><a href="mailto:nwillson@roperwillson.com">nwillson@roperwillson.com</a></td>
<td>214.941-6441</td>
</tr>
<tr>
<td>Dist. 5</td>
<td>Ron Hilliard</td>
<td><a href="mailto:ronhill1281@live.com">ronhill1281@live.com</a></td>
<td>832-428-5679</td>
</tr>
<tr>
<td>Dist. 6</td>
<td>Tracy McDonald</td>
<td><a href="mailto:tmc@ntcc.edu">tmc@ntcc.edu</a></td>
<td>806.743-2890</td>
</tr>
<tr>
<td>Dist. 7</td>
<td>Jeff Watson</td>
<td><a href="mailto:jeff.watson@texashealth.org">jeff.watson@texashealth.org</a></td>
<td>903.434-8302</td>
</tr>
<tr>
<td>Dist. 8</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 9</td>
<td>Shirley Morrison</td>
<td><a href="mailto:smorrison@att.net">smorrison@att.net</a></td>
<td>281.493-2876</td>
</tr>
<tr>
<td>Dist. 10</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 11</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 12</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 13</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 14</td>
<td>Joe Lacher</td>
<td><a href="mailto:joe.lacher@utb.edu">joe.lacher@utb.edu</a></td>
<td>956.882-5089</td>
</tr>
<tr>
<td>Dist. 15</td>
<td>Andrea Kerley</td>
<td><a href="mailto:akerley@hendrickhealth.org">akerley@hendrickhealth.org</a></td>
<td>325.670-4230</td>
</tr>
<tr>
<td>Dist. 16</td>
<td>Judith (Sk) Lower</td>
<td><a href="mailto:skiwee43@aol.com">skiwee43@aol.com</a></td>
<td>325.465-5181</td>
</tr>
<tr>
<td>Dist. 17</td>
<td>Jennifer Gentry</td>
<td><a href="mailto:jgentry@christushealth.org">jgentry@christushealth.org</a></td>
<td>361.902-4982</td>
</tr>
<tr>
<td>Dist. 18</td>
<td>Patricia Johnson</td>
<td><a href="mailto:patricia.francis@ttuhsc.edu">patricia.francis@ttuhsc.edu</a></td>
<td>806.743-2730 ext 130</td>
</tr>
<tr>
<td>Dist. 19</td>
<td>Karen Koerber-Timmons</td>
<td><a href="mailto:kjtimmons@uttyler.edu">kjtimmons@uttyler.edu</a></td>
<td>903.433-5004</td>
</tr>
<tr>
<td>Dist. 20</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 21</td>
<td>Rebekah Powers</td>
<td><a href="mailto:rebekah.powers@midlandmemorial.com">rebekah.powers@midlandmemorial.com</a></td>
<td>432.685-1111</td>
</tr>
<tr>
<td>Dist. 22</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 23</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 24</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 25</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 26</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 27</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 28</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 29</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 30</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 31</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 32</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 33</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 34</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 35</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 36</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 37</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 38</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 39</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dist. 40</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Letters to the Editor

Reject Nurse Stereotypes

Dear Editor:

I appreciate receiving TNV and read it cover to cover, and I was pleased to see the essay by Dr. Bonnie Carter on the doctor-nurse relationship (Texas Nursing Voice, Vol. 8, No. 3, July, August, September 2014). She has some positive things to say about the teamwork between our disciplines. But ultimately her message reinforces the stereotype she claims to reject, that of doctor as lord and nurse as serf.

She says, for example, that “nurses have an amazing wealth of knowledge and experience,” but then in the next paragraph goes on to say that “the doctor may well be the brains, but the nurse is the heart” of her family medicine practice. What? How did that get past you? Someone there is editing submissions to the TNV. I hope that someone is a nurse.

Nurses and doctors play different roles on the team, and that is as it should be. It is the differences that make a team strong. Respect will only come to nurses, however, when our contribution to the team is acknowledged to be equal in value to that of doctors. The problem with Dr. Connor’s model is in the greater value placed on the doctor’s role. As good as Dr. Carter’s intentions clearly are, she gives herself away with statements like this.

We have to get past the touchy-feely image of the nurse as an “angel in comfy shoes” if we are ever to be truly respected as equal contributors to the team. Yes, we use our hearts—and our hands and our brains—every day as nurses. So, hopefully, do doctors.

I appeal to you to use our newspaper to highlight the role of nurses as scientists, and de-emphasize this idea of our practice being driven by heart and instinct.

Ileen Self
Westworth Village, TX

Editor response:

We are happy nurses are reading and encourage your feedback. While I might parse Dr. Carter’s intended meaning (I think the “brains” she referred to have to do with running the practice she owns and, after all, she does say nurses should “stand shoulder to shoulder” with her), but I get your point. This is a age-old tension between doctors and nurses and I think we’d all agree it’s getting better, though not as fast as we’d like.

P.S.
I’m not a nurse, but at TNA I am surrounded by them! They read every issue before they go to print.

We have to get past the touchy-feely image of the nurse as an “angel in comfy shoes” if we are ever to be truly respected as equal contributors to the team. Yes, we use our hearts—and our hands and our brains—every day as nurses. So, hopefully, do doctors.

I appeal to you to use our newspaper to highlight the role of nurses as scientists, and de-emphasize this idea of our practice being driven by heart and instinct.

Ileen Self
Westworth Village, TX

We are happy nurses are reading and encourage your feedback. While I might parse Dr. Carter’s intended meaning (I think the “brains” she referred to have to do with running the practice she owns and, after all, she does say nurses should “stand shoulder to shoulder” with her), but I get your point. This is a age-old tension between doctors and nurses and I think we’d all agree it’s getting better, though not as fast as we’d like.

P.S.
I’m not a nurse, but at TNA I am surrounded by them! They read every issue before they go to print.

Ileen Self
Westworth Village, TX

Editor response:

We are happy nurses are reading and encourage your feedback. While I might parse Dr. Carter’s intended meaning (I think the “brains” she referred to have to do with running the practice she owns and, after all, she does say nurses should “stand shoulder to shoulder” with her), but I get your point. This is a age-old tension between doctors and nurses and I think we’d all agree it’s getting better, though not as fast as we’d like.

P.S.
I’m not a nurse, but at TNA I am surrounded by them! They read every issue before they go to print.

Ileen Self
Westworth Village, TX

Editor response:

We are happy nurses are reading and encourage your feedback. While I might parse Dr. Carter’s intended meaning (I think the “brains” she referred to have to do with running the practice she owns and, after all, she does say nurses should “stand shoulder to shoulder” with her), but I get your point. This is a age-old tension between doctors and nurses and I think we’d all agree it’s getting better, though not as fast as we’d like.

P.S.
I’m not a nurse, but at TNA I am surrounded by them! They read every issue before they go to print.

Ileen Self
Westworth Village, TX

Editor response:

We are happy nurses are reading and encourage your feedback. While I might parse Dr. Carter’s intended meaning (I think the “brains” she referred to have to do with running the practice she owns and, after all, she does say nurses should “stand shoulder to shoulder” with her), but I get your point. This is a age-old tension between doctors and nurses and I think we’d all agree it’s getting better, though not as fast as we’d like.

P.S.
I’m not a nurse, but at TNA I am surrounded by them! They read every issue before they go to print.

Ileen Self
Westworth Village, TX

Editor response:

We are happy nurses are reading and encourage your feedback. While I might parse Dr. Carter’s intended meaning (I think the “brains” she referred to have to do with running the practice she owns and, after all, she does say nurses should “stand shoulder to shoulder” with her), but I get your point. This is a age-old tension between doctors and nurses and I think we’d all agree it’s getting better, though not as fast as we’d like.

P.S.
I’m not a nurse, but at TNA I am surrounded by them! They read every issue before they go to print.

Ileen Self
Westworth Village, TX

Editor response:

We are happy nurses are reading and encourage your feedback. While I might parse Dr. Carter’s intended meaning (I think the “brains” she referred to have to do with running the practice she owns and, after all, she does say nurses should “stand shoulder to shoulder” with her), but I get your point. This is a age-old tension between doctors and nurses and I think we’d all agree it’s getting better, though not as fast as we’d like.

P.S.
I’m not a nurse, but at TNA I am surrounded by them! They read every issue before they go to print.

Ileen Self
Westworth Village, TX

Editor response:

We are happy nurses are reading and encourage your feedback. While I might parse Dr. Carter’s intended meaning (I think the “brains” she referred to have to do with running the practice she owns and, after all, she does say nurses should “stand shoulder to shoulder” with her), but I get your point. This is a age-old tension between doctors and nurses and I think we’d all agree it’s getting better, though not as fast as we’d like.

P.S.
I’m not a nurse, but at TNA I am surrounded by them! They read every issue before they go to print.

Ileen Self
Westworth Village, TX

Editor response:

We are happy nurses are reading and encourage your feedback. While I might parse Dr. Carter’s intended meaning (I think the “brains” she referred to have to do with running the practice she owns and, after all, she does say nurses should “stand shoulder to shoulder” with her), but I get your point. This is a age-old tension between doctors and nurses and I think we’d all agree it’s getting better, though not as fast as we’d like.

P.S.
I’m not a nurse, but at TNA I am surrounded by them! They read every issue before they go to print.

Ileen Self
Westworth Village, TX

Editor response:

We are happy nurses are reading and encourage your feedback. While I might parse Dr. Carter’s intended meaning (I think the “brains” she referred to have to do with running the practice she owns and, after all, she does say nurses should “stand shoulder to shoulder” with her), but I get your point. This is a age-old tension between doctors and nurses and I think we’d all agree it’s getting better, though not as fast as we’d like.

P.S.
I’m not a nurse, but at TNA I am surrounded by them! They read every issue before they go to print.

Ileen Self
Westworth Village, TX

Editor response:

We are happy nurses are reading and encourage your feedback. While I might parse Dr. Carter’s intended meaning (I think the “brains” she referred to have do...
Meeting the Demand for RNs

In today’s highly-specialized healthcare, Registered Nurses (RNs) are leading the way in policy, patient care, and management. While the role of nurses is evolving to meet our changing healthcare needs—requiring additional preparation and education—the shortage of nurses is expected to continue.

These two trends, occurring concurrently, offer great challenges for nurses. Together, the Texas Nurses Association (TNA) and the American Nurses Association (ANA) are actively monitoring developments and helping nurses to prepare now for future career opportunities.

Job Growth Expected

Job growth for registered nurses nationwide is projected to increase faster than any other profession—19 percent by 2022 according to the U.S. Bureau of Labor Statistics. Texas is the 2nd greatest state for RN job growth in the nation. In Texas, the demand is expected to be more than 50 percent with 90,000+ new RNs needed by 2022. This does not take into consideration the jobs opening up as nurses retire and leave the profession.

Today’s nurses are better educated and are pursuing higher education, a trend that is expected to continue. A 2010 Robert Wood Johnson study states that half the nurses in the U.S. have four-year degrees or higher. The study recommends that, by 2020, 80 percent of the U.S. have four-year degrees or higher. The study also has covered preventing patient falls, building issues impacting nursing. Recent webinars have covered building patient falls, building a healthy work environment, navigating meaningful use, staffing issues and genomics.

Earn ANCC Certification

APRNs are filling unmet needs for primary care, especially in rural and underserved areas. The Future of Nursing: Leading Change, Advancing Health, the landmark 2010 Institute of Medicine (IOM) report called on nurses, especially APRNs, to contribute as essential partners in the redesign of the nation’s health care system.

A subsidiary of ANA, the American Nurses Credentialing Center (ANCC) is the credentialing program to certify and recognize individual nurses in specialty practice areas. TNA and ANA members save on ANCC initial certification and on ANCC certification renewal.

TNA is also an ANCC-accredited Provider, which allows the organization to provide activities that award contact hours.

Strengthen Your Leadership

TNA and ANA nurses are leading the way. Through the ANA Leadership Institute, TNA and ANA members can access professionally developed programs that draw on evidence-based practice and multi-disciplinary approaches. These self-paced courses will build, develop, enhance and grow your leadership impact.

Attend Nursing Webinars

Each month, TNA and ANA members can participate in a free webinar and earn 1.0 CNE contact hours (60 minute contact hour). Each timely topic is focused on the most important issues impacting nursing. Recent webinars have covered building patient falls, building a healthy work environment, navigating meaningful use, staffing issues and genomics.

Save with the Education Alliance

TNA and ANA members can continue their educations with online degree programs—RN to BSN and BSN to MSN to doctoral programs—at member only discounts. Participating nursing schools include:

- Capella University
- Chamberlain College
- Drexel University
- Georgetown University School of Nursing & Health Studies

If you believe in supporting TNA’s efforts to advance health care and protect nurses, add your voice and support by becoming a member. Membership dues for joint membership in TNA and ANA are an affordable $15/month or $174/year. Membership includes a free monthly Navigate Nursing webinar, a subscription to The American Nurse and American Nurse Today, savings on educational programs, networking opportunities and more.

ANA’s New President Takes the Helm, Lays Out Priorities

TNA welcomes new ANA President Pamela Cipriano, PhD, RN, NEA-BC, FAAN. Cipriano was elected at the ANA Membership Assembly on June 14 to a two-year term. Here is a little more about President Cipriano and her hopes for the future of ANA and the profession.

Prior to becoming ANA president, Cipriano served as senior director for health care management consulting at Galloway Advisory by Vantage. She also has held faculty and health system leadership positions at the University of Virginia (UVA) since 2000.

Cipriano is known nationally as a strong advocate for health care quality, and serves on a number of boards and committees for high-profile organizations, including the National Quality Forum and the Joint Commission. She was the 2010-11 Distinguished Nurse Scholar-in-Residence at the Institute of Medicine.

A longtime ANA member, Cipriano has served two terms on the ANA Board of Directors and was the recipient of the association’s 2008 Distinguished Membership Award. She acted as the inaugural editor-in-chief of American Nurse Today, ANA’s official journal, from 2006-14, and is currently a member of the Virginia Nurses Association.

Vision for the Future of ANA

In a recent conversation with The American Nurse, Cipriano shared her vision for ANA by outlining three priorities for her presidency.

First, she will focus on ANA’s “core strengths,” which include: political advocacy, efforts around safe staffing and healthy work environments, and fighting for nurses’ rights to control their profession and practice to the full extent of their education and licensure.

Second, Dr. Cipriano will lead membership growth and retention. “I strongly believe in the old saying, ‘There’s strength in numbers,’” she said.

The third priority for her first term includes positioning nurses to exert greater influence in the transformation of health care. “It’s very important for ANA to make sure nurses are in prime positions and key decision-making groups so our voice is there at every turn,” she said.

Finally, what does President Cipriano want members around the country to keep in mind? Optimism. “We are making a number of strides,” she said, “We’re going to need all of our member’s help, if we want to truly achieve a new direction in health care.”

To read more about President Cipriano, please visit: www.theamericannurse.org
Let’s imagine we’re all sitting in a room together and someone says, “Raise your hand if you love Robin Williams.” We would probably all raise our hand. Then, “Raise your hand if someone in your family or a family you know struggles with mental illness,” we would probably again all raise our hand—although with much more hesitation.

The media’s desperate attempt to uncover a cause for his suicide—say, financial or relationship problems—is astonishingly naive. What caused Williams to end his life is unknowable, no matter how exhaustive the investigation. What is knowable, from media reports, is that Williams wrestled the beast of a mood disorder—depression, and the early stages of Parkinson’s disease. And he was very open about his struggles with chemical dependency. That’s a very dangerous cocktail.

Life is full of tripwires, from the mundane to the major. If you have a mental illness, whether bipolar, schizophrenia, major depression, or a variety of other disorders, any of life’s circumstances can trigger an episode. We cannot know what ignited his brain’s vulnerabilities. That’s his to know.

An Aug. 11 New York Times article tells us that Williams was the privileged son of a Detroit auto executive who grew up chubby and lonesome playing by himself with 2,000 toy soldiers in an empty room of a suburban mansion. Oh, to have been a soldier in that room!

Through his originality and lightning improvisations, the way he played his roles, his comedic routines, we know he was a creative genius. The feature article of the June Atlantic Monthly, “Secrets of the Creative Brain,” by neuroscientist Nancy Andreasen, sheds light on why mental illness so often accompanies creativity.

Andreasen’s research shows that creative geniuses like to teach themselves from an early age and are often misfits in the education system (think: Michael Dell, Bill Gates, Steve Jobs, Mark Zuckerberg). They have many deep interests; they are highly persistent in the face of rejection; and above all, they excel at making connections.

According to research done by Johns Hopkins psychologist Kay Redfield Jamison and Harvard psychiatrist Joseph Schildkraut, mood disorders and a strong family history of mental illness tend to occur with creative genius, especially among writers and painters.

Hugely successful people with crushing personal histories: Bertrand Russell, Albert Einstein, Sylvia Plath, Ernest Hemingway, James Joyce, Kurt Vonnegut, Vincent van Gogh, Mark Rothko, the list goes on and on. Like Williams, many were as funny and lovable as they were tormented. They often end their own lives.

The link between mental illness and the creative genius that has made our world so much more livable and enjoyable is so strong that it has been suggested we withhold treatment. A more sane suggestion was made recently on the PBS NewsHour by Mark Vonnegut, a pediatrician with schizophrenia and son of Kurt Vonnegut. He suggests that we do a better job of taking care of each other; that among the homeless veterans we see may be another Van Gogh.

There’s more than the abject sadness we feel with Williams’ death. There’s also hope and inspiration. Despite his mental illness and chemical dependency, Williams worked nonstop and was known for his reliability and dependability. And, according to the Times article, he displayed none of the traits of troubled actors such as showing up late, forgetting the lines or flaring tempers. His 20 years of sobriety after his cocaine habit in the 1980s also is inspiring.

We tend to think that suicide is rare. It is not rare. Mental illness is not rare. There is help out there.

Call 800-273-TALK (8255) or visit suicidepreventionlifeline.org or afsp.org.

Toni Inglis, a retired neonatal intensive care nurse, is a writer/editor with the Seton Healthcare Family. She writes a monthly opinion column for the Austin American-Statesman editorial page. Inglis served on the Board of Trustees of Austin Travis County Integral Care (formerly ATC Mental Health Mental Retardation) for 13 years.

Where career support meets life support

The flexibility, convenience and support you need to advance your career

Find Your Extraordinary

At Chamberlain, we know juggling work, school and family can be difficult. Which is why we provide flexible and convenient, online programs with personalized attention and individualized support. So you can take your career to the next level, while keeping your life on track. Learn more at chamberlain.edu

BSN | RN to BSN | MSN | MSN-FNP | DNP

Two Houston Area Locations: Houston and Pearland | chamberlain.edu/houstonarea
Starting October 6, hydrocodone-combination products (HCPs) will be classified as restricted Schedule II drugs, due to action by the U.S. Drug Enforcement Administration (DEA) in August and supported by the U.S. Department of Health and Human Services. The reclassification from Schedule III will directly impact practitioners who prescribe common HCP drugs, such as Vicodin, for pain management.

The rule imposes more rigorous regulatory controls and sanctions applicable to Schedule II substances on those who handle HCPs. HCPs are drugs that contain both hydrocodone, which by itself is a Schedule II drug, and specified amounts of other substances, such as acetaminophen or aspirin.

Implications of the change include:
- Written prescriptions are required for Schedule II drugs, except for limited, short-term quantities under emergency circumstances with no refills.
- Refills may not be called into the pharmacy.
- Prescriptions are restricted to three for a maximum of a 90-day supply (in contrast to Schedule III drugs, which allow for up to five refills in a six month period).
- Prescriptions issued before October 6, 2014 that are authorized for refills may be dispensed, as long as dispensing occurs before April 8, 2015.

“Almost seven million Americans abuse controlled-substance prescription medications, including opioid painkillers, resulting in more deaths from prescription drug overdoses than auto accidents,” said DEA Administrator Michele Leonhart, “This action recognizes that these products are some of the most addictive and potentially dangerous prescription medications available.”

BSN-LINC: 1-877-656-1483 or bsn-linc.wisconsin.edu  
MSN-LINC: 1-888-674-8942 or uwgb.edu/nursing/msn

We Offer 18 Online Accredited Certificate Programs including:
- Anticoagulation
- Case Management
- Clinical Simulation
- Diabetes
- Health Informatics
- Pain Management
- Wound Management

PLVS: online degree programs RN-BSN, MSN, DNP

Education in Your Own Time and Place  
U.S. health/certificate-programs  
877-974-4584
Look Again at Delegation Practices

The following tasks are the most common types of tasks within the scope of sound professional nursing practice to be considered for delegation:

- **Noninvasive and nonsterile treatments**
- **Collecting, reporting, and documentation of data including, but not limited to:**
  - Vital signs, height, weight, intake and output, capillary blood and urine tests
  - Environmental situation
  - Client or family comments relating to the client’s care
  - Behaviors related to the plan of care
- **Ambulation, positioning, turning**
- **Transportation of a client within a facility**
- **Personal hygiene, elimination, including vaginal irrigation and cleaning external**
- **Feeding, cutting up of food, placing of meal trays**
- **Socialization activities**
- **Activities of daily living**
- **Reinforcement of health teaching plans and/or provided by the RN**

These tasks may only be delegated to an unlicensed person if:

- The RN delegating the task is directly responsible for the nursing care given to the client
- The agency, facility, or institution employing or utilizing the unlicensed person follows a current protocol for the delegation of the task and for the instruction and training of the unlicensed person performing the task, including documentation of competency
- Sterile procedures: Those procedures involving a wound or an anatomical site which could potentially become infected
- Nonsterile procedures, such as dressing or cleaning penetrating wounds and deep burns
- Intravenous procedures: Raising tubes in a bodily cavity or instilling or inserting substances into an indwelling tube
- Care of broken skin other than minor abrasions or cuts generally classified as requiring only first aid treatment

The following nursing tasks are **NOT** within the scope of sound professional nursing judgment to delegate:

- Physical, psychological, and social assessment which requires professional nursing judgment, intervention, referral, or follow-up
- Formulation of the nursing care plan and evaluation of the client’s response to the care rendered
- Specific tasks involved in the implementation of the care plan which require professional nursing judgment or intervention
- The responsibility and accountability for client health teaching and health counseling which promotes client education and involves the client’s significant others in accomplishing health goals
- Administration of medications, including intravenous fluids, except by medication aides as permitted under 224.9

**FIVE SETS OF SCRUBS**

$120 - $200

ANNUAL PREMIUM FOR THE MALPRACTICE INSURANCE OFFERED BY THE ANA

As low as $98*

*Please contact the program administrator for more information, or visit proliability.com for a free quote.

You may qualify for one of these four ways to save!

- Attend four hours of approved loss prevention/loss control/risk management seminars
- Hold an approved certification
- Employment at a Magnet Hospital
- Employment in a unit that has received the Beacon Award for Excellence

You will receive a 10% premium credit if you complete or participate in one of the following!

- **I CAN’T AFFORD A MALPRACTICE LAWSUIT. BUT I CAN AFFORD MALPRACTICE INSURANCE.**

**YOU MAY QUALIFY FOR ONE OF THESE FOUR WAYS TO SAVE!**

- Attend four hours of approved loss prevention/loss control/risk management seminars
- Hold an approved certification
- Employment at a Magnet Hospital
- Employment in a unit that has received the Beacon Award for Excellence

*Please contact the program administrator for more information, or visit proliability.com for a free quote.

Concordia University Texas is proud to offer online MSN degree options for all nurses.

Complete Concordia’s RN to MSN degree program or their standalone MSN program.* Benefits for each include:

- An accelerated program with just four semesters of nursing courses
- Convenient and flexible online format perfect for working students
- Improve job opportunities, salary, and nursing skills

*Concordia also offers a stand-alone online MSN program for students already having their baccalaureate degree.

Visit us at:

**online.concordia.edu/texasnurse**

(844) 289-2891 | Email: online@concordia.edu

**Visit us at:**

**online.concordia.edu/texasnurse**

(844) 289-2891 | Email: online@concordia.edu

**Visit us at:**

**online.concordia.edu/texasnurse**

(844) 289-2891 | Email: online@concordia.edu

**Visit us at:**

**online.concordia.edu/texasnurse**

(844) 289-2891 | Email: online@concordia.edu

**Visit us at:**

**online.concordia.edu/texasnurse**

(844) 289-2891 | Email: online@concordia.edu

**Visit us at:**

**online.concordia.edu/texasnurse**

(844) 289-2891 | Email: online@concordia.edu

**Visit us at:**

**online.concordia.edu/texasnurse**

(844) 289-2891 | Email: online@concordia.edu

**Visit us at:**

**online.concordia.edu/texasnurse**

(844) 289-2891 | Email: online@concordia.edu

**Visit us at:**

**online.concordia.edu/texasnurse**

(844) 289-2891 | Email: online@concordia.edu

**Visit us at:**

**online.concordia.edu/texasnurse**

(844) 289-2891 | Email: online@concordia.edu

**Visit us at:**

**online.concordia.edu/texasnurse**

(844) 289-2891 | Email: online@concordia.edu

**Visit us at:**

**online.concordia.edu/texasnurse**

(844) 289-2891 | Email: online@concordia.edu

**Visit us at:**

**online.concordia.edu/texasnurse**

(844) 289-2891 | Email: online@concordia.edu

**Visit us at:**

**online.concordia.edu/texasnurse**

(844) 289-2891 | Email: online@concordia.edu
SAN MARCOS TREATMENT CENTER, in continuous operation for more than half a century, is recruiting Texas Licensed, Registered Nurses to become part of an experienced and effective treatment team.

Our highly specialized residential programs provide 24-hour care to a broad spectrum of adolescent boys and girls ages 8-17 with psychiatric, neuropsychiatric, and developmental disturbances.

Please visit our website at www.sanmarcostc.com

SAN MARCOS TREATMENT CENTER.
120 Bert Brown Road
San Marcos, TX 78666
Pre-employment Drug Screen, Health Assessment & Criminal History
An Equal Opportunity Employer
Steve called into our Practice Line, which the Texas Nurses Association has established as a resource for member nurses who need timely advice. Upon answering the phone, I could hear bewilderment in his voice. He said he just could not understand what was happening to him and why his job was in jeopardy. Here’s his story.

**Flagged for Med Errors**

For more than 40 years Steve served as a nurse, first in the United States Army and then in the civilian world. He conveyed that his hospital employer recently installed a medication dispensing system and that since the piece of equipment has been installed there had been a significant increase in medication errors.

“If you take out a certain number of narcotic medications for patient administration over the course of a month, then your user name ends up on a profile list that flags the user each and every time a narcotic is withdrawn,” Steve said.

Steve noted that a new medication scanner had been installed and that the scanner had multiple technical issues, resulting in undocumented medication withdrawals. Medications documented after the 60 minute window allowed in hospital policy ended up on the “no scan” list, he said. On his unit alone, the system registered more than 30 undocumented medications. A manager was reviewing these to determine contributing environmental factors and other documented proof of administration.

I could hear his voice start to shake with resentment. “I have been buried with so many changes to systems and processes back-to-back all year,” he said. “Now, despite decades of positive performance reviews, I am being written up for a policy violation for not documenting medication administration.”

In denying the allegations against him, Steve told his manager about the technical issues with the scanner and asked for a system review. He was told by his manager that no connection between the medication system and the scanner had been corroborated.

Steve distrusted his management team and was angry about what he saw as the instantaneous loss of respect for his 40 years of service in nursing. He asked what he could do as a bedside caregiver to impact a positive change and contribute to a safe practice environment.

**Finding Help, Diffusing Conflict**

Texas Board of Nursing Rule 217.11 highlights the importance of accurately and completely documenting medication administration. When new equipment is installed that is intended to facilitate the documentation process, a systems-based approach is vital in the evaluation of outcomes.

Steve had identified a performance issue with his hospital’s new equipment that posed risk through inadequate recording of medication scanned for administration. In this case, Steve needed to achieve two important goals: (1) conflict resolution, and (2) a quality/risk review of the medication dispensing system.

It was recommended to Steve to follow his chain of command and begin a discussion with his manager. Starting with the manager gives Steve the opportunity to not only resolve the write-up, but to promote patient safety by requesting a review of the equipment.

Steve and I reviewed the Ten Strategies for Conflict Resolution, understanding that conflict can have a positive outcome when approached in a collaborative manner, with an eye on resolution (see table).

**System-Based Approach Best**

I encouraged Steve to consider if a committee could be tasked to assess the equipment for practice and patient safety risks. Steve decided that his facility’s Nursing Practice and Patient Safety Committees might be the best places to refer the issue for evaluation and troubleshooting.

By referring to these committees, Steve would achieve not only a systems review of nursing practice issues impacted by the environment, but would also achieve an evaluation for risk to patient safety, too.

At the end of the discussion, Steve was able to verbalize that his primary concern was the safety of the patient population. His exemplary nursing practices collaboratively supported a culture of transparency. Steve was able to get past the initial emotional heat and move into a proactive approach that captures the heart of nursing and patient advocacy.
Terry was 58-years-old, a husband, a father, and a grandfather. He was dying. He had been intubated in the emergency room when he was in respiratory distress. He was not awake enough to have a say in his care at that time. He was in need and we did everything in our power to save him. Now, Terry was awake and he was telling us to stop—he’d had enough.

Terry was suffering from alpha-1-antitripsin disorder that had caused severe COPD. I’ll never forget sitting on the edge of his bed with his wife on the other side and my intern standing at the ventilator.

“Take it out,” he mouthed around the ET-tube.

“You’ll die. You can’t survive without it at this point,” I said.

His wife buried her face in her hands.

“I know. I’m ready.”

“Give us a little while,” I said. “There’re medicines we can try…”

He nodded my hand.

“It doesn’t matter. It all ends the same. I’m tired.”

I nodded my head, “Okay, Terry. It’s your choice—your choice. We’ll stop.”

He closed his eyes and relief flooded his face. He squeezed my hand again.

“Thank you. Call my girls.”

I stood up and walked to the door of the ICU room, where the nurse sat with the chart. Terry’s wife followed me out of the room.

“How can you wait until our daughters get here?”

“She nodded and walked back in to sit with her husband. I sat down at the chart to write the orders to extubate Terry and change his code status to DNI/DNR. The nurse put her hand on my shoulder.

My intern came out and asked if we were really going to let a man die who we might save. I explained that patients have the final say in what happens to their bodies—not us.

Yes, we could fix this exacerbation, but he would have others. There would be shorter intermissions between the flares, but they were still possible. Ultimately, Terry would die of his COPD at some point. Fate and genetics had still possible. Ultimately, Terry would die of his COPD at some point.

Of course.

The night. Terry rallied and survived about nine hours off the ventilator. He got some quality time with his family and he died on his own terms. I have seen bravery in many forms as a physician, but Terry may have been the bravest and I’ll never forget him.

On Terry’s Terms

We waited an hour for Terry’s two daughters to get to the hospital. When everyone was ready, the respiratory therapist turned off the ventilator and pulled the tube out of his airway. Terry coughed and took a deep breath.

“Thank you—of all of you. It’s okay. This is what I want.”

We left him and his family to spend what time they had left together. We all hovered around the ICU room, waiting for the inevitable. The nurse, the respiratory therapist, the intern, and I all went into a nearby empty room and cried on each other’s shoulders.

There’s nothing worse than helpers that can’t help anymore. We all felt completely useless. With the support of each other, and a little encouragement from Terry, we made it through the night. Terry rallied and survived about nine hours off the ventilator. He got some quality time with his family and he died on his own terms. I have seen bravery in many forms as a physician, but Terry may have been the bravest and I’ll never forget him.

Death is Not Failure

In healthcare, we often think of death as the unseen enemy to be defeated. The truth is, we can’t defeat death. Death is the house and the house always wins. We can keep death at bay for a while and we can give our patients time. Sometimes it’s minutes, sometimes it’s years, depending on the condition we are treating. We can do everything right and the patient still dies. Thanks to shows like “ER,” patients think we can run in with a defibrillator and resuscitate anyone and they’ll dance out of the hospital the next day, better than ever. Doctors and nurses are not God—we can’t perform miracles.

Coping Together

Our jobs are emotionally taxing, to say the least. The only way we survive intact is by supporting each other. We all have those days and cases that hurt us a little more than others. Alone, the feelings of inadequacy and doubt would overwhelm us in no time at all. Together, we can share our stories and feelings. It helps so much when someone can put their arm around you and say, “I know what you’re going through. I’ve been there. It hurts right now, but it will be okay. Don’t give up. This world needs your compassion. I’ll see you tomorrow.”

Bonnie C. Carter, M.D., F.A.A.F.P., is a board-certified family physician in Dumas, TX. Dr. Carter has practiced in Dumas for six years and currently serves as the Chief of Staff of the Moore County Hospital District.
Texas Wins Workforce Grant

The Robert Wood Johnson Foundation (RWJF) announced in August that Texas has been chosen to receive a $300,000, two-year grant in Phase II of its Academic Progression in Nursing program (APIN), along with eight other states. APIN is advancing state and regional strategies aimed at creating a more highly educated, diverse nursing workforce.

APIN is run by the American Organization of Nurse Executives (AONE) on behalf of the Tri-Council for Nursing, which consists of the American Association of Colleges of Nursing, the National League for Nursing, American Nurses Association, and AONE, which is leading the four-year initiative. The Texas Team, cosponsored by the Texas Nurses Association, is responsible for administering the APIN grant in Texas.

The grant will allow the Texas Team to continue working with academic institutions and employers to expand their work to help nurses in their states get higher degrees, so they can be essential partners in providing care and promoting health, as well as more easily continue their education and fill faculty and primary care nurse practitioner roles. The Texas Team Action Coalition continues to encourage the development of strong partnerships between community colleges and universities to make it easier for nurses to transition seamlessly to higher levels of education.

Great Progress in Texas

“We’re making great progress here in Texas,” said Cole Edmondson, DNP RN, FAHE, NEA-BC, co-chair of the Texas Team. “Thanks, in part to our efforts, universities saw an 87 percent increase in enrollment in their RN-to-BSN programs, and an 84 percent increase in RN-to-BSN graduates. Enrollments in these programs continue to increase, in particular among nurses from groups that are traditionally underrepresented in RN-to-BSN programs, including nurses from rural areas and those who represent diversity with regard to gender and ethnicity.”

Cole said community colleges and universities have signed 36 agreements to participate in RN-to-BSN programs and the new Texas State core curricula for nursing have been approved. “We look forward to building on our progress with this second grant.”

In its groundbreaking 2010 report, The Future of Nursing: Leading Change, Advancing Health, the Institute of Medicine (IOM) recommended that 80 percent of the nursing workforce be prepared at the baccalaureate level or higher by the year 2020. At present, about half of nurses in the United States have baccalaureate or higher degrees.

While acknowledging the contributions of Licensed Practical and Licensed Vocational Nurses and associate-degree-prepared Registered Nurses, the IOM report said a better educated nursing workforce can help ensure that our nation’s population has access to high-quality, patient- and family-centered care and can meet the growing need to provide preventive care in schools, communities, and homes.

As part of Phase II of this work, the Texas Team will develop a sustainability plan to ensure that the work to promote seamless academic progression for nurses in their states will continue beyond the grant period. During Phase II, each state also will develop a robust diversity plan and sustainability plan to ensure that the work to promote seamless academic progression for nurses in their states will continue beyond the grant period. During Phase II, each state also will develop a robust diversity plan and focus on academic-practice partnerships to expand and support the work to date.

“Advancing a more highly educated, diverse workforce where nurses are able to practice to the top of their education and training is essential to achieving the Robert Wood Johnson Foundation’s mission to advance a culture of health in our nation,” said RWJF Senior Adviser for Nursing Susan B. Hassmiller, PhD, RN, FAAN. “In the last two years, APIN grantees have laid important groundwork to build that workforce. We are pleased to acknowledge the contributions of Texas and other states. APIN is advancing state and regional strategies aimed at creating a more highly educated, diverse workforce where nurses are able to practice to the top of their education and training.”

For more information, visit www.texasapin.org.

ATTN: REGISTERED NURSES

Become a nurse aide evaluator.
Control your own schedule and workload.

IMMEDIATE OPENINGS for Nurse Aide Evaluator Positions. Administer the exam for nurse assistant certification in your area! This is an independent part-time contract opportunity

Go to Nacesplus.org for more information!

For more information, visit www.NurseGuardPlus.com
Each issue of Texas Nursing Voice features a member of the TNA-hosted Nursing Legislative Agenda Coalition (NLAC). NLAC works to identify the nursing issues the Texas Legislature needs to address and what nursing’s consensus-based positions are. In this issue, we hear from the Houston Association of periOperative Registered Nurses.

Who is AORN of Greater Houston?

The Association of periOperative Registered Nurses of Greater Houston (AORN GH) is a 500-member local chapter of our national organization (AORN) which comprises over 40,000 members from all over the United States. Locally, nationally, and internationally AORN of Greater Houston is a vocal advocate for the surgical patient. We care for the patient before, during, and after any type of surgical intervention. We work in hospitals, surgery centers, physician offices, industry, research, home health, and nursing education.

What is Our Focus?

Education and pertinent legislation has always been one of our areas of focus. We work as a team to provide the best possible care through collaboration with all facets of surgical care. We provide seminars to extend our education efforts to meet the ever-expanding role of the perioperative nurse. We have encouraged and honored those perioperative nurses who obtain their specialty certification, which enhances their performance in caring for surgical patients. We participate in several volunteer programs such as Project Cure, which helps deliver surplus medical supplies to countries in need. We have also worked to benefit the Houston Food Bank, blanket drives, and Angel Tree, all to assist our community. We are recognized as leaders for setting evidence-based practice recommendations for surgical patient safety.

We have taken a lead in encouraging perioperative care within the nursing education facilities and worked with our national organization to develop and instigate the first trial of “Periop 101” in Houston for the first-year student nurse. We recognize perioperative nurses with numerous activities including contacting all the surrounding city government officials and the governor for proclamations. We were awarded the Silver Chapter of the year for 2013 by AORN. We have had two national AORN presidents from Houston and numerous national and state elected leaders.

How Have We Worked with NLAC?

Perioperative nurses have been extremely active with NLAC. The most prominent issue was related to the certification of surgical technologists. During at least six legislative sessions, we were able to reach a compromise for certification instead of licensure. Various stakeholders that included lobbyists, legislators, the Texas Hospital Association, and NLAC leaders helped to produce a successful bill. It was only through this cooperation and attention to detail that we were able to succeed. AORN Greater Houston was the pioneer for our national Legislative Principles that are in use across the country today.

What are Our Key Issues?

- Anesthesia assistants should not be licensed. We will be supporting the documentation and approach that Certified Registered Nurse Anesthetists take.
- The refinement of the advanced practice bills passed are also of interest to us, especially regarding the rural communities.
- Many of our nurses have children and are supporting the notification to parents if there is not a nurse on duty at school.
- AORN Greater Houston is part of the Team Texas, which is following and helping to advance nursing.
- We work closely with our schools of nursing to assist in the perioperative education of students through classes and mentorship. Knowing that education is important, we support appropriate education funding.
- The Board of Nursing (BON) is our guardian caretaker and works very hard to ensure that nursing care is protected. We support BON’s “self-directed/semi-independent status.”

Why Participate?

It is only through the sharing of information and cooperation of multiple nursing organizations that Texas is able to be so strong. We are the leaders in our field and our mission is to provide the best and safest care possible for our patients. Currently, we are working with other nursing organizations to encourage the development of more NLAC-styled groups in other states.

In addition, we are part of a national team that is promoting specialty certification including recognition of specialty certification for renewal of the registered nurses license. Texas has this in place now so we are assisting in publicizing this as well as helping other states to use our legislation as a model.

Legislation is a never ending challenge and we learn every day about new aspects of care. If we as individuals do not participate and educate, then we do not progress. It is a genuine pleasure to meet and work with such talented individuals as our members and NLAC partners.
Looking for My First RN Job: Eight Frustrating Things

by Frankly Novice, an Almost-RN

Summer has come to a screeching halt and been replaced with a new semester of nursing school. But, this semester, exams and syllabi aren’t the only things on my classmates’ and my minds. There’s The Job Search. It’s exciting, it’s competitive, and... it’s frustrating!

I’ve come up with a list of top eight frustrations of trying to find a job, particularly for a soon-to-be graduate like me. Now, I have faith that it will all be worth it after the dust settles and I have a job. But, for now, it feels overwhelming.

8. The Automated Reply

Make a log-in for the career site of a hospital? Automated reply. Submit an inquiry via a “contact us” form? Automated reply. And that ever fateful moment pressing “SIGN AND SUBMIT” on the final application after pouring over it for days on end? For us applicants, it’s ‘Here we are, on one knee, heart on the line, asking for forever,’ and – bing – the first response from our beloved is a monotone email, stating, “Duly noted, but you and a million others have asked, so hang tight.”

7. Nursing Recruiters Who Have a Life

This summer, I inquired about a graduate nurse residency at a pediatric hospital. I used an online form that would go “directly to the nurse recruiter.” Three weeks passed until I received an answer to my inquiry. Three weeks! It is so frustrating when nurse recruiters have a life outside of replying to my emails. It’s like, ‘Come on, your life doesn’t revolve around the thousands of almost-graduates asking the same questions again and again?!’

6. Email Address

How do you write an email to “nurseresident@organization.com” without having an actual person’s name? The hospital is providing an email address for applicants while protecting their recruiter from being personally stalked by every new grad in the country. If a real person does reply, do I pretend he or she is still anonymous?

5. Resume Upload

Many online applications allow RN hopefuls to upload a resume. The idea is to reduce repetition. Great idea. Only, it rarely works. Recently, my street address ended up listed as my job title.

4. Hiring Date Unknown

One of the most frustrating parts of applying to new-graduate jobs is how foggy employers’ hiring timelines seem. I wish I knew when positions will be posted, when they’ll be taken down, and when to expect an update on my candidacy. Some hospitals do provide these updates, but I stay up at night wondering about the others and whether I should resubmit all over again.

3. Varying Application Deadlines

Every state, city, hospital system, and sometimes even unit within a hospital conducts their application process on a different schedule. Say I’m considering a position in Denver. Many Colorado hospitals don’t offer interviews for new nurses until after December graduation. This is problematic because some Texas hospitals choose their new hires by mid-October of senior year. So what do I do if I get an offer in Texas? Take it or let it go and blindly hope for similar success in Denver? I know, take the Texas job, right?

2. Open Houses

Open houses remind me of the first episode of “The Bachelor.” Scores of well-dressed women (and a handful of well-dressed men) nibble on cubed cheese and on their best behavior present themselves to managers, hoping they were professional and memorable enough to be granted a formal interview. Open houses can be helpful to new grads, but, boy, are they frustrating to maneuver. And no roses.

1. Urban vs. Rural

The top most frustrating thing in my job search is the fierce competition. Employers receive hundreds, if not thousands, of applications for in-demand positions. Some of us will graduate without jobs. Yet, there is a nursing shortage overall. Most new grads in my cohort are applying for acute care nurse residency positions in urban or suburban areas. It would be great if more residencies existed for new grads in other locations and outside of acute care. There’s great potential for rural health systems, community agencies, and public health entities to develop enriching residency programs catered to new graduates.

Frankly Novice is an undergraduate nursing student looking forward to taking the (almost) out of her title and become a full-fledged RN this January. This is her second column in a series intending to shed some light and light-heartedness on the pros and woes of a new nurse grad entering the workforce for the first time.
Nurses Service Organization (NSO) is happy to announce our new partnership with the Bill Beatty Insurance Agency, Inc.

PROFESSIONAL LIABILITY INSURANCE FOR NURSING PROFESSIONALS

Psychiatric Nurse Practitioner
Prescriptive Authority Nurse

Mental Health Center of Denver is a nonprofit community mental health center, and is the nation’s leader in progressive community-based mental health. Work as part of a multidisciplinary team to provide various mental health services to a diverse population. We offer counseling, housing, education, and vocational services for adults, children and families. We build upon each consumer’s strengths and resiliency to help them toward recovery.

*Bilingual applicants are encouraged to apply.

For more information about Mental Health Center of Denver and our forward-focused wellness culture please visit our website at www.mhcd.org.

To apply: Complete the online application or email your resume to resumes@mhcd.org. Fax: (303) 758-5793.

3501 Knickerbocker Road, San Angelo, TX 76904

apply online @ www.sacmc.com
Contact Dulcey at 325-947-6779

An equal opportunity employer

EXPERIENCED RNs

$6k Bonus for ER, OR, ICU, PACU
and PCU Full-time positions.

REGISTERED NURSING POSITIONS
$2500.00 Sign-on Bonus

StarCare Specialty Health System is accepting applications for the following Nursing positions with percentage increase based on shift, education and RN experience:

• Charge Nurses (Day & Night Shift) – Starting Salary $51,140.
• Staff Nurses (Day & Night Shift) – Starting Salary $47,836.
• On-Call Positions – Starting at $33.99 per hour

StarCare Specialty Health System provides services for adults, children and adolescents who have a diagnosis of mental illness, developmental disabilities or substance abuse. Please visit our website at www.starcarelubbock.org to apply and learn more about these positions and other employment opportunities.

WE DEFEND NURSES AGAINST BOARD OF NURSING COMPLAINTS
HIRE AN AFFORDABLE, EXPERIENCED FORMER MEDICAL BOARD PROSECUTOR TO AGGRESSIVELY DEFEND YOU!

TPAPN • CHEMICAL DEPENDENCY
STANDARD OF CARE • PEER REVIEW

Attorney Oscar San Miguel is a former P.A., O.R. Technician and Medical Board Prosecutor. He has handled hundreds of cases before licensing boards and commissions.

Oscar San Miguel’s office is in Austin where all board of nursing hearings are held. You don’t have to pay travel expenses when you hire Oscar San Miguel.

Reasonable rates. Payment plans available on all cases.

“Let me start by saying I have never actually met Oscar San Miguel in person. I found him on his website after making a complete mess of things by trying to fix my problems myself. I saw on his site that his mission was to keep me working and keep my cost down. He is straightforward in his approach and never made any false promises. I needed that. I never missed a day of work and the entire bill was a fraction of the retainer quoted to me by another attorney. Don’t try to fix your problems yourself, the Board is not your friend! If you did, you already know it only makes things worse. Oscar San Miguel knows how the Board works. Call Oscar San Miguel, he does what he says and he really cares!” – SB, LVN, East Texas, 2014

OSCAR SAN MIGUEL
www.osmlaw.com
oscar@osmlaw.com
505 West 12th Street, Suite 204, Austin, TX 78701
512-228-7946 • fax: 512-949-5061

A&M-Commerce MBA

Backed by the AACSB and ranked by GetEducated.com as an online “Best Buy,” the A&M-Commerce MBA is the best investment you can make in yourself. Earn the degree that signifies the standard of excellence that employers expect.

A Member of The A&M System.

College of Business

866.622.3899 • tamuc.edu/mba
Achieving a Culture of Civility: Mission Impossible?

The first editorial in a series
by Judith “Ski” Lower, RN, MSN, CCRN

Background

Lack of civility and respect used to be an annoyance and was almost accepted as “just how it is.” As time passed, civility has become a national issue linked to unhealthy (and toxic) work environments, nurse satisfaction and retention, and the economic bottom line. Lengths of stay related to complications and medical errors resulting in litigation have become factors, too.

The link between incivility, patient safety, and outcomes really came to the forefront with the initial emphasis on all three in the quest to create a culture of civility. It may be time to paint a picture of what our culture should be, rather than what it is. By changing the focus to create a culture of civility versus eliminating bullying it gives one’s brain a whole different mental picture with a focus on positive action and engagement.

Why bother being civil?

Why bother expending the energy, time, or resources to focus on being civil? It is simple. Civility can be the foundation for patient safety, a healthy work environment, healthy staff, and increased productivity. Civility affects the quality and quantity of our hard work. Incivility, in contrast, is a short step away from aggressive lateral or horizontal violence, which can lead to poor patient outcomes and a less than appealing public perception of the nursing profession.

Coming Next: The role of the healthcare institution or setting.

What is Civility?

First off, civility is often in the eye of the beholder and thus can be difficult to define. Second, civility is a conscious choice we make with every interaction, everyday. My favorite definition (because it deals with the outcomes of civility) is that civility is behavior that shows respect toward another person, makes that person feel valued, and contributes to mutual respect, effective communication, and team collaboration.

In Manners, Morals, and the Etiquette of Democracy, author Stephen Carter describes civility as the sum of the many sacrifices we are called to make for the sake of living together. He emphasizes that our duty to be civil to others doesn’t depend on whether we like them. Civility doesn’t require us to mask our differences, but to respect them completely.

Have we made progress?

The American Nurses Association and the American Association of Critical Care Nurses and other organizations have issued zero-tolerance policies for workplace incivility. Many hospitals have created or updated their existing codes of conduct to include workplace incivility and have implemented workshops to facilitate recognizing and responding to disruptive employees.

Well, here we are 15-plus years later and incivility remains an unresolved problem in the workplace. Even the ways we refer to it seemed to have escalated in tone: lack of respect, eating our young, lateral or horizontal violence, and bullying.

We have not made as much progress as we would like. Why is that? Some think it is just a reflection of the deterioration of our society in general. Still others who see bullying as only an aggressive physical attack and do not recognize its more subtle forms think it is not really happening that much.

Maybe it is a matter of “safety fatigue” as nurses have become overwhelmed by the number of requirements put upon them. Is uncivil behavior inevitable given the multiple pressures felt by our workforce: regulation, documentation, electronic records, resource shortages, high acuity, generational changes, staff shortages, and so on?

I offer three possibilities for consideration:

(1) Perhaps we forgot some truisms, dismissing them as too simplistic. For example, until you invest yourself in a solution, the problem remains someone else’s to fix. Or, given the right circumstances, anyone of us at anytime and anywhere can become an uncivil person. We shouldn’t forget our commonsense when trying to solve a problem.

(2) I see a healthcare facility as conceptually being operated as a three-legged stool comprised of administration, physicians and nurses. All three must be equally committed and working on solutions and accepting their role in any issue. Bridges must be built between these three disciplines instead of allowing them to continue to work in silos. There must be emphasis on all three in the quest to create a culture of civility.

(3) A song once popularized the phrase “Accentuate the Positive, Eliminate the Negative.” It may be time to paint a picture of what our culture should be, rather than what it is. By changing the focus to create a culture of civility versus eliminating bullying it gives one’s brain a whole different mental picture with a focus on positive action and engagement.

Looking for the perfect career?

Find the perfect nursing job for you!

Influence wound healing outcomes!

Become Wound Care Certified.

Wound Care Education Institute® provides comprehensive online and nationwide onsite courses in the fields of Skin, Wound, Diabetic and Ostomy Management. In just a few days you will have the knowledge needed to become current with the standards of care and legally defensible at bedside.

Educational courses for: RN • LPN/LVN • NP • PT • PTA • OT • MD • PA

If you are ready to take your career to the next level, then you will appreciate Wound Care Education Institute®, the nation’s leader in wound care education.

Scan QR below for course details or visit our website at www.wci.net

Healthcare professionals who meet the eligibility requirements can sit for the WCE® exams. WCE® exam certification examinations through the National Alliance of Wound Care and Ostomy (www.nawco.org).

Receive $100 off any certification course by using coupon code “ALDTX” expires 10/31/2014.

We are here to help:
• Call us at 877-462-9234
• Live chat with us at www.wci.net
• Email us at info@wci.net

Influence wound healing outcomes!

Become Wound Care Certified.

Wound Care Education Institute® provides comprehensive online and nationwide onsite courses in the fields of Skin, Wound, Diabetic and Ostomy Management. In just a few days you will have the knowledge needed to become current with the standards of care and legally defensible at bedside.

Educational courses for: RN • LPN/LVN • NP • PT • PTA • OT • MD • PA

If you are ready to take your career to the next level, then you will appreciate Wound Care Education Institute®, the nation’s leader in wound care education.

Scan QR below for course details or visit our website at www.wci.net

Healthcare professionals who meet the eligibility requirements can sit for the WCE® exams. WCE® exam certification examinations through the National Alliance of Wound Care and Ostomy (www.nawco.org).

Receive $100 off any certification course by using coupon code “ALDTX” expires 10/31/2014.

We are here to help:
• Call us at 877-462-9234
• Live chat with us at www.wci.net
• Email us at info@wci.net
WHY AGGIE NURSING?

State-of-the-Art Simulation Center
Exemplary Pass Rate
95% Job Placement

The Aggie Experience
Bachelor of Science in Nursing

Assistant and Associate Professor Nursing Faculty Opportunities

UTMB Health School of Nursing invites applications for full-time faculty positions at the rank of Assistant and Associate Professor. Primary teaching responsibility openings available in the Baccalaureate and Master’s degree programs.

Qualifications and Experience
Candidates will have significant experience teaching at the university level, clinical experience in their specialty area and demonstrated leadership skills. A baccalaureate and master’s degree in nursing and eligibility for licensure as a registered nurse in Texas are required. An earned doctoral degree is desired.

UTMB provides a rich interdisciplinary environment conducive to teaching practice, and research across Schools of Nursing, Medicine, Allied Health Sciences, and Graduate School of Biomedical Sciences. The School of Nursing has a state of the art laboratory for bio-behavioral research, a nursing simulation center, and other faculty resources. The UTMB campus is home to the University Hospitals and clinics including the John S. Dunn Hospital, Children’s Hospital, Texas Department of Criminal Justice Hospital, the Bionutrient Level 4 (BSL4) Lab, and the Galveston National Lab.

Interested candidates should send a letter detailing their interest and qualifications to Pamela G. Watson, ScD, RN, Dean, The University of Texas Medical Branch, School of Nursing, 301 University Blvd., Galveston, Texas 77555-1132, or email pgwatson@utmb.edu. Include a curriculum vitae and the names and contact information for three references.

UTMB Health strives to provide equal opportunity employment without regard to race, color, national origin, sex, age, religion, disability, sexual orientation, gender identity or expression, genetic information or veteran status. As a Federal Contractor, UTMB Health takes affirmative action to hire and advance women, minorities, protected veterans and individuals with disabilities.

Due Date - 5/4/2019

SOMEDAY STARTS NOW.

Optimal patient care begins before conception. Help Texas women get healthy now to ensure better birth outcomes and healthy children later. Someday Starts Now offers tools to help you talk to patients about important aspects of the preconception period. View training videos and download educational materials for your patients at SomedayStartsNow.com/Providers.

More on maternal and child health at tsheds4hs.com

Texas Health Steps offers more than 40 free CNE courses, including:
• Reducing Non-Medically Necessary Deliveries Before 39 Weeks
• Infant Safe Sleep
• Breastfeeding
• Newborn Screening

Attention Nurses:

Need a Speaker on Nursing or the Law? Need a Webinar?

Attorney Joe Flores
www.floreslawfirm.com
361.887.8670