TEXAS BOARD OF NURSING BULLETIN

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July 2021

Governor Abbott Appoints Ken Johnson to Texas Board of Nursing

On April 23, 2021, Governor Greg Abbott announced the appointment of Kenneth D. "Ken" Johnson, RN, to the Texas Board of Nursing (BON or Board), to represent vocational nursing education for a six-year term. He is a member of the Texas Association of Vocational Nurse Educators.

When asked what motivated him to serve on the Board, Mr. Johnson replied "I have always believed that if you are called upon to serve, if you have the passion and ability, you should step up and serve."

Why choose nursing as a career? "Necessity. At the time, my wife was serving in the U.S. Army, and we were stationed overseas. The only work available to dependents was at the Army and Air Force Exchange Service on base, and those positions were limited. When we returned to the continental United States, in preparation for the next deployment, I decided I had better get back to school and learn a skill set that I could use throughout the world. Nursing fit exactly what I was seeking."

Is the work rewarding? "I find my work as a vocational nursing instructor extremely rewarding. Even more so than being an emergency nurse. When I was working full time in the emergency department at Scenic Mountain Medical Center, I had always enjoyed being a preceptor for Howard College students. When the opportunity of becoming a nurse educator came up, I did not hesitate to apply. I thought about how many patients I had cared for in the emergency department and asked myself how many more lives could be impacted if I helped educate new nurses? To the former Marine in me, it is a force multiplier, as a part of my passion and strengths in nursing gets imprinted on the next generation of nurses caring for patients. Watching the students grow from zero nursing knowledge, to graduating and passing the NCLEX as knowledgeable, safe, clinically strong and critically thinking vocational nurses and patient advocates is why it is so rewarding! I always try my best to remain humble, but I am very proud of the work my colleagues and I do."

Is there anything that *Bulletin* readers may find interesting or unusual about you? "I am quite good at drawing and painting and after high school was accepted to Ringling School of Art and Design. I declined and chose to serve in the United States Marine Corps instead. Had I not made that decision, I may have never become a nurse."

Knowledge, Skills, Training, Assessment, and Research (KSTAR) Nursing: An Alternative Approach to Practice Remediation

One way the Board of Nursing (BON or Board) meets its mission to protect the public by ensuring each person holding a nursing license in Texas is competent to practice safely, is by requiring practice remediation when a complaint of unsafe practice has been substantiated by evidence following an investigation whereby the nurse is provided due process. Most nurses in Texas practice safely without any licensure discipline. Today there are 99.34% of licensed vocational nurses and 99.65% of registered nurses (RNs) in Texas without current discipline. Over the past five years, boards of nursing, including the Texas BON, have moved disciplinary processes toward a Just Culture model, recognizing the complex impact that system factors may have on nursing practice. For example, corrective actions are a non-disciplinary option that may be imposed in certain circumstances for minor infractions as set forth by **Board Rule 213.32**. However, when a competency deficit is present, the Board has a responsibility to ensure the nurse is remediated to restore competency in order to protect the public.

When the evidence in a case indicates that remediation of a nurse's practice is needed in order to protect the public, a Board Order that includes a sanction and stipulations required to retain the license may be issued. Possible sanctions include

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remedial education, fine, warning, reprimand, suspension, probation, and revocation. Most Board Orders are public information and, except for deferred disciplinary orders that have been successfully completed, are permanently identified in the licensure records of the nurse.

Specifically, a Board Order at the warning level reflects some risk of harm to a patient, and may often include remedial education relevant to the practice error along with clinical supervision, as required stipulations for regaining unencumbered licensure. For example, a nurse who has demonstrated a pattern of documentation and medication errors with no resultant patient harm, but with risk of harm without remediation, may be issued a Board Order at the level of a warning, to include remedial education and a period of supervision consistent with the Board's Disciplinary Matrix set forth by **Board Rule 213.33** relating to Factors to be Considered for Imposition of Penalties/Sanctions.

For several years, the Board sought to develop a novel disciplinary option that provides individualized remediation of nursing practice errors. Statutory authority for such an option is provided by **Tex. Occupations Code §301.1605(a)**, allowing for the approval and adoption of rules regarding pilot programs for innovative applications in nursing regulation. Subsequently, in October 2013, the Board approved a two-year pilot program with the Texas A&M Rural and Community Health Institute (ARCHI) and the College of Nursing (CON) to offer an innovative program to remediate nurses with practice violations that result in a disciplinary sanction of a warning and below.

Knowledge, Skills, Training, Assessment and Research (KSTAR) Nursing is a comprehensive program that utilizes an individualized assessment of the nurse with practice deficiencies to design a personalized remedial education plan aimed at correcting any knowledge and/or skills deficit. Monitoring and follow-up are built into the program. In November 2014, the KSTAR pilot program enrolled its first cohort of nurses. In April 2015, the Board approved continuation of this pilot and directed Board Staff to continue to offer the KSTAR Nursing Program as an alternative disciplinary option to nurses who meet inclusion criteria contained in **Board Rule 213.35** relating to Targeted Assessment and Remediation Pilot Program. On July 20, 2017, the Board approved the Texas A&M Rural and Community Health Institute KSTAR Nursing Program as a permanent disciplinary option for nurses who meet eligibility criteria as set forth in Board Rule 213.35. If the eligibility criteria are met, the nurse may choose the option of a KSTAR Program warning or a traditional warning order.

Overview of Select Inclusion and Exclusion Criteria for a KSTAR Program Warning Option	
Inclusion Criteria	**Exclusion Criteria**
Practice violations only	Any prior discipline
Sanction level of Warning or below	Violations involving sexual misconduct, criminal conduct, intentional acts, falsification,deception, chemical dependency, or substance abuse
Offer may only be made prior to a contested hearing	Prior declaratory order of licensure eligibility

The KSTAR Nursing Program includes:

- Nursing Jurisprudence and Ethics Course: This 6-hour course is a Board requirement in all orders, including all nurses who enroll in KSTAR Nursing. This course is taught by the KSTAR Nursing staff either virtually or onsite at the university campus. This component includes a reflective exercise designed to assist the nurse in considering the ethical-legal implications related to the practice error.
- Individualized assessment: A comprehensive assessment including a guided cause mapping exercise; cognitive testing using a standardized, validated assessment; and clinical performance testing in a simulation lab with standardized patients.
- Targeted remediation via an individualized education plan (IEP): The individualized assessment is evaluated by a committee of RNs from ARCHI and CON faculty. The IEP is developed based on any competency gaps found during the assessment. If all benchmarks are met upon the initial assessment, then the nurse successfully completes the program at this point and no IEP is indicated.
- Personal Coach: An RN Coach from ARCHI is assigned to ensure each nurse progresses through the IEP in a timely manner and is supported along the way.

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The Texas Board of Nursing

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Summary of Actions

A regular meeting of the Board of Nursing was held April 22, 2021, in Austin.
The following is a summary of Board actions taken during this meeting.

In the **March 12, 2021**, edition of the *Texas Register*:

The Texas Board of Nursing (BON or Board) adopted emergency amendments to §217.24, relating to *Telemedicine Medical Service Prescriptions*, pursuant to a finding of imminent peril to the public health, safety, and welfare, which requires adoption in fewer than thirty (30) days' notice, as authorized by Tex. Gov't. Code §2001.034. For further information, see Summary of Actions (pg. 3) in the October 2020 BON Bulletin linked at **https://www.bon.texas.gov/pdfs/newsletter_pdfs/2020/October%202020%20Bulletin%20Web.pdf**

In the **June 4, 2021**, edition of the *Texas Register*:

The BON issued a solicitation announcement for Request for Proposals No. 507-21-001 ("RFP") for Texas Peer Assistance Program for Nurses (TPAPN) services. The posting can be viewed at **http://www.txsmartbuy.com/esbddetails/view/507-21-001**. The response deadline for the RFP was June 30, 2021.

In the **June 11, 2021**, edition of the *Texas Register*:

The Board proposed amendments to 22 Texas Administrative Code §221.14, relating to *Nurse-Midwives Providing Controlled Substances*. As required by Tex. Gov't. Code §2001.039, the Board filed its notice of intention to review and consider for readoption, readoption with amendments, or repeal, 22 Texas Administrative Code Chapters 213, 216, and 221, pursuant to the 2019 rule review plan adopted by the Board at its July 2018 meeting. As a result of the rule review, the Board is now proposing substantive amendments to §221.14 for consistency with Tex. Occ. Code §157.059, which governs *Delegation of Certain Obstetrical Services.*

Tex. Occ. Code §157.059 was amended by Senate Bill (SB) 406, effective November 1, 2013. Pursuant to SB 406, a physician may delegate to a physician assistant or a nurse-midwife the act of administering or providing controlled substances to the patients of the physician assistant or nurse-midwife during intrapartum and immediate postpartum care. This delegation is limited to seven nurse-midwives or physician assistants or their full-time equivalents and the designated facility at which the nurse-midwife or physician assistant provides care. Additionally, SB 406 authorized the use of a prescriptive authority agreement as an additional method for physician delegation under Tex. Occ. Code §157.059. It also updated the terminology throughout the bill to refer to advanced practice *registered* nurses. The Board's proposed amendments are necessary for consistency with these statutory changes. The earliest possible date of adoption for proposed amendments to 22 Texas Administrative Code §221.14 is July 11, 2021.

Nursing Education Actions - April 2021 Board Meeting

Reviewed Reports:

Status Report on New Nursing Education Programs and Currently Active and Potential Proposals

Status Report on Programs with Sanctions

Report on Communication Activities with Nursing Education Programs

Report of 2020 NCLEX-PN® Examination Pass Rates – Vocational Nursing Education Programs

Notification of Closure of Nursing Education Program – West Coast University – Associate Degree Nursing (ADN) Program in Dallas

Approved Report of Virtual Survey Visit

Hill College – ADN Program in Hillsboro

Approved Change in Approval Status from Initial to Full Approval

The College of Health Care Professions – Vocational Nursing (VN) Program in Houston

Approved Change in Approval Status from Full with Warning to Full Approval

Bell Tech Career Institute – VN Program in Houston

Approved Change in Approval Status from Full with Warning to Full and Approval of Report of Survey Visit

Vista College - VN Program in El Paso

Approved Change in Approval Status from Full with Warning to Conditional

Wharton County Junior College – VN Program in Wharton

Approval of New Nursing Education Programs

Arlington Career Institute – VN Program in Grand Prairie

Lamson Institute – VN Program in San Antonio

Promoting Vaccine Education in the Face of Vaccine Hesitancy

By: Elise McDermott, MSN, RN

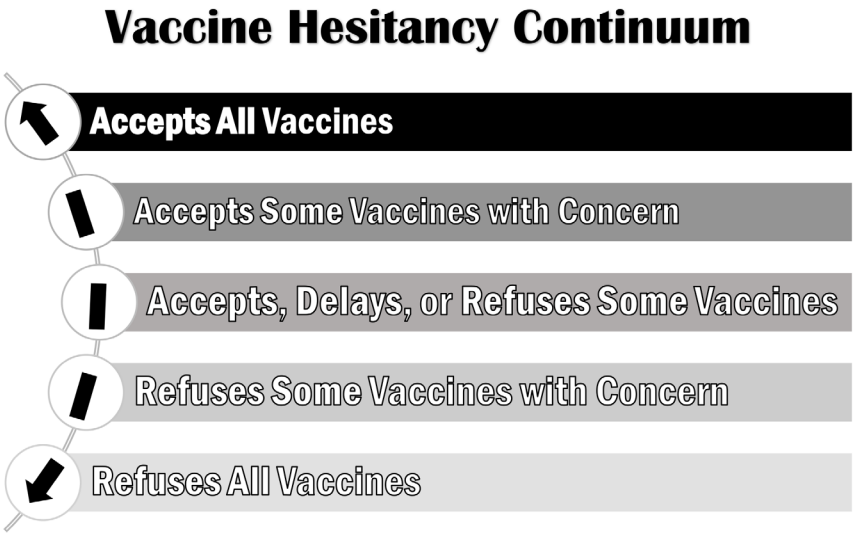
Over the past year the world has experienced a public health crisis with the emergence of the novel coronavirus, SARS-CoV-2, or COVID-19. Millions of people have become sick with COVID-19 along with millions that have died from the virus (World Health Organization, 2021). Recently, hope has emerged in the creation and distribution of COVID-19 vaccines. This hope stems from the fact that "vaccination is considered to be one of the greatest achievements of public health" (Dubé et al., 2013, p. 1763). However, as the development of COVID-19 vaccines created real potential to improve public health globally, the challenging phenomenon of COVID-19 vaccine hesitancy arose.

Vaccine Hesitancy

Vaccine hesitancy is not a new concept; this notion has been around since the very beginning of vaccines (Dubé et al., 2013). Presently, this hesitation has been seen in some families of pediatric patients related to recommended vaccine schedules, the yearly flu vaccine, and in some of the geriatric population with preventative vaccinations. In the recent past, vaccinations eradicated diseases, leading the current population to receive vaccinations for diseases they or their family have never witnessed or experienced, which in turn has given way to fear of the effects of vaccines being greater than the fear of the diseases (Petrelli et al., 2018). Conversely, the COVID-19 vaccines have come at a time in which the vast majority of the population has been offered the option to become vaccinated against a virus the entire world is experiencing for the first time. Even still, the development of these new vaccines come with their own hesitancy. This reluctance to new vaccines stems from the fear of the effects of the vaccination that outweighs the fear of contracting the virus itself (Petrelli et al., 2018).

Vaccine hesitancy "refers to delays in acceptance or refusal of vaccines despite availability of vaccine services" (Petrelli et al., 2018, p. 86). This hesitancy is not a straightforward concept in which the public either accepts or refuses all vaccinations (Dubé et al., 2013). Instead, most individuals who are skeptical of vaccines lie in the middle of the spectrum, meaning these individuals might accept or seek out some vaccinations while also delaying selected vaccinations and/or refusing others (Dubé et al., 2013). Therefore, it is important to understand each individual's personal reason for their own vaccine indecision.

Figure 1



Reasons for Vaccine Hesitancy

Since each individual's vaccine hesitancy is unique, it is important to understand the underlying reasons for concern. Each individual has led a different life, with their own experiences, knowledge, religious preferences, and health status (Dubé et al., 2013). These concepts build the foundation of a person's medical decisions.

Additionally, there has been a movement for patient driven care, in which patients have become more involved in their medical decisions over time. However, in order to do so, patients may conduct their own personal research, which often is impacted by television, radio, the internet, and social media. "Studies have shown that individuals who delayed or refused vaccines are significantly more likely to have looked for vaccine information on the Internet" (Dubé et al., 2013, p. 1766). This varied understanding of the COVID-19 vaccines is because it is known that not all research is created equal. Though scientific research and public health policy are available for guidance, the way in which this guidance is communicated to the public is not always adequate for their consumption and understanding (Dubé et al., 2013).

Figure 2 on the following page depicts the multifactorial influences that drive a person's decision to become vaccinated.

It has been said that "vaccination is victim of its own success" (Dubé et al., 2013, p. 1767). Vaccines have become a preventative measure, making, in some cases, their benefit unknown or creating a misconception that the diseases they pre-

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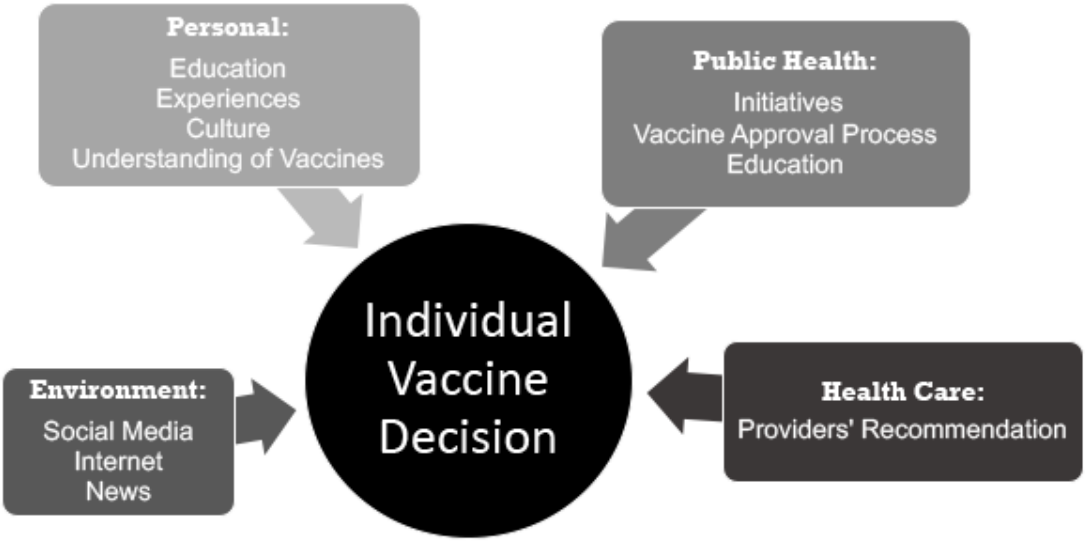
vent are mild (Dubé et al., 2013). Consequently, this causes the vaccine's risk to appear to be more consequential than that of contracting the disease (Dubé et al., 2013). Accordingly, some individuals perceive that the decision to not become vaccinated is reversible, while obtaining a vaccination is a choice that cannot be reversed (Dubé et al., 2013).

Figure 2



Additionally, "numerous barriers to vaccination have been identified: fear of side effects, lack of a provider recommendation to be vaccinated, beliefs regarding the efficacy and usefulness of vaccines, distrust of the motives behind, lack of awareness of the need to be vaccinated, etc." (Dubé et al., 2013, p. 1770). Quite often these stumbling blocks exist for individuals without a true understanding of the many socio-cultural factors that influence these obstacles (Dubé et al., 2013).

Standards of Nursing Practice and Resources Related to Vaccine Hesitancy

How an individual comes to a vaccine decision and the hesitancy therein, is complex. However, as noted in the figure above, there is trust in the recommendation from a healthcare professional (Dubé et al., 2013). This trust is based on the healthcare professional's education, ability to communicate, and medical and epidemiological expertise (Dubé et al., 2013). Understanding vaccine hesitancy is vital to nursing practice and its impact on public health.

Additional Information and Data on Vaccine Hesitancy from the Centers for Disease Control and Prevention (CDC): **COVID-19 Vaccination Intent, Perceptions, and Reasons for Not Vaccinating Among Groups Prioritized for Early Vaccination — United States, September and December 2020**

To view article, scan here:

Nursing care is patient centered; therefore, having a discussion with each individual patient who is vaccine hesitant regarding his or her reasoning for this reticence is imperative. Nursing is the most trusted profession, and has been for the past 19 consecutive years (Saad, 2021). This trust includes the confidence patients have in nurses to discuss their concerns and confusion about healthcare decisions, and to be educated on what is in the patient's best interest, no matter the nurse's personal beliefs on vaccination. Nurses must ensure they provide nursing care without discrimination and despite personal beliefs [**Board Rule 217.11(1)(L)**]. Most importantly, nurses must always remember that the focus of care is on the patient and his or her best interest, and that it is founded in evidence-based practice. The patient is the priority in the nurse-patient relationship, which is based on the nurse's duty to a patient [Texas Board of Nursing (TBON), 2020]. Each nurse must remember that he or she has the knowledge and the power in the nurse-patient relationship; thus, his or her duty to the patient is to keep the patient's well-being at the forefront of that relationship (TBON, 2020, 2021).

When patients express that they are hesitant to become vaccinated against COVID-19, some nurses are well prepared with how to handle this situation, while for others it can cause an impassioned response that ranges from concern over destroying a trusting relationship with a patient to fear of legal implications (Momplaisir et al., 2021). When it comes to knowing how to best address COVID-19 vaccine hesitancy in relation to licensure implications, nurses must apply the standards of nursing practice found in **Board Rule 217.11** to their practice, to ensure their nursing care remains focused on the best interest of the patient.

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Promoting Vaccine Education - continued from previous page

When interacting with patients, nurses must provide a safe environment [**Board Rule 217.11(1)(B)**]. In relation to vaccine hesitancy, this safe environment is one in which the nurse should practice therapeutic communication. Listening to the patient's concerns and doubts is vital in building a trusting relationship. In fact, it has been said that "the interaction between patients and providers is the cornerstone of maintaining confidence in vaccination" (Dubé et al., 2013, p. 1767). Patients are less likely to discuss vaccine hesitancy openly with nurses if the patients perceive that nurses think they are unfounded in their beliefs, dramatic, uninformed, or biased by anti-vaccination groups (Dubé et al., 2013). Alternatively, if nurses understand the basis of vaccine hesitancy, they can communicate with each patient about his or her specific apprehension or confusion (Dubé et al., 2013). Vaccine hesitancy research has shown that it is important to not pressure patients about getting vaccines but to allow them to feel listened to, encouraged to ask questions, and feel empowered to discuss their beliefs and express their views (Dubé et al., 2013).

Furthermore, when it comes to a patient's current healthcare decision, it is important to reflect on the fact that patients have a history of interacting with other healthcare professionals, receiving medical care, and even receiving previous vaccines. Due to these past experiences, it is important to discuss with patients any past undesirable healthcare encounters that could be influencing their current perception of vaccinations (Dubé et al., 2013). It has been noted in research that a negative suggestion from a medical professional in the past about vaccinations could influence a patient's COVID-19 vaccine decision (Momplaisir et al., 2021).

In addition to providing a safe environment for patients and promoting an open conversation, it is vital that nurses remain abreast of the latest vaccine research and utilize this information when having educational conversations with patients [**Board Rule 217.11**(1)(G), (1)(H), and (1)(R)]. With many factors playing into the decision of an individual to become vaccinated against COVID-19, it is important that they have a competent nurse to educate them.

More COVID-19 vaccine information may be obtained from the CDC website dedicated to **Vaccinate with Confidence: A Strategy to Reinforce Confidence in COVID-19 Vaccines**.

To view article, scan here:

Once a nurse-patient relationship has been established, through therapeutic communication, the nurse must educate and counsel the patient, and the patient's family, if applicable [**Board Rule 217.11**(1)(F)]. This includes allowing the patient time to divulge his or her concerns about obtaining the COVID-19 vaccine. Once the patient feels heard and safe in this discussion, it is imperative for the nurse to provide the patient with information in terms the patient will understand (Petrelli, et al., 2018) and without discrimination [**Board Rule 217.11**(1)(L)]. For instance, research has shown that providing patients with probabilities of risk or percentages of side effects is confusing and less helpful than letting a patient know in plain language the risks and benefits of vaccination (Dubé et al., 2013).

The CDC has created tools to help nurses with communicating about vaccines, on their webpages: **How to Talk to Your Patients About COVID-19 Vaccination** and **Vaccine Recipient Education: Quick References for COVID-19 Vaccinators to Give People Who Want More Information**.

To view tools, scan here:

Sometimes during these therapeutic discussions, it is divulged that a patient's trepidations about vaccines are related to their culture or race. To ensure that patients are not discriminated against and to address the inequities of COVID-19, it is important to understand the perspective, principles, and norms of the patient's culture and race (Momplaisir et al., 2021). The education nurses provide must be culturally competent in order to empathetically dispel any misinformation or myths a patient may have about COVID-19 vaccines and their development. Research has noted that "barriers to vaccine uptake included concerns about safety, efficacy, misinformation, the politicization of the scientific process, the accelerated

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timeline for vaccine development, and distrust of the scientific and medical communities because of long-standing racist practices" (Momplaisir et al., 2021, p. 2). To obtain further information on these topics, the American Nurses Association has created a webinar entitled: **Boosting Vaccine Confidence in Minority Populations**.

To overcome misunderstandings related to the COVID-19 vaccines, the Standards of Nursing Practice would expect a nurse to discuss with patients the potential side effects of their body's immune response to the vaccine and to reassure patients of the nurse's awareness of any adverse reactions and that the nurse is prepared to properly intervene should the patient need to be stabilized [**Board Rule 217.11**(1)(M)]. The nurse should also let the patient know that the decision to receive a vaccination is not made in a silo, but that a nurse collaborates with other members of the health care team, including the patient and/or patient's family, in the patient's best interests [**Board Rule 217.11**(1)(P)]. This includes, if necessary, clarifying with the provider an order for any vaccines that might be contraindicated for the patient or non-efficacious based on evidence-based practice guidelines [**Board Rule 217.11**(1)(N)]. Likewise, the nurse should dispel misconceptions surrounding infection control during the vaccination process and the fact that the vaccine cannot transmit COVID-19 to the patient [**Board Rule 217.11**(1)(O)]. The World Health Organization (WHO) has created resources on its **Coronavirus Disease (COVID-19) Advice for the Public** and **Vaccines Explained** webpages to help provide information about COVID-19 vaccines in terms applicable to the public. This information is helpful for nurses to educate themselves, while also using wording that is suitable to the lay person for future patient education.

Patients are often a part of a dedicated relationship or a family. When discussing one's hesitancy, it is also important to discuss how a patient's vaccine determination will impact their support network. Oftentimes this includes working with the patient's family to discuss the issues and concerns of the entire family, including how a patient's vaccine status will impact the entire family. It has been discussed in research that communicating with patients about the concept of herd immunity that occurs with vaccines could help a family in choosing what is best to benefit the family as a whole (Dubé et al., 2013).

In the end, when it comes to educating patients about COVID-19 vaccines, some patients may continue to choose to delay their vaccination or refuse it completely. In connection with their decision, it will be important to educate the patient about the changes, if any, that may occur in their treatment related to their vaccination decision. Each practice setting may have their own policies and procedures related to these situations. It is important to not discriminate against these patients, but instead to educate them on any practice changes that may be necessary to ensure the safety of all patients in the setting [**Board Rule 217.11**(1)(L)]. This might include continued masking, social distancing, frequent hand hygiene, virtual visits, or referral to another provider for continuity of care. A patient should not be left without care due to their decision to not be vaccinated against COVID-19 (Dubé et al., 2013), but changes in care delivery could occur to ensure a safe environment for all patients.

For the education, provision of care, and monitoring of patients receiving these vaccines, nurses must remain constantly updated as new research evolves and only accept assignments which take into consideration the patient's safety as well as the nurses' own knowledge, skill, physical, and emotional ability [**Board Rule 217.11**(1)(T)]. This includes staying versed in the side effects, adverse reactions, storage, types of authorization each vaccine has, and if that approval has changed [**Board Rule 217.11**(1)(C)]. Resources for this education can be found on websites such as:

- CDC- **COVID-19 Vaccination: Clinical Resources for Each COVID-19 Vaccine**
- CDC-**Key Things to Know About COVID-19 Vaccines**
- U.S. Food and Drug Administration (FDA)- **Learn More About COVID-19 Vaccines From the FDA**
- WHO- **Regulation & Prequalification: COVID-19 Vaccines**
- WHO- **Coronavirus disease (COVID-19): Vaccines Safety**
- WHO- **Generating Acceptance and Demand for COVID-19 Vaccines**

The Texas Board of Nursing does not have laws, rules, regulations, or guidance related specifically to these vaccines; however, a nurse would be expected to follow all laws, rules, and regulations related to his or her current area of practice associated with the administration of these vaccines [**Board Rule 217.11**(1)(A)]. For example, the **Texas Department of State Health Services (DSHS)** maintains current information related to the vaccine rollout in Texas. This includes informa-

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Promoting Vaccine Education - continued from previous page

tion that nurses would need in order to ensure they are documenting the vaccination process accurately and completely as well as any privacy laws or rules by protecting the patient's confidential information [**Board Rule 217.11**(1)(D) & (1)(E)].

Another aspect of vaccine hesitancy, beyond that of the individual patient, is overall public health and the public's understanding of the COVID-19 vaccine. As a nurse, knowledge of your community and its resources is imperative, especially during a public health crisis. Nurses must consult, utilize, and make referrals to community agencies and healthcare resources when patients are in need of continuity of care [**Board Rule 217.11**(1)(Q)].

To view resources, scan here:

The CDC has resources for the community on its **Community-Based Organizations COVID-19 Vaccine Toolkit Educating Communities on the Importance of COVID-19 Vaccines** webpage.

The pandemic has highlighted the role all nurses have in public health. It is important to remember social media plays an important role in communicating to the community and that nurses can have a considerable role in the recognition, explanation, clarification, and dissemination of knowledge and information when social media is used properly to promote public health (TBON, 2020). When used correctly, the Board recognizes that social medial can be valuable to healthcare (TBON, 2020). Vaccine hesitancy research suggests developing uniquely tailored communication, through the use of social media, that is forward thinking rather than reactionary when it comes to overcoming vaccination misinformation (Dubé et al., 2013). When deciding to communicate public health information, resources with evidence-based practice guidance are the best to use. For instance, the CDC created the **Social Media Toolkit: COVID-19 Vaccinations** with sample messaging and digital images, along with the DSHS **COVID-19 Vaccine Communication Tools** website.

One of the most impactful factors in a patient's vaccine decision is a vaccine recommendation by a healthcare professional (Dubé et al., 2013). Since nurses are often at the forefront of conversations about vaccines, it is vital they become educated with evidence-based research from reliable sources, as the attitude and knowledge that a healthcare professional displays when interacting with patients plays a factor in their final vaccine determination (Petrelli et al., 2018). Being aware of the concept of vaccine hesitancy and demonstrating sensitivity and understanding during conversations with patients about their decision will help guide patients in their vaccine decision-making while maintaining a therapeutic and trusting nurse-patient relationship (Petrelli et al., 2018).

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Nurse Regulator Employment Opportunities

If a nursing position that provides the opportunity to protect the safety and welfare of Texans interests you, consider a position in nursing regulation. The Texas Board of Nursing (BON) and the Texas Health & Human Services Commission (HHSC) currently have the following openings:

1. **BON Nursing Consultant for Practice (Nurse III)**: The Nurse III Nursing Consultant for Practice performs highly advanced consultative and administrative work for the Texas Board of Nursing. Under the direction of the Team Leader for Practice and the Director of Nursing, the consultant assists in interpreting the Nursing Practice Act (NPA), rules, and other applicable laws to the public, prepares reports to the Board, and assists with development and/or revision of position statements, guidelines, interpretive statements, and internal policies and procedures related to nursing practice and continuing education. The Nursing Consultant for Practice also assists with conducting Board workshops across the state as well as development of educational materials for online use. The Nursing Consultant for Practice also serves as a resource on practice-related investigations, and may provide testimony as an expert witness on the NPA, Rules, Disciplinary Sanction Policies, and the minimum standard of care in relation to Enforcement cases before the State Office of Administrative Hearings, or in other legal proceedings where such consultation is needed.

   Position Requirements:
   - Unencumbered and current RN licensure in Texas, or eligible for licensure
   - Broad experience in various types of professional nursing (RN) positions with at least three years in patient care
   - Minimum of a Bachelor of Science in Nursing (BSN) degree from a professional nursing program approved by the State of Texas or the state from which the school was located and actively enrolled in an approved or accredited Master of Science in Nursing (MSN) program and working towards an MSN

2. **BON Nursing Consultant for Education (Nurse III)**: The Nurse III Nursing Consultant for Education performs consultative and administrative work for the Board of Nursing. Works under the direction of the Team Leader for Nursing Education and the Director of Nursing to assist in interpreting the NPA, rules and other applicable laws to the public; prepare reports for the Board; conduct approval survey visits; analyze and evaluate proposals; support the development, implementation and evaluation of rules, policies, procedures related to nursing education.

   Position Requirements:
   - Unencumbered and current RN licensure in Texas, or eligible for licensure
   - Preferred teaching experience in nursing education programs
   - Broad experience in various types of professional nursing positions
   - Graduate of a basic professional (RN) nursing program approved/accredited by the state in which the program was conducted
   - Graduate of an accredited college or university, holding an MSN in nursing
   - Completed graduate level course work in at least one of the following areas: education, curriculum, instruction, teaching, or administration.

3. **BON RN Investigator V**: The RN Investigator V conducts complex (journey-level) investigative work including investigations of alleged violations of the NPA and Board rules and regulations. The RN Investigator also may participate in informal conferences, formal disciplinary hearings, depositions, prepare cases for informal conferences and recommend case dispositions as appropriate.

   Position Requirements:

   - Current RN licensure to practice in Texas
   - Associate Degree in Nursing from an accredited or approved nursing program required
   - Two years nursing experience or specialized training in related nursing area.

The Texas Board of Nursing offers extensive benefits to its employees, including career advancement, tuition reimbursement, health and dental insurance, and paid vacation and sick leave. For more information about the BON positions, please visit the complete postings at: **https://www.bon.texas.gov/about_careers.asp**

4. **Texas Health & Human Services Commission (HHSC) Nurse Surveyor Positions:** If you are a nurse seeking a challenging, yet deeply rewarding career in public service, apply to become a front-line regulatory surveyor for Team HHSC. Your mission will be to protect the health and safety of individuals receiving services in Texas long-term care settings, including nursing homes and assisted living facilities. Working on-site in close-knit, mobile-based teams with fellow professionals, our nurse surveyors conduct inspections and investigations to ensure facilities comply with all applicable health and safety regulations.

   Position Requirements:

   - Nurse surveyor positions are available for both LVNs and RNs who have at least one to two years of experience in a clinical setting.
   - LVNs are qualified to apply for generalist surveyor or inspector V positions, while RNs can apply for nurse III, investigator VI and investigator VII positions.
   - All of these positions investigate allegations of regulatory noncompliance, including concerns specific to resident quality of care and quality of life.

Texas HHSC offers extensive benefits to its employees, including career advancement, paid training, health and dental insurance, and paid vacation and sick leave. But the primary benefit of a nurse surveyor's job is the pride that comes from making a meaningful, positive impact on the lives of the vulnerable fellow Texans you will serve. Interested applicants can contact us at this email address: **LTCR-FieldOperations@hhs.texas.gov**

Hot Off the Press!

The Future of Nursing 2020-2030: Charting a Path to Health Equity

On May 11, 2021, the National Academy of Medicine (NAM), sponsored by the Robert Wood Johnson Foundation, hosted a webinar to showcase the release of the highly anticipated report entitled, *The Future of Nursing 2020-2030: Charting a Path to Health Equity.* This is the third report issued by the NAM, formerly the Institute of Medicine, in its series on the future of nursing. The first report, *The Future of Nursing: Leading Change, Advancing Health*, was published in 2011 and the second report, *Assessing Progress on the Institute of Medicine Report The Future of Nursing*, was published in 2016. The report highlighted the need for more work toward building a broader coalition to increase the awareness of nurses' potential impact in practice, education, collaboration and leadership; the need to prioritize promoting diversity in the nursing workforce; and the need to improve the data for assessing progress. The NAM Committee on the Future of Nursing 2020-2030 worked toward addressing these needs. Following an exploration of how nursing can reduce health disparities and promote health equity, the report makes five key messages along with recommendations, setting a path for the next 10 years of nursing. The full report along with the key messages and recommendations can be accessed at: **https://www.nationalacademies.org/our-work/the-future-of-nursing-2020-2030**.

Reference:

National Academies of Sciences, Engineering, and Medicine (2021). *The future of nursing 2020-2030: Charting a path to achieve health equity*. Washington, DC: The National Academies Press. **https://doi.org/10.17226/25982**

KSTAR - continued from page 2

- Final Assessment: After completing the IEP, an assessment of areas noted to be deficient in the initial comprehensive assessment is repeated. The nurse successfully completes the program at this point if all benchmarks are met.
- Focused Remediation: If any benchmark is unmet during the final assessment, the nurse has the option of completing a focused remediation with CON faculty in order to complete the program.

Aside from the fundamental difference of providing individualized remediation, a KSTAR Program warning order is distinct from a traditional warning order in that a KSTAR Program warning:

- Does not require employment or notification of discipline to be provided to an employer;
- Does not require clinical supervision or employer quarterly reports evaluating the nurse's practice;
- May be completed in less than 12 months, unlike the traditional warning which is a minimum of 12 months in length; and
- Requires enrollment within 45 days and completion within 12 months of order ratification.

At the time of this writing, 209 nurses have successfully completed the KSTAR Nursing Program and subsequently achieved an unencumbered license. Of the over 290 nurses who have enrolled in the program, 28 nurses did not complete the program. The remaining nurses are in the process of completing. A retrospective review of 146 nurses who successfully completed a KSTAR Program warning between 2014 and 2019 revealed that only one (0.68%) nurse recidivated with another practice violation leading to licensure discipline. This is similar to a review of 326 nurses who completed a traditional warning in which only two (0.61%) nurses were subsequently disciplined for a practice violation.

The KSTAR Nursing Program sends out surveys to nurses following completion as a means of quality improvement. Overall, the results of the surveys are positive and indicate the program is well-administered and beneficial to practice. As of November 23, 2020, a total of 190 nurses have been surveyed. With a 57% response rate, a majority of the 108 nurses responded to items favorably with an average rating of 3.75 using a Likert scale with "0" being least favorable and "4" being most favorable.

Some excerpts from the open-ended comments offered by nurses include:

> "*It is my pleasure to report I found the KSTAR Program and the KSTAR Team to be a very professional learning environment. I found the program to be challenging as well as an overall positive experience. I would like to give special thanks to Walter, Angie, Debbie and Professor Hutton for guidance, advice and for assisting me to a successful outcome. I would also like to thank the Texas Board of Nursing for providing me this opportunity.*"
>
> "*The program was extremely educational and helpful and prepared me to be able to pursue my career knowing how to avoid further mistakes.*"
>
> "*I believe the program was straight forward and clear when it came to expectations and outcomes. I was given all the resources needed to identify and fill in any gaps in my competencies.*"

Board Staff wish to acknowledge the KSTAR Nursing Team at ARCHI and the Texas A&M College of Nursing for their continued commitment to making the program a successful option for nursing practice remediation. For more information about the KSTAR Nursing Program, please visit: **https://www.architexas.org/kstar-nursing/index.html**

NOTICE OF DISCIPLINARY ACTION

The following nurses had disciplinary action taken against their licenses through a Board order containing public information about the nurse's disciplinary action. While every effort is made to ensure the accuracy of this information, the Board's licensure verification system should be utilized for verification. You can obtain information about these disciplinary actions from the Board's website, **www.bon.texas.gov**, using the verification look-up under Licensure or under the disciplinary action section of Discipline & Complaints. Under Licensure, select Verification then click on the applicable type of license type; Discipline & Complaints, select Disciplinary Action then select individual newsletter date. Additionally, you can send your written request to the Texas Board of Nursing, Enforcement Division, 333 Guadalupe, Suite 3-460, Austin, Texas 78701-3944.

Name	License Numbers	Discipline	Action Date
Abbott, Cassy Leona	PTP AR RN R104858	Reprimand with Stipulations	3/23/21
Acosta, Connie Sue	RN 572054 & LVN 130161	Reprimand with Stipulations	3/23/21
Albrecht, Sarah Nell	RN 948882	Warning with Stipulations and Fine	3/23/21
Aldape, Rosie Elena	RN 872209 & LVN 206560	Warning with Stipulations	2/9/21
Ames, Kelly Elizabeth	RN 919578	Revoked	4/22/21
Andersen, Anne	RN 743104	Enforced Suspension	3/23/21
Argyle, Robin Lynn	AP128700, RX 18448, RN 795288 & LVN 129139	Warning with Stipulations	3/23/21
Arledge, Joseph Buck	RN 840515	Reprimand with Stipulations	3/23/21
Atkins, Andrea Denise	LVN 140781	Warning with Stipulations	3/23/21
Austin, Eletha Lashone	LVN 198828	Enforced Suspension	4/22/21
Balderrama, April Elizabeth	RN 665916 & LVN 132889	Remedial Education	3/8/21
Balli, Candace A.	LVN 309094	Remedial Education	4/14/21
Baltazar, Sonia	LVN 132576	Probated Suspension	4/22/21
Bentley, Brandi Elaine	LVN 183430	Enforced Suspension	3/1/21
Bernardy, Mary Ellen	RN 559548	Revoked	4/22/21
Berry, Melissa Fennell	RN 581517	Revoked	3/23/21
Bigony, Lauren Elizabeth	RN 852374	Warning with Stipulations and Fine	4/22/21
Black, Melissa Nicole	RN 780946	Warning with Stipulations	4/22/21
Bogle, Michelle Lee	LVN 182547	Warning with Stipulations	3/23/21
Bolin, Leah Gwen	LVN 190156	Warning with Stipulations	2/9/21
Brar, Amandeep Kaur	RN 827322	Warning with Stipulations, Deferred	3/23/21
Briseno, Barbara Jane	RN 736105	Warning with Stipulations and Fine	4/22/21
Brummer, Lindsey Taylor	RN 892534	Remedial Education	3/17/21
Bryant, Leigh Ann	RN 581865	Revoked	4/22/21
Buchanan, Victoria Bea	LVN 321772	Warning with Stipulations	3/23/21
Buckner, Dirk Jacob	RN 860442	Reprimand with Stipulations	2/9/21
Capuchino, Donnie Marie Lapuebla	RN 935484	Warning with Stipulations	4/22/21
Carrithers, Deborah Rachel	RN 510041	Warning with Stipulations	2/9/21
Chandler, Synthia Smith	RN 555742 & LVN 81279	Revoked	3/23/21
Chua, Domingo Lobaton	RN 592136	Voluntary Surrender	2/9/21
Clabaugh, Kayla Janae	LVN 172175	Warning with Stipulations and Fine	4/22/21
Clemens, Kori Michelle	RN 715431	Voluntary Surrender	3/23/21
Collier, Lori Lynn	LVN 152485	Warning with Stipulations	4/22/21
Colston, Keva Natasha	LVN 179184	Revoked	2/9/21
Connors, Joseph Guptil	RN 1037730 & LVN 153950	Warning with Stipulations	3/23/21
Cox, Layne Wilson	RN 662999	Voluntary Surrender	4/7/21
Daut, Rebecca Diane	LVN 186369	Probated Suspension	4/22/21
Davidson, Kathleen	RN 849447	Warning with Stipulations	3/23/21
Davis, Peggy	RN 644715 & LVN 108714	Warning with Stipulations	2/9/21
Davis, Tessa Renee	LVN 344684	Reprimand with Stipulations	2/9/21
Davis, Whitney Lorianne	LVN 314215	Remedial Education	2/26/21
Diaz, Dianna	RN 849449	Reprimand with Stipulations	2/9/21
Douglas, Sherry Turner	RN 244766	Warning with Stipulations	2/9/21
Dumas, Meesha Anne	RN 791148 & LVN 206949	Warning with Stipulations	3/23/21
Edwards, Claire Lazell	RN 971599	Remedial Education	3/1/21
Edwards, Sherrolynn	RN 567141 & PTP MS RN 723517	Reprimand	2/9/21
Ellis, Kenneth Chad	RN 913370	Revoked	3/23/21
Elzein, Ahmad	RN 884748 & LVN 308460	Warning with Stipulations	3/23/21
Evans, Kyle	RN 865486 & LVN 302576	Enforced Suspension	2/1/21
Fanous, Concepcion Beltran	RN 521535 & LVN 101794	Remedial Education	4/6/21
Farmer-Guerra, Anthoney Teague	RN 923711	Enforced Suspension	3/31/21
Farrar, Amanda Joan Marie	RN 908238	Enforced Suspension	4/23/21
Feizi Lighvan, Mohammadreza	RN 847746	Warning with Stipulations	2/9/21
Ferguson, Cynthia Douglas	RN 719951	Reprimand with Stipulations	4/22/21
Finch, Courtney	RN 655750 & LVN 158829	Probated Suspension	2/9/21
Fischer, Aaron Christopher	RN 917863	Voluntary Surrender	4/27/21
Fischer, Darlene Ann	RN 580326	Voluntary Surrender	4/27/21
Fischer, Michele Lynn	RN 593764	Reprimand with Stipulations	4/22/21
Floyd, Ira Shane	RN 970597	Enforced Suspension	4/13/21
Foster, Laurie Beth	RN 571826	Revoked	3/23/21
Fraga, Jean Bailey	RN 526763 & LVN 102351	Voluntary Surrender	3/1/21
Funez, Taggon Marie	LVN 319560	Reprimand with Stipulations	3/23/21
Garay, Sandra Lorena	RN 817152	Reprimand with Stipulations	3/23/21
Garlington, Melanie Elizabeth	RN 703636	Warning with Stipulations and Fine	3/23/21
Garney, Patricia Anne	LVN 194966	Warning with Stipulations and Fine	2/9/21
Garza, Jennifer Ann	AP108161, RX 26200 & RN 551311	Enforced Suspension	4/13/21
George, Susan Kutty	RN 748231 & LVN 170239	Remedial Education, Deferred	3/2/21
Gonzalez, Ricardo	LVN 310599	Probated Suspension	3/23/21
Gordon, Candice Jamel	RN 710077	Reprimand with Stipulations	4/22/21
Griffin, Natasha Tranice	LVN 229504	Probated Suspension	3/23/21
Griggs, Jacquelyn Chlo	AP111921, RX 4815, RN 601019 & LVN 83013	Enforced Suspension	4/22/21
Gubernath, Krystel Marie	LVN 349980	Warning with Stipulations and Fine	3/23/21
Gutierrez, Alexia	RN 940702	Remedial Education	2/9/21
Hale, Dorothy Laverne	RN 448067	Reprimand with Stipulations	2/9/21
Harder, Alicia Lynn	RN 774230	Probated Suspension	2/9/21
Harris, Gwendolyn S.	RN 618190 & LVN 148523	Reprimand with Stipulations	4/22/21
Harris, Yolanda Annette	RN 563466	Reprimand with Stipulations	4/22/21
Hatch, Chelsie Elizabeth	RN 940396	Remedial Education	4/7/21
Hawkins, Jason Thomas	LVN 305400	Voluntary Surrender	2/8/21
Haynes, Susan Camille	AP107919, RX 1756 & RN 570847	Warning with Stipulations	2/9/21
Henson, Michelle Lynne	RN 926017	Warning with Stipulations and Fine	2/9/21
Hernandez, Maria Guadalupe	LVN 328214	Enforced Suspension	3/23/21
Hernandez, Nestor Alejandro	RN 701960	Remedial Education	2/9/21
Herrera, Victor	RN 944303	Warning with Stipulations and Fine	3/23/21
Hitt, Dlana Michelle	AP124794, RX 15113 & RN 678156	Warning with Stipulations	4/22/21
Huffman, Shelby Mcfee	LVN 345576	Reprimand with Stipulations and Fine	2/9/21
Hughes, Bridget Yvette	RN 595228	Enforced Suspension	3/16/21

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DISCIPLINARY ACTION - continued from previous page

Name	License Numbers	Discipline	Action Date
Hughes, Bridget Yvette	AP109171 & RX 2735	Voluntary Surrender	3/16/21
Hwang, Hyesook	RN 747485	Revoked	2/9/21
Hyde, Molly Gene	RN 821971 & LVN 167790	Warning with Stipulations	2/9/21
Jackson, Tracie Denise	LVN 170618	Warning with Stipulations and Fine	3/23/21
James, Alicia Victoria	RN 876343 & LVN 234005	Revoked	2/9/21
James, Callen Moraa	LVN 340075	Voluntary Surrender	3/22/21
Jarmon, Kisa Lashon	LVN 331588	Reprimand with Stipulations	2/9/21
Jenkins, Angela Lanell	LVN 140263	Remedial Education	4/28/21
Jeschke, Shaun Paul	RN 681346	Remedial Education, Deferred	2/26/21
Jewett, Teresa Dichell-Martin	LVN 300933	Revoked	3/23/21
Johnson, Brandy	RN 758292	Enforced Suspension	4/22/21
Johnson, Cathy Leah	RN 564372 & LVN 113176	Probated Suspension	4/22/21
Johnson, Kerrie	LVN 304097	Warning with Stipulations	2/9/21
Johnson, Lisa Legenia	RN 743292	Warning with Stipulations	3/23/21
Johnston, Stoni Lee	AP132208, RX 21576 & RN 877514	Warning with Stipulations and Fine	4/22/21
Jones, Autumn Leigh	LVN 345160	Warning with Stipulations	4/22/21
Juarez, Michelle Leigh	RN 644415	Warning with Stipulations and Fine	3/23/21
Keeth, Lori Michelle	RN 818274	Voluntary Surrender	2/22/21
King, Heather Ann	RN 781055 & LVN 201646	Revoked	3/23/21
King, Revin Hunter	RN 937931	Reprimand with Stipulations	4/22/21
Kling, Tiffany Grace	LVN 309965	Revoked	4/22/21
Kloyda, Debra Jean	RN 931722	Warning with Stipulations	4/22/21
Knara, Karen Jean	RN 647784	Remedial Education with Fine	2/25/21
Kobuszewski, Bodahn Joseph	RN 745430	Voluntary Surrender	3/21/21
Krodell, Dianna	RN 655991 & LVN 145516	Warning with Stipulations	3/23/21
Kunz, Sara Jane	RN 797035	Probated Suspension	2/9/21
Landers, Cinda Dianne	RN 680558	Voluntary Surrender	2/7/21
Lara, Sandra C.	RN 616887	Revoked	3/23/21
Laughlin, Stephanie	LVN 336964	Revoked	4/22/21
Lemon, Matthew Michael	LVN 179301	Reprimand with Stipulations and Fine	4/22/21
Levrie, Samantha Ann	RN 852781 & LVN 233820	Warning with Stipulations	3/23/21
Linden, Katherine Lois	RN 802962	Enforced Suspension	3/29/21
Loehr, Sherry Ann	LVN 313585	Revoked	2/9/21
Lomax, Jamie Larae	LVN 305957	Warning with Stipulations and Fine	2/9/21
Lovell, Brittney Nicole	RN 913429	Voluntary Surrender	3/29/21
Lujan, Judy Catheline	RN 807545	Voluntary Surrender	4/20/21
Mabhena, Silindisiwe	RN 979071 & LVN 227991	Reprimand with Stipulations	4/22/21
Macauley, Angela Josephine	RN 720012	Reprimand with Stipulations	3/23/21
Maldonado, Elizabeth C.	LVN 327726	Warning with Stipulations	2/9/21
Mamwacha, Kevin Onchoke	LVN 346114	Reprimand with Stipulations	3/23/21
Marabella, Katie	RN 952747	Warning with Stipulations and Fine	2/9/21
Marbach, Wendy Gay	LVN 97560	Warning with Stipulations and Fine	2/9/21
Massaro, Marilyn Rachelle	RN 857811	Enforced Suspension	4/15/21
Matara, Druscilla Kwamboka	LVN 333449	Warning with Stipulations and Fine	4/22/21
Mba, Racheal Mbayi	RN 905780	Warning with Stipulations	4/22/21
McCaughan, Sue Michelle	LVN 180893	Probated Suspension	4/22/21
McCoy, Haley Danielle	RN 891526	Reprimand with Stipulations	3/23/21
McFarland, Megan Linn	RN 775902	Revoked	2/9/21
McGinty, Icess Dominique	LVN 351451	Reprimand with Stipulations	3/23/21
McGuire, Tracy Deann	RN 661515	Revoked	2/9/21
McKnight, Linda D.	AP109764, RX 3183 & RN 589485	Reprimand	3/23/21
Mesker, Brandi Michelle	LVN 199833	Revoked	2/19/14
Miller, Hollye Lynn	RN 717497	Revoked	2/9/21
Miller, Veronica	LVN 222969	Warning with Stipulations	3/23/21
Mills, Amy	RN 811917	Warning with Stipulations and Fine	2/9/21
Mitchell, Karen	AP122109, RX 12760 & RN 620238	Remedial Education with Fine	4/1/21
Moeller, Kellie A.	AP103249, RX 14497 & RN 508927	Warning with Stipulations	3/23/21
Monk, Chelsi Nuchelle	LVN 323451	Warning with Stipulations	2/9/21
Moon, Alanna Marie	RN 706870 & LVN 189791	Enforced Suspension	3/8/21
Morin, Deon	RN 853695	Reprimand with Stipulations	4/22/21
Nation, Lindsey Lauren	LVN 224460	Limited License	3/23/21
Nelon, Douglas Gene	RN 607731	Voluntary Surrender	4/9/21
Nwawueze, Francis Nnawugo	RN 650474 & LVN 167095	Revoked	3/23/21
Olivier, Bernadette Nicole	AP113162, RX 5703 & RN 585226	Probated Suspension	2/9/21
Onyeonwu, Ifeanyi Benjamin	LVN 218706	Reprimand with Stipulations	3/23/21
Oparaochaekwe, Chiazom Ugoc	RN 723538	Revoked	3/22/21
Osorio, Juaquin	LVN 160991	Warning with Stipulations	2/9/21
Otobo, Oudney Chukunalu	LVN 207682	Warning with Stipulations	3/23/21
Owenbjelde, Shadee Lynn	RN 811928 & LVN 195851	Remedial Education, Deferred	3/29/21
Pabon, David Omar	RN 843740	Probated Suspension	3/23/21
Parker, Shari Lyn	LVN 323549	Enforced Suspension	4/22/21
Pavlosky, Brittany Rae	RN 940433	Warning with Stipulations	3/23/21
Perdue, Karen Roseanne	RN 660177 & LVN 128157	Probated Suspension	4/22/21
Pham, Linh T.	RN 910044	Warning with Stipulations	3/23/21
Phillips, Caleb Andrew	RN 923438	Voluntary Surrender	3/25/21
Pickard, Laurie Ann	RN 980287	Warning with Stipulations	3/23/21
Pickard, Mandy Lynn	RN 705050	Warning with Stipulations	3/23/21
Pierre, Wilfrid	LVN 336381	Reprimand with Stipulations	2/9/21
Pitts, Stephanie Kay	RN 745997	Limited License	2/9/21
Prevost, Carl Wayne	RN 241967	Limited License	3/23/21
Provost, Angel Vonciel	LVN 205245	Warning with Stipulations	3/23/21
Rayvon, Haley Cecilia	RN 701274	Warning	3/23/21
Reyes-Harper, Perla	RN 658563	Warning with Stipulations	4/22/21
Riddick, Avette Denise	LVN 322080	Warning with Stipulations	2/9/21
Roark, Brook Lynn	RN 899105 & PTP MS RN 908037	Enforced Suspension	4/28/21
Roman, Shelly Ann	RN 688714	Reprimand with Stipulations	2/9/21
Rosales, Robi Lynn	LVN 203670	Warning with Stipulations	3/23/21
Roth, Staci	RN 961198	Reprimand with Stipulations	4/22/21
Rydin, Emily Rose	RN 1006752 & LVN 1006752	Warning with Stipulations	4/22/21
Saldana, Patricia Alvarez	RN 578341	Warning with Stipulations	2/9/21
Sansom, Samuel James	LVN 191138	Remedial Education	4/22/21
Schwartz, Erin Michelle	RN 874165	Limited License	4/22/21
Scoggins, Teresa Kay	RN 574809	Reprimand with Stipulations	4/22/21
Scott, Geneva Lajoy	RN 894574	Warning with Stipulations, Deferred	2/9/21
Scruggs, Chauncey Dante	LVN 331604	Remedial Education	3/3/21
Shelton, Amy Michelle	LVN 200464	Revoked	3/23/21
Shepherd, Travis Wade	LVN 301518	Warning with Stipulations, Deferred	3/23/21
Sims, Shylo Reshaye	RN 672213	Voluntary Surrender	2/2/21

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Name	License Numbers	Discipline	Action Date
Smith, Christina Yvette	AP137286 & RN 765894	Reprimand with Stipulations	2/9/21
Smith, Kourtni Elyse	RN 780613 & LVN 208464	Warning with Stipulations	3/23/21
Starks, Sharon Elaine	RN 890761 & LVN 196009	Warning with Fine	4/22/21
Stevens, Brenna Ann	RN 854151	Probated Suspension	2/8/21
Suarez, Juana Maritza	LVN 352965	Warning with Stipulations	4/22/21
Thomas, Paul Alan	RN 730075	Revoked	3/15/19
Tow, Cindy Farrell	RN 236013	Warning with Stipulations	4/22/21
Ukaegbu, Mae	RN 964658 & LVN 198226	Remedial Education	3/4/21
Vaughn, Carola Dee	LVN 173542	Revoked	3/23/21
Vega, Alesandra Nicole	LVN 321985	Remedial Education	4/7/21
Waldrop, Petra Andrea	RN 601336 & LVN 143854	Voluntary Surrender	4/22/21
Washington, Cory Bernard	LVN 177155	Remedial Education	4/19/21
Watkins, Lynnette Marie	RN 690821	Remedial Education	4/21/21
Waweru, Sylvia Njoki	LVN 337461	Reprimand with Stipulations	4/22/21
Webbcorbeil, Michelle D.	RN 784614 & LVN 221302	Warning with Stipulations, Deferred	4/22/21
Welch, Misty Michelle	LVN 223160	Remedial Education with Fine	3/11/21
Wertenberger, Susan	RN 253140	Enforced Suspension	4/22/21
Wheatley, Susan Marie	RN 785844	Probated Suspension	3/23/21
Whitfield, Jr., Donavan Andrew	RN 603295	Reprimand with Stipulations	3/23/21
Wilbur, Cassi Lea	RN 765862	Probated Suspension	4/22/21
Williams, Crystal Villanueva	LVN 229676	Warning with Stipulations	3/23/21
Williams, Latricia Danielle	RN 768652	Probated Suspension	4/22/21
Willis, Sherri Lynn	LVN 189159	Voluntary Surrender	3/25/21
Wilmore, Terry Douglas	RN 664853	Reprimand with Stipulations	4/22/21
Wimberley, Linnzi Nicole	RN 900328	Voluntary Surrender	3/26/21
Wyatt, Angela Marie	RN 762665 & LVN 192126	Probated Suspension	2/9/21
Yengwia, Juliet Yayoh	RN 921156	Remedial Education, Deferred	4/14/21
Young, Cush Nicanor-Nhatu	RN 888135 & LVN 315673	Remedial Education	3/29/21

Abbreviations in the Notice of Disciplinary Action Section

PTP Privilege to Practice in Texas, also known as Nurse Licensure Compact Privilege, associated with the indicated state and license. States are abbreviated using the official two letter state abbreviations of the United States Postal System.

RX Prescription Authorization

Statistical information

The 212 disciplinary actions reported in this Bulletin represent only 0.043% of all nurses who are currently licensed to practice in the State of Texas.

As of February 2021, 99.72% of Advanced Practice Registered Nurses, 99.65% of Registered Nurses, and 99.34% of Licensed Vocational Nurses were without recent violations according to Board records.

The Texas Peer Assistance Program for Nurses (TPAPN) safeguards patients by providing early identification, support, monitoring, accountability, and advocacy to Texas nurses who have an identified substance use or mental health condition or related incident, so they may practice nursing safely. TPAPN is offering a *Lunch and Learn* on September 15, 2021, for any nurse who wants to learn more.

The peer support partner is a volunteer nurse who provides support, guidance, encouragement, and more to TPAPN participants on their recovery journey. TPAPN is currently offering information sessions so you can learn more about the peer support partner role and see if this is for you! The next information sessions are scheduled for July 20, 2021, August 17, 2021, September 21, 2021, and October 19, 2021.

In order to become a peer support partner, attendance is required at a Peer Support Partner Workshop. The next Peer Support Partner Workshops are scheduled for August 20, 2021, and November 12, 2021. The Peer Support Partner Workshop includes an overview of TPAPN, principles of peer support, and training on motivational interviewing.

Once becoming a peer support partner, additional resources are available through TPAPN. This includes the Peer Support Partner Beyond the Workshop Educational Group, with the next scheduled dates of: July 15, 2021, August 19, 2021, September 16, 2021, and October 21, 2021.

To learn more about TPAPN or Peer Support Partners, please visit the TPAPN website: **www.tpapn.org**. If you are ready to help another nurse, there is an application form accessible on the TPAPN website (fill out and submit to TPAPN). The application includes responsibilities and guidelines for the peer support partner, including the requirement to attend the TPAPN Peer Support Partner Workshop.

New Buprenorphine Practice Guidelines for OUD Released by HHS

On April 28, 2021, Secretary of Health and Human Services (HHS) Xavier Becerra announced new practice guidelines for the administration of buprenorphine for the treatment of opioid use disorder (OUD). The new guidelines were adopted in response to the opioid overdose epidemic. The Centers for Disease Control and Prevention National Center for Health Statistics (2021) reported a 26.8% increase in the number of drug overdose deaths reported for the 12-month period ending September 2020.

Buprenorphine is an opioid partial agonist that has been approved by the Food and Drug Administration for the treatment of opioid use disorder. Prior to the announcement from Secretary Becerra, providers who prescribed this drug for OUD had to certify that they met certain requirements related to training, counseling and other authorized services. The practice guidelines exemption now allows providers to prescribe buprenorphine for the treatment of OUD in a limited capacity without having to meet these certification requirements. Requirements for prescribing controlled substances set forth by the Drug Enforcement Administration (DEA) must still be met.

Eligible health care providers, including APRNs, may be exempted from the certification requirements noted above. Providers who are authorized under this exemption may treat *up to 30 patients at any given time* for OUD using certain drugs in schedules III-V, such as buprenorphine. APRNs who prescribe buprenorphine under this waiver must still submit the Notice of Intent to the Substance Abuse and Mental Health Services Administration (SAMHSA) and obtain the DEA-X waiver number as required by the federal Controlled Substances Act. Please note that this exemption does not extend to the prescribing of methadone or other schedule II drugs for this purpose.

Providers who wish to exceed the 30 patient limit set forth in the exemption guidelines must submit a new Notice of Intent to the SAMHSA and comply with the certification requirements set forth in federal law related to training and psychosocial services. It is important to note that the Texas Board of Nursing has no authority to waive the provisions of federal law nor can it increase the limitation on the number of patients that may be treated under the exemption. APRNs who have questions regarding the Notice of Intent and the certification requirements should contact the SAMHSA directly.

All other laws and regulations apply when providing services under the exemption guidelines. APRNs who provide these services must have their own DEA registration number as well as their own DEA-X waiver number. APRNs must also have appropriate physician delegation as required by Texas law. APRNs must meet the requirements for prescribing controlled substances in Texas, including requirements for consultation with the delegating physician and documenting those consultations in the medical record as described in Board Rule 222.8 (2021).

The federal practice guidelines may be accessed at: **https://www.federalregister.gov/documents/2021/04/28/2021-08961/practice-guidelines-for-the-administration-of-buprenorphine-for-treating-opioid-use-disorder**. Board Staff also recommends review of the FAQs about the new guidelines developed by the SAMHSA that are available at: **https://www.samhsa.gov/medication-assisted-treatment/practitioner-resources/faqs**. SAMHSA also has a quick start guide for the prescribing of buprenorphine that may be helpful: **https://www.samhsa.gov/sites/default/files/quick-start-guide.pdf**.

References:

Centers for Disease Control and Prevention National Center for Health Statistics. (2021, April 14). *Vital Statistics Rapid Release: Provisional Drug Overdose Death Counts.* Retrieved May 5, 2021, from **https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm**.

Practice guidelines for the administration of buprenorphine for the treatment of opioid use disorder (Notice). 86 Fed. Reg. 22439-22440 (April 28, 2021)

22 Texas Administrative Code, §222.8. (2021). **https://www.bon.texas.gov/rr_current/222-8.asp**

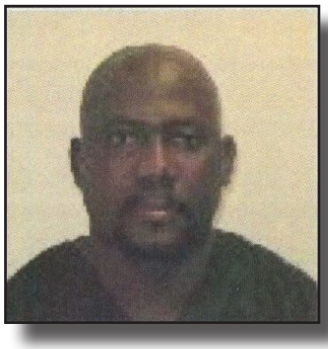
IMPOSTER WARNING

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

ERIKA ELIZABETH GARCIA
a.k.a Erika E. Garcia; a.k.a. Erika Garcia; a.k.a. Erika E. Diaz; a.k.a. Erika E. Torres; a.k.a. Erika Diaz; a.k.a. Erika Torres

On or about June 12, 2020, through June 19, 2020, Erika Elizabeth Garcia secured employment and practiced as a licensed registered nurse (RN) with an assisted living facility in Georgetown, Texas, by using the license number belonging to another nurse with the same first and last name. During this time, Erika Elizabeth Garcia provided direct patient care and represented herself as an RN to staff, patients, their families and the general public. The Board's investigation revealed that the personally identifiable information provided by Erika Elizabeth Garcia to her employer did not belong to any nurse having a license or privilege to practice nursing in the State of Texas. This case has been referred to the Office of the Williamson County District Attorney for prosecution.

JOHNSON MONESTIME
a.k.a Monestime Johnson



Johnson Monestime secured employment through a staffing agency and practiced as a Registered Nurse (RN) with a hospital in Gregg County, Texas, from December 29, 2020, through January 2, 2021, and attempted to secure employment through a staffing agency with a hospital in Smith County, Texas, on January 13, 2021. Although the Board's investigation revealed that the personally identifiable information provided by Mr. Monestime indicates he does not possess a license to practice nursing in any state, he secured employment through the staffing agency using a New Jersey Temporary Emergency License for Out-of-State Practitioners.

Texas Board of Nursing Meeting Schedule

2021 Board Meeting Dates

July 22	October 21-22

2021 Eligibility and Disciplinary Committee Meeting Dates

August 10	September 14
November 9	December 14

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

*** - Due to the COVID-19 Virus, the Board meeting scheduled for July 22, 2021 may be held virtually. Meeting access information will be posted at www.bon.texas.gov**

Board of Nursing Contact Information

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

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

OPERATIONS

CUSTOMER SERVICE.....(512) 305-6809
-- License Renewals, Endorsement, Examination, or Continuing Education for Nurses.....webmaster@bon.texas.gov

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

PROFESSIONAL AND VOCATIONAL NURSING

ADVANCED PRACTICE.....(512) 305-6843
-- APRN Application and Prescriptive Authority Procedures.....aprn@bon.texas.gov

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

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

-- Workshop Information.....(512) 305-6844
-- Workshop e-mail inquiries.....workshops@bon.texas.gov

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

-- WEB Address.....www.bon.texas.gov
-- Refer e-mail inquiries to:.....webmaster@bon.texas.gov

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 violated the Nursing Practice Act or Board Rules and Regulations.

Texas Board of Nursing
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Austin, Texas 78701-3944

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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. At this time the Board's office is closed to visitors. If you need to reach the Board, please call (512) 305-7400 or send an email to: webmaster@bon.texas.gov

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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.

Nursing Delegation: Distribution of the Workload**

This course provides all licensed nurses with information on the current standards of nursing practice, rules, and regulations applicable to nursing delegation in Texas, providing nurses with 2.0 Continuing Nursing Education contact hours. Cost: $25.00.

Nursing Peer Review: Safe Harbor Nursing Peer Review and Whistleblower Protections

The purpose of this online continuing education offering is to provide all licensed nurses with information on the current standards of nursing practice, rules, and regulations applicable to Safe Harbor Nursing Peer Review and Whistleblower Protections in Texas. This course is approved for 1.3 CNE contact hours. Cost $25.00.

Nursing Peer Review: Incident-Based Nursing Peer Review and the Minor Incident Rule

The purpose of this online continuing education offering is to provide all licensed nurses with information on the current standards of nursing practice, rules, and regulations applicable to Incident-Based Nursing Peer Review and the Minor Incident Rule in Texas. This course is approved for 1.6 CNE contact hours. Cost $25.00.

BON Lifelong Learning Account

Depending on the continuing education course, you may be required to log into your individual account to complete follow-up learning activities and/or course evaluations after a workshop, webinar, or online course in order to receive your CNE certificate of completion.

Your BON Lifelong Learning Account will also contain links for workshop handouts, any required forms, post-activity certificates of completion, and other helpful resources for each registered activity. If questions arise during your registration or during an online learning course, there are specific Help links throughout the process to direct you to the dedicated Online Learning Help Desk.

Secure online payments are completed using major credit cards, bank cards (those with Visa or MasterCard logos), or online checks. Registration payments submitted directly to the Board will be returned and the registration process will be delayed. Employers, organizations, or groups can complete payment for multiple registrants with the purchase of a bulk voucher. The bulk voucher system will send the voucher information to the group coordinator for distribution to individual registrants. Each individual will use the voucher as the form of payment during her/his own online registration.

BON Continuing Competency Offerings Address Nursing Jurisprudence and Ethics Requirement

In 2013, the 83rd Regular Texas Legislative Session passed a law that specified continuing education requirements for all nurses. Senate Bill (SB) 1058 requires nurses to complete at least two hours of continuing education related to nursing jurisprudence and ethics before the end of every third two-year licensing period. The BON has two continuing education offerings which meet the requirement: the workshop titled, "Protecting Your Patients & Your Practice, Nursing Jurisprudence & Ethics", and the interactive online course titled, "Nursing Regulations for Safe Practice". For more information about BON continuing competency requirements, visit the Board's website, click on **Laws and Rules**, then **Rules and Regulations**, and then **Chapter 216**.

Please Note: Workshop participants more than 10 minutes late or who leave prior to the end of the workshop will not receive CNE credit or meet BON stipulations.

Visit the BON CNE Catalog at https://www.bon.texas.gov/catalog/ for the latest information.

Texas Board of Nursing
333 Guadalupe, Suite 3-460
Austin, TX 78701

Texas Board of Nursing

Learning Opportunities: 2021

Continuing Competency Workshops and Online Educational Offerings

The Texas Board of Nursing is excited to offer learning opportunities for 2021. Nurses can explore a variety of topics designed to provide the most current information to support safe nursing practice. Space is limited, early registration is recommended.

2021 Workshops

*Protecting Your Patients & Your Practice, Nursing Jurisprudence & Ethics**#+>*

These virtual workshops have been approved for 7.5 contact hours of CNE.

September 8, 2021 (Wednesday)

September 29, 2021 (Wednesday)

November 9, 2021 (Tuesday)

Note: ***Computer speakers are REQUIRED for all virtual workshops. No cash accepted for payment. Early registration is encouraged.***

Cost: ***Virtual workshop preregistration $79.00.***

Time: ***8:00 am to 3:30 pm Central Standard Time (CST) for virtual workshops.***

Note: Due to COVID-19, BON workshops have transitioned to virtual delivery as needed for the safety of participants. Visit the BON CNE Catalog at https://www.bon.texas.gov/catalog/ for the latest information.

How to Register

You can register for all Board of Nursing (BON) educational offerings--online courses and workshops--through the BON CNE Course Catalog. To register for a BON workshop or online course, please visit our website at www.bon.texas.gov and select the CNE Course Catalog icon. You will receive a purchase confirmation and event reminders via your email address leading up to the scheduled activity and for post activity reminders in order to help you access your CNE Certificate of Completion. Instructions and help for confirming that your workstation is compatible with the online process are provided for each event. All of the BON CNE activities include online components that must be completed in conjunction with the activity in order to receive completion credit and certificates. When you register online, a BON Lifelong Learning Account is created that will be your home for accessing handouts, evaluations, and certificates.

Legend

**	This continuing nursing education offering was approved by the Texas Board of Nursing. The Texas Board of Nursing is an approved provider of continuing education by the Alabama Board of Nursing, ABNP1509, expiration date July 28, 2024.
#	This offering meets the 2-hour CNE requirement for nursing jurisprudence and ethics established during the 2013 Legislative Session.
+	This offering satisfies the nursing jurisprudence and ethics requirement for Board orders.
@	This course does not award CNE contact hours.
>	The Authors, Speakers/Presenters, Content Reviewers and Experts declare that there are no conflicts of interest.

Interactive Online Learning

Nursing Regulations for Safe Practice**#

This interactive online CNE course is easy to access on any schedule. Approved for 2.8 contact hours. Cost: $25.00.

Prescriptive Authority for APRNs**

This course provides information on the current laws and regulations governing prescriptive authority in the State of Texas. The course is designed to help the learner develop a greater understanding of delegation of prescriptive authority to Texas APRNs and requirements that must be met for APRNs to be in compliance with Texas laws and BON rules. Approved for 1.2 contact hours. Cost: $25.00.

Documentation: So Let It Be Said...In Writing That Is**

The purpose of this online continuing education activity is to provide all licensed nurses with information on the current standards of nursing practice, rules, and regulations applicable to nursing documentation in Texas. Approved for 1.4 contact hours. Cost: $25.00.

Texas Online Nursing Jurisprudence Exam Prep Course@

The BON has developed a Nursing Jurisprudence Exam Prep Course that offers interactive instruction on the subject areas covered on the Nursing Jurisprudence Exam (NJE). The prep course is delivered online with the ability to bookmark "Hot Topics" to review later. The course, complete with training on how to locate information on the BON website, also includes access to printable resources and practice questions that will be useful, not only for NJE preparation but also for your future nursing practice. Cost: $25.00.

Determining APRN Scope of Practice**

The purpose of this online continuing education activity is to provide advanced practice registered nurses (APRNs) with information on the current standards of nursing practice, rules, and regulations applicable to the advanced practice scope of practice in Texas. Approved for 1.4 contact hours. Cost: $25.00.