Learn to Delegate with **Confidence** in New Online Course

**Practitioner Remediation and Enhancement Partnership**
Mission Statement: The mission of the State Board of Nursing for South Carolina is the protection of public health, safety, and welfare by assuring safe and competent practice of nursing.

This mission is accomplished by assuring safe initial practice as well as continuing competency in the practice of nursing and by promoting nursing excellence in the areas of education and practice. The Board licenses qualified individuals as licensed practical nurses, registered nurses or advanced practice registered nurses. Complaints against nurses are investigated and disciplinary action taken when necessary. Schools of nursing are surveyed and approved to ensure quality education for future nurses.
At its September 2004 meeting, the South Carolina Board of Nursing voted to expand the Practitioner Remediation and Enhancement Partnership (PREP) program and offer it to all facilities in our state. This safety initiative, a project of the national organization Citizens Advocacy Center, was formulated shortly after the Institute of Medicine’s (IOM) study on safety. The Institute of Medicine’s study has prompted much interest in healthcare and safety. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has written patient care standards, which parallel the mission of the PREP program in many ways. The South Carolina Board of Nursing was one of only seven boards of nursing to initially participate in the program. Originally, PREP was offered as only a pilot study in our state.

The PREP program promotes safe nursing by providing opportunities for early detection of deficits in skills and knowledge before safe nursing care is compromised. It allows nurses with knowledge and skill shortfalls to receive the needed education and training to gain the knowledge and skills required to perform their duties in a safe and effective manner. PREP is congruent with the Board’s mission to protect the public.

Perhaps you may know of a nurse who would have benefited from this type of remediation but who was instead disciplined by the Board or was terminated by their employer and then moved to another facility. This type of movement between healthcare facilities does not promote safety and only removes the problem behavior from one healthcare facility to another. PREP is a volunteer program for the participating facility as well as the nurse. It allows the nurse to obtain the needed skills, knowledge and other education activities while remaining in the nursing workforce.

Early intervention is the goal of the program, but there are exclusions for PREP participation such as cases involving:

1) suspected drug diversion, fraud, patient abuse, patient neglect or patient abandonment, financial exploitation of patients, sexual misconduct and other professional boundary violations will not be eligible for participation;
2) licensees with current pending criminal charges will not be eligible for participation;
3) causal connection to serious harm or death will not be eligible for participation;
4) previous history of disciplinary action by any board of nursing will be evaluated on an individual basis to determine eligibility; or
5) employment issues rather than questions of nursing skills or boundaries will not be eligible for participation.

This voluntary alternative to the traditional disciplinary action will serve to enhance healthcare quality by improving information sharing and other forms of cooperation between healthcare providers and regulators. For more information about this free, voluntary program, please visit our Web site or contact our office at (803) 896-4550. We will be pleased to meet with healthcare facilities of any size and any type to discuss participation in this cooperative program and promote safe healthcare in our state.

“This voluntary alternative to the traditional disciplinary action will serve to enhance healthcare quality by improving information sharing and other forms of cooperation between healthcare providers and regulators.”
The National Council of State Boards of Nursing (NCSBN) recently initiated practice analysis studies: one for post entry-level registered nurses (RNs) and one for post entry-level licensed practical and vocational nurses (LPN/VNs). Designed to describe post entry-level nursing practice and delineate the interface between entry-level practice and continued competence in practice, NCSBN convened panels of experts, two for RNs and another for LPN/VNs, to develop nursing activity statements that will be used in the practice analysis questionnaires.

Throughout its 27-year history NCSBN has advanced the position that nurses must remain competent throughout their professional careers. To assist boards of nursing in addressing continued competence, NCSBN is spearheading an initiative to develop an assessment instrument to measure continued competence of RNs and LPN/VNs. This past summer NCSBN convened the panels of RN and LPN/VN subject matter experts who were drawn from a wide spectrum of nursing organizations representing major practice and specialty settings, education programs as well as geographic locations and major employing facilities. The panel members used their expertise to create a list of nursing activity statements that could be used to describe post entry-level practice.

Commenting on the importance of the task assigned to them Panelist Candace Melancon, an LPN from Louisiana, remarked, “Developing structured, consistent competencies (nursing activity statements) is crucial for the successful future of nurses.”

Each of the panels worked to refine a list of nursing activities until they had developed a comprehensive list of nursing competencies that reflected post-entry level practice throughout the country. Shirley Fields-McCoy, MSN, RN, noted that, “Continued competency must be addressed to ensure that each nurse maintains and augments the necessary knowledge and skills to be current in practice. Representing my colleagues in the American Nurses Association has been an honor. Continued competence is a professional responsibility for all nurses who maintain their licensure.”

The nursing professionals who will respond to the surveys will be asked to determine the importance of each of the activities listed in the post entry-level nursing activity statements. Data collection for the LPN/VN survey began in October 2005 with the collection process for RNs anticipated to begin in January 2006. All nurses receiving the survey are strongly encouraged to complete and return it as their participation in this study offers a unique opportunity to contribute to the nursing profession.

For more information about NCSBN’s work on continued competence for nurses, access the NCSBN Web site at www.ncsbn.org.

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia, and five United States territories - American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the Virgin Islands.

Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.
LICENSE RENEWAL TIME IS HERE!

By now, all currently licensed nurses should have received a letter from the State Board of Nursing providing information on the online renewal process. Included in the letter is your User ID and password to access the online renewal site on the Board’s Web site (www.llr.state.sc.us/pol/nursing). All nurses are encouraged to use the online renewal process as it provides employers with immediate verification of licensure.

In addition to the Multi-state Licensure Compact implementation, this renewal period is the first one to provide continuing competency options for licensure renewal. While there are four options available in the Nurse Practice Act, not all options may be available in a particular employment setting. Prior to choosing an option, it may be wise to check with your employer to see if the employer will honor all the options.

Each of these options must have been completed between February 1, 2004, and April 30, 2006 and prior to renewing your nursing license.

1) completion of 30 contact hours from a continuing education provider recognized by the Board. The list of approved providers can be found on the Board’s Web site at www.llr.state.sc.us/pol/nursing/index.asp?file=Competency%20Req.htm. At the November 2005 meeting of the Board, a decision was made to accept completion of courses with a NUR prefix as long as a minimum grade of C is attained in an undergraduate course and a grade of B is attained in a graduate course. (Note: one semester hour is equal to 15 contact hours); OR

2) maintenance of certification or re-certification by a national certifying body recognized by the Board, a list of these certifying bodies can be found at www.llr.state.sc.us/pol/nursing/index.asp?file=Competency%20Req.htm; OR

3) completion of an academic program of study in nursing or a related field recognized by the Board. More information is available on our website at www.llr.state.sc.us/pol/nursing/index.asp?file=Competency%20Req.htm; OR

4) verification of competency and the number of hours practiced as evidenced by employer certification on a form approved by the Board, on our Web site at www.llr.state.sc.us/pol/nursing/forms/Competence%20Form.pdf. Please verify with your employer that they will sign this form before choosing it as your demonstration of continued competency.

You are not required to send documentation to the Board at this time. Shortly after renewal season has ended, the Board will conduct a random audit. Nurses chosen for auditing will be sent a certified letter requesting submission of continued competency documentation within five business days of the request.
The environment that nurses practice in today is fast-paced and understaffed. With the nursing shortage, nurses cannot provide the needed care without assistive support. The *Delegating Effectively* online course developed by NCSBN Learning Extension (www.learningext.com) is designed to break down the process of delegation – who can delegate, who can be delegated to, what nursing tasks can be delegated, and the red flags to watch out for. This course was developed for licensed nurses - both Registered Nurses (RNs) and Licensed Practical/Vocational Nurses (LPN/LVN) who delegate nursing care functions.

The course content was created utilizing learning aides developed by the National Council of State Boards of Nursing (NCSBN) for the *Delegating Effectively: Working Through and With Assistive Personnel* video and facilitation package (NCSBN 2002) and the document, *Working with Others: A Position Paper* (NCSBN 2005).
The course utilizes various e-learning instructional techniques to help learners meet the course objectives. Course features include:

- Clips from the Delegating Effectively video - these clips follow the story of a client in a hospital, Ms. Campbell, and her care by an RN, an LPN and a nurse aide. As her story unfolds, viewers get a first hand look at how critical the skill of delegation can be. The clips also blend narrative and expert guidance on the topic. These clips are streaming video in Windows Media or QuickTime formats.
- Key terms and “Links to Knowledge” throughout the online course content to expand learner understanding.
- A downloadable workbook where learners apply knowledge to real life situations.
- A posttest to evaluate learner understanding of key concepts.

The course learning objectives are:

- Define delegation
- Differentiate between responsibility and accountability
- Compare the level of accountability for the delegating nurse and the delegatee
- List the benefits of effective delegation
- List the barriers to effective delegation
- List the steps in the delegation process
- Discuss the five “rights” of delegation
- Identify “red flags” of inappropriate delegation
- Describe how delegation activities influence client outcomes
- Identify when a delegated activity is inappropriate for the level of personnel
- Develop a plan for corrective action when delegatees do not perform a task as delegated

The course is $25. Learners receive three weeks of unlimited, 24-hour access to the course and earn 4.2 contact hours. Online registration is completed through www.learningext.com, and the three weeks of unlimited access to the course begins immediately after you register.
The following legislation has been submitted by the Board of Nursing to the legislature for consideration:

**Regulation 3030**: Supervising Licensees (clarifies that in order to supervise other staff, the nurse must have a current, unencumbered nursing license).

**Regulation 3035**: Nurse Licensure Compact (further defines implementation of the Nurse Licensure Compact).

**BOARD VACANCIES**

The Nurse Practice Act signed by Governor Sanford on May 11, 2004, established an additional lay member for the Board. There are currently two lay member vacancies on the Board of Nursing. Lay members represent the public at large as a consumer of nursing services and may not be licensed or employed as a health care provider. No board member may serve as an officer of a professional health-related state association. If you know someone who is interested in these lay positions, they should submit a letter of request, along with a resume to Boards & Commissions, Governor’s Office, Post Office Box 11829, Columbia, SC 29211.
The following is a summary of the major actions by the Board of Nursing at its November 17, 2005, meeting:

- Reviewed and endorsed the proposed “Engine” Act re-write as presented.
- Reviewed the Nurse Practice Act “Housekeeping” Bill and approved an additional amendment to consider for endorsement a nurse who “is eligible for authorization to resume active practice” in lieu of holding a current license.
- Received a report on the Board’s Expungement Policy and voted to issue a moratorium on expungements while the policy is under review.
- Received an update on the status of the search for the Board of Nursing’s Administrator position.
- Received the report from the Board’s Officer Nominating Committee and elected the following members: Suzanne White, Board President; Brenda Martin, Vice President; and Lynn Lewis, Secretary.
- Reviewed and accepted revisions to the Board of Nursing By-laws.
- Reviewed the 2006 Board Calendar.
- Received the report from the Recovering Professionals Program and requested that financial information be added to future reports.
- Announced that Rose Kearney-Nunnery has been appointed to fill the unexpired term of Martha Bursinger as Area III director.
- Approved a clarification to the Continued Competency requirements to accept completion of a Nursing Course (NUR) required in a program of study with a minimum grade of C for undergraduate courses and a minimum grade of B for graduate courses as evidence toward the 30 contact hours for continuing competency.
- Received an update on the status of the Aiken Technical College Associate Degree in Nursing Program.
- Reviewed the draft of the proposed amendments to the Education Regulations and requested the Advisory Committee to consider the impact of the Nurse Licensure Compact on the regulations.
- Considered a request to add Nutrition Support as a recognized nursing specialty and accept the National Board of Nutrition Support Certification as the official certification agency for this specialty.
- Reports received: Advanced Practice Committee; Joint Meeting with the Board of Medical Examiners; Nurse Licensure Compact Update; NCLEX Statistics; NLN News Release; Nursing Practice and Standards Committee Minutes; Compliance Statistics; Disciplinary Review Committee Minutes; Licensure Statistics.
- Received the resignation of Board Member James Rogers, upon the expiration of his term on the Board.
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The National League of Nursing’s Task Group on Nurse Educator Competencies has completed its work to identify the core competencies that embody the knowledge, skills and attitudes required of nurse educators and reflect the complexity and richness of the practice. One hundred seventy-four nurse educators from across the nation received the first Certified Nurse Educator credential after passing the examination in December 2005. For more information on the Core Competencies, visit the NLN website at http://www.nln.org/profdev/corecompetencies.pdf. A summary of the Core Competencies follows:

- **Competency 1**: Create an environment in classroom, laboratory and clinical settings that facilitates student learning and the achievement of desired cognitive, affective and psychomotor outcomes.
- **Competency 2**: Recognize responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role.
- **Competency 3**: Use a variety of strategies to assess and evaluate student learning in classroom, laboratory and clinical settings, as well as in all domains of learning.
- **Competency 4**: Formulate program outcomes and design curricula that reflect contemporary health care trends and prepare graduates to function effectively in the health care environment.
- **Competency 5**: Function as change agents and leaders to create a preferred future for nursing education and nursing practice.
- **Competency 6**: Recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential.
- **Competency 7**: Acknowledge that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity.
- **Competency 8**: Are knowledgeable about the educational environment within which they practice and recognize how political, institutional, social and economic forces impact their role.
RETURNED CHECKS

When submitting any fees to the Board of Nursing, please be certain there are sufficient funds in your account to cover your check and that the check has cleared before closing any account. Section 40-1-50(G) of the S.C. Code of Laws states that a license shall be suspended if a fee payment is made by a check that is subsequently returned by the financial institution unpaid and is not made good within 10 days of official notification. This suspension is exempt from the Administrative Procedures Act. Unpaid checks constitute a non-payment of license fees. Notifications are sent to the address of record on the licensee’s file. When a check is returned, replacement funds plus the returned check fee allowed by law must be submitted in the form of a cashier’s check or money order. The Board cannot provide any further licensure services until the returned check is made good. Notice of the suspension is sent to the licensee’s employer(s) if the check is not made good within 10 days of official notification.
HAVE YOU MOVED?

Section 40-33-38 (C) of the Nurse Practice Act requires that all licensees notify the Board in writing within 15 days of an address change. So that you do not miss important information such as your renewal or other important licensure information, please be sure to notify the Board immediately whenever you change addresses. Please submit a letter including your name (as shown on your license), license number, former address and new address as well as your new telephone number and email address. You may also change your address on-line utilizing the address change form found on our web site: www.llr.state.sc.us/pol/nursing/. Failure to timely notify the Board of changes in address is also considered grounds for discipline as provided for in Section 40 33 110 (A)(26).

It is important for nurses who have elected to serve in the event of a disaster to provide the Board with updates on all of their contact information such as telephone numbers and email addresses, not just their mailing address. Current telephone numbers and email addresses will assist in contacting nurses in the event of a disaster. If our information is not current, a nurse may miss an opportunity to assist in a disaster situation.