Greetings from the Education Consultants

Editor: Gayle P. Varnell, PhD, APRN, CPNP-PC (our FROG Expert)

Find, Reflect, Organize, & Generate news = FROG

The Texas Board of Nursing (BON) Education Consultants have prepared this newsletter for information purposes for programs. Please share with the nursing faculty in your school. If you have comments about what you would like to learn about for the next newsletter, please send me an email.

What’s Ahead?

It seems that change truly is the only constant these days as we continue to adapt to the ever changing environment. Board Staff want to applaud your creativity, tenacity, and commitment to making adjustments necessary to keep your students learning.

Looking ahead, here are a few updates:

- **Waivers:** The waivers to Board Rules during the current disaster are still in place for the duration of the disaster, or until the Governor directs they be removed. A current list of the waivers is available [here](#).

- **Board Meetings:** The Board will continue to livestream its quarterly board meetings on its YouTube Channel [here](#). The next meeting is scheduled for Thursday, October 21, 2021 and the agenda will be posted [here](#).

- **BON is Moving!** The BON is scheduled to move into the newly constructed George H.W. Bush State Office Building next summer. Board Staff are working diligently to prepare for a seamless (and paperless!) move. Thank you for your support of the Board’s Legislative Appropriations request that included several items to facilitate this move.
Report from Clinical Survey Submissions

Update to the Clinical Situation in Texas Nursing Programs

A survey was forwarded to all pre-licensure programs for a September 8, 2021 return. 93 total programs responded and provided usable data for the survey findings. Information was provided from 35 Vocational programs, 29 Associate-degree and Diploma programs, and 29 Baccalaureate degree programs.

Question #1: Are the following hands-on clinical settings open to students for Fall?

<table>
<thead>
<tr>
<th>Setting</th>
<th>RN Programs</th>
<th>VN Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>100%</td>
<td>66%</td>
</tr>
<tr>
<td>Rehab Care</td>
<td>54.5%</td>
<td>69%</td>
</tr>
<tr>
<td>Long-Term Care</td>
<td>54.5%</td>
<td>71%</td>
</tr>
<tr>
<td>Residential Care</td>
<td>18%, 31%</td>
<td>43%</td>
</tr>
<tr>
<td>Clinics</td>
<td>71%, 55%</td>
<td>60%</td>
</tr>
<tr>
<td>Surgical Centers</td>
<td>47%</td>
<td>31%</td>
</tr>
<tr>
<td>Covid-19 Testing</td>
<td>31%, 44%</td>
<td>31%</td>
</tr>
<tr>
<td>Covid-19 Tracing</td>
<td>&lt;14%</td>
<td>5%</td>
</tr>
<tr>
<td>Covid-19 Vaccination</td>
<td>59.5%</td>
<td>49%</td>
</tr>
<tr>
<td>Community</td>
<td>96%, 62%</td>
<td>34%</td>
</tr>
<tr>
<td>Other</td>
<td>&lt;14%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Community & Other

<table>
<thead>
<tr>
<th>RN Programs</th>
<th>VN programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu vaccine clinics, GI lab, Endoscopy, NICU</td>
<td>School districts</td>
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<tr>
<td>Equine therapy program for patients with physical, emotional &amp; mental challenges.</td>
<td>Adult Day Care (teaching)</td>
</tr>
<tr>
<td>EMS ride along; Homeless Care Centers</td>
<td>Back to School vaccination clinics</td>
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<tr>
<td>Food Banks, Hospice &amp; Home Health, churches</td>
<td>Health department</td>
</tr>
<tr>
<td>COVID-19 Infusion Clinic, Public Health District</td>
<td>Hospice</td>
</tr>
<tr>
<td>Free standing emergency centers</td>
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<tr>
<td>Outpatient mental health; Disaster Mgmt. Training</td>
<td></td>
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<tr>
<td>Geriatric &amp; palliative care; Adult Day Care</td>
<td></td>
</tr>
<tr>
<td>School districts: hearing &amp; vision screening, high school sports physicals</td>
<td></td>
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<tr>
<td>Health Fairs, AA meetings, other support groups</td>
<td></td>
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<tr>
<td>Birthing classes; Community Health screenings</td>
<td></td>
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<tr>
<td>“Faith in Action Community Health” initiative through Baylor Scott &amp; White Healthcare</td>
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<tr>
<td>One-on-one clinical days with a faculty FNP that works Saturday clinics.</td>
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<tr>
<td>Virtual attendance at a mock nursing malpractice trial</td>
<td></td>
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</tbody>
</table>
Question #2: What percentage of clinical learning experiences are virtual?

48 (83%) RN programs have 0 - 25%, 10 (17%) have 26 to 50%.
29 (82%) VN programs have 0 to 25%, 6 (18%) have 26 to 50%.

Comments:
- V-Sim, Swift River, iHuman (with pre-brief and post-brief), Shadow Health
- Maternal Child, Pediatrics & Mental Health due to limited clinical sites
- Used when a student is ill or quarantined for COVID-19 exposure
- Used for debriefing and post conference
- 3-hour NIH Stroke Scale Course for clinical credit
- Virtual Head-to-Toe, Virtual Escape Room experiences
- Case studies

Note: Several RN & VN programs indicated most sites are available for face-to-face clinical.

Question #3: What percentage of clinical time is devoted to high-fidelity simulation?

37(64%) RN programs have 0 to 25% with 21 (36%) having 26 to 50%.
27(78%) VN programs have 0 to 25% with 6(22%) having 26 to 50%.

Question #4: What measures have been taken to assure that all students obtain adequate hands-on clinical experiences prior to graduation?

These are themes that were evident in respondent answers:
- Communication/Collaboration with all clinical partner administrators and nurse educators on a continuous basis including provision of PPE and proof of vaccination if required.
- Working on the possible Practice/Academic Partnerships.
- Faculty presence at the clinical sites to facilitate better coordination and organization of the learning experience, even with a Preceptor Model.
- Reaching out and utilizing clinical sites that are outside of the usual area and new affiliations.
- VN program acquired acute care sites that were previously “off limits” because partners need nurses.
- Being flexible with clinical/class days and times to accommodate clinical experiences.
- Front-loaded course work to enable student flexibility for preceptor experiences.
- Have make-up clinical days and adding extra clinical days at sites we can attend.
- Give an in-progress or incomplete grade if hours are not obtained by the end of the program/semester.
- Prioritize senior students when planning clinical time.

Question #5: What percentage of the clinical objectives (per clinical course) are intended to be met with hands-on care?

39 (67%) RN programs: 70% or greater with 19 (33%) less than 30%.
27 (82%) VN programs: 70% or greater with 8 (18%) less than 30%.

Question #6: Are any of your students hesitant to receiving the Covid-19 vaccine? If yes, how are you addressing vaccine hesitancy among students?

93% of RN programs and 74% of VN programs answered yes.
- Religious or medical exemptions.
- Place students at facilities that do not require the vaccine.
- Providing education and communicating that the vaccination will likely be a requirement at all clinical sites in the future.
- The college has a COVID-19 Resource Center that provides information; vaccine clinics at the university.
- Made COVID-19 vaccination a requirement for Fall 2021 nursing program admission.
- Offer the option of sitting out a year; give an incomplete grade with the option to return after being vaccinated; delay the degree plan.
- Faculty discussion of issues with students during class, lab, and clinical experiences; students’ research information about each vaccine as a class assignment.
- Campus wide vaccination campaigns: a monetary incentive program for vaccination compliance; county giving financial reward for getting the vaccination.
- Provided information at a town hall meeting the physicians and staff of the local hospital held for their employees.
- Teaching students their responsibility of protecting themselves by vaccination & proper PPE.
- Students who are not vaccinated will not be allowed to attend Clinical and will therefore not be able to meet the course objectives.

**Question #7:** Is the program utilizing the NCSBN Practice/Academic Partnership model for students to meet clinical objectives for hands-on clinical experiences?

11 (19%) RN programs indicated yes, 42 (72%) no, and 5 (8%) not needed.
6 (17%) of VN programs indicated yes, 6 (17%) no, and 3 (10%) did not answer.

Comments:
- Exploring the idea or the process is started.
- With hospitals for senior level students and with nursing homes.
- A few students do clinical hours where they work but their clinical hours are in addition to their work schedule in a non-paid role.
- No practice partners have agreed.
- Using the NCSBN model as a guide, partnered with an agency for students to work as a tech during the last semester of nursing school and receive a $2000 scholarship, in exchange for 12-months of guaranteed employment after graduation.
- Trying to find a school that will share an agreement template.
- Trying to understand the model.
- Many facilities are interested in this model.

**Question #8:** What has been the greatest challenge in securing hands on clinical learning experiences in the past 6 months?

**Covid-19/Lack of clinical sites**
- Procuring clinical sites when units/sites are closed to students, especially mental health, maternal-child, and long term care.
- Clinical sites changing requirements with short notice including not allowing students to return until Spring 2022 when availability will be re-evaluated.
- Clinical agencies’ concern student Covid-19 exposure and the possible liability.
- Sites requiring students to be COVID tested prior to clinical and the logistics of this.
• Competitiveness for clinical slots and VN students are last priority.

Communication
• One facility insisted upon redoing the affiliation agreement during this time and it was time consuming. Had to pull students out of this one facility and move to another.
• Continuous communication and outreach efforts with current/new clinical partners.

Vaccine
• Multiple clinical facilities mandating vaccinations and reluctance of some students and faculty to be vaccinated. Will lose students who do not comply.
• Clinical re-assignment of unvaccinated students at the last minute.
• Finding acute care clinical sites for unvaccinated students.

PPE
• Supplying students with PPE to comply with hospital requirements.
• Providing N-95 mask fit testing for students and faculty; supplying students with PPE.

Faculty
• Innovation and creativity to staff nursing clinical; open faculty positions.
• Denying 142 qualified applicants this Fall and still having 350 plus returning students to cover for lecture, skills, and clinical—lost 12 faculty.

Preceptors
• Shortage of preceptors due to COVID related illnesses, quarantines, closures, and seasoned nurses left hospitals for higher pay.
• Local hospitals hired LVNs so is difficult to assign ADN clinical students to an RN preceptor or RN clinical staff.

Competition for Clinical Sites
• Other programs utilizing all units and preceptors.
• Securing the slots and what fits our program schedule in a saturated area.
• Many larger sites have schools of their own and are not allowing other students.
• Hospitals giving placement preference to BSN programs.
• Schools that are far away trying to obtain our community clinical spots.

Students
• Decrease in the number of students per unit;
• Limit on incoming nursing student enrollment due to lack of clinical facilities and faculty.
• Holding evening and Saturday/Sunday clinical.
• Students not wanting to be exposed to COVID.

Other
• Limitations on simulation %.

Question #9: What actions on your part have been successful in securing hands on clinical learning experiences?

Simulation/Clinical
• Agreeing to allow students to take care of Covid-19 patients. Obtaining approval from the college leadership and legal team for an assumption of risk waiver,
• Once allowed in facilities, scheduled as many students as possible within time frame given.
Students
- Decreased the number of students per clinical group.
- Limiting enrollment, expanded clinical week to Monday-Sunday and nights.
- Increased the number of students who are with a preceptor.
- Decrease hours in acute care and increase observation experiences.
- Held a summer 2021 clinical course to ease the numbers for fall 2021.
- Educating facilities about student/graduate preparedness to care for COVID-19 patients.

Networking/Communication
- We belong to a clinical placement system for acute care rotations; rely on personal relationships with other agencies.
- Consistent gentle pressure with partners, clear and open communication, and flexibility.
- The program director partnering for vaccine clinic coverage.
- Not using the preceptor model - facilities like that faculty is present to facilitate the student experience.
- Emphasis on community-based learning and interactions integrated into each semester.
- Hold Advisory Committee meetings in which our clinical partners have input.
- Development of new relationships with outlying and rural agencies.
- Offering the extra help that students can provide.

PPE
- Allocation of PPE & on-campus N-95 fit testing (purchased OSHA fit testing equipment an adjunct faculty fit tests students/faculty).
- Faculty/student orientation to facility and the facility’s COVID-19 emergency plan.

Question #10: What can the Board of Nursing do to facilitate quality clinical learning experiences?

The BON is in close contact with the Governor’s office regarding nursing education needs. Waiver’s must come from the Governor’s office. Many of the responses to our question are not within the purview of the BON since they are statute based.

Your local and state organizations may be able to: 1) foster ways for high quality programs to partner with programs that are struggling; and 2) communicate and advocate to hospital leaders and the community at large that nursing students need hands-on clinical experiences in order to be safe and competent nurses.

There is information on the NCSBN website about the Practice/Education Partnership @ https://www.ncsbn.org/practice-academic-partnership.htm. Networking with leaders at nursing education programs in Texas or talking to your Education Consultant at the Board may help with learning about the model. Communication with your clinical partners and learning more about this will help facilitate these relationships.

Reminder to RN Programs
RN Programs. Please remember that for this year only the NCSBN Pass Rate will be calculated from October 1, 2020 through December 31, 2021. Next year both the RN and VN NCSBN Pass Rates will be based on the calendar year (January 1, 2022 to December 31, 2022).
Partnerships and Internships

On March 27, 2020, NCSBN and 10 nursing organizations across the country recommended nursing programs establish partnerships with clinical agencies for a plan to allow students the opportunity to get back to hands-on clinical practice while they assist by helping provide nursing care. A number of BSN programs have been contacted by clinical settings who were interested in partnerships for student engagement in an internship-type arrangement. Many are willing to pay wages to students and view them as team members on the units.

What is within the NPA and Rules?

The NPA defines the VN and RN scope of practice (301.002) and allows a waiver for students to carry out nursing tasks as long as their practice is “incidental to a program of study by a student enrolled in a nursing education program leading to initial licensure.” If nursing students are hired by health care facilities in a role NOT connected to a program of study, they will be functioning as unlicensed personnel [(Rule 224.4(4)(c)] and their tasks are restricted (not allowing the delegation of some care including giving medications). If the clinical practice is established by an agreement between the nursing program and the clinical facility, students may fulfill program clinical objectives and gain valuable clinical experience.

Areas for Agreement Between Health Care Setting and Nursing Program

- Acceptable agreement between the two parties
- A plan for supervision of students either by nursing faculty or trained preceptors
- Responsibility for student error
- Wages or stipend to be paid students (not required)
- Tasks that may be performed by students
- Evaluation of students

The arrangement for each level of education must consider the readiness of students including their knowledge and skill level. Please include your legal counsel in establishing the agreement.

Assisting Foreign Candidates

The Texas Center for Nursing Workforce Studies’ most recent publication, *Updated Nurse Supply and Demand Projections, 2018 – 2032*, indicates a predicted shortfall of 12,572 full-time employed (FTE) Licensed Vocational Nurses (LVNs) and 57,012 FTE Registered Nurses (RNs) in Texas by 2032. Resultantly, health care facilities are recruiting Foreign Educated Nurses (FENs), or nurses who received their pre-licensure nursing education in a country other than the United States, to address this nursing shortage. The Texas Board of Nursing (Board) is the third largest approver of international candidates’ applications to take the NCLEX, behind New York and Illinois. An August 30, 2021, review of the Board database reveals that the 31,281 FENs in Texas make up 6.76% of the total 463,013 licensed nurses, both LVNs and RNs, in Texas.

An international candidate must submit to the Board a Credential Evaluation Service (CES) report that evaluates the individual’s pre-licensure nursing education as one part of the process to be deemed eligible to take the NCLEX. Other essential procedural elements include: current application; current exam fee; verification of licensure for individuals licensed in another country; proof of English proficiency.
(if applicable); completion of a criminal background check; completion of the Board Nursing Jurisprudence Examination; and registration with Pearson Vue. Often when Board staff evaluate a candidate’s CES report, staff identify a deficient in didactic and/or clinical learning experiences in one or more of the Board mandated content areas, as prescribed by Board Rule 214. Vocational Nursing Education, Section 9. Program of Study, and Rule 215. Professional Nursing Education, Section 9. Program of Study.

Board staff then notifies the applicant that these deficiencies must be addressed prior to moving forward in the licensure process. The applicant is charged to locate a Board approved nursing education program that would accept the individual as a non-degree seeking student to complete the required didactic and/or clinical learning experiences. Although the candidate’s NCLEX scores are not considered as part of the program’s pass rates, it is often difficult for the candidate to secure these opportunities.

The Education Team is requesting Program Directors consider assisting FENs who wish to enter the Texas nursing workforce, yet need additional education to validate competency and meet Board licensure requirements. Again, these non-degree seeking individuals are not calculated in the program’s NCLEX pass rates. The Education Consultants realize and value the high level of dedication and diligence Program Directors accept when undertaking this commitment.

Considering the ongoing critical nursing shortage, especially during a global pandemic, all safe and competent nurses are needed. With careful management, including awareness of cultural differences, workplace values, and individual support, FENs can be successfully integrated into the Texas nursing workforce.

To all the Program Directors who have graciously agreed to work with FENs in the past, the Education Team offers you a heartfelt THANK YOU! Please contact your assigned Education Consultant if you need further or clarifying information.

Point of Clarity: RN –to-BSN Programs

Our state may have as many as 50 RN-to-BSN Programs. At last count, 13 community colleges have been approved by the Texas Higher Education Coordinating Board (THECB) to establish RN-to-BSN programs. The statute approving the establishment of RN-to-BSN programs in public community colleges requires that the proposed programs adhere to Board of Nursing (BON) education rules. The process for approval of these programs has been a review of a proposal by the BON and validation that the program is in compliance with BON rules prior to THECB approval. Following THECB approval, the BON has no purview over the RN-to-BSN programs since the BON has no purview over post-licensure nursing programs. They are not listed among the professional nursing education programs on the BON web page. The RN-to-BSN programs in community colleges must achieve national nursing accreditation.

Curriculum Changes – Post Covid-19

Temporary curricula changes were permitted, but ... now if a program wants to continue ... it is considered a Major Curriculum Change requiring Board Staff approval.

Not to worry ... There is Education Guideline 3.7.1.a. Supplement Post-Covid Curriculum Changes (5/6/2021) to help guide you through the process.
Considerations when making curricular changes include:

- Involve faculty
- Review program, course, and clinical objectives
- Review the DECs (2021)
- Review data from the 2020 NEPIS showing hands-on clinical hours documented, though no specific hours are required, this data gives common hours used in 2020.
- Decide how much clinical practice is needed to meet the clinical objectives and produce a safe, competent graduate.

**The Texas Two-Step! . . . It’s CANEP Time!**

The purpose of the Nursing Education Program Information Survey (NEPIS) is to collect data on the supply of nursing students and faculty in Texas. The data will assist the Texas Center for Nursing Workforce Studies, the Texas Board of Nursing, and the Texas Higher Education Coordinating Board, as well as other state organizations and the legislature, in projecting the future workforce needs of nursing education programs in the state. The Faculty Profile, an essential element of the NEPIS, captures data related to all individuals employed as of September 30, 2021, as nursing faculty even though their salaries may be paid from a number of school of nursing revenue sources.

The Compliance Audit for Nursing Education Programs (CANEP) is an audit to measure a program’s compliance with the Texas Board of Nursing rules and regulations governing nursing education in Texas. The CANEP also includes a Supplemental Survey designed to collect data on non-nursing faculty, clinical teaching assistants, program support faculty, in-state clinical sites, out-of-state clinical sites, and a curriculum analysis. During odd-numbered years, both the NEPIS and CANEP are distributed, whereas in even-numbered years, only the NEPIS is disseminated. Since the year is 2021, it is the Texas Two-Step!

The 2021 VN-NEPIS, 2021 RN-NEPIS, and 2021 Graduate-NEPIS Packets will be available online on Monday, October 4th! Preliminary materials have been distributed via e-mail communication to all program deans and directors. Please utilize the provided worksheets to gather and organize information before electronic data entry. The online survey will be active from **October 4, 2021 through October 15, 2021.**

**Who Will Be There to Care If There Are No More Nurses?**

by Eileen K. Fry-Bowers and Cynda H. Rushton

Published On: September 23, 2021

Posted in Covid-19 Ethics Resource Center, Hastings Bioethics Forum, Health And Health Care

Below is a link to a very timely article. [https://www.thehastingscenter.org/who-will-be-there-to-care-if-there-are-no-more-nurses/](https://www.thehastingscenter.org/who-will-be-there-to-care-if-there-are-no-more-nurses/)
Deans and Directors Virtual Orientation Session

The Deans and Directors Orientation Sessions continue to be offered virtually. The most recent Orientation Session was held June 3rd, 2021. Although the Education Consultants miss seeing the new directors in person, the positive side is that since these Orientation Sessions are virtual, we can accommodate more people! The online Orientation Session is three hours in length to give the most important information to newly appointed nurse leaders to be successful in the director role. The date for the remaining Orientation Session is October 14, 2021.

My Wish For Everyone Is A Paperless Office

As many of you are aware, the Board of Nursing will be moving some time next year and we are making every effort to go paperless. For those of you who attended a previous Deans and Directors Orientation, you may recall my colorful file folders and labels as well as tips for getting organized. Well, I have been working really hard to get with the times and convert to a paperless system. Gone are my Avery labels and folders. I must say, it was a challenge, but I am excited to tell you that I will be sharing my “Virtual Files” at the next orientation session. My goal is to assist all programs, that want to, to go “Paperless” without having to start from scratch!

Do You Have a Plan to Implement the DECS ????

. . . All programs will have the Differentiated Essential Competencies 2021 Integrated into their curriculums by January 2022.

The Board approved the 2020 Revision of the DECs in January 2021 and Staff presented a webinar about implementation in May recommending a start date for January 2022. Here are some tips, some of which are included with the online DECs document:

1. Review the revised DECs for alignment with the curriculum.
2. Consider where each core competency is addressed in the curriculum (25 competencies for VN education).
3. Make sure the new concepts are included in the curriculum:
   - Civility
   - Community readiness for emergencies, crises
   - Culture of safety
   - Global health
   - Just culture
   - Nursing Peer Review
   - Self-care
   - Service excellence
   - Social determinants of health
• Social justice
• Vulnerable patients/populations
• Workplace violence

4. Identify the location of the major concepts under each core competency in the curriculum:

• **Member of the Profession**
  o Legal scope of practice
  o Accountability for nursing care
  o Professionalism
  o Personal professional growth (competencies)

• **Provider of Patient-Centered Care**
  o Clinical reasoning and decision-making
  o Patient assessment
  o Analysis of patient assessment
  o Goals for plan of care
  o Safe and competent nursing care
  o Evaluation of patient responses
  o Patient teaching
  o Coordination of care

• **Patient Safety Advocate**
  o Regulations
  o Quality and safety of patient care
  o Reduction of patient risk
  o Seek instruction/training
  o Mandatory reporting
  o Delegation and assignment

• **Member of the Health Care Team**
  o Communication and collaboration
  o Advocacy
  o Continuity of care
  o Use of technology
  o Delegation and assignment
  o Supervision
  o Global health – NEW

Know how you will evaluate students’ knowledge and ability to perform the DECs. **Be ready to respond to a BON Survey to be emailed to your program in mid-January asking about your completion of Reminders 1 through 5 above.**

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