



Texas Board of Nursing Bulletin

The mission of the Texas Board of Nursing is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in the State of Texas is competent to practice safely. The Board fulfills its mission through the regulation of the practice of nursing and the approval of nursing education programs. This mission, derived from the Nursing Practice Act, supersedes the interest of any individual, the nursing profession, or any special interest group.



Is Your Address Up-to-Date with the Board?

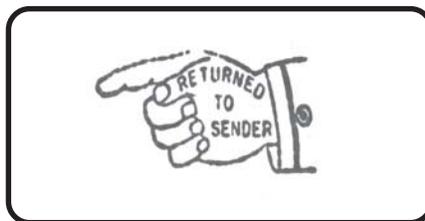
Even in this digital age, with e-mail, text messaging and social networking, many important pieces of information can still come the old fashioned way: through the mail. One such item is this newsletter.

This newsletter provides pertinent and helpful information such as best practices and tips, and the most up-to-date rules and regulations from the state legislature. Sadly, many of these valuable newsletters are returned to the Board of Nursing (BON) every time they are sent out. This can be a costly expenditure, in both the money spent on postage and on printing. The BON estimates that approximately five percent of all Texas nurses' addresses are not current based on the number of newsletters delivered to the Board marked "Returned to Sender." Of the thousands of newsletters sent out quarterly, hundreds are returned because a nurse has moved and failed to change his/her address with the BON.

When the Bulletins are mailed, the newsletter mailer checks the nurse addresses provided by the BON against the United States Postal Service National Change of Address (NCOA) database. Beginning with the April 2010 newsletter mailing, addresses which do not match the NCOA database will be excluded from mailings.

It is a little known fact that a nurse must change his/her address directly with the

BON. Even if you leave the state of Texas, or decide to live in a foreign country, you need to change your address. Mail from a state agency will not be forwarded, even if a nurse takes the time to submit a forwarding address to the United States Postal Service.



Other important pieces of information from the BON, such as renewal reminders, continuing education audit notices, and notification of fingerprint audits are sent through the mail. Everyday, customer service representatives take calls from concerned nurses about why they failed to receive important notices. Not receiving your correspondence from the BON can cause costly delays such as a late renewal, or failure to comply with the BON's mandatory requests.

Should you find the need to update your address with the BON, the process is quick and easy. Because a request for a change of address must be submitted in writing, you can either make your address change request by e-mail to webmaster@bon.state.tx.us, or fax the request to (512) 305-7401. The

written request must include your name, license or social security number, old address and new address. Your information will be updated in the BON computer system within 10 business days.

For questions concerning address changes, contact Customer Service at (512) 305-6809.

Did you know....

The Texas Board of Nursing (BON) receives an estimated 32,000 pieces of mail per week and approximately 1.6 million pieces of mail per year.

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Texas Board of Nursing Meeting Schedule: 2010

Board Meeting Dates

April 22-23
July 22-23
October 21-22

All Board and Eligibility & Disciplinary Committee Meetings will be held in Austin at the William Hobby Building located at 333 Guadalupe, Austin Texas, 78701.

Eligibility and Disciplinary Committee Meetings

May 11
June 8
August 17
September 14
November 9
December 14

Advanced Practice Nursing Advisory Committee Update

The Advanced Practice Nursing Advisory Committee (APNAC) met on February 17, 2010 in Austin. Linda Harrington, PhD, RN, CNS-AH, was elected to serve as vice-chair of the APNAC. Committee members discussed recommendations for amendments to Rule 221.3 that clarify the requirement that advanced practice registered nurses must complete advanced practice nursing education programs at the master's degree level or higher. The committee's recommendations regarding Rule 221.3 will be submitted for the Board's consideration in April 2010. APNAC members also discussed recommendations for rule amendments needed to implement the Advanced Practice Registered Nurse (APRN) Compact and discussed requirements for reinstatement of advanced practice licensure from inactive or delinquent status. The committee will meet again on May 4.

Board Adopts Amendments to Rule 222

At the January 2010 meeting, the Board voted to adopt amendments to Rule 222, related to Advanced Practice Registered Nurses with Prescriptive Authority. The majority of the rule revisions were adopted based on the passage of Senate Bill 532 in the 81st Legislative Session. Additional changes were made to clarify the APRN's role with regard to prescribing medications "off label." The APRN's role with regard to prescribing medications for sexually transmitted infections for partners of established patients was also clarified. Rule 222 may be accessed on the board's website at www.bon.state.tx.us. APRN's with prescriptive authority should review and familiarize themselves with amended Rule 222.

Delegation of Prescriptive Authority Registration Reminder

This is a reminder to advanced practice registered nurses (APRNs) with prescriptive authority. Effective January 31, 2010, physicians who delegate prescriptive authority to APRNs are required to register that delegation with the Texas Medical Board. Information regarding this process is available on the Texas Medical Board's website: www.tmb.state.tx.us/professionals/physicians/delegatingPrescriptiveAuthority.php. Questions regarding this process should be directed to the Texas Medical Board.



The Texas Board of Nursing

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The *Texas Board of Nursing Bulletin* is the official publication of the Texas Board of Nursing.

Published four times a year: January; April; July; and October. Subscription price for residents within the continental U.S. is \$10.00, plus tax. Subscription price outside of U.S. is \$15.00, plus tax.

Published by:
TEXAS BOARD OF NURSING
VOLUME XLI - No. II

Publication Office:
333 Guadalupe, Suite 3-460, Austin,
Texas 78701-3944
Phone: 512/305-7400
Fax: 512/305-7401
Publication Date: 04/02/2010



Summary of Actions

A regular meeting of the Board of Nursing was held January 21-22, 2009, in Austin. The following is a summary of Board actions taken during this meeting.



The following adopted rule changes appeared in the February 5, 2010, edition of the *Texas Register* (Volume 35, Number 6). The Texas Board of Nursing (Board) adopts amendments to Chapter 222, §§222.1 - 222.12, concerning Advanced Practice Registered Nurses With Prescriptive Authority. Sections 222.1, 222.3 - 222.6, and 222.8 - 222.12 are adopted without changes to the proposed text published in the November 27, 2009, issue of the *Texas Register* (34 TexReg 8437) and were not re-published. Sections 222.2 and 222.7 are adopted with two minor changes to correct typographical errors.

The amendments to Chapter 222 are adopted under the Occupations Code §301.151 and §301.152 and are necessary to: (i) clarify changes made to the Medical Practice Act by Senate Bill (SB) 532, enacted by the 81st Legislature, Regular Session, effective September 1, 2009, which amends the

Occupations Code Chapter 157; and (ii) provide guidance to advanced practice registered nurses (APRNs) who exercise prescriptive authority in this state. Specifically, the adopted amendments: (i) amend and add new definitions to Chapter 222; (ii) eliminate references to "provisional authorization" throughout Chapter 222; (iii) clarify the content requirements of a Clinical Nurse Specialist's course work; (iv) clarify the content requirements of a prescription for a controlled substance; (v) clarify the circumstances under which an APRN may issue a prescription for the partner of an established patient; (vi) clarify the limitations associated with prescribing "off label" medications; and (vii) update outdated references and correct grammatical and typographical errors. The effective date for amendments to Chapter 222 was February 14, 2010.

The following adopted rule changes appeared in the February 12, 2010, edition of the *Texas Register* (Volume

35, Number 7). The Texas Board of Nursing (Board) adopts amendments to §213.33, concerning Factors Considered for Imposition of Penalties/Sanctions with changes to subsections (k) and (l) of the proposed text published in the December 4, 2009, issue of the *Texas Register* (34 TexReg 8628). The amendments are adopted under the Occupations Code §§301.452, 301.4521, 301.453, 301.4531, 301.454(d), 301.455(a) and (b), 301.4551, 301.461, 301.462, 301.467, 301.468(a), 301.501, 301.502, and 301.151 and are necessary to: (i) implement House Bill (HB) 3961, enacted by the 81st Legislature, Regular Session, effective June 19, 2009, which adds §301.4521 to the Occupations Code Chapter 301; and (ii) adopt the Disciplinary Matrix (Matrix), which is used in the resolution of eligibility and disciplinary matters before the Board, in rule. The effective date for amendments to Rule 213.33 was February 16, 2010.

Nursing Education Actions - January 2010 Board Meeting

Approved a proposal to establish a new nursing educational program, granted initial approval status, and issued requirements

- Career Quest in San Antonio, Texas, VN Program.

Moved the Program Approval Status from Initial to Full based on the 2009 NCLEX-PN Pass Rate and Report of Survey Visit, Accepted the Survey Visit Report, and Issued a Commendation

- Universal Health Services in Fort Worth, Texas, VN Program

Moved the Program Approval Status from Initial to Full based on the 2009 NCLEX-PN Pass Rate and Impending Accreditation from the National League for Nursing Accrediting Commission

- Wayland Baptist University Baccalaureate Degree Program in San Antonio, Texas

Accepted Notification of Closure

- Baptist Health System Diploma Program in San Antonio, Texas

Other Actions

Reviewed the Report on Texas Board of Nursing New Dean, Director, and Coordinator Workshop

Reviewed the Status Report on Inquiries, Proposals, and Approval Status of New Nursing Educational Programs and Status Report on Changed Approval Status of Existing Programs

Did you know....

Meetings of the Texas Board of Nursing (BON) are open to the public. Board meetings are frequently attended by nursing students in an effort to better understand what the Board does and what the requirements are for working as a nurse in Texas. All items to be discussed at Board meetings are posted on the BON web site under "About the Board" at the following link: <http://www.bon.state.tx.us/about/events.html>.

Snapshots of Nurses On Guard – *Error Prevention and Management*

The foundation for patient safety is the prevention of errors. It is also at the heart of the Texas Board of Nursing's mission to protect patients from harm. Nurses spend the most time with hospitalized patients providing therapies, monitoring conditions and administering medications (Benner et al., 2002; Benner et al., 2006; Page, 2004). The care nurses provide is essential to preventing harmful errors and ensuring patient safety. When nurses make practice errors, harm may occur to patients, and the effects may reach patients' families, employers, the nursing profession and the nurses themselves (Benner et al., 2002). The role nurses play in patient safety is to guard patients against errors. A nurse's duty is continual vigilance as he/she promotes a safe environment for patients. Nurses are problem solvers and frequently have solutions for ways to make their practice settings safer for patients.

Last year the Texas Board of Nursing requested examples of best practices in patient safety from nurses. Numerous submissions were received. Here are several snapshots of the important work nurses are doing to guard their patients against harmful errors as they strive to deliver high quality care.

Code Blue Preparedness

by Denise Hetman, RN

Code situations in any unit of a hospital are stressful. In order to ensure safe patient outcomes, many large hospitals utilize simulation scenarios and mock code drills to train staff (Lester, Jackson & Masse, 2008). The South Texas Spine and Surgical Hospital has found a resourceful and effective way for their staff that play vital roles in code situations to receive the training necessary to ensure successful outcomes during emergent situations. Monthly training (announced and unannounced) in mock code drills is held. During the drill, team members are assigned badges to experience different emergency roles. Badge titles include: Chest Compressions 1, Chest Compressions 2, Team Leader, Medications, IV Nurse, Lab, Airway, Defibrillator and Recorder. Non-clinical personnel may participate as runners that support the Code Blue Team. These individuals may assist by calling respiratory therapy, transportation, the patient's provider or completing transfer forms. If they are certified in CPR, they may also assist with chest compressions. Team members rotate through several different roles during the event. Trainings conclude with an open discussion of the team's performance and an opportunity to provide feedback to the instructors. Nurses on guard in code situations have a duty to be prepared to institute appropriate interventions that are required to stabilize a patient's condition and prevent complications.

Cleaning Stethoscopes Between Patients

by Martin Lewis, RN

Cleaning stethoscopes between patients sounds like a simple and easy thing to do; however, many medical personnel do not clean their stethoscope between patients. In a recent study, Merlin et al. (2009) reported that one in three stethoscopes used by emergency medical personnel was found to be contaminated with methicillin-resistant staphylococcus aureus (MRSA) bacteria. The study concluded that the longer the time between cleanings, the more likely the stethoscope will carry MRSA. Wall (2009) reported that ethanol-based foam cleanser was as effective as isopropyl alcohol for decontaminating stethoscopes between patients. Nurses have a duty to protect their patients from exposure to infectious pathogens and communicable diseases. As important as handwashing, cleaning stethoscopes is a way of guarding patients from potential infections.

Creative Staffing Solutions

by Julia McElwee, RN

One way to guard patients against errors is to minimize disruptions nurses experience during medication administration, patient assessments and documentation. This innovative solution revitalizes the team approach to nursing. Nursing is not accomplished in isolation, and effective communication is the key (Malloch, Patterson, Sheets & Bowen, 2010). Teamwork and collaboration are strategies in a systems approach to improving the safety and quality of nursing services (AHRQ, 2008). This best practice suggestion focused on the buddy system, which enabled nurses to help each other during critical times of the day. For example, during medication administration one nurse was able to focus entirely on administering medications, while her buddy tended to the other patient care needs. This system minimized disruptions that the nursing staff encountered during their work day. Minimizing disruptions through a collaborative team approach to delivering nursing services is an important best practice for ensuring patient safety. Nurses on guard make appropriate assignments and accept assignments with patient safety as the focus.

Snapshots -continued from previous page

These are just three examples of Nurses on Guard in Texas. For more information related to best practices in patient safety refer to: the Agency For Healthcare Research and Quality at www.ahrq.gov; the Institute for Safe Medication Practices at www.ismp.org; the National Patient Safety Foundation at www.npsf.org; and the Joint Commission at www.jointcommission.org.

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The Texas Board of Nursing (BON) is seeking examples of best practices in patient safety



to share with the readers of the *Board of Nursing Bulletin*. The best practice ideas should involve nursing in Texas and may be from any practice setting. Ideas will be reviewed by the BON Nursing Department and shared with readers in future issues of the *Bulletin*. You may also submit your idea(s) in the form of an article. If your article is selected for use in the *Bulletin*, byline credit will be given. Examples of best practice or articles concerning patient safety should be sent by e-mail to webmaster@bon.state.tx.us. The subject line for the e-mail should include the phrase "Patient Safety Idea." Your e-mail submission must include your name and a daytime telephone number in order to be considered. If you have additional questions concerning submission of best practices ideas, you may contact Bruce Holter at (512) 305-6842 for further information.

NCSBN Provides Links for Research on Patient Safety

The National Council of State Boards of Nursing (NCSBN) provides online patient safety links for public use. Online agency and organization links through the NCSBN web site include the National Quality Forum, the National Patient Safety Foundation Information Resource Center, the Food and Drug Administration, and the Joint Commission. Links for these agencies and organizations can be found at the following link: <https://www.ncsbn.org/1486.htm>. The NCSBN is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also four associate members. The mission of the NCSBN is to provide leadership to advance regulatory excellence for public protection.

Self-Assessment in Substance Abuse: The Pain and the Promise

Mike Van Doren, MSN, RN, CARN

We should, every night call ourselves to an account: What infirmity have I mastered today? What passions opposed? What temptation resisted? What virtue acquired? Our vices will abort of themselves if they be brought every day to the shrift. – Seneca

The denial associated with alcoholism is cunning, baffling, powerful and affects the patient, helper, and the community. - George E. Vaillant, M. D.

This article looks at self-assessment of substance use disorders (SUDs) for nurses. For the purpose of this article, SUDs refers to substance abuse and substance dependency. The duality of denial and inaction in the face of a life-threatening disease when a SUD is present is discussed. Resources for self-assessment of SUDs are provided. Finally, a call to action urges nurses to take the steps necessary to reduce the risks of SUDs for themselves and others. As with any intervention, timing is critical if self-assessment is to help motivate a nurse to take action.

SUDs: A Brief Overview

In order to appreciate the value of self-assessment we must first understand the nature of the disease. SUDs, i.e., abuse or dependency of alcohol and/or drugs, are known to affect approximately 10% of the general population. Nurses are thought to be affected at a similar level. SUDs, generally referred to as “addiction,” may be defined as a complex but treatable illness characterized by intense and, at times, uncontrollable drug craving, along with compulsive drug seeking and use that persists even in the face of devastating consequences (NIDA, 2009). Although a nurse holds a license, a nursing job and looks good to the casual observer, it does not mean s/he has not incurred negative consequences. Many nurses referred to the Texas Peer Assistance Program for Nurses (TPAPN) defy the stereotypical picture of a drunk or addict yet possibly have incurred one or more of the following: poor practice, job termination, failure to meet familial obligations, significant financial losses and criminal history, e.g., driving while intoxicated.

Over a period of time ranging from weeks or months with very potent

synthetic opiates and anesthetic drugs to possibly years with alcohol, drug abuse can cause dysregulation of neurochemicals within the mesolimbic system of the brain, known informally as the “pleasure pathway.” This dysregulation of brain chemistry activates greater activity of neurotransmitters such as dopamine, typically causing a euphoric state. The euphoria may be generally predicted and desired, as in the case of post-operative pain control. Due to the psychic and/or physical relief achieved, the desire and perceived need for more drug or drink may exist to the point that individuals, including nurses, will misuse the substance to the undesired end-point of abuse and dependency.

Scientific study has established the likelihood that the dysregulation within the brain extends to areas of the prefrontal cortex that control motivation, decision-making and self-control. Once there is a lack of control over the drug or drink, a full-blown disease state or dependency is reached that is partially driven by the body’s inability to produce its own neurotransmitters. In this state of dependency, a nurse’s ability to will him/herself well is all but impossible. The drug or drink that was once taken by the nurse to simply feel better is now perceived as essential to feeling normal and perhaps avoid painful symptoms associated with withdrawal. In this state, poor judgment and behaviors will likely be repeated, e.g., reporting to work with alcohol on one’s breath.

Barriers to Self-Awareness

In order to recognize the limits of self-assessment, we need to identify the possible antecedents to SUDs that often form painful barriers to the self-awareness needed to treat SUDs. Following the advice of Seneca, it would seem obvious that if you identified yourself with an illness that could likely lead to great personal and social dysfunction, financial misfortune, poor health and an untimely death, you would muster all the resources available to you to enhance your health and reduce the risk of further decline. So self-assessment of SUDs may be useful for many. But for those in the throes of the disease, such assessment without the

presence of others to help motivate will likely only be met with skepticism and denial.

The response to substance abuse or dependency in a peer or loved one much less ourselves most often defies logical answers or actions due to the physiological, developmental, socio-cultural and work environment issues that may be present. We simply fail to see the proverbial pink elephant and its path of destruction for what it is and instead construct (if we are the source of the problem) or attribute (as observers) a myriad of blame, excuses, lies and promises. When the pink elephant is recognized by peers or loved ones, they may too often chastise the person’s behaviors without fully appreciating the biology of the disease.

Multiple factors are involved with the formation and continuation of SUDs. Figure 1 demonstrates how these factors can “interact” in the development of addiction as applied to nurses. These factors include denial by the nurse with SUDs as well as by people associated with the nurse. Denial can lead to statements such as “How could I be an alcoholic, I still work as a nurse and very well thank you!” or “She must be okay, she’s a good nurse and the mother of three precious children!” Yet much of the formation of denial by nurses with SUDs is a product of their environment, especially the work environment where there may be little or zero-tolerance for “such behaviors.” Denial is further advanced by the shame and guilt felt as a nurse “who should know/do better” and may attempt to hide the abuse to the point of self-harm (and suicide) rather than face the ridicule of one’s peers.

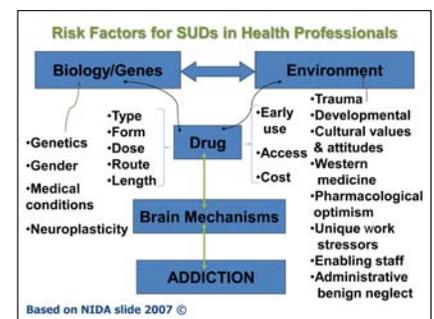


Figure 1

It is well documented that access to controlled substances can provide a

continued on next page

Self-Assessment in Substance Abuse - continued from previous page

Pandora’s Box of potential relief for personal or occupational stressors encountered in a nurse’s life, e.g., life and death situations, rotating shifts, extended shifts, and high patient-acuity. Meanwhile, scientific research continues to unravel the basis of genetic vulnerability to SUDs. This can explain why some are relatively unaffected by exposure to intoxicating agents while others have a great propensity to abuse. The family of origin may also have a great impact, particularly if significant trauma occurred within the family. Physical or sexual abuse, which is predictive of later drug abuse, is particularly important. Cultural practices and mores certainly influence how substance use and abuse is viewed, accepted or not, treated or not, on a collective level. As an example within Western society, we experience what seems the epitome of a conflicted view: we encourage drug-free, holistic care such as exercise, yoga and good nutrition while our media bestows yet more pharmaceuticals promising to make us pain-free and healthier. This disturbing pattern even typifies our standard health care practices, e.g., the automatic prescribing of schedule III and IV drugs for minor emergency and outpatient procedures when over the counter medications would suffice.

Lastly, there is what may be termed as administrative benign-neglect by administrators and corporate health care facility officials. This neglect is predicated on risk management ultimatums and typified by policies that presume all nurses are working well until proven otherwise. This leads to such unsophisticated policies as encouraging self-disclosure of SUDs as a means of preserving one’s job. Unfortunately, the likelihood that nurses will confide in their superiors is remote for issues such as SUDs, leaving the majority of nurses with SUDs unidentified. When substance abuse or dependency is demonstrated, the nurse with SUDs will likely be summarily terminated and thus denied the very interventions and care we espouse for our patients.

Tools for Self-Assessment

We all possess some degree for self-assessment. However, when we forego personal speculation and utilize tools that have a high degree of reliability and validity, we can better assure ourselves

and others of the accuracy of the results and the legitimate need for professional help. One well-known tool that has been used for over three decades to help screen for possible alcohol abuse or dependency is the CAGE questionnaire. The CAGE acronym represents the first letter of the key word in each of its four questions.

The CAGE Questionnaire

Have you ever felt you should **C**ut down on your drinking?
 Yes No

Have people **A**nnoyed you by criticizing your drinking?
 Yes No

Have you ever felt bad or **G**uilty about your drinking?
 Yes No

Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye opener)?
 Yes No

Scoring: Responses on the CAGE are scored 0 for “no” and 1 for “yes.” A higher score is an indication of alcohol problems. A positive score on two or more questions is clinically significant but not diagnostic of dependency, though even one yes may be indicative of abuse and a need to obtain further assessment.

The following self-assessment resource for assessing the potential for abuse of drugs other than alcohol is available from a California-based program called [Recovery through Support.com \(www.recoverythroughsupport.com/index.htm\)](http://www.recoverythroughsupport.com/index.htm). There is no apparent claim to the reliability or validity of the questionnaire, but two or more positive answers are indicative of the need for further assessment by a licensed substance abuse professional/mental health provider. This survey is derived from questions used for the CAGE and MAST (Michigan Alcohol Screening Test).

1. Have you ever decided to stop your drug use or drinking and been unable to do so for any length of time?
 YES NO
2. Are other people bothered by your intake of drugs and alcohol? Do they make comments or make it apparent they

are uncomfortable around you when you are intoxicated?

- YES NO
3. Have you ever made an attempt to stop using or drinking by switching from beer to liquor, liquor to beer, heroin to pills or from hard drugs to pot and found that either you were unsuccessful or that you just added a new “flavor” to your drinking and using?
 YES NO
 4. In the past year have you ever had a drink or used drugs upon waking up to feel better from the night before?
 YES NO
 5. Do you wish you could be like other people who drink and / or use and do not get in trouble? Do you envy them?
 YES NO
 6. In the past year have you been in trouble at school, work or with the law as a result of drinking or drug use?
 YES NO
 7. In the past year has your drug use or drinking caused problems at home with your family, children, parents or spouse?
 YES NO
 8. Do you ever sneak drinks or hide your drug use at parties or get high or “buzzed” before attending social events so that people can’t gauge how much you are using or drinking?
 YES NO
 9. Do you tell yourself that you can quit anytime but still get drunk and or high without meaning to?
 YES NO
 10. Have you missed school, work or important family commitments because you were high, hung-over or drunk?
 YES NO
 11. Do you ever have “blackouts” or periods you can’t remember while using drugs or drinking?
 YES NO
 12. Have you ever felt that if you could only quit using or drinking that your life would be much better?
 YES NO

TPAPN can assist nurses in need of help, including nurses without practice or legal concerns who may be eligible as self-referrals or nurses reported to and approved by the BON as third-party referrals with the opportunity to participate in TPAPN. Nurses and others

IMPOSTER WARNING

If you have any knowledge or information regarding the employment practices of the following individual(s), please contact the Board's Enforcement Division immediately at (512) 305-6838.

JENNY T. LE, AKA: THUY HOANG THI DANG

Jenny T. Le, aka: Thuy Hoang Thi Dang, secured employment as a LVN with a clinic in Houston, Texas on December 20, 2004. Jenny T. Le misrepresented herself as a nurse, introduced herself as a LVN, and signed her name followed by LVN on medical records in the clinic. Ms. Le provided copies of LVN licenses on two (2) separate occasions for her personnel file. Staff noted that the copies of the LVN licenses provided by Ms. Le looked suspicious when compared to other LVN licenses. In July 2009, the facility attempted to verify her license, however the number was not found on the BON website. The case was referred to the Houston Police Department.



CYNTHIA A. TRUDGEN

Cynthia A. Trudgen secured employment as a LVN with a medical group in Cleburne, Texas on July 18, 2008. In January 2009, Ms. Trudgen presented herself as a LVN but could not produce a license. She later produced a copy of a license with the name of Cynthia Mathis Stone and a copy of an online license verification for Cynthia A. Trudgen, however the facility was unable to verify the license on the Board's website. Ms. Trudgen voluntarily terminated her employment with the facility on January 9, 2009. The case was referred to the County Attorney's Office, Johnson County, Texas.



DONNA ALINE SUZANNE WATSON (CARR)

Donna Aline Suzanne Watson (Carr) was employed as the Youth Director with a church in Burnet, Texas. Ms. Watson represented herself as a LVN and submitted a resume which indicated that she obtained LVN licensure in 1996. The staff requested to see her license, and she told them she did not have it with her. They were unable to verify a license on the BON website. Ms. Watson told staff that she would bring her license, but never did. Ms. Watson terminated her employment on January 18, 2009 and was never able to produce a license.



DEBBIE R. WEITHONER

Debbie R. Weithoner secured employment as a LVN with a clinic in Austin, Texas on June 1, 1999. On February 3, 2009 the staff found out that Ms. Weithoner was not licensed. Ms. Weithoner was hired as a LVN, and she signed records electronically with LVN after her name since 2000. Ms. Weithoner never notified anyone at the facility that she did not hold a license to practice vocational nursing. The issue was discovered by human resources when they could not verify her license on the Board website. Ms. Weithoner was terminated on February 4, 2009. The case was referred to the County Attorney's Office, Travis County, Texas.



NOTICE OF DISCIPLINARY ACTION

The following nurses had disciplinary action taken against their licenses. If you would like to receive additional information regarding the disciplinary action that has been imposed, please send your written request to the Texas Board of Nursing, Enforcement Division, 333 Guadalupe, Suite 3-460, Austin, Texas, 78701-3944.

<u>NAME</u>	<u>LICENSE NUMBER(S)</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Abiodun, Samson Segun	LVN# 170206	Remedial Education & Fine	January 25, 2010
Acosta, Venina Corazon Santos	RN# 705731	Reprimand with Stipulations	February 9, 2010
Aguirre, Flor De Maria	RN# 699834	Remedial Education	January 5, 2010
Akpunku, Chinwe Anna	LVN# 196107	Voluntary Surrender	January 11, 2010
Almon, Nancy S	RN# 667178	Remedial Education & Fine	February 16, 2010
Alvarez, Anthony	RN# 598142	Voluntary Surrender	December 30, 2009
Anderson, James Lance	RN# 252434	Remedial Education & Fine	February 18, 2010
Anderson, Sunny Candice	RN# 690920	Voluntary Surrender	February 8, 2010
Arthur, Connie Elinda	RN# 561678	Voluntary Surrender	February 8, 2010
Attwood, Juanita Dolores	RN# 236083	Voluntary Surrender	March 2, 2010
Atwood, Deirdre D.	RN# 516344	Remedial Education & Fine	January 22, 2010
Balraj, Malathi Glorin	RN# 724201	Warning with Stipulations	January 21, 2010
Baltao, Maria Yasmin Macrohon	RN# 553729	Remedial Education	March 1, 2010
Barber, Leeanne Cooper	RN# 699768 & LVN# 113639	License Revoked	February 9, 2010
Barber, Rebecca Lyn	RN# 686705	Limited License	December 30, 2009
Barnes, Rebecca Mae	LVN# 85888	Remedial Education and Fine	December 30, 2009
Bauersfeld, Jane P.	RN# 544058	Suspend/Probate	January 21, 2010
Beesley, Avery Dawn	LVN# 202519	License Revoked	February 9, 2010
Beggs, Rachael S.	RN# 631645	Remedial Education & Fine	December 17, 2009
Bejster, Kelly Lynn	RN# 562293	Voluntary Surrender	December 30, 2009
Benjamin, George	RN# 599691	Remedial Education & Fine	December 30, 2009
Berglund, Amanda Marie	LVN# 177462	Remedial Education & Fine	December 8, 2009
Berryman, James Cecil	RN# 733238	Voluntary Surrender	January 15, 2010
Bewley, Ralisa Lynn	RN# 692708 & LVN# 168554	Remedial Education & Fine	January 11, 2010
Bloomberg, Lisa Mae	RN# 726203	Remedial Education	December 23, 2009
Boling, Dorothy Lynn	RN# 707570	Suspend/Probate	January 21, 2010
Brillhart, Juanna	RN# 698939	Warning with Stipulations	February 9, 2010
Brown, Jessie Gale	RN# 622528 & LVN# 142953	Warning with Stipulations	January 21, 2010
Brown, Vicki Cheryl	RN# 579847	Limited License	January 21, 2010
Bucher, Sheryl Sue	LVN# 153047	Voluntary Surrender	March 16, 2010
Bull, Margaret M.	RN# 629929	Voluntary Surrender	January 13, 2010
Burton, Amanda Machel	LVN# 171287	Reprimand with Stipulations	January 21, 2010
Byrd, Mandy Mae	LVN# 191779	License Revoked	February 9, 2010
Campbell, Brent Allen	RN# 654781	Voluntary Surrender	February 11, 2010
Campbell, Melanie Elizabeth	RN# 703636	Voluntary Surrender	December 29, 2009
Cano, Andrea Crystal	LVN# 187763	Remedial Education & Fine	March 2, 2010
Canton, Suzi Jo	LVN# 165193	Warning with Stipulations	January 21, 2010
Cappadona, Jenna Cecilia	LVN# 200244	Warning with Stipulations	January 21, 2010
Castleberry, Terri Ann	LVN# 128283	Remedial Education	December 14, 2009
Chastang, Eric David	RN# 707055	Voluntary Surrender	March 15, 2010
Childers, Margaret Sue	LVN# 77983	Remedial Education	March 2, 2010
Chumley, Brenda Annette	LVN# 134493	Voluntary Surrender	January 11, 2010
Cole, Rita L.	RN# 608394	Remedial Education	January 5, 2010
Collins, Barbara Ann	RN# 701874	Warning with Stipulations	February 9, 2010
Colson, Barbara Anne	RN# 521644	Remedial Education & Fine	January 4, 2010
Colvin, Curtis Lee	LVN# 155247	License Revoked	February 9, 2010
Cook, Jodell Ruth	RN# 538078	Voluntary Surrender	February 8, 2010
Cordry, Kathleen T.	RN# 254536	Remedial Education	February 8, 2010
Cotney, Brenda Faith	LVN# 194275	Remedial Education & Fine	December 21, 2009
Coulter, Celina Melissa	LVN# 147592	Warning with Stipulations	January 21, 2010
Craig, Gayla L.	RN# 525872	Voluntary Surrender	January 14, 2010
Cramer, William Everette	LVN# 153041	License Revoked	February 9, 2010
Dail-Culpepper, Philomena Marie	RN# 597792	Voluntary Surrender	March 1, 2010
Daney, Wendy Lavette	RN# 723747	Remedial Education	February 8, 2010

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DISCIPLINARY ACTION

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<u>NAME</u>	<u>LICENSE NUMBER(S)</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Davis, Eddie Dean	RN# 718009	Suspend/Probate	January 21, 2010
Davis, Peggy Mae	LVN# 114291	Remedial Education & Fine	February 8, 2010
Deese, Carol Anne	RN# 567052	Voluntary Surrender	February 18, 2010
Delope-Diaz, Lori Diaz	RN# 629985	Enforced Suspension	January 21, 2010
Denton, Jacquelyn Letory	RN# 775906	Remedial Education & Fine	March 15, 2010
Douglass, Janet Lynn	RN# 711546	Remedial Education	February 26, 2010
Dowell, Alma	RN# 648516	Remedial Education	December 14, 2009
Drolet, Courtney Michelle	RN# 718245	Voluntary Surrender	March 5, 2010
Edwards, Katherine Gail	RN# 233762 & LVN# 46128	Voluntary Surrender	January 27, 2010
Edwards, Kelly Cai	RN# 587738	License Revoked	February 9, 2010
Edwards, Stacey Morris	LVN# 147319	License Revoked	February 9, 2010
Ellison, Michael Shane	LVN# 170149	Remedial Education & Fine	February 24, 2010
Escanilla, Armand Valenzuela	RN# 694333	Voluntary Surrender	February 23, 2010
Estrada, Christian Eric	LVN# 174318	Voluntary Surrender	January 20, 2010
Ezzell, Pamela Ann	LVN# 210023	Remedial Education & Fine	February 24, 2010
Fairbanks, Kristin	RN# 739754	Warning with Stipulations	February 9, 2010
Fairchild, Cozetta Cheryl	RN# 606269	Warning with Stipulations	January 21, 2010
Faris, Diane	LVN# 189990	Remedial Education & Fine	January 19, 2010
Ferguson, Hilton Jay	LVN# 165920	Remedial Education & Fine	January 13, 2010
Ferrill, Susan Merle	RN# 633118	Remedial Education	January 4, 2010
Fetter, Ladonna	RN# 641241 & LVN# 47782	Remedial Education	January 5, 2010
Fletcher, Freda Bell	LVN# 122089	License Revoked	February 9, 2010
Franklin, Sheri Kaye	RN# 562565	Remedial Education & Fine	February 17, 2010
Fulton, Maryann Z	RN# 624813	Remedial Education & Fine	January 8, 2010
Garcia, Gildebrando Diaz	RN# 603888	Reprimand with Stipulations	February 9, 2010
Garcia, Mark	LVN# 163508	Voluntary Surrender	February 23, 2010
Gard, Theresa C.	RN# 619622	License Revoked	February 9, 2010
Gaston, Karen Renee	LVN# 120466	Warning with Stipulations	February 9, 2010
Gates, Weldon Carl	LVN# 158444	License Revoked	February 9, 2010
Gomez, Pedro Pablo	LVN# 188013	License Revoked	February 9, 2010
Gonzales, Melody Shay	LVN# 167736	Remedial Education & Fine	January 19, 2010
Gonzalez, Kristi Alison	RN# 713257	Voluntary Surrender	February 26, 2010
Gonzalez, Maria O.	RN# 569578	Warning with Stipulations	January 21, 2010
Graham, Daniel Thomas	RN# 729861	Warning with Stipulations	January 21, 2010
Gravatt, Mary Golden	Multistate Licensure Compact Privilege Associated with VA RN# 0001136823	Privilege Revoked	January 22, 2010
Green, Brandy Jean	RN# 666557	Remedial Education & Fine	December 30, 2009
Green, Richard Carl	RN# 572019	Voluntary Surrender	March 11, 2010
Grimes, Kimberly Ann	LVN# 184039	Suspend/Probate	February 9, 2010
Guerra, Mary Helen	LVN# 65635	Remedial Education	January 5, 2010
Guess, Edith Marie	LVN# 76985	Warning with Stipulations	February 9, 2010
Guidry, Joey Gerard	RN# 560997	Warning with Stipulations	February 9, 2010
Guill, Janis C	RN# 594973	Remedial Education	January 4, 2010
Gutierrez, Lisa Dawn	RN# 527624	Warning with Stipulations	February 9, 2010
Harding, Barbara	RN# 572106	Remedial Education	December 29, 2009
Hardwick, Candyce Lynn	LVN# 193235	Warning with Stipulations	February 9, 2010
Harms, Michelle Mary	LVN# 188183	License Revoked	February 9, 2010
Harris, Alvina Cecilia	LVN# 209727	License Revoked	February 9, 2010
Hawkins, Charlotte Ann	RN# 252560	Enforced Suspension	February 9, 2010
Hawkins, Penny Dale	RN# 708505	Remedial Education & Fine	February 25, 2010
Hearn, Susan Augusta	RN# 604992	Voluntary Surrender	December 30, 2009
Hernandez, Diana Patricia	LVN# 201558	Remedial Education & Fine	February 24, 2010
Hernandez, Mai Minoie	LVN# 195109	Voluntary Surrender	February 24, 2010
Herrera, Tabatha Ann	LVN# 185979	Warning with Stipulations	February 9, 2010
Higgins, Robin Renee	LVN# 168740	Warning with Stipulations	January 22, 2010
Holms, Amy L.	RN# 698759 & LVN# 150052	Enforced Suspension	February 9, 2010
Hosto, Sharon Joan	RN# 606501	Voluntary Surrender	December 14, 2009
Hughes, Misty Jo	LVN# 177242	Voluntary Surrender	January 5, 2010

DISCIPLINARY ACTION

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<u>NAME</u>	<u>LICENSENUMBER(S)</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Hughes, Yvonne Marie	LVN# 149131	Voluntary Surrender	February 26, 2010
Hydar, Sally Michelle	LVN# 211047	License Revoked	February 9, 2010
Ibarra, Diann Lynn	LVN# 193753	License Revoked	February 9, 2010
Jackson, Mary Carolyn	RN# 511047	Warning with Stipulations	January 21, 2010
Jackson, Willie T.	RN# 212023	Limited License	February 9, 2010
January Phyllis N.	RN# 622798	Warning with Stipulations	February 9, 2010
Jasso, Rita Ann	RN# 689747 & LVN# 173179	Remedial Education	March 1, 2010
Jeffers, Wanda B	RN# 233226	Remedial Education	February 17, 2010
Jepson, Amy Louise	RN# 595320	Remedial Education & Fine	February 22, 2010
John, Ansu	RN# 664499	Remedial Education	March 10, 2010
Johnson, Deborah Sue	RN# 595333	Remedial Education & Fine	January 14, 2010
Johnson, Jennifer Mae	RN# 696141	Reprimand with Stipulations	February 9, 2010
Johnson, Karen D.	LVN# 136809	Remedial Education & Fine	March 3, 2010
Johnston, Stephanie R	RN# 618995	Voluntary Surrender	December 16, 2009
Jones, Christi Dianne	LVN# 178645	Suspend/Probate	January 21, 2010
Jones, Kelli Lynn	RN# 660668	Reprimand with Stipulations	January 21, 2010
Jones, Tai	RN# 701097	Voluntary Surrender	January 19, 2010
Jones, Tera Lynne	RN# 600345	Remedial Education & Fine	December 29, 2009
Kaur, Ravinder	RN# 710858	Remedial Education	January 6, 2010
Keim, Gracie M.	RN# 646532	Remedial Education & Fine	January 29, 2010
Kennison, Rhonda Louise	LVN# 119499	Voluntary Surrender	December 22, 2009
Killian, Barbara Ann	LVN# 174703	License Revoked	February 9, 2010
King, Linda Mae	RN# 554900	Remedial Education	January 13, 2010
King, Orville J	LVN# 159776	Voluntary Surrender	February 4, 2010
Kirkpatrick, Nancianne	RN# 533816	Voluntary Surrender	February 16, 2010
Klier, Jenifer Bond	RN# 765301	Voluntary Surrender	January 20, 2010
Knight, Stacie L	RN# 623857	Remedial Education	February 10, 2010
Lafrentz, Connie Sue	RN# 572537	Voluntary Surrender	March 12, 2010
Leal, Dina Ann	LVN# 140272	Suspend/Probate	January 21, 2010
Leatherwood, Sherry Lynn	LVN# 150543	Warning with Stipulations	February 9, 2010
Lecount, Mary Ann	LVN# 71744	Voluntary Surrender	December 14, 2009
Leija, Jose H	RN# 572596	Remedial Education & Fine	February 18, 2010
Lewen, Mark Stanley	LVN# 213286	License Revoked	February 9, 2010
Ligon, Deanna Jeanne	LVN# 162716	Remedial Education	March 2, 2010
Llanos, May Zoe Bobita	RN# 713882	Reprimand with Stipulations	February 9, 2010
Manning, Gary L.	RN# 665335	License Revoked	February 9, 2010
Marceaux, Sheron Lyn	LVN# 133360	License Revoked	February 9, 2010
Marsh, Billy Don	RN# 598032	Warning with Stipulations	February 9, 2010
Martinez, Travis James	LVN# 198778	Reprimand with Stipulations	February 9, 2010
Mathias, Amanda Kristine	LVN# 206160	License Revoked	February 9, 2010
McClendon, Jennifer A.	RN# 672358	Remedial Education & Fine	February 24, 2010
McCormick, Brandy Carol	LVN# 195555	Voluntary Surrender	January 15, 2010
McDuff, Carol R.	RN# 518234	Voluntary Surrender	February 16, 2010
McElroy, Robert W.	RN# 615131	Reprimand with Stipulations	January 21, 2010
McElvy, Monica Louise	LVN# 204192	License Revoked	February 9, 2010
McKenna, John Michael	RN# 628404	Suspend/Probate	February 9, 2010
McKnight, Laura Lorraine	RN# 516347	Voluntary Surrender	January 25, 2010
Medlin, Andrea Lynette	LVN# 157148	Warning with Stipulations	February 9, 2010
Mejia, Allen Odell	LVN# 140358	Remedial Education & Fine	March 3, 2010
Mendoza, Carmen Lina	RN# 548346 & LVN# 118696	Voluntary Surrender	December 30, 2009
Miller, Christi Rachelle	LVN# 173224	Remedial Education & Fine	December 18, 2009
Mills, Jessica Diane	LVN# 198413	License Revoked	February 9, 2010
Missildine, Hershie Gail	RN# 693593	Voluntary Surrender	January 7, 2010
Molinar, Gilbert James	RN# 245648 & LVN# 74609	Suspend/Probate	January 21, 2010
Moody, James Barry	LVN# 209305	Voluntary Surrender	January 6, 2010
Moore, Christie Brook	RN# 702828	Warning with Stipulations	January 21, 2010
Moore, Emily L Kramer	RN# 235839	Remedial Education & Fine	March 3, 2010
Morgan, Heather Lynn	LVN# 203244	License Revoked	February 9, 2010
Morgan, Stephen Houston	RN# 608696	Warning with Stipulations	January 21, 2010

DISCIPLINARY ACTION

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<u>NAME</u>	<u>LICENSE NUMBER(S)</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Morris, Timothy Elliott	RN# 601657	Voluntary Surrender	February 8, 2010
Morton, Suzan Marie	RN# 578037	Voluntary Surrender	December 14, 2009
Murray, Susan A.	RN# 246472	Remedial Education	January 27, 2010
Nelms, Lawanza Lashon	RN# 699726	Remedial Education	December 22, 2009
Nesbitt, Derlin Physhon	LVN# 120580	License Revoked	February 9, 2010
Nivens, Janice Louise	LVN# 176348	Warning with Stipulations	January 21, 2010
Nopo, German Rafael	LVN# 185438	Voluntary Surrender	December 16, 2009
Nugent, Pamela T.	LVN# 75490	Warning with Stipulations	February 9, 2010
O'Grady, Roger Patrick	LVN# 168044	Reprimand with Stipulations	February 9, 2010
Omole, Rose Geno	LVN# 191808	Remedial Education & Fine	March 3, 2010
O'Neill, John	RN# 642039	Voluntary Surrender	February 10, 2010
Onsrud, Ronnie Lee	LVN# 116481	Remedial Education & Fine	March 3, 2010
Pace, Carmen Ruth	LVN# 167412	Warning with Stipulations	February 9, 2010
Palmer, Warden Lamar	RN# 578145	Voluntary Surrender	January 11, 2010
Parker, Debra Kay	RN# 562282	Remedial Education & Fine	January 27, 2010
Peloquin, Stephani Raquel	RN# 669397 & LVN# 172054	Remedial Education	January 5, 2010
Pennington, Terry Wayne	LVN# 174650	License Revoked	February 9, 2010
Perkins, E. Denise	RN# 667925	Warning with Stipulations	January 21, 2010
Pickering, Tracey Millette	RN# 568372	Voluntary Surrender	February 12, 2010
Pinker, Michelle Lee	RN# 667402	Remedial Education & Fine	December 23, 2009
Pittman, Robert John	LVN# 211154	License Revoked	February 9, 2010
Polk, Mandy Jo	LVN# 166947	Voluntary Surrender	March 3, 2010
Purifoy, Kristina M.	RN# 722109	Remedial Education	March 1, 2010
Pyle, Casey Colleen	LVN# 162711	Remedial Education & Fine	January 13, 2010
Raley, Alma	LVN# 132391	Voluntary Surrender	March 2, 2010
Ramos, Jessica Nicole	LVN# 206192	Warning with Stipulations	February 9, 2010
Ray, Ron Randall	RN# 704652	Remedial Education & Fine	December 29, 2009
Reed, Janice Preston	LVN# 213219	License Revoked	February 9, 2010
Reid, Robert Dean	RN# 681187	Remedial Education	January 14, 2010
Rethaber, Stephanie Diane	RN# 631564	Voluntary Surrender	March 1, 2010
Richardson, Cheryl Ann	LVN# 130412	License Revoked	February 9, 2010
Roach, Kindle Kay	LVN# 186940	Remedial Education & Fine	December 28, 2009
Roberts, Linda	LVN# 147479	Warning with Stipulations	February 9, 2010
Rogers, Donna D.	LVN# 207067	License Revoked	February 9, 2010
Ruiz, Mary M	LVN# 72435	Voluntary Surrender	February 5, 2010
Salazar, Genevieve	LVN# 156288	Remedial Education & Fine	February 16, 2010
Sawyers, Jessica Renee	LVN# 169805	Voluntary Surrender	December 10, 2009
Serrano, Herlinda	LVN# 149642	Warning with Stipulations	February 9, 2010
Skewes, Marian K.	RN# 617040	Remedial Education & Fine	January 14, 2010
Shilinsky, Barbara Annette	RN# 704831	Voluntary Surrender	February 5, 2010
Shipp, Dwayne Anderson	LVN# 137076	Voluntary Surrender	February 10, 2010
Smith, Gayle	RN# 637950	Voluntary Surrender	March 1, 2010
Smith, Sr., Jerry W.	RN# 616418	Remedial Education & Fine	January 6, 2010
Smith, Tina Marie	RN# 608208 & LVN# 145593	Voluntary Surrender	January 27, 2010
Soles, Angella Jo	RN# 699914	Remedial Education & Fine	January 13, 2010
Sparks, Lucinda Lynn (Searcy)	RN# 699258 & LVN# 180897	Remedial Education & Fine	March 9, 2010
Stasen, Jamie Lynn	RN# 671771	Remedial Education & Fine	January 6, 2010
Stein, Shannon J	RN# 677135	Voluntary Surrender	January 5, 2010
Sterle, Faye Clairice	LVN# 178154	License Revoked	February 9, 2010
Stewart, Angie Rachele	LVN# 157523	Reprimand with Stipulations	January 21, 2010
Stewart, Becky Ann	LVN# 114238	License Revoked	February 9, 2010
Stewart, Margaret Anne W.	RN# 219728	Voluntary Surrender	February 5, 2010
Stuart, Glen A.	RN# 500739	Reprimand with Stipulations	February 9, 2010
Stuckey, Ozell Deneise	LVN# 187389	Reprimand with Stipulations	February 9, 2010
Sustaita, Rebecca	LVN# 134797	Voluntary Surrender	January 27, 2010
Teague, Chad Lane	LVN# 179171	Warning with Stipulations	February 9, 2010
Torres, Miguel Alberto	RN# 597242	Remedial Education & Fine	December 8, 2009
Tyler, Rachel Kathleen	LVN# 208781	Suspend/Probate	February 9, 2010
Tynes, Angela Sue	LVN# 204678	Suspend/Probate	January 21, 2010

DISCIPLINARY ACTION

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<u>NAME</u>	<u>LICENSE NUMBER(S)</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Vacante, Diane T.	RN# 690211	Enforced Suspension	January 21, 2010
Vannort, Deanne	LVN# 88450	Enforced Suspension	February 9, 2010
Vasquez, Oliva Aguado	LVN# 190106	Remedial Education	December 22, 2009
Vincent, Neil R.	RN# 500790	Voluntary Surrender	January 29, 2010
Voros, Sharon Virginia	RN# 727907	Voluntary Surrender	January 6, 2010
Voss, Dacia Dorothea	RN# 670393	Suspend/Probate	January 21, 2010
Walburg, Theresa Joann	RN# 718820	Suspend/Probate	January 21, 2010
Waliky, Bertha Hartace	LVN# 135943	License Revoked	February 9, 2010
Walker, Tammy D.	LVN# 208143	Enforced Suspension	February 9, 2010
Walls, Lynda Kay	LVN# 169764	Warning with Stipulations	February 9, 2010
Watkins, Debra Kay	RN# 584990 & LVN# 112032	Voluntary Surrender	January 25, 2010
Watts, Marion Sue	LVN# 61534	Voluntary Surrender	February 16, 2010
Weeks, Janet Sue	RN# 664732	Remedial Education & Fine	February 1, 2010
Wiley, Vonsha Renee	LVN# 170106	Voluntary Surrender	December 10, 2009
Williams, Charlotte Lynn	LVN# 184010	Remedial Education & Fine	February 8, 2010
Woods, Eleanor I.	RN# 250483	Remedial Education & Fine	March 4, 2010
Woodside, Lynn Christine	RN# 597600	Remedial Education & Fine	February 22, 2010
Wright, Stephen Neal	LVN# 165201	Voluntary Surrender	March 15, 2010
Zamora, Michelle J.	LVN# 152499	License Revoked	February 9, 2010

Self-Assessment - continued from page 7

may contact TPAPN for consultation and referral by calling: **1 (800) 288-5528** or via email: tpapn@texasnurses.org.

Additional information may be obtained online from the following:

Clinical Assessment/Treatment/Referral Information: Texas Council on Drugs and Alcohol www.tcada.state.tx.us/treatment/index.shtml or licensed private or public treatment providers.

Resource Information - Drugs and Alcohol: Substance Abuse and Mental Health Services Administration getfit.samhsa.gov/Default.aspx.

Employers/"Drug Free workplace" Initiatives: www.workplace.samhsa.gov/WPWorkit/index.html.

Resources for Issues related to Alcohol: Alcoholics Anonymous www.aa.org?Media=PlayFlash.

Resources for Issues related to Drugs of Abuse (particularly narcotics): Narcotics Anonymous www.na.org/?Media=PlayFlash.

Affected By/Living with Someone with Addiction: Al-Anon and Alateen www.al-anon.alateen.org.

Awareness Fulfilled

Self-assessment will never be a panacea, especially for those most in need. Yet more nurses must take the time and perhaps endure some pain to assess themselves so they can possibly begin to come to grips with the self-destruction, potential or real, that SUDs may harbor within them. Self-assessment can be the first step of many for determining one's risk of SUDs and finding and creating one's true self. Through assessment, treatment and the supportive fellowship of others in recovery, a better tomorrow may be realized. In the miracle of one life more fully realized, society as a whole becomes more whole and balanced. When it comes to performing self-

assessment: We owe it to our children and to the next generation of nurses, both of whom we mentor; we owe it to our patients; and, most importantly, we owe it to ourselves.

If I am not for myself, who will be? If I am only for myself, what am I? And if not now, when? – Rabbi Hillel the Elder

Mike Van Doren is Director of the Texas Peer Assistance Program for Nurses (TPAPN).

TPAPN Advocates Sought

Health care providers, including nurses, may be at risk for psychiatric and substance use disorders. The Texas Peer Assistance Program for Nurses (TPAPN) assists nurses with substance abuse or dependency, anxiety disorders, major depression, bipolar disorder, schizophrenia, and schizoaffective disorder. TPAPN provides structure to guide nurses into safe practice and recovery. One aspect of the program is the volunteer who helps the nurse back into practice – the TPAPN Advocate.

The advocate provides peer support for the nurse participant and is an educational resource for employers of nurses and the nursing community. The TPAPN participant communicates with the advocate. The advocate provides a listening ear and is knowledgeable about TPAPN policies and procedures. The advocate has knowledge of substance abuse and psychiatric disorders. Thus, they can be an educational resource for employers. All advocates attend training at least annually. TPAPN offers advocate training in the form of continuing education workshops about 4 times a year. The next advocate training workshop is scheduled for November 2010 in Round Rock. For more information about TPAPN visit: www.tpapn.org.

Patient Advocacy

Denise Benbow, MSN, RN, CMSRN

Patient safety is the heart of the mission of the Board of Nursing (BON). The nurse is in a position to advocate for patients and to ensure patients are safe through the nurse's essential role in the healthcare team. Attentiveness to the patient is a critical means a nurse uses to detect changes in patient condition, prevent errors, and ensure safety for the patient (Benner, Malloch, and Sheets, 2010, p. 59-60). Without the patient there is no need for a healthcare team, therefore patient safety is vital.

Thirty years ago a patient presented to a small rural hospital in Texas with symptoms of a heart attack. The physician, without seeing the patient, instructed a nurse to send the patient to another hospital some distance away. The nurse did not assess the patient, and did not communicate the patient's fatal instability to the physician. Without questioning the physician's instructions, the nurse sent the patient to the other hospital, by private vehicle. The patient died within 5 miles of the hospital he had just left.

The nurse was disciplined by the BON. In the disciplinary process, the court sided with the BON in taking disciplinary action against the nurse's license and further affirmed that the nurse's duty to the patient stems from the nurse's licensure by the BON. Thus the duty of the nurse to the patient is paramount and cannot be overridden by a physician order or a hospital policy. The laws and rules then and now require the nurse to promote safety for the patient, to intervene and advocate for the patient.

Recently, two nurses in Winkler County, Texas had concerns that a physician appeared to be engaging in unsafe practices with patients. The nurses reported the physician to the Texas Medical Board (TMB) in April of 2009. The physician had already been disciplined by the TMB in 2007 and was practicing under restrictions. The physician filed a harassment complaint with his friend and patient, the sheriff in Winkler County, who then launched a criminal investigation. As a result, criminal charges were filed against the nurses, and they lost their jobs.

The criminal charges were dropped against one nurse and the other was acquitted. The nurses have filed a civil lawsuit for violation of their right to free speech and due process, and for violation of the Texas whistleblower law. The suit is still pending. It was reported that in making the complaint to the TMB, the nurses were advocating for the safety of the patients receiving care in their practice setting. The Nursing Practice Act (Texas Occupations Code, Chapter 301) has provisions for nurses to make both mandatory reports and optional reports. The purpose of reporting is to keep patients safe. If a nurse has reasonable cause to believe a patient is exposed to harm or is at risk of harm, the nurse may make a written report to the appropriate licensing board. The nurse is also provided protections, including employment protections, when making such a report (Tex. Occ. Code § 301.4025).

Patient safety is in the forefront of everyone's mind and is the critical issue in healthcare today. Nurses have a pivotal role as patient advocates and must ensure that patients are protected from harm. In 1980, a nurse failed to advocate for patient safety and was disciplined by the BON. In 2010, two courageous nurses spoke up but were fired from their jobs and criminally prosecuted. These examples demonstrate that it is not always easy to do the right thing. However, nurses are required and must always have courage to advocate for their patients. For more information about the nurse's duty, please refer to Position Statement 15.14, Duty of a Nurse in Any Practice Setting (Position Statements are located in the *Nursing Practice* section of the BON web site).

BON Banner Posters Available for Purchase



The Texas Board of Nursing still has limited quantities of the 100-Year Anniversary Posters available for purchase. The poster, measuring approximately five feet by one foot in size, recounts significant

events in the history of nursing regulation in Texas. Pictures of the first registered nurse and licensed vocational nurse in Texas are included on the banner poster. The cost for the poster is \$9.74, including tax.

The poster can be ordered from the following link: <http://www.bon.state.tx.us/about/pdfs/pub-form.pdf>

Workshop Update

“Protecting Your Patients and Your Practice”

Arlington, TX
June 23 or June 24, 2010
Hilton Arlington

Houston, TX
August 18 or August 19, 2010
Houston Marriott Medical Center

Workshop brochures with registration forms are posted on the BON website at www.bon.state.tx.us under “BON Meetings and Events”. Attendance at these workshops is not mandatory for licensure renewal. These workshops are presented for educational purposes and have been approved for 6.0 contact hours of continuing nursing education (CNE). The cost for the workshop is \$109.00 for preregistration and \$125.00 at the door. For more information regarding the BON workshops, please call the Workshops Information line at (512) 305-6844 or email inquiries to workshops@bon.state.tx.us.

WATCH for the BON’s Online CE Course *“Nursing Regulations for Safe Practice”*

The Board of Nursing (BON) has developed an online continuing education course that will be available late Spring or early Summer 2010. The online learning module is designed to promote patient safety by offering participants updated information regarding current laws and rules that impact nursing practice. Upon completion of the course nurses will be able to identify: methods of promoting patient safety; principles of ethics using case scenarios; the standards of nursing practice; the differences

between Incident-Based Peer Review and Safe Harbor Peer Review; and behaviors adversely affecting patient care. This CNE activity has been approved for 2.0 contact hours by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. The course costs \$25.00 and nurses may access the self-paced program for three weeks. For further information, visit the BON website at www.bon.state.tx.us.

MAIN NUMBER.....(512) 305-7400
FAX.....(512) 305-7401
 -- 24-hour Access
 -- License Verification
 -- General Information

OPERATIONS

CUSTOMER SERVICE.....(512) 305-6809
 -- License Renewals
 -- Endorsement/Examination
 -- Continuing Education for LVNs & RNs

SALES OF LISTS.....(512) 305-6848
 -- Electronic Nurse Files
 -- Publications

NEWSLETTER INFO.....(512) 305-6842

WEB Address.....www.bon.state.tx.us
 -- Refer e-mail inquiries to:
webmaster@bon.state.tx.us

ENFORCEMENT.....(512) 305-6838
 -- Complaint and Disciplinary Action Inquiries
 -- Violations of NPA and Rules and Regulations
 -- Monitoring of Disciplined RNs and LVNs

PROFESSIONAL AND VOCATIONAL NURSING

ADVANCED PRACTICE.....(512) 305-6843
 -- APN Application and Prescriptive Authority Procedures

NURSING PRACTICE.....(512) 305-6802
 -- Nursing Practice Issues
 -- Legislation

Workshop Information.....(512) 305-6844
 -- Workshop e-mail inquiries:
workshops@bon.state.tx.us

NURSING EDUCATION.....(512) 305-6816



The purpose of the *Texas Board of Nursing Bulletin* is to disseminate information to nurses licensed by the State of Texas, their employers, health care providers, and the public concerning laws and regulations established by the Texas Board of Nursing related to the safe and legal practice of nursing. The *Texas Board of Nursing Bulletin* provides information on current issues and trends in nursing regulation, status of nursing education programs, information regarding licensure and nursing practice, and disciplinary action taken against licensees who violate the Nursing Practice Act.

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Office Hours and Location

The Office of the Texas Board of Nursing is located in The William P. Hobby Building, located at the corner of 4th and Guadalupe in downtown Austin. The mailing address is: 333 Guadalupe, Suite 3-460, Austin, Texas 78701-3944. Office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday, except for designated holidays.

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The *Texas Board of Nursing Bulletin* is published quarterly by the Texas Board of Nursing. In compliance with the Americans with Disabilities Act, this document may be requested in alternate formats by contacting the Board's office, (512) 305-7400 (Voice), (512) 305-7401 (FAX), or by visiting The William P. Hobby Building, 333 Guadalupe, Suite 3-460, Austin, Texas.

Change of Address

Notification of change of address as required by Rule 217.7 can be by three different methods:

1. Mail to: Texas Board of Nursing, 333 Guadalupe, Suite 3-460, Austin, Texas 78701-3944;
2. E-Mail to: webmaster@bon.state.tx.us; or
3. Fax to: Texas Board of Nursing (512) 305-7401.

Notifications must include:

1. RN or LVN License Number;
2. Social Security Number;
3. Old and New Address;
4. Name; and
5. Primary State of Residence