MARYLAND BOARD OF NURSING
BOARD MEETING
OPEN AGENDA

DATE: June 22, 2016

TIME: 9:00 A.M.

PLACE: Maryland Board of Nursing
4140 Patterson Avenue
Baltimore, Maryland

BUSINESS:

PLEASE NOTE: THE MEETING WILL BE IN OPEN SESSION FROM 9:00 A.M. UNTIL APPROXIMATELY 10:00 A.M. WITH EXECUTIVE (CLOSED) SESSION IMMEDIATELY FOLLOWING.

1. **Call to Order**

   A. Roll Call and Declaration of Quorum
   B. Audience Introduction
   C. Acceptance of Previous Month's Minutes

2. **Consent Agenda**

   A. Nurse Practitioner Programs

   1.   Binghamton University, Binghamton, NY, Adult-Gerontology, Post Graduate Certificate, Masters and Doctor of Nursing Practice

   2.   George Washington University, Washington, DC, Adult-Gerontology Acute Care, Post Masters, Masters, and Doctor of Nursing Practice

   3.   Louisiana State University Health Sciences Center, New Orleans, LA, Family, Masters

   4.   MGH Institute of Health Professions, Boston, MA, Adult Gerontology Primary Care, Masters

   5.   Massachusetts College of Pharmacy & Health Sciences, Worcester, MA, Family, Post Masters and Masters

   6. PULLED

   7.   Rush University, Chicago, IL, Adult-Gerontology Primary Care, Doctor of Nursing Practice

8. University of California Los Angeles, Los Angeles, CA, Adult-Gerontology Acute Care, Masters

9. University of Texas Health Science Center, Houston, TX, Acute Care,   Masters

10. West Texas A&M University, Canyon, TX, Family, Masters
Certificate Training Programs / Facilities (Cheyenne Redd)

B1. Request for Approval to Renew CNA-GNA Training Programs
1. Bethel Healthcare
2. Care X'pert
3. Dennett Road Manor
4. Center for Applied Technology North
5. Devlin Manor
6. Cecil County School of Technology

B2. Request for Approval to Renew CNA-DT Training Programs

    DaVita, Inc.

B3. Request for Approval to Renew CMA Training Programs

    WOR-WIC Community College

B4. Certificate Training Programs – Clinical Facility

1. US Renal Care - DSI Silver Hill

2. US Renal Care – DSI Greenbelt-Lanham

3. US Renal Care – DSI Oxon Hill

4. US Renal Care – DSI Old Alexandria

C. Education (Patricia Kennedy)

1. CV -- Silver

2. Curriculum change Cecil College

D. Board Appointed Committee Members: (Cheyenne Redd)

CNA – Advisory Committee Sylvia Bunyasi

E.   FYI – NBCRNA – Continued Professional Certification Program (CPC)

3. Discussion of Items Removed from Consent Agenda

4. **Education** (Dr. Pat Kennedy)

   Update for online applications

5. **Practice** (No Report)

6. **Licensure & Certification** (Michelle Duell)

   a. Approval of FNE Program - University of Maryland Shore Regional Health

   b. CNA Training Program – Trinity (Jill Callan)

7. **Advanced Practice** (Michelle Duell*)*

   Approval of Nurse Practitioner Program – Interpretation of Statute for Approval of Nurse Practitioner Programs

8. **Administrative and Legislative** (Shirley Devaris)

   8. a. – Prescription Drug Management Program (PDMP) Advisory Committee appointee.
   8. b. - Fee assessment for Nurse Practitioner - SB 411
   8. c - Draft bill #1 for enhanced Nurse Licensure Compact
   8. d. - Draft bill #2 for Changes and clean-up provisions.
   8. e - Regulations amendments for COMAR 10.27.01, 10.39.01, 10.53.01 - new sections for terms of when an application expires and the definition of complete documentation.
   8. f. - Workman's Compensation Case Managers (WCCM)
   8. g. - Federation of Administrative Regulatory Boards – Report on Restraint of trade and NC Dental Board Case

3. **Committee Reports** (Michelle Duell)

   Direct Entry Midwives (DEMs) Application Approval

   Board Committee Reports
   a. Application Review (Charles Neustadt)
   b. Complaint/Investigation Review (CNA -Bonne Oettinger, RN/LPN – Sabita Persaud)
   c. Education and Practice   (Cheryl Dover)
   d. Rehabilitation/Monitoring (Greg Raymond)
   e. Operational Support (MaryLou Watson)

10. **Other**

   Board Election - all nominations need to be submitted to the group by end of this meeting. Formal vote will be held at July Meeting – absentee ballots wills be submitted.

STATE OF MARYLAND

MARYLAND BOARD OF NURSING
4140 PATTERSON AVENUE
BALTIMORE, MARYLAND 21215-2254

(410) 585-1900   (410) 358-3530 FAX
(410) 585-1978 AUTOMATED VERIFICATION
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Board of Nursing

2A

MEMORANDUM

TO: Maryland Board of Nursing

RE: Approval of Nurse Practitioner Programs

DATE: June 22, 2016

1. Binghamton University, Binghamton, NY, Adult-Gerontology, Post Graduate Certificate, Masters, and Doctor of Nursing Practice

2. George Washington University, Washington, DC, Adult-Gerontology Acute Care, Post Masters, Masters, and Doctor of Nursing Practice

3. Louisiana State University Health Sciences Center, New Orleans, LA, Family, Masters

4. MGH Institute of Health Professions, Boston, MA, Adult Gerontology Primary Care, Masters

5. Massachusetts College of Pharmacy & Health Sciences, Worcester, MA, Family, Post Masters and Masters

6. Rocky Mountain University of Health Professions, Provo, UT, Family, Post-Graduate Certificate and Doctor of Nursing Practice

7. Rush University, Chicago, IL, Adult-Gerontology Primary Care, Doctor of Nursing Practice

8. University of California Los Angeles, Los Angeles, CA, Adult-Gerontology Acute Care, Masters

9. University of Texas Health Science Center, Houston, TX, Acute Care, Masters

10. West Texas A&M University, Canyon, TX, Family, Masters

cc: File

Board of NURSING

M E M O R A N D U M

2.B1

FROM:	Jill Callan, BSN, RN
	Nurse Program Consultant I
	Maryland Board of Nursing
TO:	The Board
DATE:	June 22, 2016
IN RE:	Request for Approval to Renew CNA-GNA Training Programs

The following renewal applications have been reviewed and have satisfied all criteria as outlined in COMAR 10.39.02 for CNA/GNA Training Programs in the State of Maryland:

1. Bethel Healthcare
2. Care X'pert
3. Dennett Road Manor
4. Center for Applied Technology North
5. Devlin Manor
6. Cecil County School of Technology

Board of NURSING

M E M O R A N D U M

2.B2

FROM:	Jill Callan, BSN, RN
	Nurse Program Consultant I
	Maryland Board of Nursing
TO:	The Board
DATE:	June 22, 2016
IN RE:	Request for Approval to Renew CNA-DT Training Programs

The following renewal applications have been reviewed and have satisfied all the core curriculum criteria as outlined in COMAR 10.39.02 for the CNA-DT Training Programs in the State of Maryland:

1. Davita, Inc.

FROM: Jill Callan, BSN, RN
             Nurse Program Consultant I
             Maryland Board of Nursing
TO: The Board
DATE: June 22, 2016
IN RE: Request for Approval to Renew CMA Training Programs

The following renewal applications have been reviewed and have satisfied all criteria as outlined in COMAR 10.39.03 for CMA Training Programs in the State of Maryland:

      1.   Wor-Wic Community College

U.S. RENAL CARE

February 16, 2016

Shirley Devaris –DHMH (shirley.devaris@maryland.gov)
The Maryland Board of Nursing
4140 Patterson Avenue
Baltimore, MD 21215-2254

Re: Addition of Clinical Sites to the USRC CNA-DT Training Program #00116

Dear Ms. Devaris,

Enclosed is the documentation to add 5 clinical sites to the US Renal Care CNA-DT Training Program.

A list of the additional clinical sites, including their address, contact person, phone number, number of stations, number of staff and number of patients, is attached. Additional supporting information:

1. Each clinical site has End-Stage Renal Disease patients of various ages and co-morbidities.
2. Each clinical site provides sufficient staffing to ensure compliance with USRC Staffing Policy #C-AD-0140 (see attached).
3. Each clinical site conforms with, and has available at the facility, CMS Conditions for Coverage for End-Stage Renal Disease Facilities, Maryland Nurse Practice Act and all USRC Policies and Procedures.
4. Each clinical site will have a minimum of one instructor for each eight students in the clinical area.
5. A Written Agreement between the Training Program and the Clinical Sites is not applicable. The clinical sites are owned by the Program Provider, USRC.

Please do not hesitate to contact me with any question or concerns. I can be reached at 443-823-1471.

Sincerely,

Mary Keller, RN, CNN
Clinical Specialist

POLICY : STAFFING POLICY		EFFECTIVE DATE: 01/2011
POLICY #: C-AD-0140	PAGE 1 OF 2	REVISION DATE: 12/2014

Staffing requirement for the ESRD facility include the coordination of personnel by the Facility Administrator to adequately staff for safe and effective provision of patient care.

The following guidelines will direct the staffing of each facility.

1. A fulltime supervising nurse shall be employed to manage the provision of patient care.

2. A nurse or nurses functioning in the charge role shall be on site and available to the treatment area to provide patient care during all dialysis treatments.

3. A registered nurse shall be in the facility when patients are present in the facility – if applicable.

4. Licensed nurse to patient ratio shall meet the required state regulations which govern the facility. If there are no state specific regulations, then the minimum requirement is to have one licensed nurse to every 12 patients.

5. Sufficient direct care staff shall be on-site to meet the needs of the patients. The ratio of direct care staff shall be one to four patients per shift, unless specified by state-specific regulations. The staffing level shall not exceed that which is required by state specific regulations which govern the facility. See below for state specific staffing requirements.

State Specific Staffing Requirements

State	Licensed Staff to Patient Ratio	Direct Care Staff to Patient Ratio
Arkansas	None	None
California	None	None
Florida	None	None
Georgia	1 to 10	1 to 4
Guam	None	None
Illinois	None	None
Maryland	Charge Nurse may not be included in the staffing ratio except when there are 9 or fewer patients or in the event of an emergency	1 to 3

POLICY : STAFFING POLICY		EFFECTIVE DATE: 01/2011
POLICY #: C-AD-0140	PAGE 2 OF 2	REVISION DATE: 12/2014

State	Licensed Staff to Patient Ratio	Direct Care Staff to Patient Ratio
Massachusetts	1 RN other than Director of Nursing whenever patients are undergoing dialysis	1 direct care staff to every 3 patients
Missouri	None	None
New Jersey	1 to 9	1 to 3
New Mexico	None	None
New York	None	None
Ohio	None	None
Oklahoma	None	None
Oregon	1 to 16. Charge Nurse may not be included in the staffing plans for over 12 patients	1 to 4
Pennsylvania	None	None
South Carolina	1 to 10	1 to 4
Texas	1 to 12	1 to 4
Virginia	None	None
Wyoming	None	None

Additional Training Sites Being Added to the US Renal Care CNA-DT Training Program:

DSI Old Alexandria
7201 Old Alexandria Ferry Rd. Suite 6
Clinton, MD 20735
Phone: 301-877-3263
Clinic Manager: Clancy Cruz
stations: 24
RNs: 4 FT, 2 PT
PCTs: 11 FT, 3 PT
Patients: 104 incenter hemodialysis, 4 home hemodialysis, 5 are NxStage (home hemodialysis)

DSI Silver Hill
5652 Silver Hill Rd
District Heights, MD 20747
Phone: 301-967-9891
Clinic Manager: Georgia Echols
stations: 24
RNs: 6 FT
PCTs: 15 FT
 # Patients:103 incenter hemodialysis

DSI Oxon Hill
5410 Indian Head Hwy
Oxon Hill, MD 20745
Phone: 301-749-9307
Clinic Manager: Linda Hunter
stations: 21
RNs: 4 FT, 1 PRN
PCTs: 7 FT, 6 PRN
Patients: 90 incenter hemodialysis

DSI Greenbelt-Lanham
8317 Annapolis Rd
New Carrollton, MD 20784
Phone: 301-459-1505
Clinic Manager: Linda Hunter
stations: 16
RNs: 3 FT, 1 PRN
PCTs: 5 FT
Patients: 42 incenter hemodialysis

Maryland Board of Nursing
Nursing Assistant Training Program
Program Change Form: Change In Clinical Site Form

I. General Information: (Please type or print all entries:)

U.S Renal Care
1a. Name of Program Provider/Organization

USRC Chevy Chase, 3 Bethesda Metro Center #B005
1b. Address
Bethesda, MD 20814

Mary Keller   443-823-1471   443-213-0551
1c. Contact   **1d. Telephone**   **1e. Fax Number**

2. Program Information

2a. Program Approval (by *Maryland Board of Nursing*) Date: ___January 2015___

2b. Program Code: ___00116___

2c. Name of Training Program Director/Coordinator: ___Mary Keller___

2d. Name/Address of Former Clinical Site: ___Same___

___Same___
Site Contact Person/Telephone

Addendum 1: For Clinical Site Terminations, Attach explanation of affiliation termination.

MARY KELLER
2e. Name of Person Completing This Form

443-823-1471
2g. Telephone Number
clinchange.wpd

Mary Keller
2f. Signature of Person Completing This Form

2/6/16
2h. Date

3. New Clinical Site Information

3a. Name/Address of New Clinical Site: _DSI OLD ALEXANDRIA_
7201 OLD ALEXANDRIA Ferry Rd
Clinton, MD 20602

3b. _Clancy Cruz, RN_ / _301-877-3263_
Name of Clinical Site Contact Person   Telephone

3c. This Clinical Facility is approved by the appropriate government authority: (Y)   N •

Addendum 2: Attach statement of current approval and/or copy of DHMH licensure.

3d. This Clinical Facility:

Has a sufficient number/variety of clients to provide training experience: (Y)   N •

Has a sufficient number of RNs/other Nursing personnel to ensure safe and continuous care of clients: (Y)   N •

Conforms with accepted standards of nursing care/practice: (Y)   N •

Has a minimum of one instructor for each eight students in the clinical area: (Y)   N •

Has a *Written Agreement* with the Training Program: (N/A)   Y •   N •

Addenda 4- 8: Attach the following supporting documents:

- • 4. Description of number/variety of clients.
- • 5. Number of RNs/other Nursing personnel.
- • 6. Description of standards of nursing care/practice utilized.
- • 7. Statement Re Faculty/Student Ratio
- • 8. Written Agreement Between Training Program & Clinical Site

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For Maryland Board of Nursing Use Only

Approved: _____Yes _____No   By: _____
(This approval is for this Clinical Site only)
Date: _____

Date of Approval/Non-Approval Notification: _____
(Attach Letter)

Maryland Board of Nursing
Nursing Assistant Training Program
Program Change Form: Change In Clinical Site Form

I. General Information: (Please type or print all entries:)

U.S Renal Care
1a. Name of Program Provider/Organization

USRC Chevy Chase, 3 Bethesda Metro Center #B005
1b. Address
Bethesda, MD 20814

Mary Keller   443-823-1471   443-213-0551
1c. Contact   **1d. Telephone**   **1e. Fax Number**

---

2. Program Information

2a. Program Approval (by *Maryland Board of Nursing*) Date: January 2015

2b. Program Code: 00116

2c. Name of Training Program Director/Coordinator: Mary Keller

2d. Name/Address of Former Clinical Site:

Same

Same
Site Contact Person/Telephone

Addendum 1: For Clinical Site Terminations, Attach explanation of affiliation termination.

MARY KELLER
2e. Name of Person Completing This Form

Mary Keller
2f. Signature of Person Completing This Form

443-823-1471
2g. Telephone Number
clinchange.wpd

2/6/16
2h. Date

3. New Clinical Site Information

3a. Name/Address of New Clinical Site: DSI / NS Renal Silver Hill
5652 Silver Hill Road
District Heights, Md 20747

3b. Georgia Stewart Echols / 301. 967. 9841
Name of Clinical Site Contact Person   Telephone

3c. This Clinical Facility is approved by the appropriate government authority: (Y •)   N •

Addendum 2:   Attach statement of current approval and/or copy of DHMH licensure.

3d. This Clinical Facility:

Has a sufficient number/variety of clients to provide training experience: (Y •)   N •

Has a sufficient number of RNs/other Nursing personnel to ensure safe and continuous care of clients: (Y •)   N •

Conforms with accepted standards of nursing care/practice: (Y •)   N •

Has a minimum of one instructor for each eight students in the clinical area: (Y •)   N •

Has a *Written Agreement* with the Training Program: Y •   N • N/A

Addenda 4- 8: Attach the following supporting documents:

- 4. Description of number/variety of clients.
- 5. Number of RNs/other Nursing personnel.
- 6. Description of standards of nursing care/practice utilized.
- 7. Statement Re Faculty/Student Ratio
- 8. Written Agreement Between Training Program & Clinical Site

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For Maryland Board of Nursing Use Only

Approved: _____Yes _____No
(This approval is for this Clinical Site only)

By: _____

Date: _____

Date of Approval/Non-Approval Notification: _____
(Attach Letter)

Maryland Board of Nursing
Nursing Assistant Training Program
Program Change Form: Change In Clinical Site Form

I. General Information: (Please type or print all entries:)

U.S Renal Care

1a. Name of Program Provider/Organization

USRC Chevy Chase, 3 Bethesda Metro Center #B005

1b. Address

Bethesda, MD 20814

Mary Keller   443-823-1471   443-213-0551

1c. Contact   1d. Telephone   1e. Fax Number

---

2. Program Information

2a. Program Approval (by *Maryland Board of Nursing*) Date: January 2015

2b. Program Code: 00116

2c. Name of Training Program Director/Coordinator: Mary Keller

2d. Name/Address of Former Clinical Site:

Same

Same

Site Contact Person/Telephone

Addendum 1: For Clinical Site Terminations, Attach explanation of affiliation termination.

MARY KELLER

2e. Name of Person Completing This Form

Mary Keller

2f. Signature of Person Completing This Form

443-823-1471

2g. Telephone Number

2/6/16

2h. Date

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3. New Clinical Site Information

3a. Name/Address of New Clinical Site: DSI/ USLC Oxon Hill

5410 Indian Head Highway

Oxon Hill, MD 20745

3b. Linda M. Hunter , 301-749-930

Name of Clinical Site Contact Person   Telephone

3c. This Clinical Facility is approved by the appropriate government authority: (Y 9)   N 9

Addendum 2: Attach statement of current approval and/or copy of DHMH licensure.

3d. This Clinical Facility:

Has a sufficient number/variety of clients to provide training experience: (Y 9)   N 9

Has a sufficient number of RNs/other Nursing personnel to ensure safe
and continuous care of clients: (Y 9)   N 9

Conforms with accepted standards of nursing care/practice: (Y 9)   N 9

Has a minimum of one instructor for each eight students in the
clinical area: (Y 9)   N 9

Has a *Written Agreement* with the Training Program: Y 9   ·   N 9   N/A

Addenda 4- 8: Attach the following supporting documents:

3	4. Description of number/variety of clients.
3	5. Number of RNs/other Nursing personnel.
3	6. Description of standards of nursing care/practice utilized.
3	7. Statement Re Faculty/Student Ratio
3	8. Written Agreement Between Training Program & Clinical Site

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For Maryland Board of Nursing Use Only

Approved: _____ Yes _____ No   By: _____
(This approval is for this Clinical Site only)

Date: _____

Date of Approval/Non-Approval Notification: _____
(Attach Letter)

Maryland Board of Nursing
Nursing Assistant Training Program
Program Change Form: Change In Clinical Site Form

I. General Information: (Please type or print all entries:)

U.S Renal Care
1a. Name of Program Provider/Organization

USRC Chevy Chase, 3 Bethesda Metro Center #B005
1b. Address
Bethesda, MD 20814

Mary Keller   **443-823-1471**   **443-213-0551**
1c. Contact   1d. Telephone   1e. Fax Number

---

2. Program Information

2a. Program Approval (by *Maryland Board of Nursing*) Date: **January 2015**

2b. Program Code: **00116**

2c. Name of Training Program Director/Coordinator: **Mary Keller**

2d. Name/Address of Former Clinical Site:

Same

Same
Site Contact Person/Telephone

Addendum 1: For Clinical Site Terminations, Attach explanation of affiliation termination.

MARY KELLER   **Mary Keller**
2e. Name of Person Completing This Form   2f. Signature of Person Completing This Form

443-823-1471   **2/6/16**
2g. Telephone Number   2h. Date
clinchange.wpd

3. New Clinical Site Information

3a. Name/Address of New Clinical Site: DSI/USRC GREENBELT/LANHAM
8317 ANNAPOLIS ROAD
New CARROLLTON, MD 20784

3b. LINDA M. HUNTER   (301-459-1525
Name of Clinical Site Contact Person   Telephone

3c. This Clinical Facility is approved by the appropriate government authority: (Y 9)   N 9

Addendum 2:   Attach statement of current approval and/or copy of DHMH licensure.

3d. This Clinical Facility:

Has a sufficient number/variety of clients to provide training experience: (Y 9)   N 9

Has a sufficient number of RNs/other Nursing personnel to ensure safe
and continuous care of clients: (Y 9)   N 9

Conforms with accepted standards of nursing care/practice: (Y 9)   N 9

Has a minimum of one instructor for each eight students in the
clinical area: (Y 9)   N 9

Has a *Written Agreement* with the Training Program: Y 9   N 9   N/A

Addenda 4- 8: Attach the following supporting documents:

3	4. Description of number/variety of clients.
3	5. Number of RNs/other Nursing personnel.
3	6. Description of standards of nursing care/practice utilized.
3	7. Statement Re Faculty/Student Ratio
3	8. Written Agreement Between Training Program & Clinical Site

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For Maryland Board of Nursing Use Only

Approved: ____Yes   ____No   By: _____
(This approval is for this Clinical Site only)
                                    Date: _____

Date of Approval/Non-Approval Notification: _____
(Attach Letter)

Board of NURSING

M E M O R A N D U M

2.B4.1

FROM:	Cheyenne Redd, MSN, RN
	Director of Licensure & Certification
	Maryland Board of Nursing
TO:	The Board
DATE:	June 22, 2016
IN RE:	Request for Approval of CNA Training Program-Clinical Facility

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The following clinical facility has been reviewed and have satisfied all criteria as outlined in COMAR 10.39.02 for CNA Training Programs-Clinical Facilities in the State of Maryland:

U.S. Renal Care is requesting the use of DSI Silver Hill for the clinical portion of their CNA-DT training program. DSI Silver Hill is an in-center hemodialysis facility with 103 beds and 24 stations.

DSI Silver Hill employs Registered Nurses and Patient Care Techs. This facility has six full time registered nurses, and fifteen patient care techs. The site is managed by a nurse manager.

U.S. Renal Care will maintain the 1:8 instructor/student ratio for this clinical placement.

MEMORANDUM

2.B4.2

FROM:	Cheyenne Redd, MSN, RN
	Director of Licensure & Certification
	Maryland Board of Nursing
TO:	The Board
DATE:	June 22, 2016
IN RE:	Request for Approval of CNA Training Program-Clinical Facility

The following clinical facility has been reviewed and have satisfied all criteria as outlined in COMAR 10.39.02 for CNA Training Programs-Clinical Facilities in the State of Maryland:

U.S. Renal Care is requesting the use of DSI Greenbelt-Lanham for the clinical portion of their CNA-DT training program. DSI Greenbelt-Lanham is an in-center hemodialysis facility with 42 beds and 16 stations.

DSI Greenbelt-Lanham employs Registered Nurses and Patient Care Techs. This facility has three full time registered nurses, one PRN registered nurse, and five patient care techs. The site is managed by a nurse manager.

U.S. Renal Care will maintain the 1:8 instructor/student ratio for this clinical placement.

Board of NURSING

M E M O R A N D U M

2.B4.3

FROM: Cheyenne Redd, MSN, RN
              Director of Licensure & Certification
              Maryland Board of Nursing
TO: The Board
DATE: June 22, 2016
IN RE: Request for Approval of CNA Training Program-Clinical Facility

The following clinical facility has been reviewed and have satisfied all criteria as outlined in COMAR 10.39.02 for CNA Training Programs-Clinical Facilities in the State of Maryland:

U.S. Renal Care is requesting the use of DSI Oxon Hill for the clinical portion of their CNA-DT training program. DSI Oxon Hill is an in-center hemodialysis facility with 90 beds and 21 stations.

DSI Oxon Hill employs Registered Nurses and Patient Care Techs. This facility has four full time registered nurses, one PRN registered nurse, seven patient care techs, and six PRN patient care techs. The site is managed by a nurse manager.

U.S. Renal Care will maintain the 1:8 instructor/student ratio for this clinical placement.

FROM: Cheyenne Redd, MSN, RN
Director of Licensure & Certification
Maryland Board of Nursing

TO: The Board

DATE: June 22, 2016

IN RE: Request for Approval of CNA Training Program-Clinical Facility

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The following clinical facility has been reviewed and have satisfied all criteria as outlined in COMAR 10.39.02 for CNA Training Programs-Clinical Facilities in the State of Maryland:

U.S. Renal Care is requesting the use of DSI Old Alexandria for the clinical portion of their CNA-DT training program. DSI Old Alexandria is an in-center hemodialysis facility with 104 beds and 24 stations. This facility also offers four home hemodialysis, and five NxStage (home hemodialysis).

DSI Old Alexandria employs Registered Nurses and Patient Care Techs. This facility has four full time registered nurses, two part time registered nurses, eleven full time patient care techs and three part time patient care techs. The site is managed by a nurse manager.

U.S. Renal Care will maintain the 1:8 instructor/student ratio for this clinical placement.

STATE OF MARYLAND

MARYLAND BOARD OF NURSING
4140 PATTERSON AVENUE
BALTIMORE, MARYLAND 21215-2254

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(410) 585-1978 AUTOMATED VERIFICATION
1-888-202-9861 TOLL FREE

2C1

M E M O R A N D U M

To: Maryland Board of Nursing

From: Patricia Kennedy, EdD, RN Director of Education

Re: CV—Darlene Silver, MSN, IBCLC, RN, Universidad del Turabo (UT), Wheaton, MD

Date: June 22, 2016

Darlene Silver has over 28 years of nursing experience in maternal-newborn care, pediatrics, women's health, professional nursing roles, high risk antepartum/postpartum/GYN and infant care. Her experiences include the development and revision of policies, protocols and procedures for prerinatal services; development of educational sessions that supported evidence-based perinatal and lactation practices; lecturer and clinical faculty for BSN courses; undergraduate curriculum development; and advisor to student groups. She is an International Board Certified Lactation Consultant® (IBCLC®), fluent in Spanish and an Air Force First Lieutenant.

Darlene Silver meets Nurse Practice Act criteria of a nursing program administrator (COMAR 10.27.03.07A(1)(a)-(c)).

Darlene N. Silver MSN, RN, IBCLC

SUMMARY

Over 28 years of experience in Women's and Children's Health with roles in direct patient care, management of human lactation, nursing education and leadership. Private consulting for organizations regarding health policy, community-based health outreach and cultural competence with an emphasis on underserved populations.

WORK HISTORY

Summer 2015
Nursing Instructor, Contractual, Ana G. Mendez University System, Capital Area Campus, Wheaton, MD
Lecturer and clinical instructor for maternal-newborn and pediatric nursing. Emphasizing critical thinking, family centered care and cultural competence in a supportive learning environment. Utilizing an innovative dual language curriculum in collaboration with fellow clinical instructors, the Director of Nursing and Campus Leadership.

2015 to present
Lead Lactation Consultant, Women's Center, The George Washington University Hospital, Washington, DC
Assessment, management of lactation for inpatient mother-infant dyads. Development of competencies for nursing staff caring for dyads within the Women's Center. Participant in multidisciplinary team developing high quality lactation services, increasing the exclusive breastfeeding rate by 20% since April 2015.

2013 – 2015
Lactation Consultant, Per Diem, Lactation Services, Sibley Memorial Hospital, Sibley Memorial Hospital, Washington, DC
Assessment, management of lactation for inpatient mother-infant dyads, as well as outpatient office consultations. Member of Women's Infants Services (WIS) Practice Council, developing and revising policies, protocols and procedures specific to the needs of the department. Development of competencies for lactation consultants and nursing staff caring for dyads within the WIS department.

2013 - 2014
Lactation Consultant, Women's Infants' Services (WIS), Washington Adventist Hospital, Takoma Park, MD
Assessment, management of mother-infant dyads in the Women's Center and Special Care Nursery, other inpatient units, as needed. Coordination, management of inpatient lactation services for Women's & Infant's Services. Responsible for scheduling, patient/family and community based education, staff development for nursing staff assigned to WIS Units.

2012 - 2013   ***Clinical Nurse, Labor & Delivery, Prince George's Hospital Center, Cheverly, MD***
Provided direct nursing care to antepartum, intrapartum, and postpartum patients and families, which included high risk perinatal care. Also provided lactation support to patients and nursing staff. Collaborated with MCH Director and Nursing Education to develop and implement evidence-based competencies for Labor & Delivery. Member of practice council and collaborated with multidisciplinary team in the development or revision of policies, protocols and procedures for Perinatal Services.

2009 - 2012   ***Faculty, Department of Nursing, Bowie State University, Bowie, MD***
Undergraduate Lecturer and Clinical Faculty: Maternal-Newborn Care, Women's Health, Pediatrics, Pharmacology, Leadership, and Professional Nursing Roles. Collaborated on various grants and principal investigator for Komen-Maryland Affiliate Grant with UOM School of Nursing and Susan G. Komen, Maryland. M-FAST Consortium participant, facilitated by Dr. P. Jefferies at Johns Hopkins School of Nursing, developing high-fidelity clinical simulations and redesigning clinical laboratory on campus in collaboration with nursing faculty in the Maryland area and our on-site laboratory coordinator.

2009 - 2012   ***Staff Nurse, Per Diem, Prince George's Hospital Center, Maternal Child Health Services, Cheverly, MD***
Provided direct nursing care and lactation support to patients and families (antepartum, mother-baby, NICU and Pediatrics), as well as American Heart Association BLS Instructor, per diem. Collaborated with multidisciplinary team in the development or revision of policies, protocols and procedures for Perinatal Services. Collaborated with MCH Leadership and Nursing Education to develop and implement evidence-based competencies for antepartum and Maternal-Newborn units.

2007- 2009   ***Clinical Nurse Specialist, Prince George's Hospital Center, Maternal Child Health Services, Cheverly, MD***
Collaborated with nursing leadership, quality improvement, risk management, medical staff, and the midwifery service to develop or revise policies, protocols, and procedures. Facilitated and developed education sessions designed to support evidence-based perinatal and lactation practices. Coordinated orientation for nursing and ancillary staff. Developed an organizational policy to support breastfeeding employees and established a dedicated employee lactation area.

2005 - 2007   ***Nursing Faculty, Department of Nursing, Department of Nursing, Bowie State University, Bowie, MD***
Lecturer and clinical faculty for undergraduate courses, including Maternal-Newborn Care, Women's Health, Community Health, Leadership, and Professional Nursing Roles. Undergraduate Curriculum Committee, Honor Society Coordinator, and Faculty Advisor to the Latino Student Association.

2004 - 2005   ***Lactation Consultant, Greater Baden WIC, Capitol Heights, MD***
Collaborated with director and the State of Maryland's WIC Program to facilitate the development of a breastfeeding peer counselor program. Provided lactation support to high-risk clients, referred clients to health care providers, as needed. Developed and facilitated staff development sessions in collaboration with GBMC Leadership.

2002 - 2005   ***Education Coordinator, Dimensions Healthcare System, Corporate Education Department, Laurel, MD***
Developed Perinatal Nurse Internship Program. Collaborated with nursing leadership to develop and implement competency-based educational programs based on performance improvement criteria. Coordinated and facilitated orientation of newly hired clinical staff, including customer service and service recovery programs. Provided Lactation and Perinatal Bereavement support to patients whose primary language was Spanish.

2001 - 2003   ***Adjunct Clinical Instructor, Department of Nursing, Prince George's Community College, Largo, MD***
Facilitated Community-Based Nursing clinical experiences that included nursing care of clients and families in hospice, public schools, and community and senior centers. Focused on holistic assessment, care, and client education. Cultural/spiritual needs, health beliefs, and values were incorporated into the experiences.

2000 - 2002   ***Assistant Department Manager, Perinatal Services, Prince George's Hospital Center, Cheverly, MD***
Responsibilities included; patient education, staff development, staff evaluations, revision/development, and implementation of evidenced based protocols, staffing/scheduling, and direct patient care, as needed.

1993 - 2000   ***Staff Nurse, Southern Maryland Hospital, Clinton, MD***
Nursing care of antepartum, intrapartum, and postpartum patients. Included care of pediatric and newborn patients. Performed charge nurse duties and precepted new staff members. Provided lactation support to patients and families.

1992 - 1993   ***Staff Nurse, Inova Health Professionals, Fairfax, VA***
Community Health Nurse: high-risk neonates, antepartum, postpartum and pediatric patients. Consulted in the care of adult clients with limited English proficiency whose primary language was Spanish or PortugueseResponsibilities included IV therapy, management of central lines, tracheostomy care, wound management, patient education, and coordination of home health services for patient and family.

1990 - 1992   ***Staff Nurse, Washington Hospital Center, Washington, DC***
Nursing care of High Risk Antepartum, Postpartum, and Newborn Infants. Nursing care of special care infants in the NICU and charge nurse duties on Antepartum, Postpartum, and Newborn Nursery Units.

1987 - 1990 ***First Lieutenant, United States Air Force, Wright Patterson AFB, OH***
Selected for the Obstetrical Nursing Internship Program. Responsibilities included care of the laboring patient, as well as high risk antepartum/postpartum and GYN patients. Coordinated and taught prenatal breastfeeding classes.

EDUCATION

- *Bachelors of Science in Nursing*, University of Texas, 1987
- *Masters of Science in Nursing*, University of Phoenix, 2004

CREDENTIALS & CERTIFICATIONS

- Registered Nurse, State of Maryland (R116427)
- Registered Nurse, District of Columbia (RN1029718)
- IBCLC, (102-18727)
- Resolve Through Sharing, Coordinator
- BLS Provider
- TeamSTEPPS™ Trainer, 2008
- Qualified Bilingual Staff, Spanish (Level 2), 2014

COMPUTER SOFTWARE PROFICIENCY

- Microsoft Office Suite & Outlook
- Blackboard Learning Management System
- SMART Board System
- Angel Learning Management System
- Electronic Medical Record Systems: Cerner, Epic & McKesson

PROFESSIONAL MEMBERSHIPS & ACTIVITIES

- ANA
- AWHONN
- ILCA
- Sigma Theta Tau, Inducted 1987
- Board of Directors, Rehabilitation Services Incorporated, a nonprofit behavioral health care agency caring for individuals and families in Prince George's County

AWARDS

- 2005 Nurse of the Year, Presented by Prince George's Hospital Center, Cheverly Maryland
- 2005 Honoree, 100 Most Extraordinary Nurses, presented by Sigma Theta Tau Chapter, Howard University, Washington, DC
- 2008 Honoree, Recognizing volunteer work supporting outpatient and community based mental health rehabilitation services in Prince George's County, Maryland, presented by Rehabilitation Systems, Inc.

PRESENTATIONS & WORKSHOPS

- *Childbirth Education and Breastfeeding Classes,* Prince George's Hospital Center (English & Spanish)
- *Death and Dying Throughout the Lifespan,* Prince George's Community College, October 2002.
- *Prenatal Care and Nutrition Classes for Expectant Mothers* (Spanish), Adelphi Community Center, Adelphi, MD, 2002 to 2004.
- *Nursing Care of Families experiencing Perinatal and Neonatal Loss*, Prince George's Hospital Center, November 2002.
- *Feeding Issues in Infants and Children*, Prince George's Hospital Center, August & September 2003.
- *Cultural Competence: Meeting the Needs of Latino Immigrants in the Washington Metropolitan Area*, Greater Baden Medical Services, Baden, Maryland, 2005.
- *Professionalism in Nursing*, Bowie State University, 2006.
- *Breastfeeding Benefits*, Greater Baden WIC Office, 2006.
- *Supporting Lactation in Outpatient Settings*, Bowie State University, Guest Lecturer for FNP Program, Fall 2007 & Spring 2009
- *Pharmacology and Lactation*, Prince George's Hospital Center, Nursing Grand Rounds, April 2009
- *Role of Primary Care Provider in Human Lactation*, Bowie State University, Guest Lecturer for FNP Program, Fall 2009, 2010, 2011.

GRANTS

- *Komen-Maryland Affiliate Nursing Partnership: Advancing Education and Practice, 2010*: University of Maryland, School of Nursing and Bowie State University, Department of Nursing. Principal Investigator
- *MFAST (Maryland Faculty Academy of Simulation Teaching), 2010*: John Hopkins, School of Nursing and Bowie State University, Department of Nursing. Principal Investigator

PUBLICATIONS

- **Contributor**
  Alfaro-LeFevre, R. (2009). *Critical thinking and clinical judgment: A practical approach to outcome-focused thinking* (4th ed.). St. Louis: Saunders-Elsevier.

References available upon request.

STATE OF MARYLAND

MARYLAND BOARD OF NURSING
4140 PATTERSON AVENUE
BALTIMORE, MARYLAND 21215-2254

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(410) 585-1978 AUTOMATED VERIFICATION
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2C2

To: Maryland Board of Directors
From: Patricia Kennedy, Director of Education
Date: June 22, 2016
Re: Cecil College, Nursing Curriculum Changes

FYI.

The curriculum for the Associate of Science in Nursing (ASN) degree at Cecil College has been revised to reflect current standards and best practices. The goals of the curriculum review and evaluation were to:

- Identify practices that assist in the seamless articulation among ASN/ADN and BSN programs;
- Identify best practices of articulation agreements for RN to BSN programs, and;
- Evaluate program alignment of courses which foster dual enrollment and dual admissions.

The following changes were approved by the nursing program faculty and Academic Affairs Committee. The Maryland Commission on Higher Education (MHEC) has been notified of the changes and the Accreditation for Education in Nursing are in the process of being notified:

- The replacement of a finite math (a collection of topics excluding calculus that focuses on mathematical analysis techniques used in the working world) (3 credits) with one that introduces statistics (4 credits).
- Increased a course from 2 to 3 credits to allow more content on current practice issues with which RNs confront daily—professional, legal and ethical issues.
- An increase from a total of 68 to 70 program credits.

Both the old and new math and professional course syllabi as well as general program information are presented and include completion time lines, outcomes, objectives and sample assessment tasks.

May 12, 2016

Maryland Board of Nursing
4140 Patterson Avenue
Baltimore, Maryland, 21215-2254

To Whom It May Concern:

This letter is intended to inform the Maryland Board of Nursing of two changes in the Associate of Science in Nursing curriculum at Cecil College. In the spirit of continuous improvement and to ensure that the curriculum is current and relevant to best practices in nursing and nursing education, the nursing faculty at Cecil College have two changes to the AS in nursing degree.

Previously, MAT 123- Finite Math, a 3 credit course, was the designated math course for the AS in nursing degree. After reviewing current best practices, the articulation agreements for RN to BSN programs, and the alignment preferred for dual enrollment/dual admission programs, it was determined that MAT 127-Introduction to Statistics, was a better math course for nursing majors at Cecil College. This will also better prepare Cecil College nursing graduates for practice as well as for continuing their studies towards a BSN or MSN.

Nursing has become increasingly complex, particularly related to ethical, legal, social and political issues. Currently, the course that focuses on these issues is NUR 206-Professional, Legal and Ethical Issues in Nursing, a 2 credit course. After a review by the faculty, as well as discussion with our clinical partners, it was determined that our students needed more content related to the current practice issues with which RNs are confronted daily. Building off of the previous NUR 206 course, NUR 208-Professional Issues in Nursing, a 3 credit course, was developed to further facilitate Cecil nursing students' understanding of and preparation for the issues facing a practicing RN. The previous syllabus for NUR 206 and the new syllabus for NUR 208 are attached.

Although these changes increase the total credit requirement for the AS in nursing from 68 credits to 70 credits, the Maryland College and Career Readiness and College Completion (CCRCC) Act of 2013, was also considered; Associate degree nursing programs in Maryland have an exception of the limit to 60 credits associated with this Act and are allowed to have

a maximum of 70 credits, which is in line with the curriculum changes. The program of study for the Associate of Science in nursing for Cecil College is attached.

These changes have been developed, reviewed and approved by the Cecil College nursing program faculty. They have also been reviewed and approved by the Cecil College Academic Affairs Committee, a college-wide committee. Maryland Higher Education Commission has also being notified about the Associate of Science in nursing degree program changes. The Accreditation Commission for Education in Nursing is also being notified of these changes.

While Cecil transitions to the updated version of the AS in nursing degree, nursing students will be informed via information sessions, the *College Catalog*, the college website and all printed and e-mailed information from the nursing department. Students will have consideration of up to five years meet the graduation requirements and graduate of the version of the college catalog they were admitted under as declared nursing majors. This consideration creates a reasonable pathway for our current students.

Thank you for your consideration. If you have any questions or require further information, please do not hesitate to contact me.

Sincerely,

Christy Dryer, DNP, RN, CNE
Dean of Nursing and Health Professions
410-287-6060 x1541
Fax: 410-287-2702
cdryer@cecil.edu
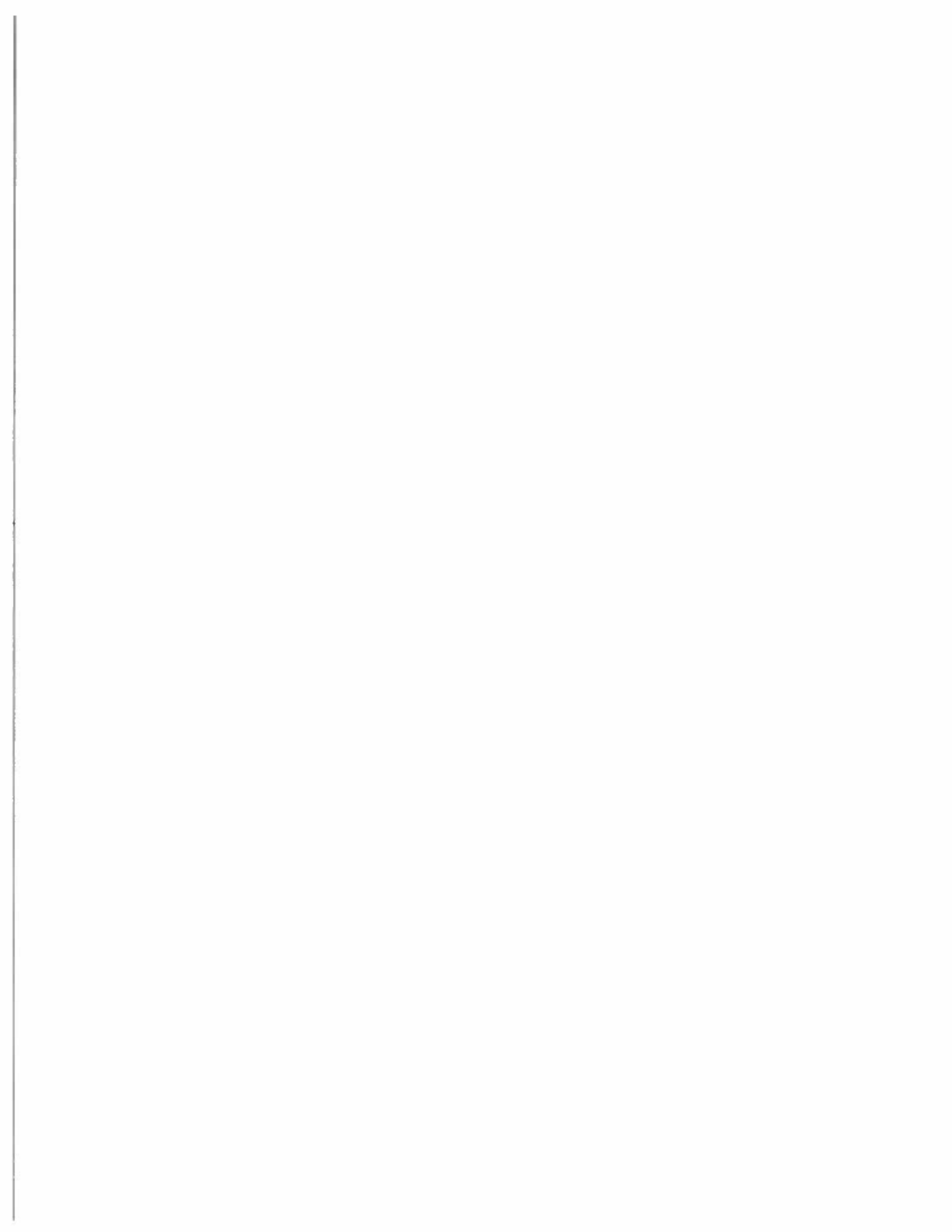
Course Syllabus

Date Approved:	October 10, 2012 (Revised August 29, 2014)
Prepared By:	John Climent
Course Title:	Introduction to Statistics
Course Number:	MAT 127
Lecture Hours:	60
Laboratory Hours:	0
Total Contact Hours:	60
Credit Hours:	4
Pre-requisites:	EGL 093 and Grade of C or better in MAT 093 or MAT 095

Course Description:

Introduction to Statistics introduces students to the study of measures of central tendency, measures of variation, graphical representation of data, least squares regression, correlation, probability, probability distributions, sampling techniques, parameter estimation, and hypothesis testing. The emphasis is on applications from a variety of sources including newspapers, periodicals, journals, and many of the disciplines that students may encounter in their college education. Students shall be expected to gather and analyze data, and formally report the results of their research. The use of technology and statistical software is integrated throughout the course.
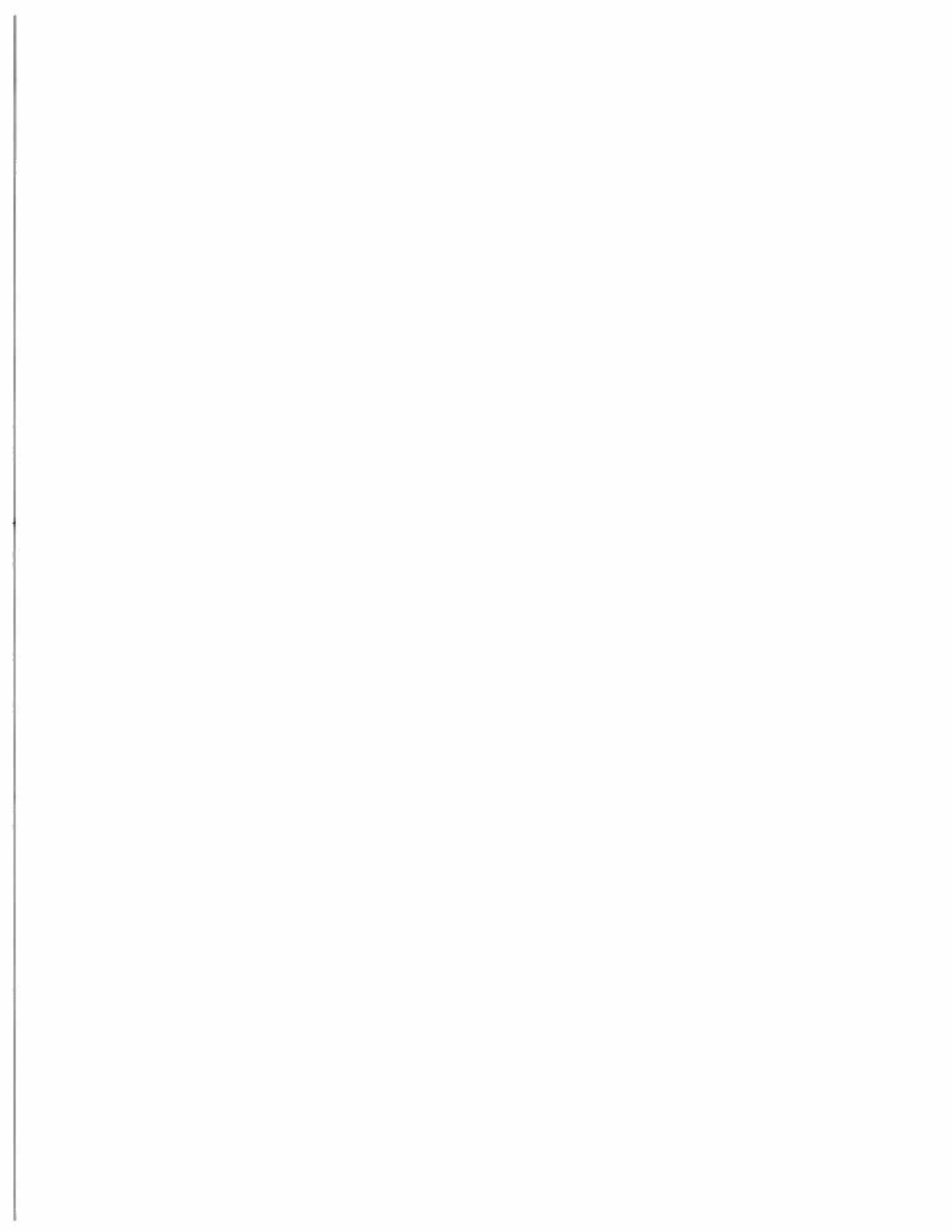
At Cecil College, for all credit courses, students are expected to spend a minimum of 45 hours of 50 minutes each of combined instructional time and related coursework time per credit hour. For this course, the following applies:

4-Credit Course	Number of Hours
Total hours of direct instruction and/or out-of-class student work required	180
Direct Faculty Instruction	60
Out-of-Class Student Work	120

TIME REQUIRED TO SUCCESSFULLY COMPLETE MATH 127

Math 127 is a four credit hour course. You should expect to spend 60 hours in class and an additional 120 hours outside of class. The hourly breakdown of assignments will be given on the following page.

Assignment	Reading 22 Chapters	Online HW 22 Chapters	6 Take-Home Quizzes	Additional Study Time for 2 Exams	Semester Total
Description	Average reading time 3.2 minutes per page Average of 30 pages per 96 minutes per chapter Total 2112 minutes	90 minutes per chapter	5 hours per quiz	12 hours per exam	
Total Out-of-Class Hours	35	33	30	24	120
Total In-Class Hours					60
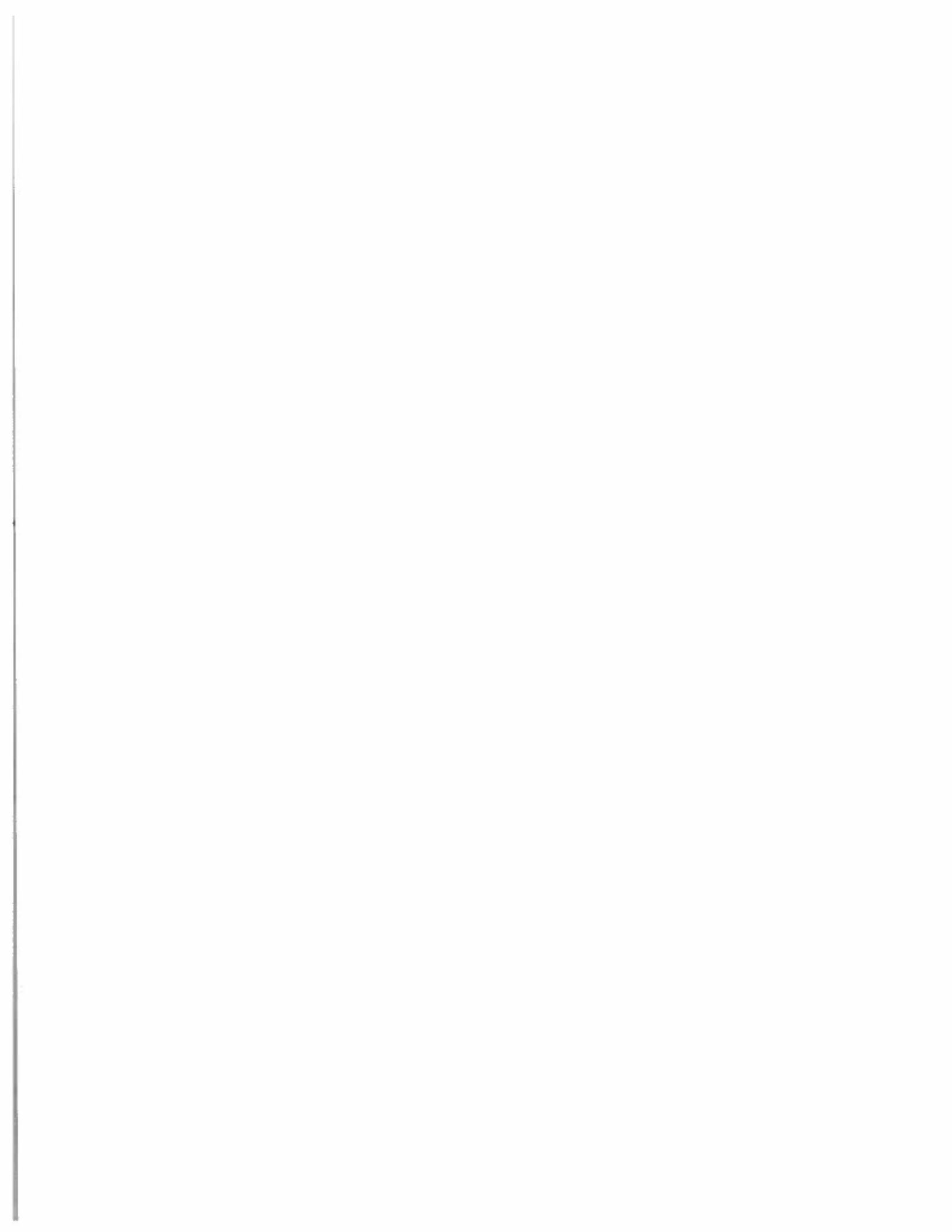
Topical Outline

   I. Populations, Samples, Parameters, Statistics and Data Classification

  II. Displaying Data in Tables and Graphs

 III. Describing Data in One Variable

  IV. Discovering Relationships (Correlation and Simple Linear Regression)

   V. Probability

  VI. Discrete Probability Distributions

 VII. Continuous Probability Distributions

VIII. Sampling Distribution of the Mean and the Central Limit theorem

  IX. Parameter estimation and Confidence Intervals

   X. Hypothesis Testing

Outcomes	Indicators	Examples of Assessment Tasks	Assessment Types
1. The student should be familiar with and understand the terminology used in statistics.	1.1 The student should know and understand population, parameters, sample, statistics and the symbols used for them.	1.1 Find the proper symbol for the number in **bold**. Twenty-four students handed the first statistics quiz and the average grade was **86.6**	Homework. Take home extended response and short answer problems.
	1.2 The student should know and understand levels of measurement (nominal, ordinal, interval and ratio).	1.2 According to the attached article, young adults weigh more today than they did in the past. Read the article and answer the following questions. What is the level of measurement for the weight gain mentioned in the first paragraph?	Adventure in Learning Systems (ALS) competency based certificates.
	1.3 The student should know and understand simple random samples.	1.3 According to the attached article, young adults weigh more today than they did in the past. Read the article and answer the following questions. In one or two sentences, carefully and completely describe the sample (including size, makeup, location, etc.) that was used to draw the conclusions in the article. Explain why the sample was or was not a random sample.	Math Lab extended response and short answer problems. Classroom participation and questioning.
	1.4 The student should know and understand descriptive versus inferential statistics (sample vs. population).	1.4 According to the attached article, a large percentage of the people using public bathrooms fail to wash their hands before leaving. Read the article and answer the following questions. Explain whether the observation that only 40% of the people in Penn Station NY wash their hands after using public restrooms is a parameter or a statistic.	

Outcomes	Indicators	Examples of Assessment Tasks	Assessment Types
2. The student should understand the formulas used in statistics and be able to perform calculations with them.	**2.1** The student should understand and be able to use the formulas for mean, median and mode.	**2.1** Calculate the mean, median, and mode of the weight of pennies dataset found by your class.	Homework. Take home extended response and short answer problems. Adventure in Learning Systems (ALS) competency based certificates. Math Lab extended response and short answer problems. Classroom participation and questioning.
	2.2 The student should understand and be able to use the formulas for variance, standard deviation, range, and mean absolute deviation.	**2.2** Calculate the variance, standard deviation, range, and mean absolute deviation of the weight of pennies dataset found by your class.	
	2.3 The student should understand and be able to use the formulas for correlation coefficient and simple linear regression coefficients.	**2.3** Find the correlation coefficient and simple linear regression coefficients of the weight of pennies dataset found by your class.	
	2.4 The student should understand and be able to use the formulas for mean, variance and standard deviation from frequency tables.	**2.4** The following table summarizes the temperatures in Elkton over the past summer. Find the mean, variance and standard deviation.	
	2.5 The student should understand and be able to use the formulas for z-scores and the empirical distribution.	**2.5** Jack was hired as a painter by a large painting company. They first gave him a test to see whether it would be best for the company to assign him to paint walls, trim, ceilings, or floors. The test consisted of Jack performing each of these three types of painting until the task was completed and measuring how much time it took to complete the job. Jack's results along with those of all previous candidates are summarized below. In the first column on the table calculate the z-score for Jack's performance.	

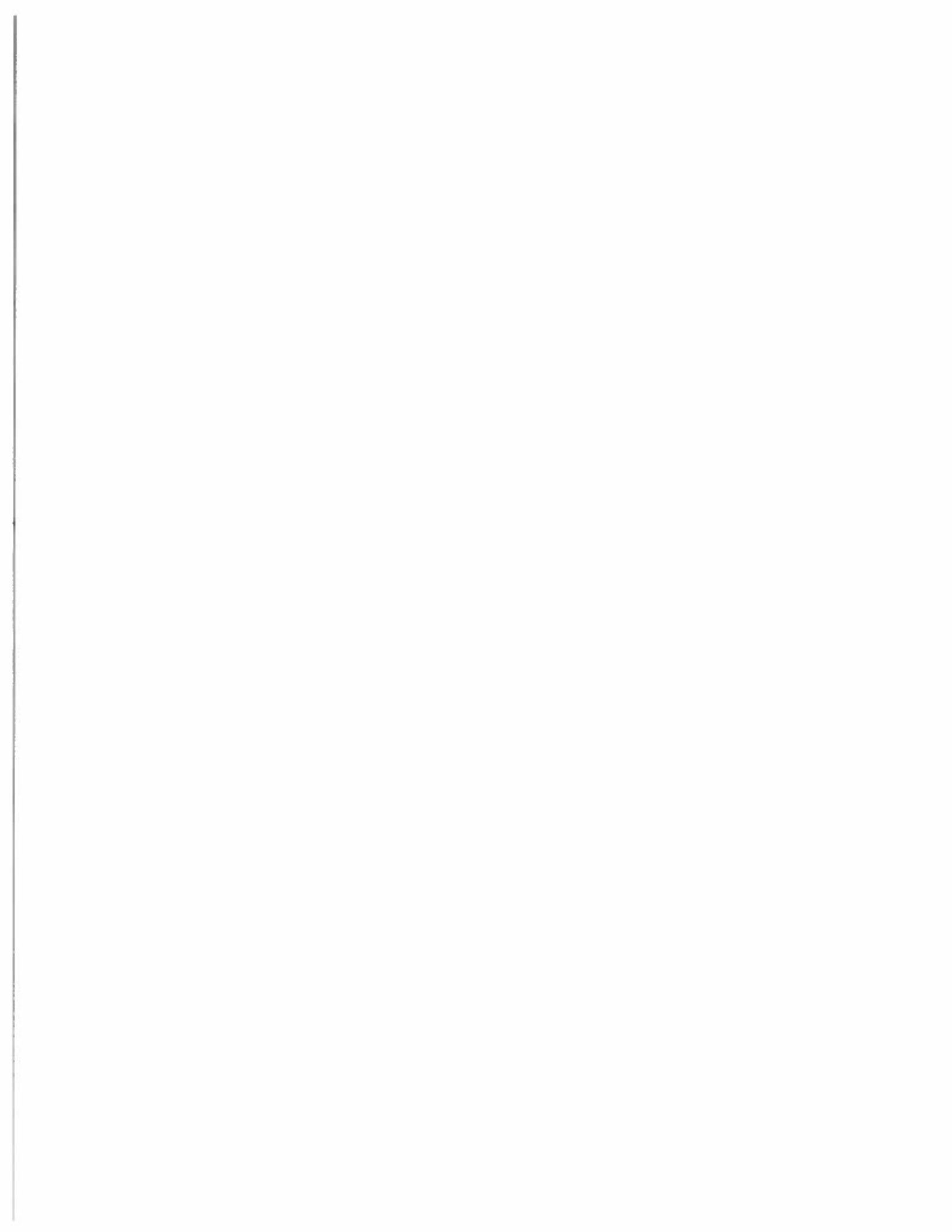| Outcomes	Indicators	Examples of Assessment Tasks	Assessment Types
3. The student should be able to summarize data both graphically and in tables.	3.1 The student should be able to put data into frequency and relative frequency tables.	3.1 Fill in the following frequency table for the weight of pennies dataset.	Homework. Take home extended response and short answer problems.
	3.2 The student should be able to plot data using bar charts and histograms.	3.2 On separate paper, draw a **bar type** time-series plot (not a line type) of the frequency of the pennies in our sample for each year.	Adventure in Learning Systems (ALS) competency based certificates.
	3.3 The student should be able to plot data using stem-and-leaf diagrams.	3.3 Draw a stem-and-leaf plot of the weight of pennies dataset using a leaf interval of 2 hundredths.	
	3.4 The student should be able to plot data using box plots.	3.4 Draw a box plot of the weight of pennies dataset.	Math Lab extended response and short answer problems.
	3.5 The student should be able to plot data using scatter plots.	3.5 For the prices of Honda Accords listed in the Honda97 dataset draw a scatter plot, using year as your explanatory variable.	
	3.6 The student should be able to interpret the above graphs.	3.6 In 1974 the national speed limit was lowered to 55 miles per hour in an attempt to conserve gasoline after the 1973 Mid-east war. In the mid-1980s most states raised speed limits on interstate highways to 65 miles per hour. Some said that the lower speed limit saved lives. Explain if the effects of the lower speed limits between 1974 and the mid-1980s are visible in your plot of this data.	Classroom participation and questioning.
	3.7 The student should be able to use Minitab or a spread-sheeting program and the graphing calculator to plot the above graphs.	3.7 Use Minitab to draw a histogram of the weight of pennies dataset.	
	3.8 The student should be able to generate normal probability plots on a computer and interpret them.	3.8 Use Minitab to draw a normal probability plot of the weight of pennies dataset and indicate whether or not the plot indicates normality.	
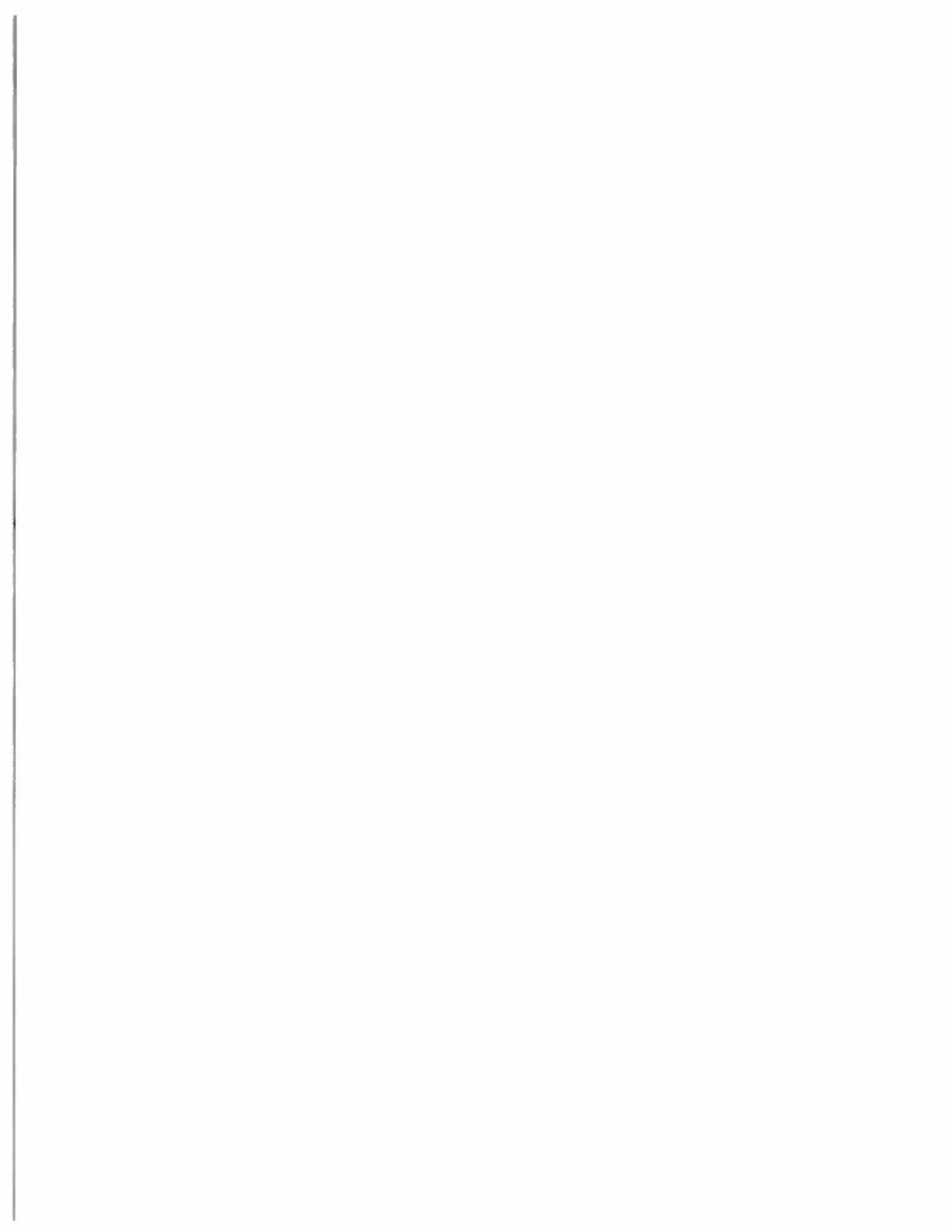
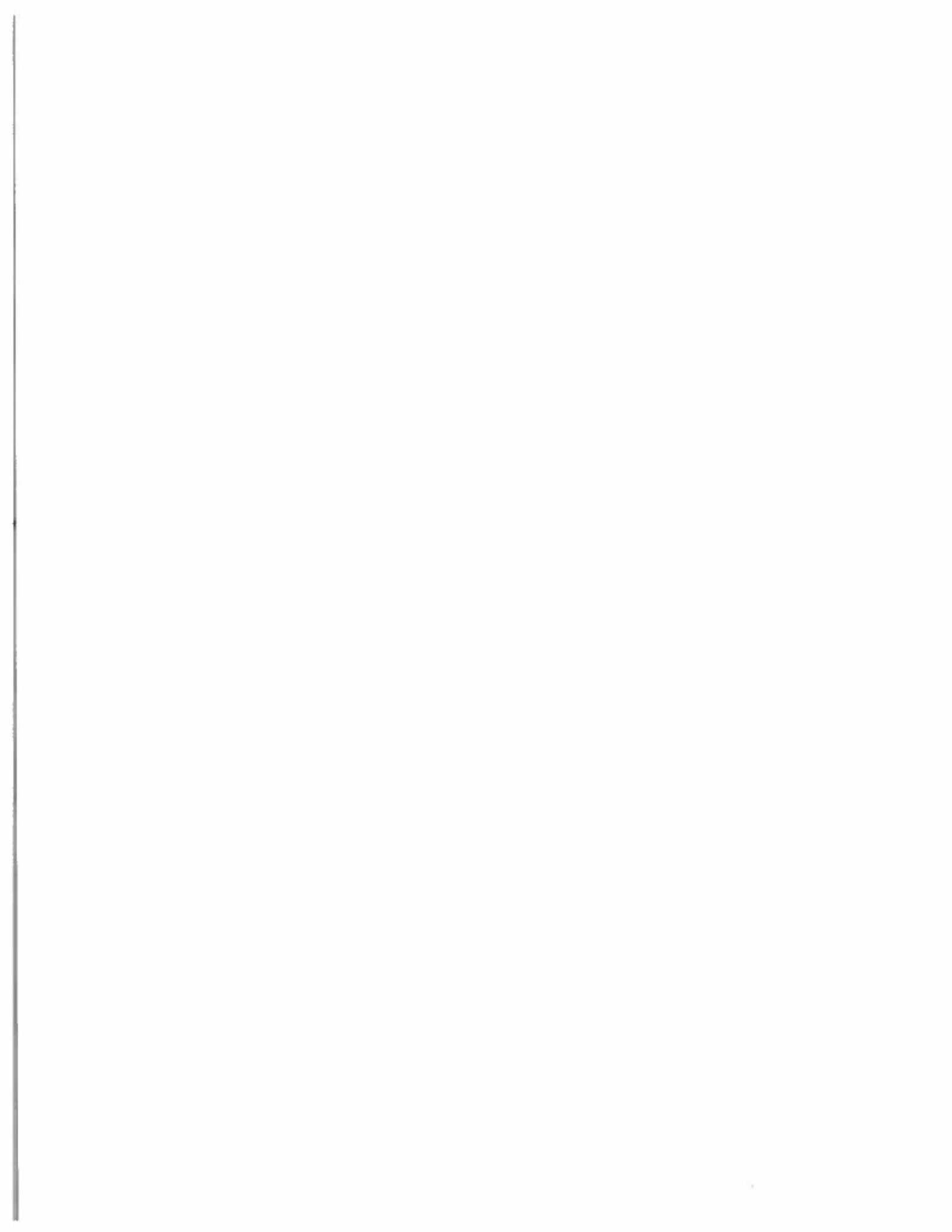| Outcomes	Indicators	Examples of Assessment Tasks	Assessment Types
	3.9 The student should be able to generate residual plots on a computer or calculator.	3.9 Plot the residuals vs. year for the Honda 97 dataset.	

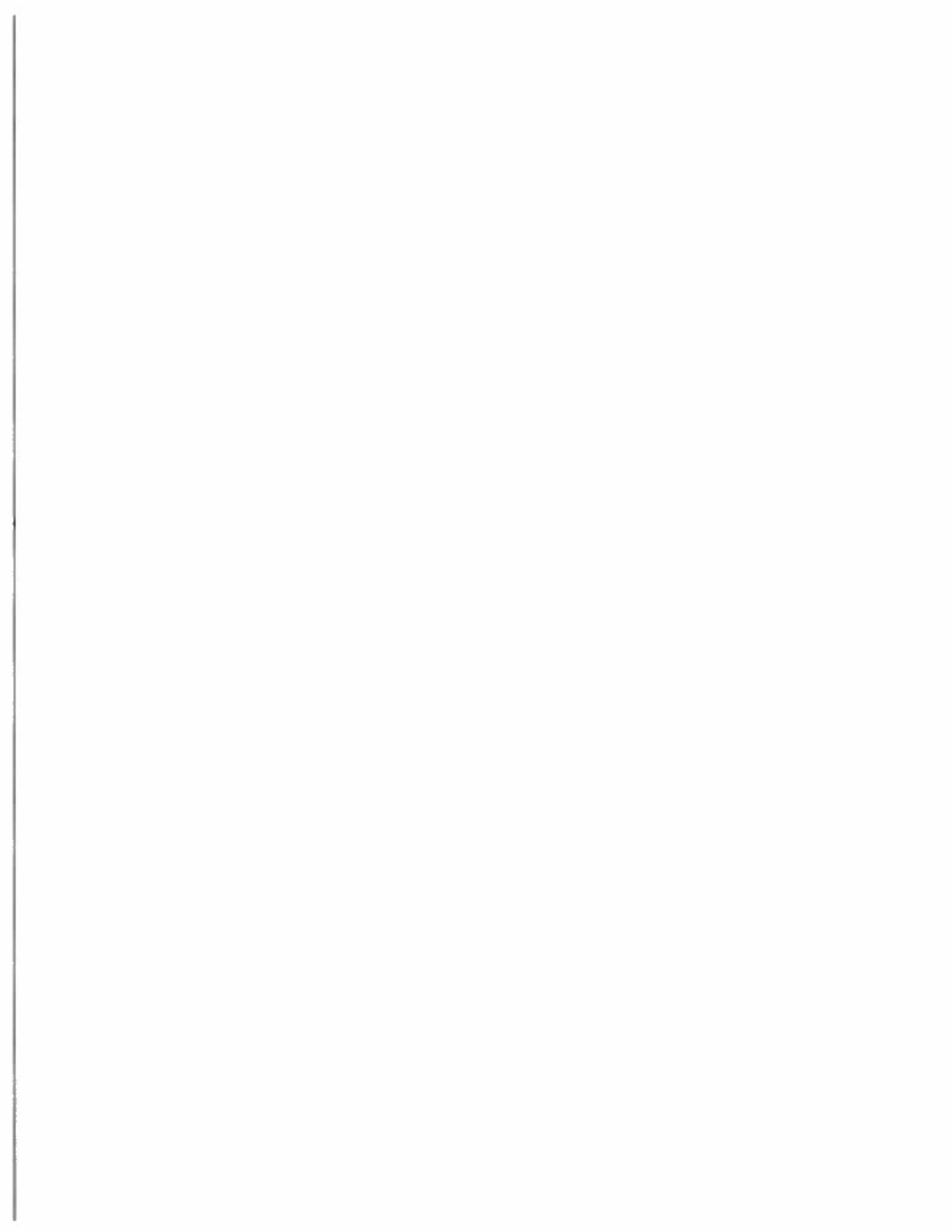| Outcomes	Indicators	Examples of Assessment Tasks	Assessment Types
4. The student should be able to fit least squares regression to data and understand the meaning of the terminology, measures and calculations used in regression.	**4.1** The student should be able to understand that the correlation coefficient is a measure of linearity and be able to interpret its meaning from scatter plots and its numerical value.	**4.1** What is the correlation between price and year for the Honda 97 dataset and explain how strong the relationship is between these two variables.	Homework. Take home extended response and short answer problems. Adventure in Learning Systems (ALS) competency based certificates. Math Lab extended response and short answer problems. Classroom participation and questioning.
	4.2 The student should be able to use simple linear regression to fit a least squares line though data.	**4.2** For the prices of Honda Accords listed in the Honda97 dataset find the equation of the least squares linear regression line, using year as your explanatory variable.	
	4.3 The student should be able to interpret the slope and y-intercept in the context of the variable in the dataset.	**4.3** For the prices of Honda Accords listed in the Honda97 dataset interpret the slope in the context of the variables given and explain why the y-intercept does not make sense here.	
	4.4 The student should be able to recognize from scatter plots relationships that are not linear and use a computer or calculator to find their regression equation.	**4.4** Based on the Traffic Fatalities by age dataset, what type of relationship appears to make the most sense?	
	4.5 The student should be able to solve for the missing variable in regression equations.	**4.5.** For the Honda99 dataset we determined the best regression model was $\hat{Y} = 1.5613 \bullet 1.2107^X$. Based on this equation find the cost of a 1984 Honda Accord. What is the latest model Honda Accord you could afford if could not spend any more than \$10,000.	
	4.6 The student should be able to use a computer program to graph the scatter plot of the data along with the regression curve.	**4.6** For the Honda99 dataset graph the scatter plot along with the exponential regression equation.	

Outcomes	Indicators	Examples of Assessment Tasks	Assessment Types
	4.7 The student should be able to know the meaning of the coefficient of determination, sums of squares and errors in simple linear regression.	**4.7** Find the value of R^2 for the Honda 97 data set and use it to argue whether or not there is a relationship between year and price.	
	4.8 The student should be able to use residual plots to assess the adequacy of the regression model.	**4.8** Based on the plot of linear model residuals vs. year for the Honda 97 dataset explain whether or not a linear model makes sense. If one does not, examine curvilinear models.	

Outcomes	Indicators	Examples of Assessment Tasks	Assessment Types
5. The student should be able to perform elementary probability calculations and find discrete probability distributions.	5.1 The student should be able to understand the difference between, classical, relative frequency and subjective probability.	5.1 The following article appeared in the *New Your Times* on 9/17/96. According to the article, millions of Americans ignore their mother's advice concerning washing their hands after going to the bathroom. Read the article and tell which probability interpretation did the mayor of Old York use, relative frequency (RF), subjective (SUB), or classical (CLASS	Homework. Take home extended response and short answer problems.
	5.2 The student should be able to find sample spaces and events and calculate probabilities from them.	5.2 A pair of fair three-sided dice, numbered 1 to 3, is tossed. List all possible outcomes and find the probability that the sum of the numbers showing is not 3.	Adventure in Learning Systems (ALS) competency based certificates.
	5.3 The student should be able to understand and use the formula that relates the probability of unions and intersections.	5.3 If $P(A) = 0.4$, $P(B) = 0.2$ and $P(A|B) = 0.5$, find the following: $P(A \cap B)$, $P(B|A)$, and $P(A \cup B)$.	Math Lab extended response and short answer problems.
	5.4 The student should be able to understand and use the formula for conditional probability.	5.4 Suppose that recent applicants to Cecil C.C. are classified by residency and major as shown in the accompanying table. If an applicant is selected at random, find the likelihood that the applicant is a History Major, if we know that the Applicant is a Cecil County Resident.	Classroom participation and questioning.
	5.5 The student should be able to understand when events are independent and its implication on conditional probability.	5.5 If $P(A) = 0.4$, $P(B) = 0.2$ and $P(A|B) = 0.5$, what must we change the value of $P(A)$ to, in order to make events A and B independent events?	Oral & written project.
	5.6 The student should be able to find probabilities of outcomes that consist of many parts (e.g. rolling three dice) using the conditional probability formula.	5.6 Jack and Jill are inconsistent when it comes fetching a pail of water. On any given day, there is a 40% chance that Jack will fetch a pail of water, and a 60% chance that Jill has fetched one. If neither Jack nor Jill knows whether or not the other one will fetch a pail of water today, find the probability that only one of them fetches a pail of water.	

Outcomes	Indicators	Examples of Assessment Tasks	Assessment Types
	5.7 The student should be able to solve application problems and find discrete probability distributions.	**5.7** Jim and Yvette plan to have a family of three children, with girls being just as likely as boys. Find the probability distribution for the number of girls and the probability that all of their children are boys.	

Outcomes	Indicators	Examples of Assessment Tasks	Assessment Types
6. The student should be introduced to and solve problems using standard probability distributions.	**6.1** The student should be able to know what a random variable is and know the difference between discrete and continuous random variables and probability distributions.	**6.1** Classify the following random variables as discrete or continuous: The number of boys in a family of 5 children. The heights of 10-year-old girls.	Homework. Take home extended response and short answer problems.
	6.2 The student should be able to mind the mean, variance and standard deviation of any discrete finite probability distribution.	**6.2** For the probability distribution given: X 1 2 3 4 P(X) .1 .3 .2 .3 Find the mean, variance and standard deviation.	Adventure in Learning Systems (ALS) competency based certificates.
	6.3 The student should be able to recognize binomial distributions, calculate probabilities using its probability formula and tables, use its probability formula to find its mean, variance and standard deviation, and solve application problems involving the binomial distribution.	**6.3** If it is known that 80% of all Labrador Retrievers are black, in a random sample of 18 Labrador Retrievers, find the probability that the number that are black is between 14 and 17 inclusive and find the mean and standard deviation for the number of black labs.	Math Lab extended response and short answer problems. Classroom participation and questioning.
	6.4 The student should be able to recognize discrete uniform distributions, calculate probabilities using its probability formula, use its probability formula to find its mean, variance and standard deviation, and solve application problems involving the Uniform distribution.	**6.4** A fair die is tossed find the probability that the number showing is less than 4.	

Outcomes	Indicators	Examples of Assessment Tasks	Assessment Types
	6.5 The student should be able to recognize Poisson distributions, calculate probabilities using its probability formula and tables, use its formulas to find its mean, variance and standard deviation, and solve application problems involving the Poisson distribution.	**6.5** With increased airline traffic, it is predicted that in the next century airline accidents will average one a week. If they follow a Poisson distribution, what is the probability that the number of airline accidents in a month (4.3 weeks) is at least 7.	
	6.6 The student should be able to recognize hypergeometric distributions, calculate probabilities using its probability formula and tables, use its formulas to find its mean, variance and standard deviation, and solve application problems involving the hypergeometric distribution.	**6.6** A police officer buys a box of 13 jelly donuts (a baker's dozen). Nine of the donuts are strawberry and four are raspberry. If the police officer randomly selects and eats 5 of the donuts, what is the probability that he or she eats at least 2 strawberry jelly donuts?	
	6.7 The student should be able to use the area under the curve to calculate probabilities using the continuous uniform distribution.	**6.7** Sandra always attends her 80-minute math class, but she is equally likely to arrive at any time during those 80 minutes. If the class meets from 8:00AM to 9:20AM find the likelihood that she arrives between 8:45AM and 9:05AM. (Hint: what probability distribution is this problem?)	

Outcomes	Indicators	Examples of Assessment Tasks	Assessment Types
	6.8 The student should be able to use the table for the standard normal distribution to calculate probabilities for standard normal distribution and to find the z-score that corresponds to a given area under its curve.	**6.8** For the standard normal distribution find the following probabilities: *P(z > -1.24)*, *P(z < -2.35)* and *P(-2.35 < z < -1.24)*.	
	6.9 The student should be able to calculate probabilities for any normal distribution and solve application problems involving normal random variables.	**6.9** Suppose that of all students, who took a standardized math test, their average score was 980 with a standard deviation of 100. If test scores are normally distributed, find the probability that a randomly selected student has a test score between 955 and 1000 inclusive.	

Outcomes	Indicators	Examples of Assessment Tasks	Assessment Types
7. The student should be introduced to the sampling distribution of the mean and the central limit theorem.	**7.1** The student should be able to understand the difference between biased and unbiased estimators.	**7.1** Bill and Barbara are unbiased archers, if they are both shooting at a target, explain what this means in terms of where their arrows hit the target.	Homework. Take home extended response and short answer problems.
	7.2 The student should be able to understand more efficient estimators.	**7.2** While Bill and Barbara are unbiased archers, Barbara is a more efficient archer. Explain what this means in terms of where their arrows hit the target.	
	7.3 The student should be able to understand the sampling distribution of the mean and be able to use the formulas used to calculate its mean, variance and standard deviation from the mean, variance and standard deviation of the population from which it is derived.	**7.3** Beth is equally likely to arrive at work any time between 8:00AM and 8:30AM. Using 800 & 830 for these two times find the mean and standard deviation of Beth's arrival time. If we take a random sample of 36 days for Beth's arrival time, find the mean and standard deviation for her average arrival time.	Adventure in Learning Systems (ALS) competency based certificates. Math Lab extended response and short answer problems.
	7.4 The student should be able to understand the central limit theorem.	**7.4** In the previous problem, find the probability that Beth's average arrival time for the random sample of 36 days is between 8:25AM and 8:40AM.	Classroom participation and questioning.
	7.5 The student should be able to use z-scores to calculate probabilities for means and proportions drawn from samples of size n.	**7.5** Suppose that of all students, who took a standardized math test, their average score was 980 with a standard deviation of 100. If test scores are normally distributed, find the probability that a random sample of 64 students had an average test score between 955 and 1000 inclusive.	

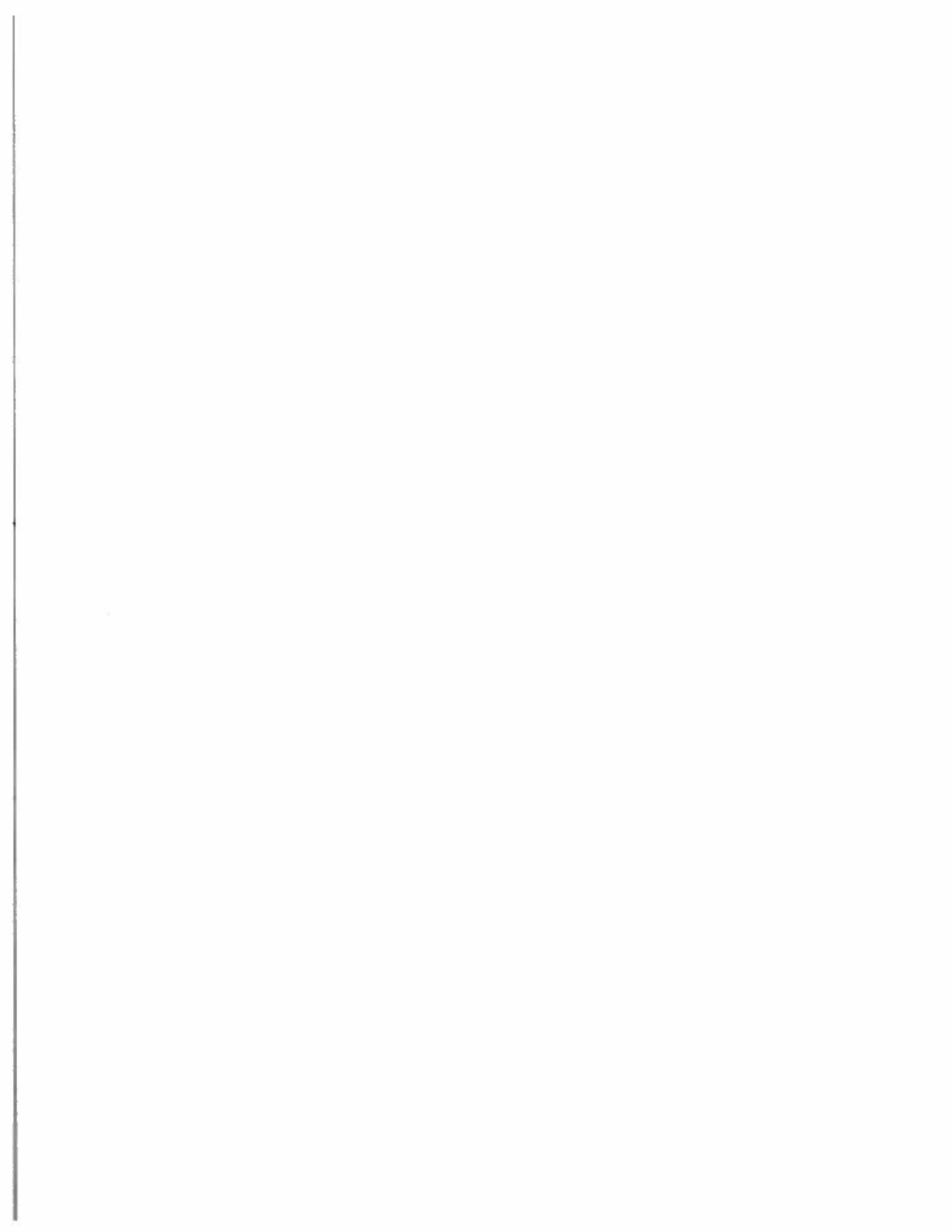| Outcomes	Indicators	Examples of Assessment Tasks	Assessment Types
8. The student should be able to solve problems involving confidence intervals and parameter estimation.	**8.1** The student should be able to understand the difference between a point estimate and interval estimate.	**8.1** Describe the difference between a point estimate and an interval estimate giving examples of each.	Homework. Take home extended response and short answer problems. Adventure in Learning Systems (ALS) competency based certificates. Math Lab extended response and short answer problems. Classroom participation and questioning.
	8.2 The student should be able to understand the t-distribution and be able to use tables to find probabilities for the t-distribution.	**8.2** If the sample size is 15, find the t-value that corresponds to a lower tail area of 0.05.	
	8.3 The student should be able to find confidence intervals for the mean using the t-distribution.	**8.3** Janice wanted to estimate mean number of hours her dog spent sleeping each day. In sample of 29 days, she found that her dog slept for an average of 18.7 hours with a standard deviation of 4.7 hours. Find the 99% confidence interval for the true mean number of hours her dog sleeps each day. Assume that her dog's sleep time is normally distributed.	
	8.4 The student should be able to find confidence intervals for the mean using the normal distribution.	**8.4** The number of hours that a random sample of 8 students spent studying for their final was: 4, 8, 12, 14, 1, 0, 2, 7. If studying time is normally distributed, find the 98% confidence limits for the average number of hours statistics students spend studying for their final.	
	8.5 The student should be able to find confidence intervals for a proportion using the normal distribution	**8.5** The Associated Press reported that in a recent survey of 8000 women, 648 said that they were stalked at least once. Stalking was defined by researchers as "a course of conduct directed at a specific person that involves repeated physical or visual proximity, nonconsensual communication, or verbal, written or implied threats." Find the 99% confidence interval for the true proportion women who feel they were stalked.	

Outcomes	Indicators	Examples of Assessment Tasks	Assessment Types
	8.6 The student should be able to find the sample size needed for a given precision for a mean.	**8.6** What size sample would be needed to estimate the true mean SAT score in math of high school seniors, if we wanted to be 95% confident that our error was no more than 5 points. Assume that the test scores are normally distributed with a standard deviation of 100.	
	8.7 The student should be able to find the sample size needed for a given precision for a proportion.	**8.7** Suppose that we wish to estimate the proportion of eligible voters who refuse to register to vote because they fear that registering will cause them to be called for jury duty. What size sample is need, if we wish to be 99% confident that the sample proportion is within 2% of the true proportion of eligible voters who fail to register to vote out of fear that it will cause them to be called for jury duty?	

| Outcomes	Indicators	Examples of Assessment Tasks	Assessment Types
9. The student should be able to solve problems involving tests of hypothesis.	9.1 The student should be able to understand the difference between a Type I error and Type II error and the relationship of these errors to the null and alternative hypotheses.	9.1 In the American justice system a jury has to decide whether a defendant is guilty or innocent. State the proper null and alternative hypotheses the jury should use and define the Type I and Type II errors associated with them. Explain why the Type I error should be the most serious error.	Homework. Take home extended response and short answer problems. Adventure in Learning Systems (ALS) competency based certificates. Math Lab extended response and short answer problems. Classroom participation and questioning. Oral & written project.
	9.2 The student should be able to understand the meaning of the p-value in solving hypothesis-testing problems.	9.2 Suppose that we are testing $H_0: \mu = 45$ and it is appropriate to use the z-test. If the numerical value of our statistical formula is $z = -1.23$, find the p-value that corresponds to the following possible alternative hypotheses: $H_1: \mu > 45$, $H_1: \mu < 45$ and $H_1: \mu \neq 45$.	
	9.3 The student should be able to solve hypothesis-testing problems involving a single mean using the t-distribution and the normal distribution.	9.3 A certain kind of screw produced by an automatic machine should average three inches in length. It is suspected, however, that the machine is no longer functioning properly and that the screws it produces are, on the average, either longer or shorter than three inches. Suppose that a sample of 25 screws yields an average length of 2.9 inches and a standard deviation of 0.25 inches. At a level of significance of 0.10 is there sufficient evidence to conclude that the machine is functioning improperly? Assume that the length of the screws has a distribution that is nearly normal.	

Outcomes	Indicators	Examples of Assessment Tasks	Assessment Types
	9.4 The student should be able to solve hypothesis-testing problems involving a single proportion using the normal distribution.	**9.4** It is suggested that professors have become more lenient in grading their students. In the past, 80% of all freshmen received C or better grades. A survey of the most recent freshman class shows that 8100 of a sample of 10,000 received C or better grades. Is there sufficient evidence to conclude that professors have become more lenient, if the level of significance is specified at 0.01?	
	9.5 The student should be able to solve hypothesis-testing problems involving the difference between two means using the t-distribution and the normal distribution.	**9.5** We wish to determine whether grade point averages (GPA) differ for boys and girls. It is assumed that the GPA is normally distributed with an identical variance for both sexes. Two independent samples of five students each yield the observations listed below. Using A 0.05 level of significance, test whether or not the mean GPA for boys is the same as the mean GPA for girls. GPA for boys: 2.7 2.9 2.5 3.2 2.8 GPA for girls: 3.4 2.6 2.6 3.0 3.3	
	9.6 The student should be able to solve hypothesis-testing problems involving the difference of two proportions using the normal distribution.	**9.6** In a recent survey, it was discovered that 14 out of 50 people owned subcompact cars. In a related survey, it was found that 18 out of 100 people owned luxury cars. Can we conclude at a level of significance of 0.05 that subcompact cars are more popular than luxury cars?	

Outcomes	Indicators	Examples of Assessment Tasks	Assessment Types
	9.7 The student should be able to solve hypothesis-testing problems involving a difference of two means for paired observations.	**9.7** The productivity level of workers is believed to be normally distributed. The weekly outputs of ten workers before and after a holiday are listed below. At a significance level of 0.05, is there sufficient evidence to conclude that average productivity has changed after the holiday?	

Worker	A	B	C	D	E	F	G	H	I	J
Before Holiday	58	67	33	71	44	15	82	36	92	92
After Holiday	66	70	35	74	41	12	86	30	96	90

General Education Student Learning Outcomes:

A. Critical and creative thinking skills and problem-solving strategies
B. Writing
C. Oral communications
D. Quantitative analysis
E. Computer literacy and the ability to work productively with information technology
F. An enhanced awareness of ethics, cultural diversity, artistic expression, health and wellness issues, and the physical and social environment
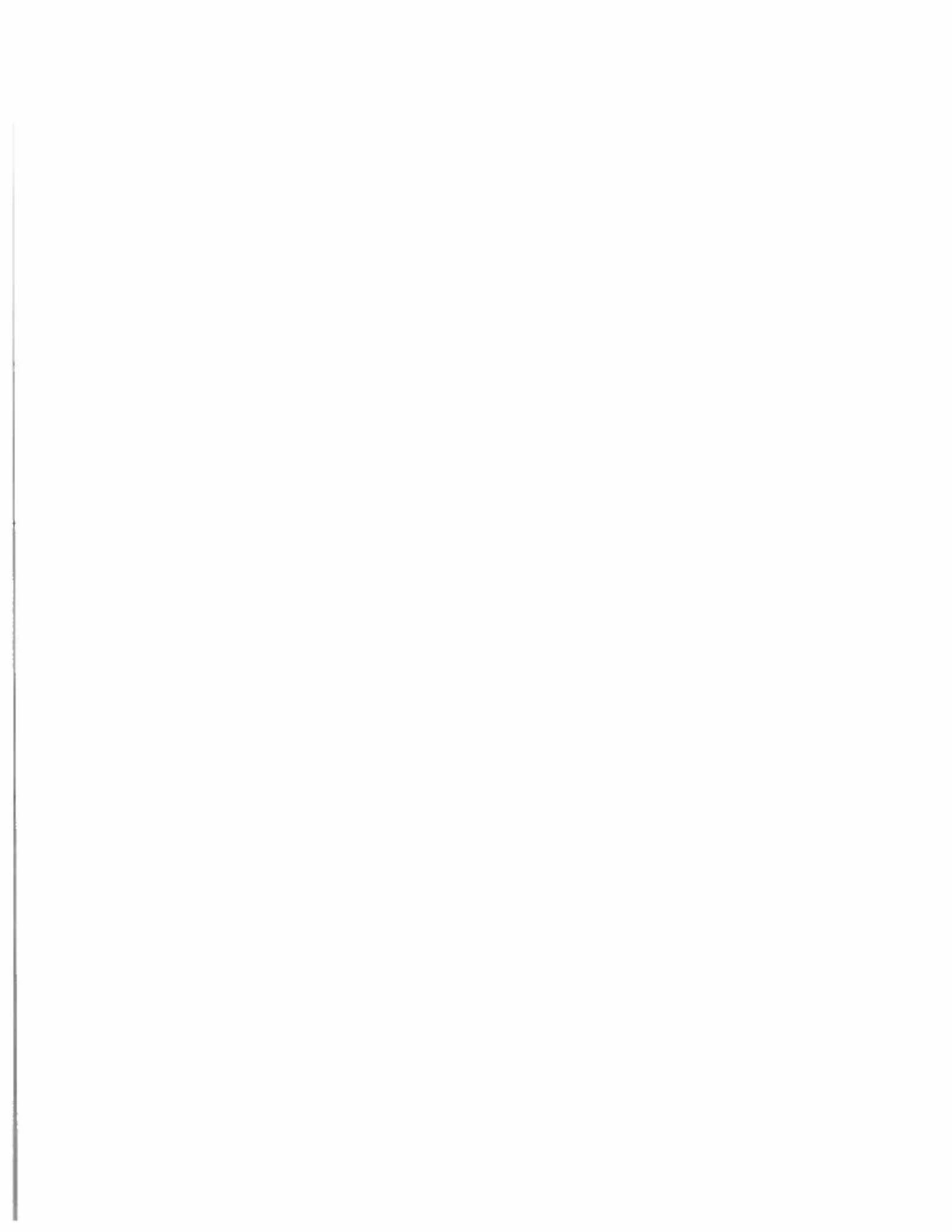
Master Syllabus
(Old course)

Date Prepared: 12/83 (Original); 9/14 (Latest Revision)

By Whom Prepared: Christy Dryer

Course Title: Professional, Legal, and Ethical Issues in Nursing

Course Number: NUR 206

Total Lecture Hours: 30 hours

Total Laboratory Hours: 0 hours

Total Course Contact Hours: 30 hours

Credit Hours: 2

Prerequisites: None

Co-requisites: NUR 204

Course Description:

Professional, Legal, and Ethical Issues stresses the professional, legal, political, and ethical issues which influence the nurse's role and responsibilities in today's health care environment. Concerns and issues which confront nurses, particularly the new nursing graduate, are discussed and problem-solving techniques are utilized. Evidence-based nursing practice, professional activities and continued education in the field of nursing are emphasized.

At Cecil College, for all credit courses, students are expected to spend a minimum of 45 hours of 50 minutes each of combined instructional time and related coursework time per credit hour. For this course, the following applies:

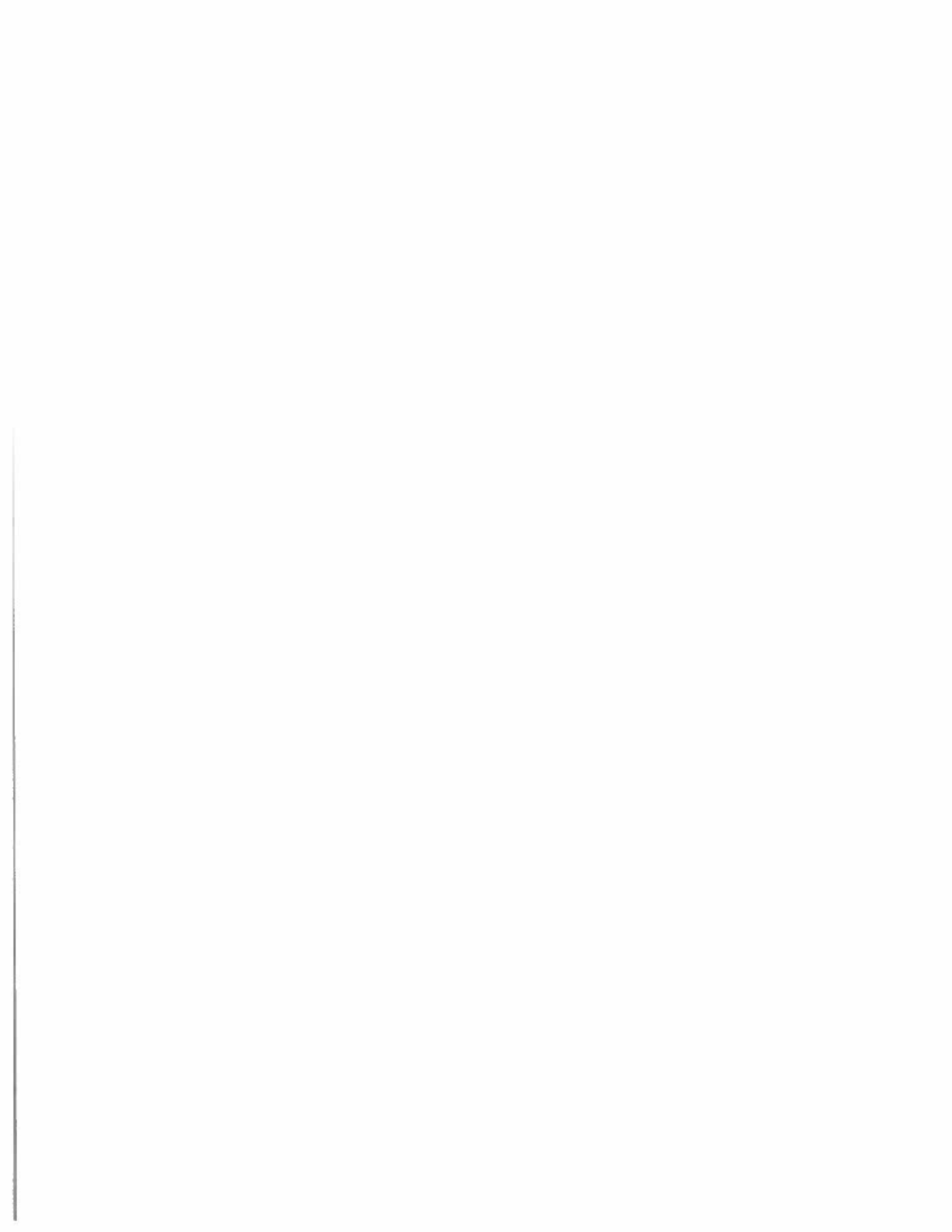| 3-Credit Course	Number of Hours
Total hours of direct instruction and/or out-of-class student work required	90
Direct Faculty Instruction	30
Out-of-Class Student Work	60
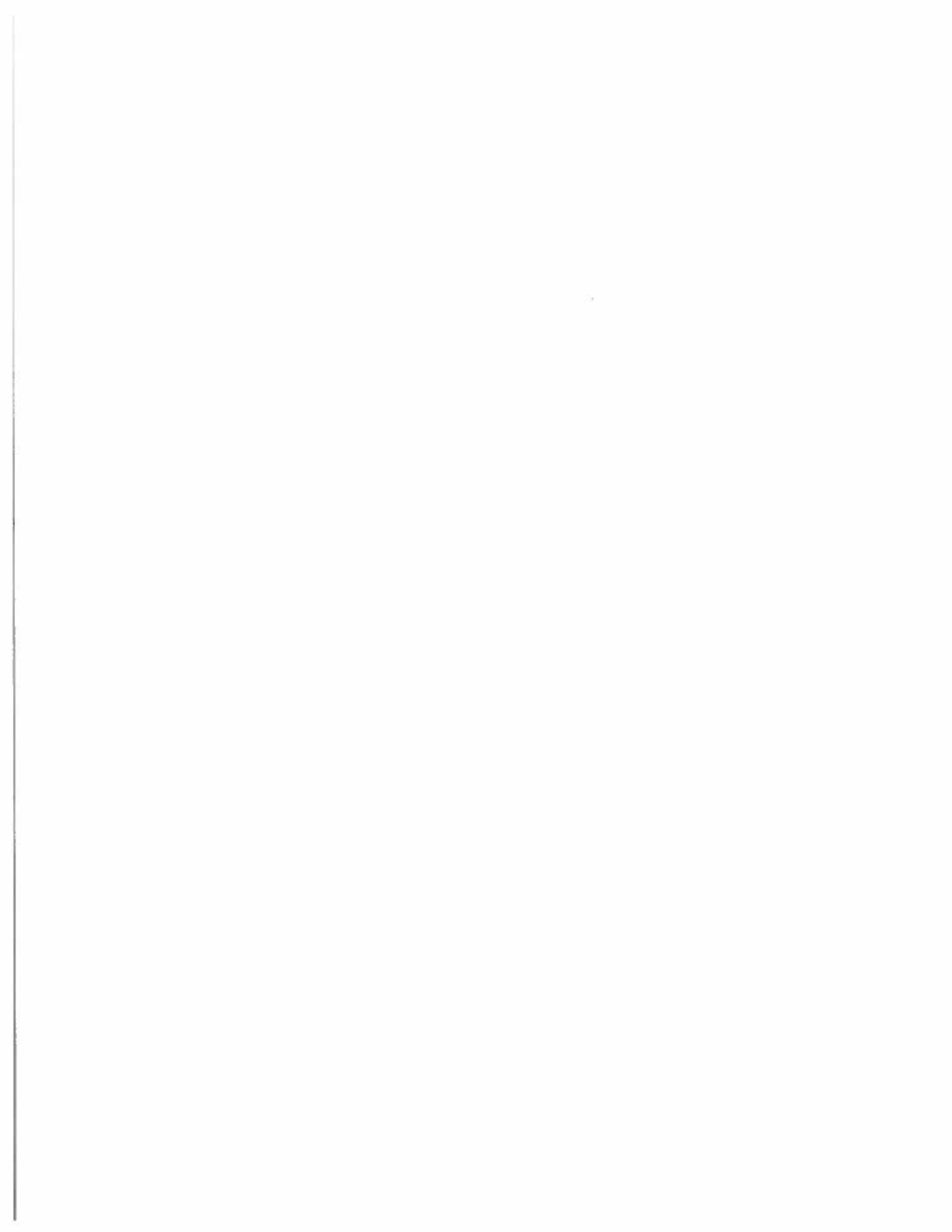
TIME REQUIRED TO SUCCESSFULLY* COMPLETE NUR 206

NUR 206 is a 2 credit hour lecture course. You should expect to spend 30 hours in class and/or on online modules, and a minimum of an additional 60 hours outside of class. An estimate of the hourly breakdown of assignments is as follows:

Assignment	Reading 26 Chapters	Quizzes	ATI	Written/Online assignments	Study time for exams	Total
Description	Average reading time 3.2 minutes per page ~ 21 pages per chapter ~67 minutes per chapter Total 1742 minutes	Online quiz ~15 minutes for one quiz	Timed tutorials/testing/ remediation ~20 minutes per ATI assignment required 2 assignments =~40 minutes	~ 5 hours for resume and cover letter ~ 1 hour for follow-up letter, ~2 hours for transfer assignment ~10 hours for EBP presentation preparation (estimates are based on average feedback from students)	~6 hours per exam	
Total out-of-class hours	29	.25	.75	18	12	60
Total in-class hours						30

*Time frames are estimates as students may spend more or less time reading, etc. These time frames should not be considered a guarantee of success in the class.
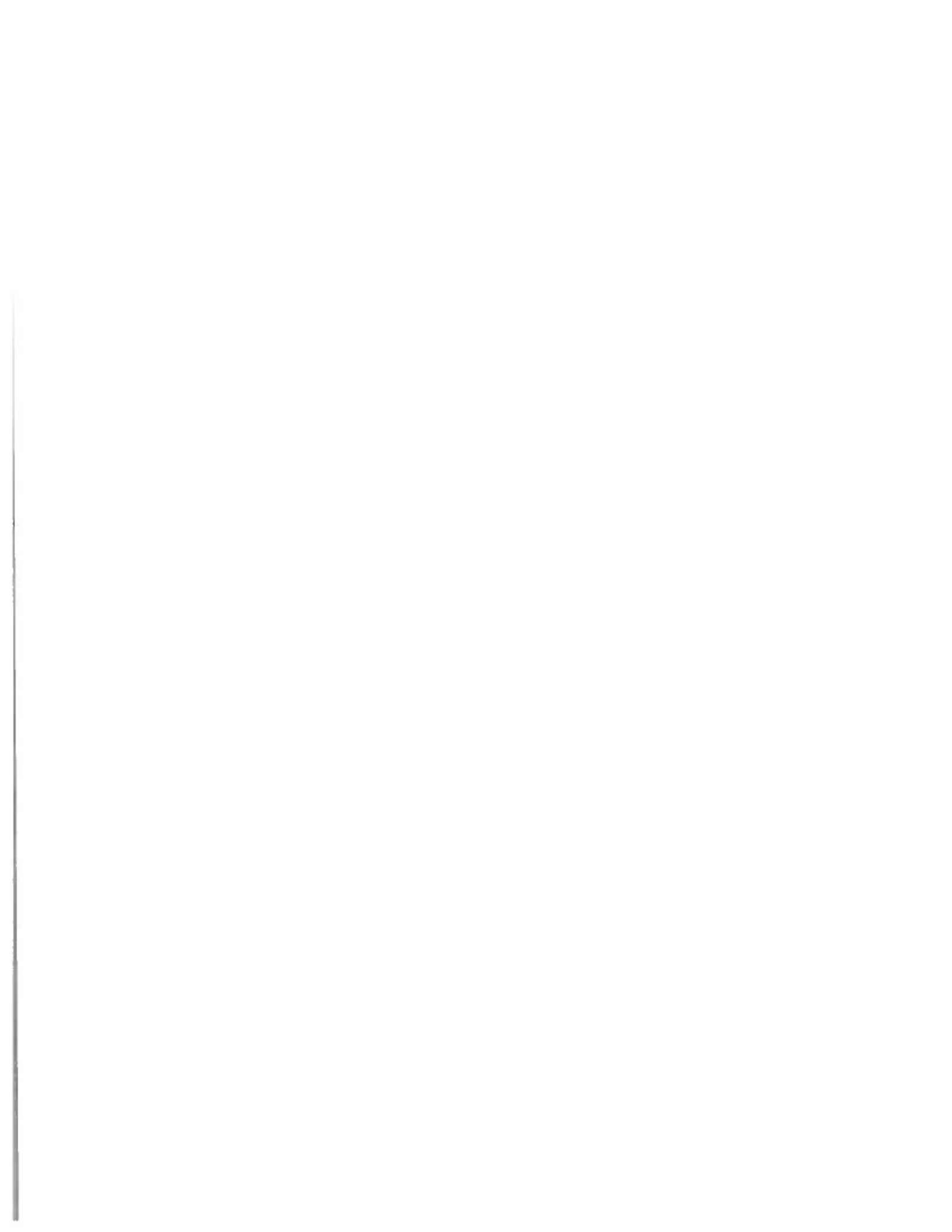
Topical Outline

I.   Introduction to Professional Nursing
    A. Evolution of the Nursing profession
    B. Education in Nursing
    C. Professional organizations in nursing
    D. Role of State Boards of Nursing

II.   Nursing and the Health Care community
    A. Delegation and Supervision in Nursing
    B. Leadership and Management Styles
    C. Nursing Research and Evidenced-Based Practice
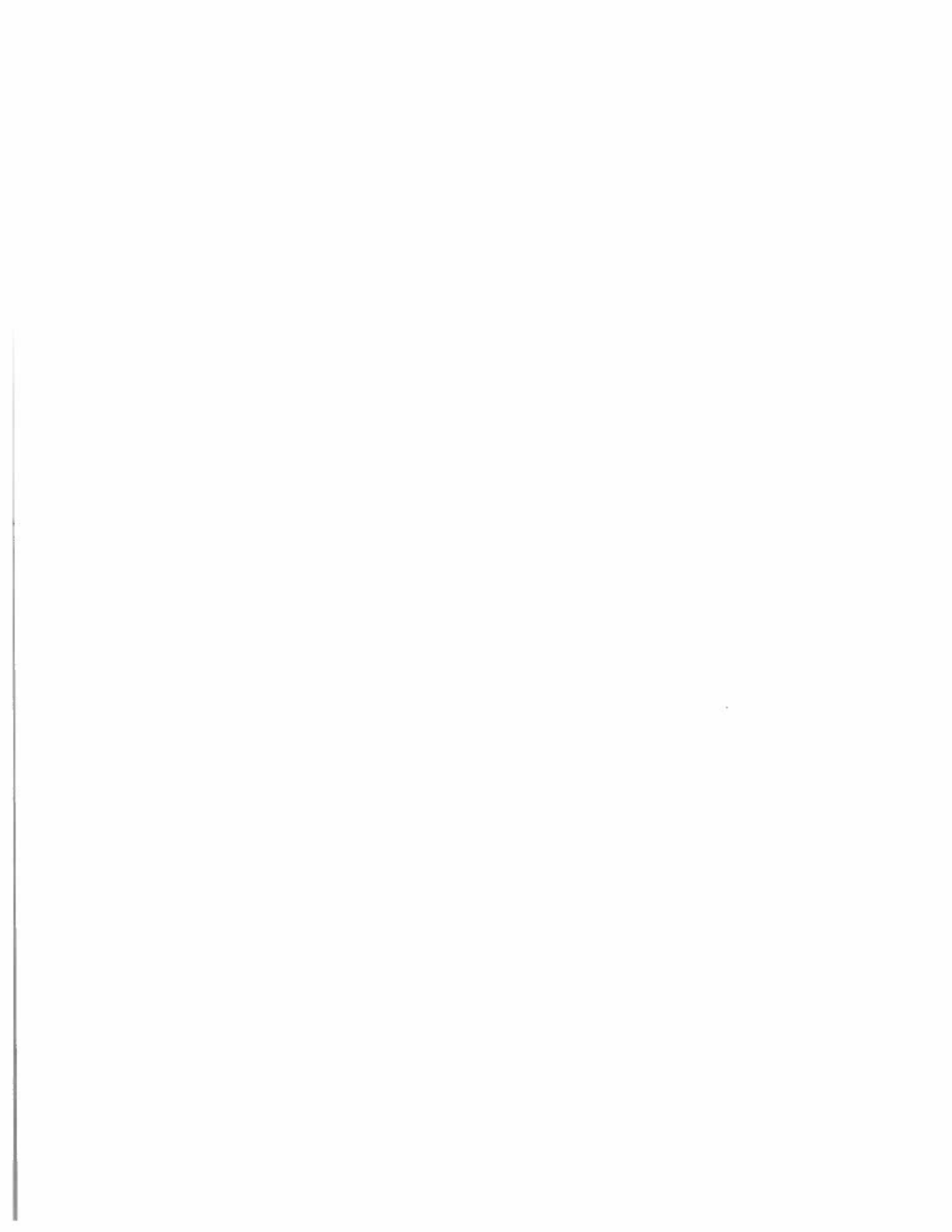   D. Nursing Care Delivery Models

III. Legal and Ethical Issues in Nursing
    A. ANA Code of Ethics
    B. Contemporary Health Care Systems
    C. Transcultural Nursing
    D. Contemporary Issues in Nursing-Pros and Cons

IV.   Nursing Informatics
    A. Health care and the internet
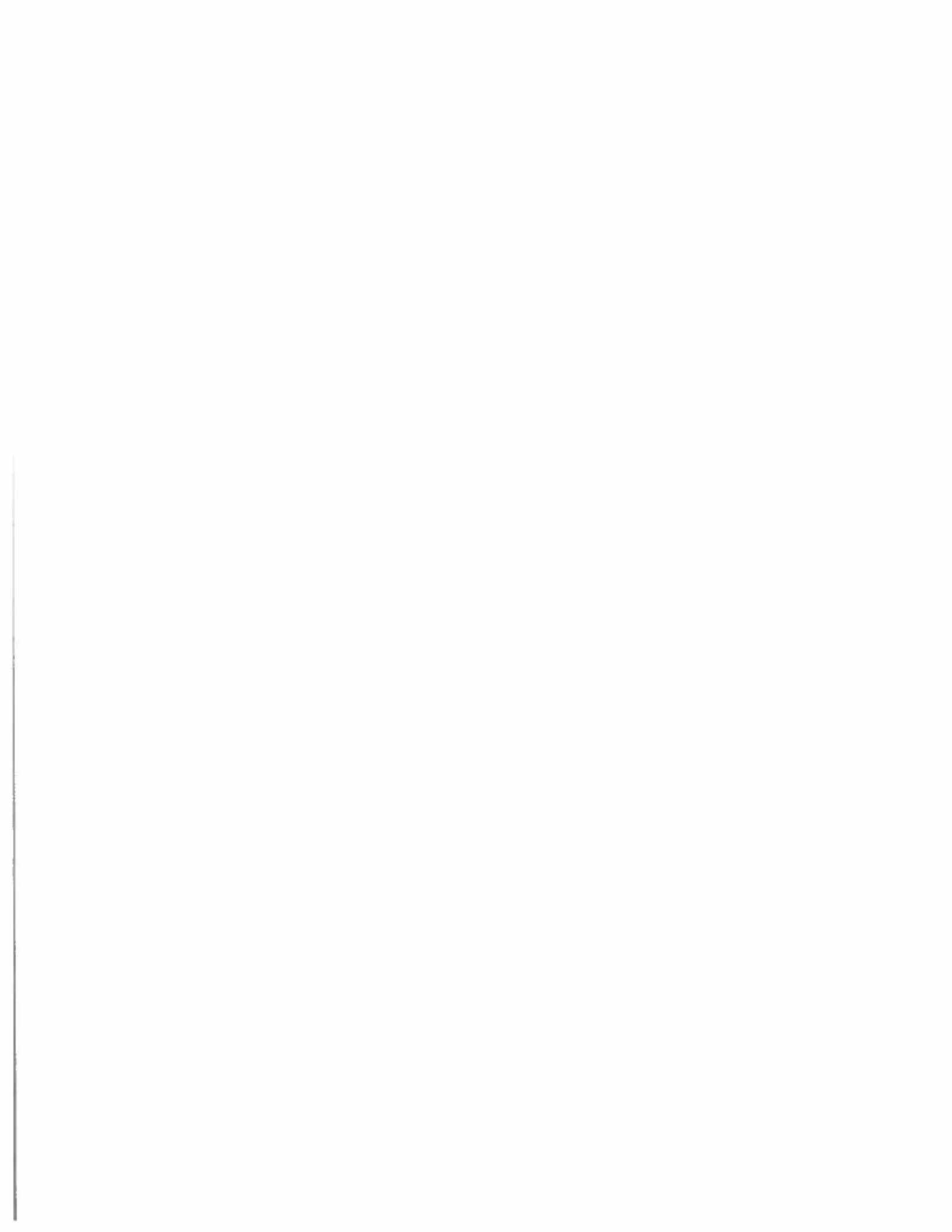   B. Health Care Education in the community

V.   Transitioning from Student Nurse to RN
    A. Job Seeking Skills/Career Management
    B. NCLEX-RN preparation
    C. Malpractice Insurance
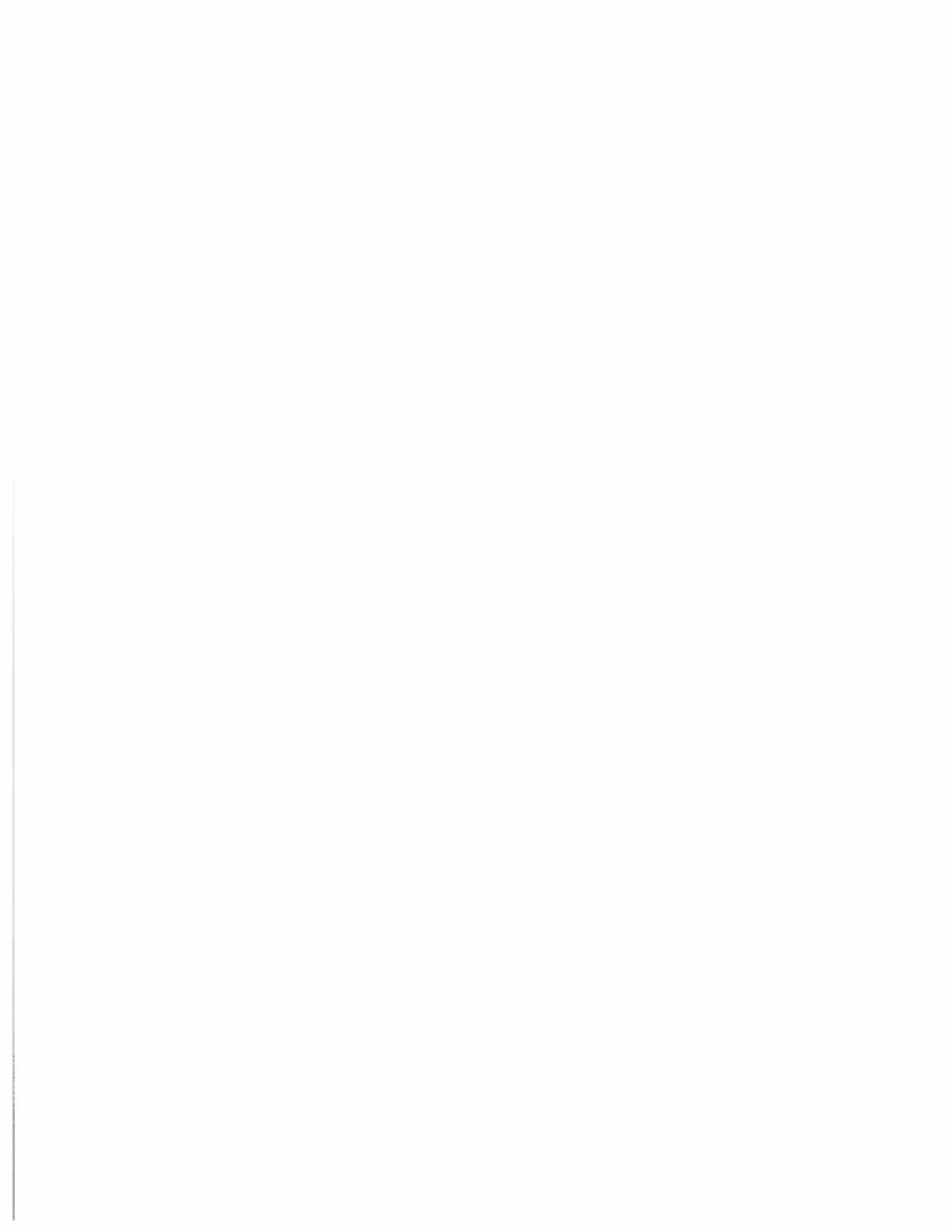
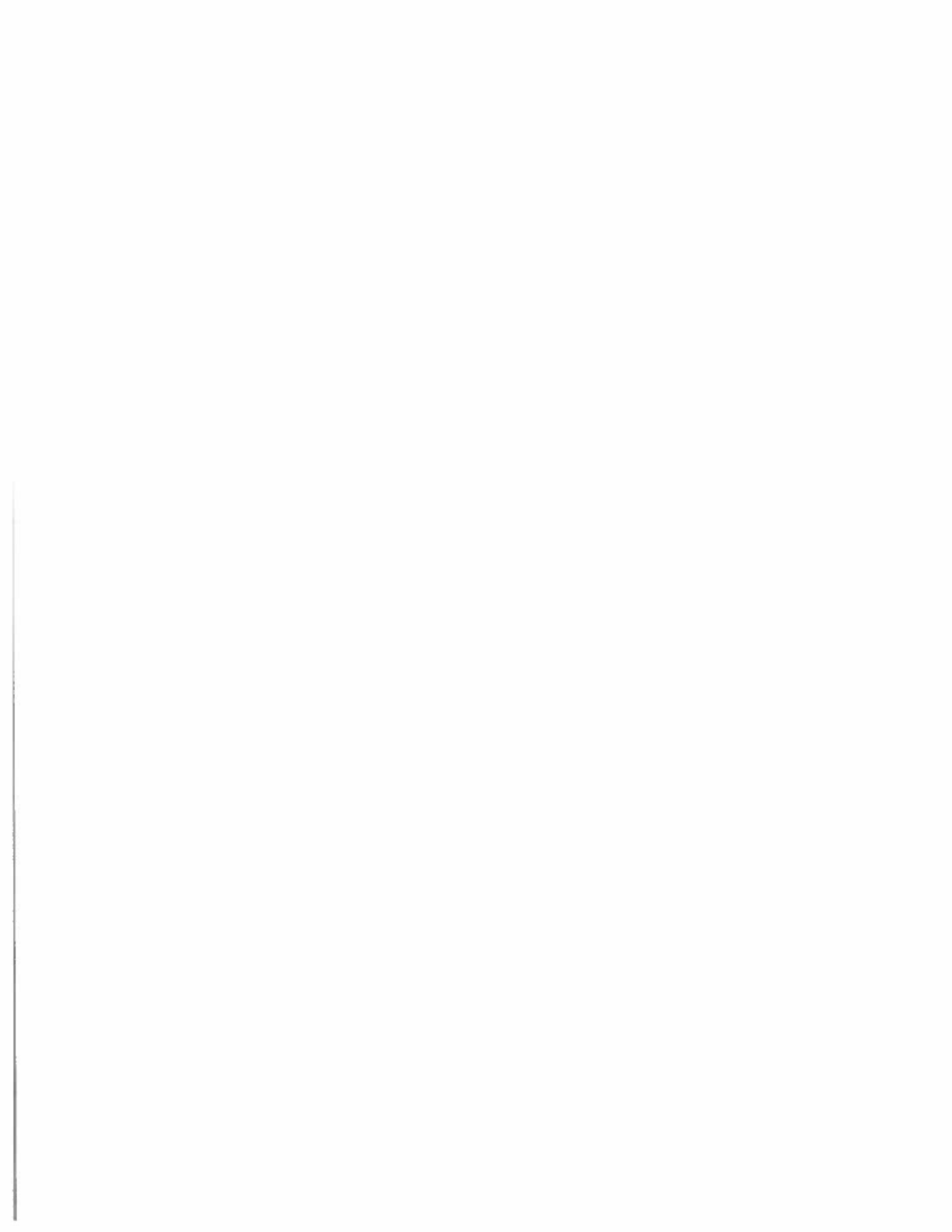| Outcomes *Students will:*	Indicators *Students will:*	Assessment Types	Sample Assessment Tasks

1. Identify the events and forces in society and healthcare that have influenced the development of professional nursing.
 	
(Supports General Education Outcomes A, F, and G)
	1.1 Summarize the evolution of professional nursing and the roles of nurses throughout history.
	
	1.2 Identify trends that have influenced health care and nursing practice.
	
	1.3 Discuss the image of nursing as portrayed in various media.
	
	1.4 Compare and contrast the types and alternative options of educational preparation for various levels of nursing practice.
	
	1.5 Identify key professional organizations and their functions.
	
	1.6 Describe the role of credentialing and certification in nursing practice.
		Class participation and/or discussion board
		
		Short answer and multiple choice exams
			1.1 Female prisoners, prostitutes, and those of undesirable character became nurses, causing which period to be known as "the dark ages of nursing?"
			   a. Colonial America period
			   b. Renaissance
			   c. Middle Ages
			   d. Early civilization
			1.2 What societal trends are influencing the nursing shortage?
			1.3 Identify facts and fallacies of the television portrayal of nurses in TV shows such as "Nurse Jackie" and ER.
			1.4 Identify differences between baccalaureate and associate degree preparation for nursing practice.
			1.5 The American Nurses Association is responsible for:
			   a. accrediting schools of nursing
			   b. developing state nurse practice acts
			   c. publishing standards of practice
			   d. disciplining those guilty of malpractice.

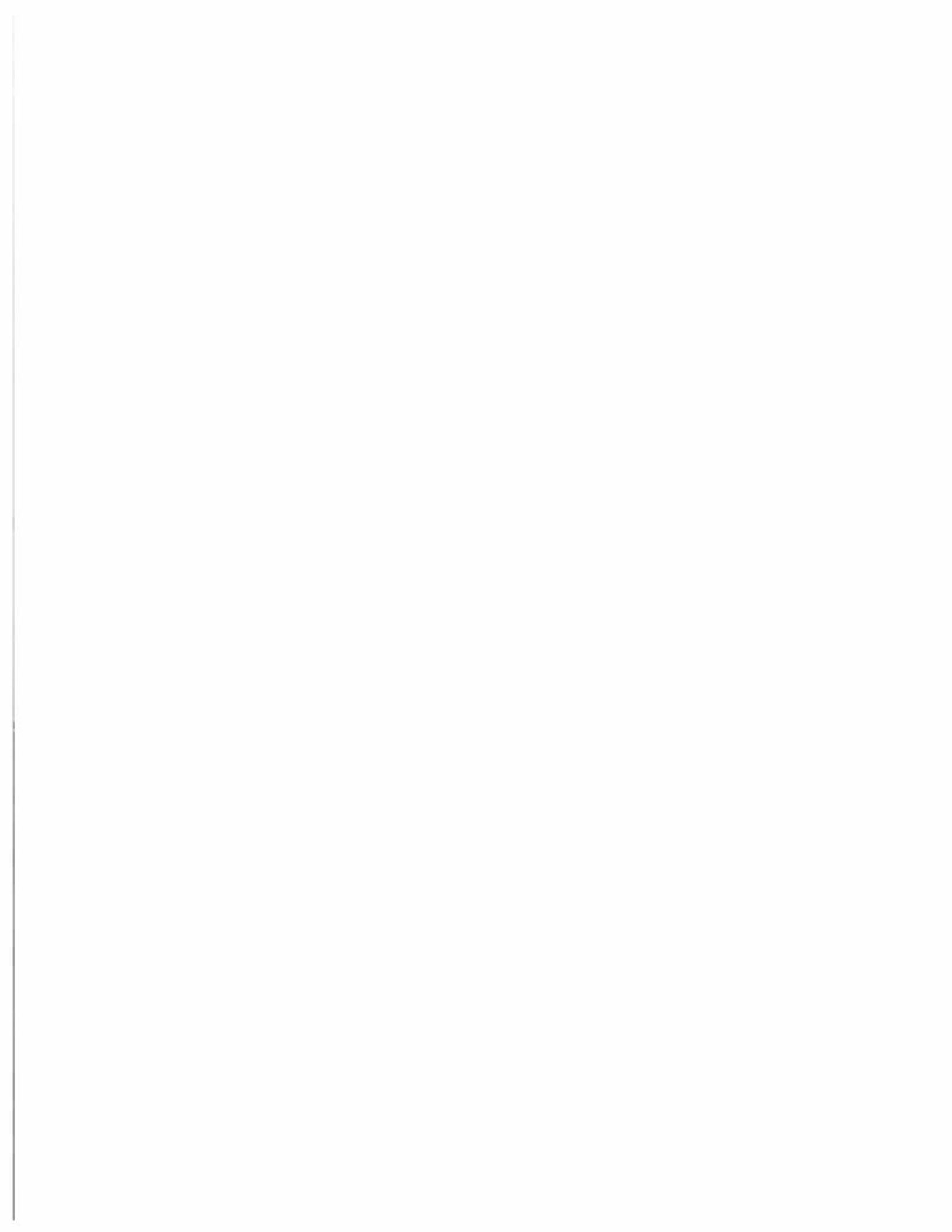| Outcomes *Students will:*	Indicators *Students will:*	Assessment Types	Sample Assessment Tasks

2. Discuss how patient care quality and safety are enhanced by effective nursing care delivery, leadership, management and research.
 	
(Supports General Education Outcomes A, B, E, F and G)
	2.1 Differentiate between leadership and management.
	2.2 Identify major types of leadership styles and their relevance to nursing practice.
	2.3 Discuss and relate the operational terms delegation, supervision and accountability to managing client care and healthcare personnel.
	2.4 Identify and analyze the various methods of managing the delivery of nursing care.
	2.5 Discuss nursing's role in enhancing the quality of health care.
	2.6 Discuss the relationship of nursing research to nursing theory and practice
		Class participation and/or discussion board
		
		Short answer and multiple choice exams
		
		Case studies and role play
			2.2 Identify a leader that you have observed in clinical practice and classify his/her leadership style. Discuss whether the style is effective or ineffective given the clinical context.
			2.3 An RN can best delegate to a CNA which of the following tasks?
			  a. inserting a nasogastric tube
			  b. assessing a patient who has fallen out of bed
			  c. monitoring vital signs on a patient receiving a blood transfusion
			  d. giving discharge instructions to a postoperative patient
			2.4 Compare and contrast two of the following list of nursing care delivery models: functional nursing; team nursing; total patient care; and primary nursing. Evaluate the nursing care delivery model on a unit that you work on or have had clinical on.
			2.5-2.6 Identify the impact evidence-based nursing practice has had on your practice of nursing related to a specific health care issue.

Outcomes *Students will:*	Indicators *Students will:*	Assessment Types	Sample Assessment Tasks

3. Discuss the legal, ethical and political dimensions of nursing practice.
 	
(Supports General Education Outcomes A, B, C, E, F and G)
	3.1 Differentiate between ethical and legal issues.
	
	3.2 Discuss the law as it relates to nursing practice and risk management.
	
	3.3 Relate the Nurse Practice Act, the ANA Code of Ethics and principles of ethics to nursing practice.
	
	3.4 Identify the role of the nurse in ethical health care issues.
	
	3.5 Analyze personal values that influence approaches to ethical issues and decision making.
	
	3.6 Discuss how you would incorporate an understanding of legal risks and defenses in nursing practice.
	
	3.7 Discuss the standards of nursing practice.
	
	3.8 Compare and contrast how various types of
		Short answer and multiple choice exams
		
		Student poster presentations
		
		Class participation and/or discussion board
		
		Case studies
			3.1 A nurse injects himself/herself with a narcotic prescribed for a patient. This is an example of
			  a. unethical and illegal behavior
			  b. ethical and illegal behavior
			  c. unethical and legal behavior
			  d. ethical and illegal behavior
			3.2 What is the legal term to describe when a professional fails to act as a reasonably prudent professional would under specific circumstances?
			  a. tort
			  b. negligence
			  c. delegation
			  d. malpractice
			3.3 Is the ANA Code of Ethics legally binding? Explain your answer.
			3.8 Compare and contrast the roles of Medicare and Medicaid in financing health care. How does this impact the nurse when he/she is delivering client care?

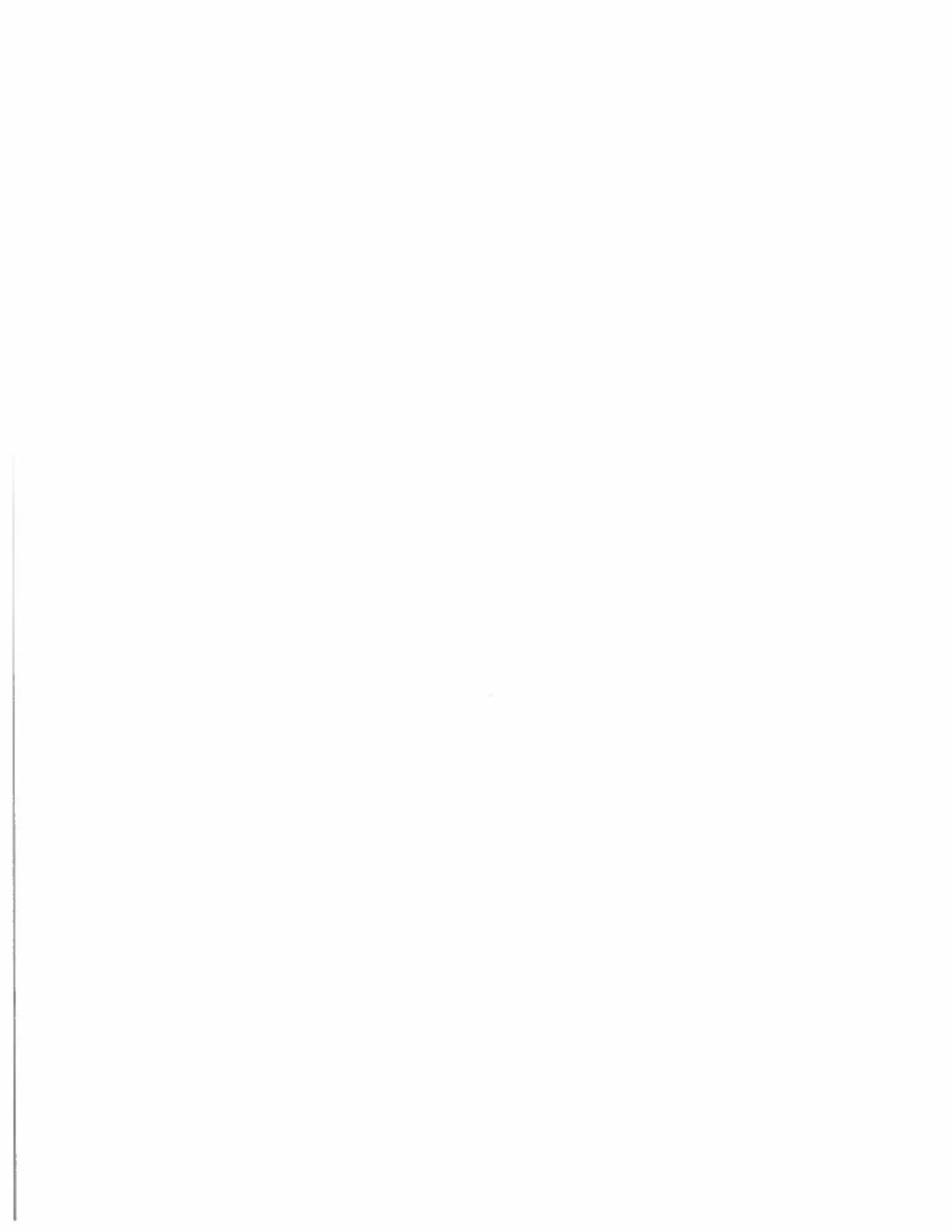| Outcomes *Students will:*	Indicators *Students will:*	Assessment Types	Sample Assessment Tasks
	health care systems and the financial aspect of health care delivery impact nursing.		
4. Relate the impact of technology and informatics to contemporary nursing practice. (Supports General Education Outcomes A, B, C, E, F and G)	4.1 Explain how technological advances have altered the delivery of health care. 4.2 Discuss the application of nursing informatics to nursing practice. 4.3 Demonstrate competency in the use of technology; posting on-line discussion; on-line exams; and the use of presentation software and/or applications.	Short answer and multiple choice exams Discussion board Student poster Presentations Class participation and/or discussion board	4.2 What are some of the threats to privacy and confidentiality posed by electronic health care records? 4.3 Post your responses to the on-line discussion regarding delivery of nursing care. Each student must initiate one posting and respond to two other students postings. 4.3 Use presentation software to present an ethical or legal dilemma in the field of health care or nursing.
5. Identify effective measures for achieving RN licensure and attaining career management goals.	5.1 Identify the primary steps for obtaining employment as a registered nurse. 5.2 Demonstrate competent writing skills in the	Short answer and multiple choice exams Resume and letter writing	5.2 Create a professional resume, cover letter and follow-up letter using the grading criteria as a guide. 5.5 Accurately complete an RN licensure application. 5.6 Submit a plan related to coursework necessary to apply to a BSN program. 5.7 List three components of a successful orientation to a

Outcomes *Students will:*	Indicators *Students will:*	Assessment Types	Sample Assessment Tasks
(Supports General Education Outcomes A, B, E and F)	preparation of pre-employment letters and a resume. 5.3 Identify appropriate job search skills and employment strategies, including interview skills. 5.4 Identify your short term career goals. 5.5 Describe how to obtain and maintain your RN licensure 5.6 Delineate a specific plan of action for obtaining a BSN 5.7 Discuss the concept of reality shock and identify measures that promote successful transition from the student role to the RN role. 5.8 Develop a personal plan for NCLEX-RN success. 5.9 Assess the relevance of malpractice insurance for nurses	Class participation and/or discussion board Career and transfer assignment ATI assignments	new position as a RN. 5.8 Describe your plan for preparing for the NCLEX-RN exam. Be specific in identifying any tools that you will be using 5.9 Identify two reasons to purchase malpractice insurance.

Outcomes *Students will:*	Indicators *Students will:*	Assessment Types	Sample Assessment Tasks

General Education Student Learning Outcomes:

A. Critical and creative thinking skills and problem-solving strategies
B. Writing
C. Oral communications
D. Quantitative analysis
E. Computer literacy and the ability to work productively with information technology
F. An enhanced awareness of ethics, cultural diversity, artistic expression, health and wellness issues, and the physical and social environment
G. Information literacy including finding, evaluating, and using information effectively

|	
Date Prepared:	4/2016
By Whom Prepared:	Christy Dryer, DNP, RN, CNE
Course Title:	Professional Issues in Nursing
Course Number:	NUR 208
Total Lecture Hours:	45 hours
Total Laboratory Hours:	0 hours
Total Course Contact Hours:	45 hours
Credit Hours:	3
Prerequisites:	None
Co-requisites:	NUR 204

Course Description:

Professional Issues in Nursing stresses the professional, social, legal, political, and ethical issues which influence the nurse's role and responsibilities in today's health care environment. Concerns and issues which confront nurses, particularly the new nursing graduate, are discussed and problem-solving techniques are utilized. Evidence-based nursing practice, professional activities and continued education in the field of nursing are emphasized.

At Cecil College, for all credit courses, students are expected to spend a minimum of 45 hours of 50 minutes each of combined instructional time and related coursework time per credit hour. For this course, the following applies:

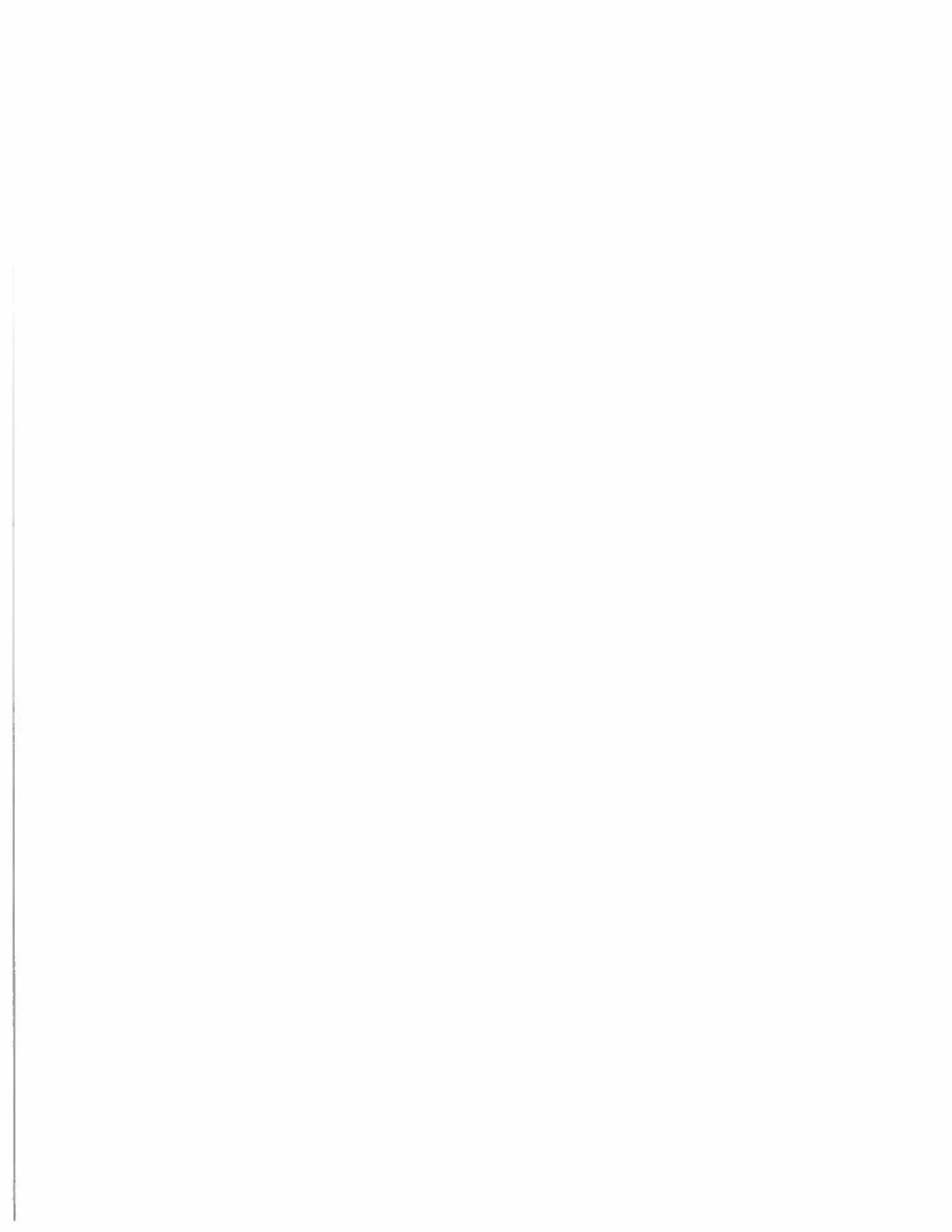| 3-Credit Course	Number of Hours
Total hours of direct instruction and/or out-of-class student work required	135
Direct Faculty Instruction	45
Out-of-Class Student Work	90
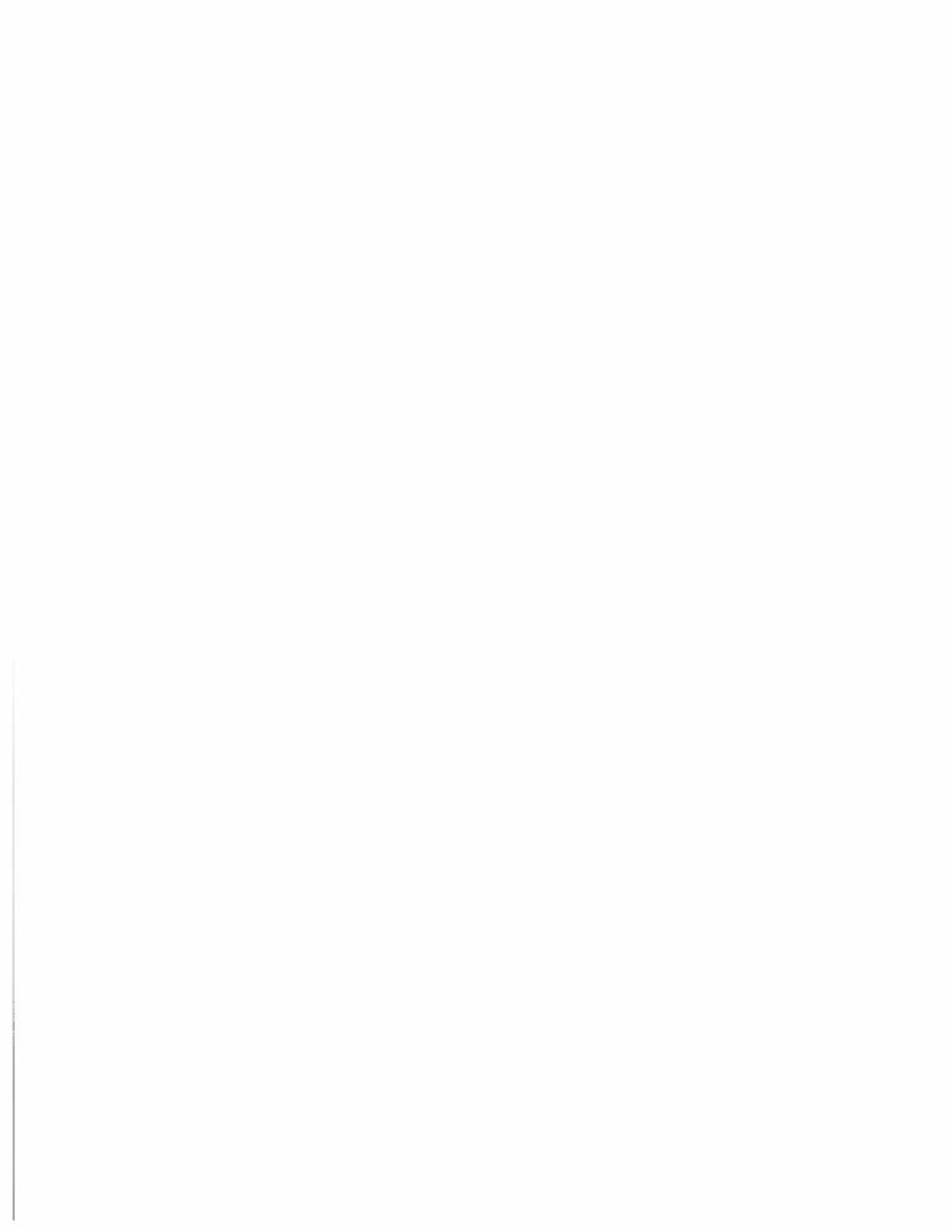
TIME REQUIRED TO SUCCESSFULLY* COMPLETE NUR 206

NUR 206 is a 3 credit hour lecture course. You should expect to spend 45 hours in class and/or on online modules, and a minimum of an additional 90 hours outside of class. An estimate of the hourly breakdown of assignments is as follows:

Assignment	Reading 26 Chapters	Quizzes	ATI	Written/Online assignments	Study time for exams	Total
Description	Average reading time 3.2 minutes per page ~ 21 pages per chapter ~67 minutes per chapter Total 1809 minutes	Online quiz ~30 minutes per quiz 6 quizzes =~3 hours	Timed tutorials/testing/ remediation ~1.5 hour per ATI assignment required 2 assignments =~3 hours	~ 5 hours for resume and cover letter ~ 1 hour for follow-up letter, ~4 hours for transfer assignment ~20 hours for EBP presentation preparation ~ 8 hours attendance and write up regarding professional meeting (estimates are based on average feedback from students)	~8 hours per exam	
Total out-of-class hours	~30.25	3	3	38	16	90
Total in-class hours						45

*Time frames are estimates as students may spend more or less time reading, etc. These time frames should not be considered a guarantee of success in the class.

Topical Outline

I.   Introduction to Professional Nursing
   A. Evolution of the Nursing profession
   B. Education in Nursing
   C. Professional organizations in nursing
   D. Role of State Boards of Nursing
   E. External and internal forces that shape nursing, nursing education and nursing practice

II. Nursing and the Health Care community
   A. Delegation and Supervision in Nursing
   B. Leadership and Management Styles
   C. Nursing Research and Evidenced-Based Practice
   D. Nursing Care Delivery Models

III. Legal and Ethical Issues in Nursing
   A. ANA Code of Ethics
   B. Contemporary Health Care Systems
   C. Transcultural Nursing
   D. Contemporary Issues in Nursing-Pros and Cons

IV. Nursing Informatics
   A. Health care and the internet
   B. Health Care Education in the community
   C. Health information technology and electronic medical records

V.   Transitioning from Student Nurse to RN
   A. Job Seeking Skills/Career Management
   B. NCLEX-RN preparation
   C. Malpractice Insurance
   D. Professional organizations for nursing

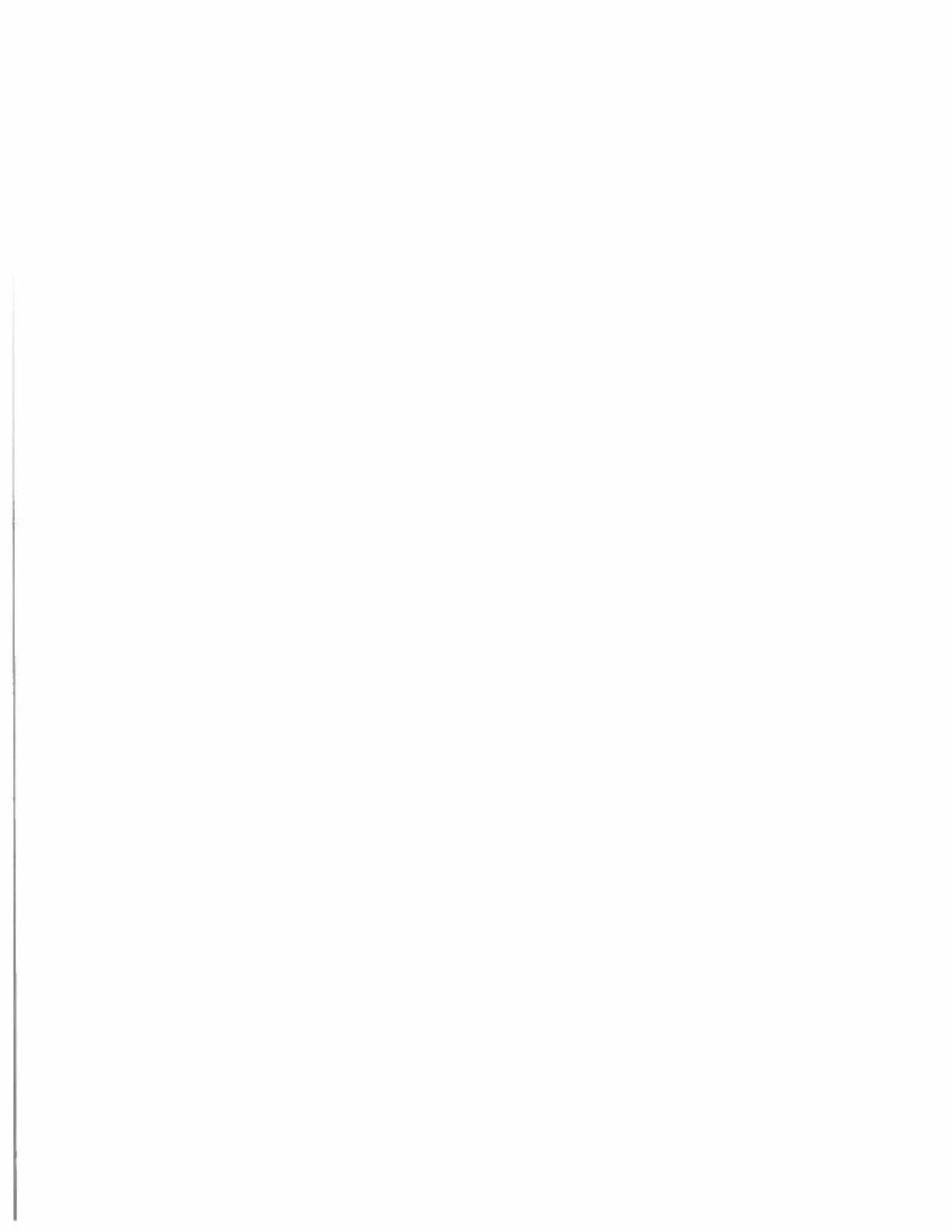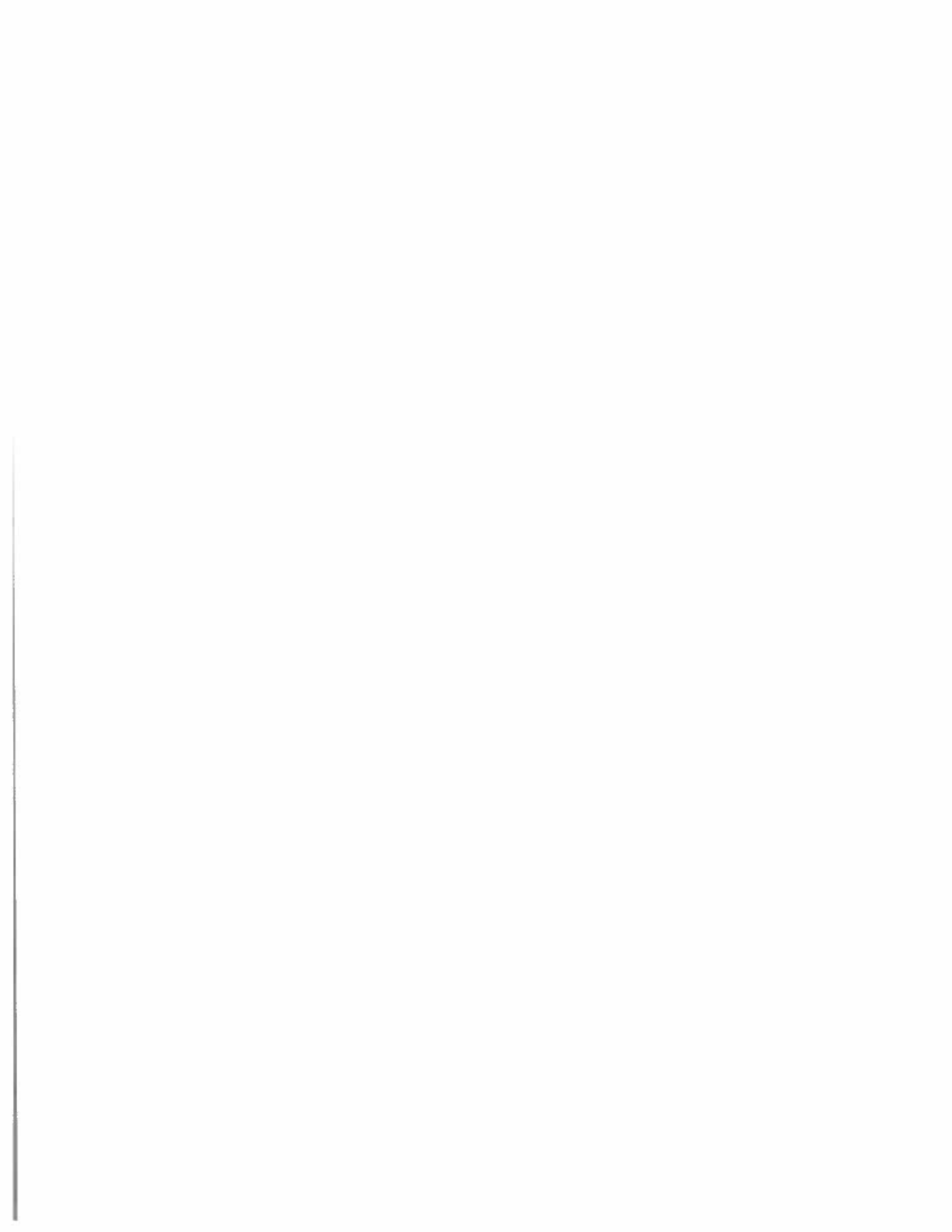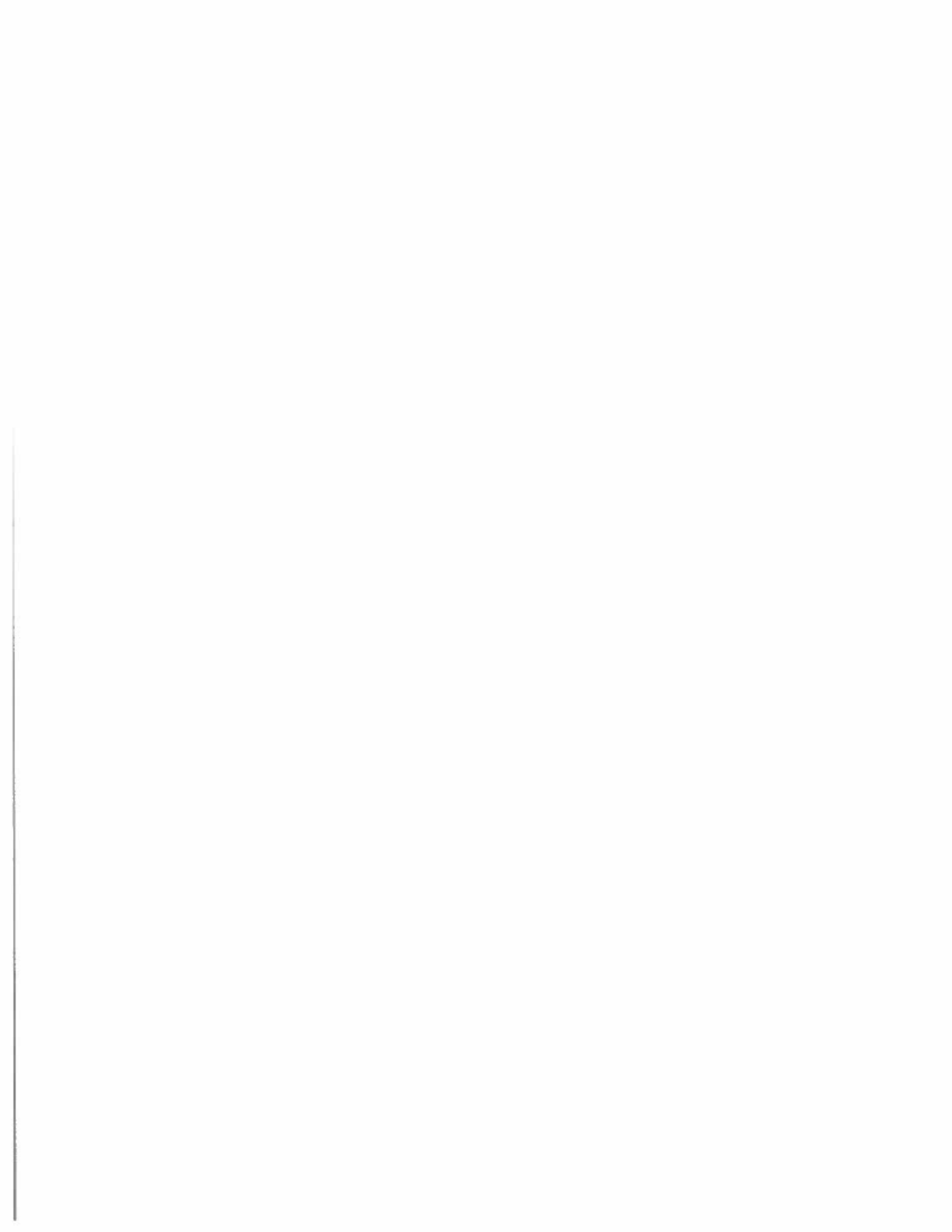| Outcomes *Students will:*	Indicators *Students will:*	Assessment Types	Sample Assessment Tasks

1. Identify the events and forces in society and healthcare that have influenced the development of professional nursing.
 	
(Supports General Education Outcomes A, F, and G)
	1.1 Summarize the evolution of professional nursing and the roles of nurses throughout history.
	1.2 Identify trends, and social and political forces that have influenced health care and nursing practice.
	1.3 Discuss the image of nursing as portrayed in various media.
	1.4 Compare and contrast the types and alternative options of educational preparation for various levels of nursing practice.
	1.5 Identify key professional organizations and their functions.
	1.6 Describe the role of credentialing and certification in nursing practice.
		Class participation and/or discussion board
		
		Short answer and multiple choice exams
			1.1 Female prisoners, prostitutes, and those of undesirable character became nurses, causing which period to be known as "the dark ages of nursing?"
			   a. Colonial America period
			   b. Renaissance
			   c. Middle Ages
			   d. Early civilization
			1.2 Discuss the impact that the Affordable Care Act has had on nursing practice and the delivery of health care
			1.3 Identify facts and fallacies of the television portrayal of nurses in TV shows such as "Nurse Jackie" and ER.
			1.4 Identify differences between baccalaureate and associate degree preparation for nursing practice.
			1.5 The American Nurses Association is responsible for:
			   a. accrediting schools of nursing
			   b. developing state nurse practice acts
			   c. publishing standards of practice
			   d. disciplining those guilty of malpractice.

Outcomes *Students will:*	Indicators *Students will:*	Assessment Types	Sample Assessment Tasks
	1.7 Discuss accreditation versus approval for health care agencies.		

2. Discuss how patient care quality and safety are enhanced by effective nursing care delivery, leadership, management and research.
 	
(Supports General Education Outcomes A, B, E, F and G)
	2.1 Differentiate between leadership and management.
	2.2 Identify major types of leadership styles and their relevance to nursing practice.
	2.3 Discuss and relate the operational terms delegation, supervision and accountability to managing client care and healthcare personnel.
	2.4 Identify and analyze the various methods of managing the delivery of nursing care.
	2.5 Discuss nursing's role in enhancing the quality of health care.
	2.6 Discuss the relationship of nursing research to nursing theory and practice
		Class participation and/or discussion board
		
		Short answer and multiple choice exams
		
		Case studies and role play
			2.2 Identify a leader that you have observed in clinical practice and classify his/her leadership style. Discuss whether the style is effective or ineffective given the clinical context.
			2.3 An RN can best delegate to a CNA which of the following tasks?
			  a. inserting a nasogastric tube
			  b. assessing a patient who has fallen out of bed
			  c. monitoring vital signs on a patient receiving a blood transfusion
			  d. giving discharge instructions to a postoperative patient
			2.4 Compare and contrast two of the following list of nursing care delivery models: functional nursing; team nursing; total patient care; and primary nursing. Evaluate the nursing care delivery model on a unit that you work on or have had clinical on.
			2.5-2.6 Identify the impact evidence-based nursing practice has had on your practice of nursing related to a specific health care issue.

3. Discuss the legal,	3.1 Differentiate between	Short answer	3.1 A nurse injects himself/herself with a narcotic

Outcomes Students will:	Indicators Students will:	Assessment Types	Sample Assessment Tasks
ethical, social, and political dimensions of nursing practice. (Supports General Education Outcomes A, B, C, E, F and G)	ethical and legal issues. 3.2 Discuss the law as it relates to nursing practice and risk management. 3.3 Relate the Nurse Practice Act, the ANA Code of Ethics and principles of ethics to nursing practice. 3.4 Identify the role of the nurse in ethical health care issues. 3.5 Analyze personal values that influence approaches to ethical issues and decision making. 3.6 Discuss how you would incorporate an understanding of legal risks and defenses in nursing practice. 3.7 Discuss the standards of nursing practice. 3.8 Compare and contrast how various types of health care systems and the financial aspect of	and multiple choice exams Student poster presentations Class participation and/or discussion board Case studies	prescribed for a patient. This is an example of a. unethical and illegal behavior b. ethical and illegal behavior c. unethical and legal behavior d. ethical and illegal behavior 3.2 What is the legal term to describe when a professional fails to act as a reasonably prudent professional would under specific circumstances? a. tort b. negligence c. delegation d. malpractice 3.3 Is the ANA Code of Ethics legally binding? Explain your answer. 3.8 Compare and contrast the roles of Medicare and Medicaid in financing health care. How does this impact the nurse when he/she is delivering client care?

Outcomes Students will:	Indicators Students will:	Assessment Types	Sample Assessment Tasks
	health care delivery impact nursing.		
4. Relate the impact of technology and informatics to contemporary nursing practice.

(Supports General Education Outcomes A, B, C, E, F and G) | 4.1 Explain how technological advances have altered the delivery of health care.
4.2 Discuss the application of nursing informatics to nursing practice.
4.3 Explore the pros and cons of health IT and its use related to communication in the health care setting.
4.4 Demonstrate competency in the use of technology; posting on-line discussion; on-line exams; and the use of presentation software and/or applications. | Short answer and multiple choice exams

Discussion board

Student poster Presentations

Class participation and/or discussion board | 4.2 What are some of the threats to privacy and confidentiality posed by electronic health care records?
4.4 Post your responses to the on-line discussion regarding delivery of nursing care. Each student must initiate one posting and respond to two other students postings.
4.4 Use presentation software to present an ethical or legal dilemma in the field of health care or nursing. |
| 5. Identify effective measures for achieving RN licensure and attaining career | 5.1 Identify the primary steps for obtaining employment as a registered nurse. | Short answer and multiple choice exams | 5.2 Create a professional resume, cover letter and follow-up letter using the grading criteria as a guide.
5.4 Identify at least three health care facilities that you might be interested in working at; what did you find |

Outcomes *Students will:*	Indicators *Students will:*	Assessment Types	Sample Assessment Tasks
management goals. (Supports General Education Outcomes A, B, E and F)	5.2 Demonstrate competent writing skills in the preparation of pre-employment letters and a resume. 5.3 Identify appropriate job search skills and employment strategies, including interview skills. 5.4 Identify your short term career goals. 5.5 Describe how to obtain and maintain your RN licensure 5.6 Delineate a specific plan of action for obtaining a BSN 5.7 Discuss the concept of reality shock and identify measures that promote successful transition from the student role to the RN role. 5.8 Develop a personal plan for NCLEX-RN success. 5.9 Assess the relevance of malpractice insurance for nurses	Resume and letter writing Class participation and/or discussion board Career and transfer assignment ATI assignments	out about each one (that you did not know before) that might impact your decision to work there? 5.5 Accurately complete an RN licensure application. 5.6 Submit a plan related to coursework necessary to apply to a BSN program. 5.7 List three components of a successful orientation to a new position as a RN. 5.8 Describe your plan for preparing for the NCLEX-RN exam. Be specific in identifying any tools that you will be using 5.9 Identify two reasons to purchase malpractice insurance. 5.10 What is a lobbyist?
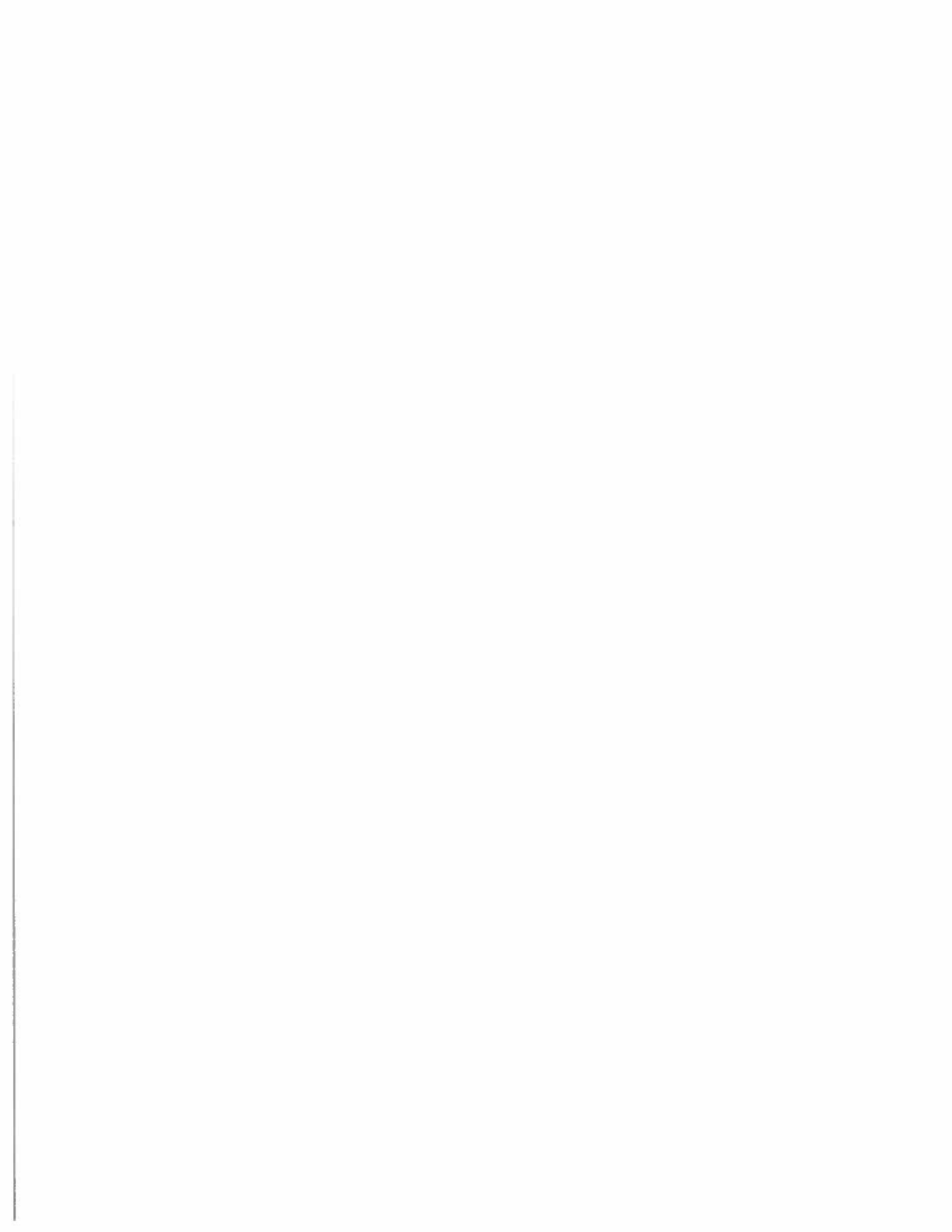
Outcomes *Students will:*	Indicators *Students will:*	Assessment Types	Sample Assessment Tasks
	5.10 Explore the value and relevance of professional organizations for the practicing nurse.		

General Education Student Learning Outcomes:

A. Critical and creative thinking skills and problem-solving strategies
B. Writing
C. Oral communications
D. Quantitative analysis
E. Computer literacy and the ability to work productively with information technology
F. An enhanced awareness of ethics, cultural diversity, artistic expression, health and wellness issues, and the physical and social environment
G. Information literacy including finding, evaluating, and using information effectively
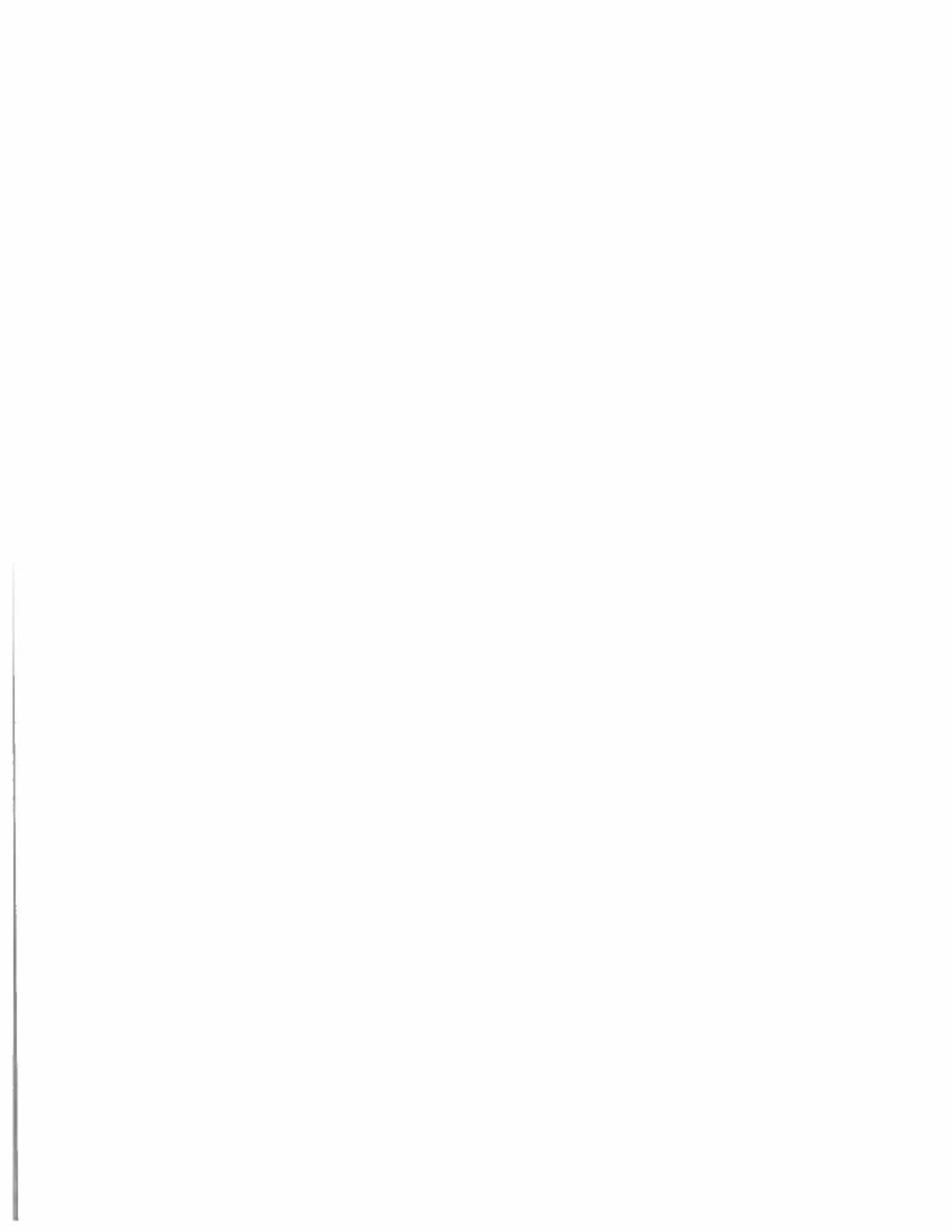
Nursing
Associate of Science
(old version)

General Program Information: 410-287-1000 or information@cecilcc.edu

The Associate of Science in Nursing program prepares graduates to function as entry-level nurses by emphasizing educational competencies within eight core components of nursing practice: professional behaviors, communication, assessment, clinical decision making, caring interventions, teaching and learning, collaboration, and managing care. Graduates of the program are eligible to take the National Council Licensure Examination for Registered Nursing (NCLEX-RN). The program is directly articulated with a number of higher education nursing programs, thus providing an educational foundation for further study in nursing. The program is approved by the Maryland State Board of Nursing and is accredited by the Accreditation Commission for Education in Nursing (3343 Peachtree Road NE, Suite 850 Atlanta, Georgia 30326 www.acenursing.org).The nursing program has specific objectives that correlate with the College's educational goals. The specific objectives are described in the Nursing Student's Manual.

Information on program admission, selection policies and procedures, and eligibility criteria are located on pages 11 and 12 of the College Catalog.

The computer literacy requirement will be met throughout the course work of the nursing program.

	General Education and Program Requirements	*General Education Code*	*Credits*
ARTS/HUM	Arts and Humanities Elective[1]	H	3
BIO 200	Microbiology	S	3
BIO 208	Human Anatomy and Physiology I	S	3
BIO 209	Human Anatomy and Physiology II	S	3
BIO 210	Microbiology Lab		1
BIO 218	Human Anatomy and Physiology I Lab		1
BIO 219	Human Anatomy and Physiology II Lab		1
EGL 101	Freshman Composition	E	3
EGL 102	Composition and Literature	H	3
MAT 123	Finite Math[2]	M	3
NUR 101	Concepts and Processes in Nursing		2
NUR 104	Nursing Fundamental Theory		5
NUR 105	Care of Adult and Aging Clients		4
NUR 114	Clinical Lab I: Nursing Fundamentals		2
NUR 115	Clinical Lab II: Medical/Surgical Settings		4
NUR 201	Care of Childbearing/Childrearing Families		4
NUR 204	Care of Clients Affected by Complex Stressors		4
NUR 206	Professional, Legal and Ethical Issues		2
NUR 211	Clinical Lab III: Care of Childbearing/Childrearing Families		4
NUR 214	Clinical Lab IV: Medical/Surgical/Psychiatric		4
PSY 101	Introduction to Psychology	SS	3
PSY 201	Human Growth and Development	SS	3
SOC 101	Introduction to Sociology	SS	3

Total Credits Required in Program: 68

[1] Selection may not include EGL designation.

[2] Another general education mathematics elective will be accepted.
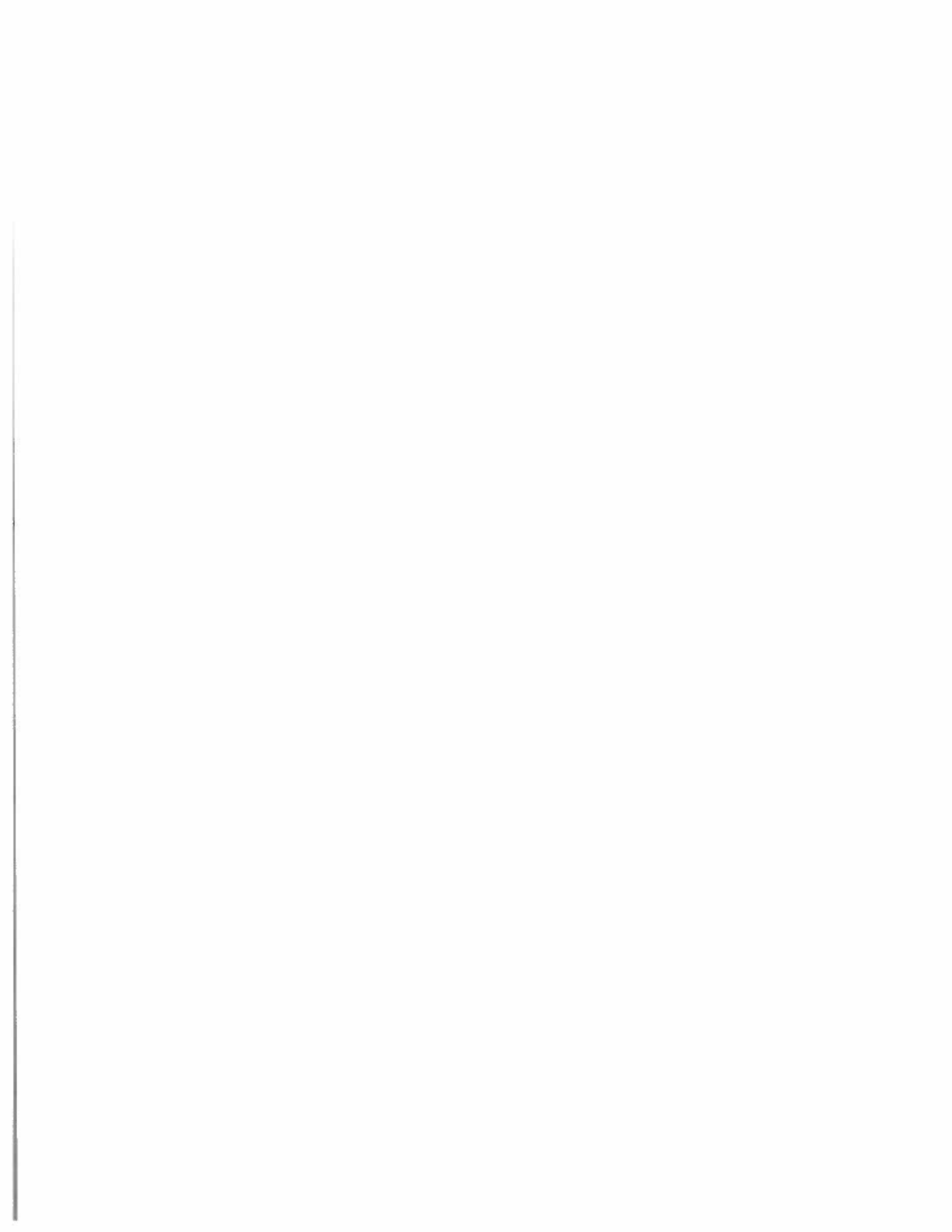
Nursing
Associate of Science
(2016)

General Program Information: 410-287-1000 or information@cecilcc.edu

The Associate of Science in Nursing program prepares graduates to function as entry-level nurses by emphasizing educational competencies within eight core components of nursing practice: professional behaviors, communication, assessment, clinical decision making, caring interventions, teaching and learning, collaboration, and managing care. Graduates of the program are eligible to take the National Council Licensure Examination for Registered Nursing (NCLEX-RN). The program is directly articulated with a number of higher education nursing programs, thus providing an educational foundation for further study in nursing. The program is approved by the Maryland State Board of Nursing and is accredited by the Accreditation Commission for Education in Nursing (3343 Peachtree Road NE, Suite 850 Atlanta, Georgia 30326 www.acenursing.org).The nursing program has specific objectives that correlate with the College's educational goals. The specific objectives are described in the Nursing Student's Manual.

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BIO 200	Microbiology	S	3
BIO 208	Human Anatomy and Physiology I	S	3
BIO 209	Human Anatomy and Physiology II	S	3
BIO 210	Microbiology Lab		1
BIO 218	Human Anatomy and Physiology I Lab		1
BIO 219	Human Anatomy and Physiology II Lab		1
EGL 101	Freshman Composition	E	3
EGL 102	Composition and Literature	H	3
MAT 127	Introduction to Statistics	M	4
NUR 101	Concepts and Processes in Nursing		2
NUR 104	Nursing Fundamental Theory		5
NUR 105	Care of Adult and Aging Clients		4
NUR 114	Clinical Lab I: Nursing Fundamentals		2
NUR 115	Clinical Lab II: Medical/Surgical Settings		4
NUR 201	Care of Childbearing/Childrearing Families		4
NUR 204	Care of Clients Affected by Complex Stressors		4
NUR 208	Professional Issues in Nursing		3
NUR 211	Clinical Lab III: Care of Childbearing/Childrearing Families		4
NUR 214	Clinical Lab IV: Medical/Surgical/Psychiatric		4
PSY 101	Introduction to Psychology	SS	3
PSY 201	Human Growth and Development	SS	3
SOC 101	Introduction to Sociology	SS	3

Total Credits Required in Program: 70

[1] Selection may not include EGL designation.
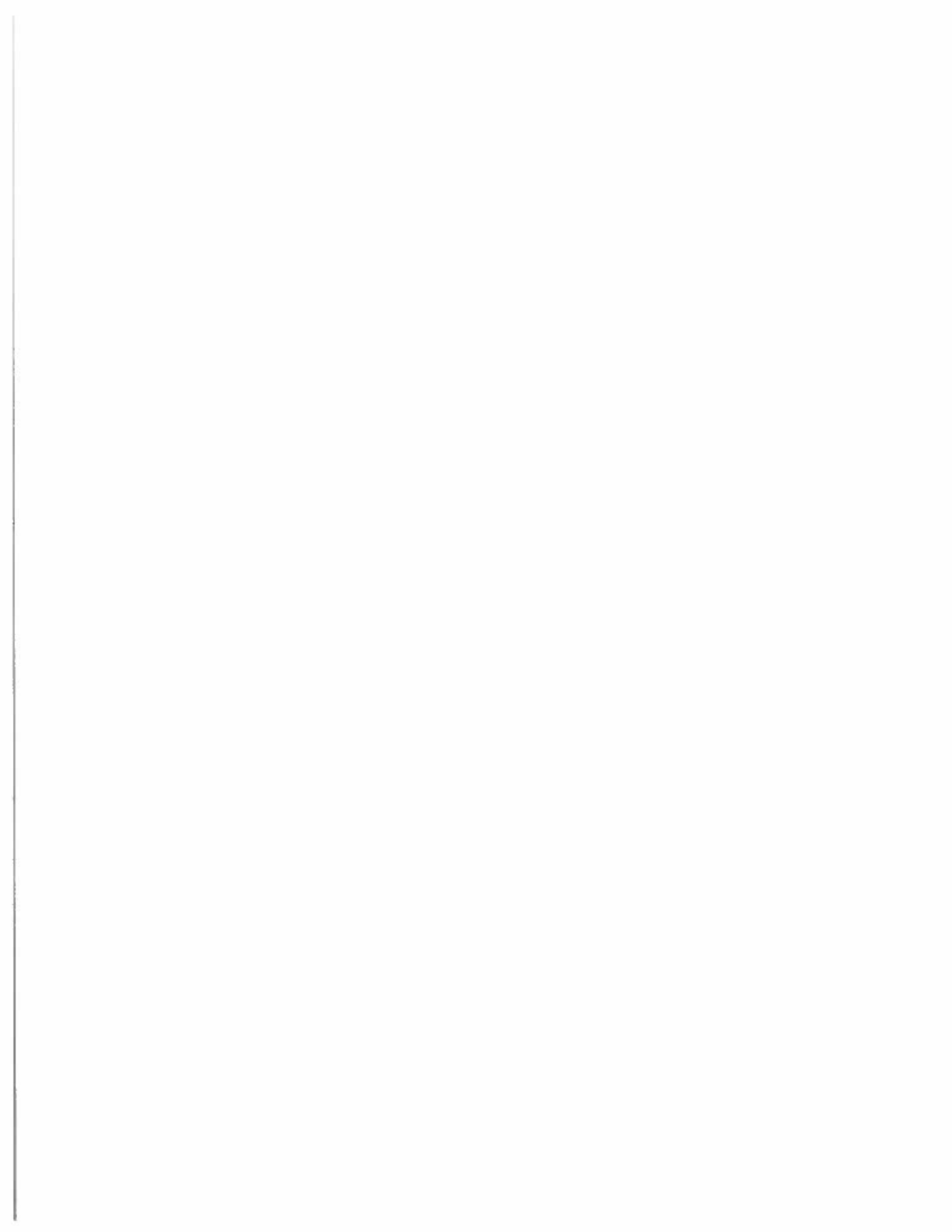
FROM:	Cheyenne Redd, MSN, RN
	Director of Licensure & Certification
	Maryland Board of Nursing
TO:	The Board
DATE:	June 22, 2016
IN RE:	CNA Advisory Committee-New Member (Sylvia Bunyasi, CMT)

Sylvia Bunyasi is currently an active Certified Medicine Technician and Certified Nursing Assistant. Ms. Bunyasi has experience in medication administration, functioning in a healthcare team, data collection and patient care. She possesses certificates in "Culturally Competent Nursing Care" and Life Safety, Health & Psychosocial Needs of Older Adults. Ms. Bunyasi has an expressed interest in the protection of the public. She was made aware of the duties expected of a member of the CNA Advisory Committee set forth in Maryland Annotated Code, Health Occupations Article, section 8-6A-13(f). She is being considered for the certified medication technician designation noted in in Maryland Annotated Code, Health Occupations Article, section 8-6A-13(b)(8).

Sylvia Bunyasi, CNA, CMT
~~███████████████████~~
~~███████████████████~~
[~~██████@████~~](mailto:)

OBFECTIVE: To obtain a position on the CNA Advisory Committee as a representative of long-term care nursing assistants as per section 1, bullet point iii.

Education & Training:
Cine-Med Inc. (June 2016)
Culturally Competent Nursing Care: A Cornerstone of Caring
      (i)   Delivering Culturally and Linguistically Competent Nursing Care
      (ii)   Providing Effective Communication and Language Assistance Services
      (iii)   Supporting Culturally and Linguistically Competent Organizations

Long-Term Care Learning Center (January-February 2016)
Code of Maryland Regulations (COMAR), Assisted Living Staff

Perpetual School of Nursing Assistant (October 2015)
Certified Nursing Assistant
Certified Medication Assistant
CPR & AED Certified, First Aid
Completed 42 hours of extensive clinical rotations at NMS Nursing Home

University of Western Ontario (1991-1995)
Bachelor of Arts
London Ontario, Canada

The Madeira School (1987-1991)
McLean, VA USA

SKILLS, LICENSES & CERTIFICATIONS:
Certified Medication Technician License, Maryland Board of Nursing, Active 11/05/2015, Expires 05/28/2017, License #: MT0101792
Certified Nursing Assistant, Maryland Board of Nursing, Active 01/20/2016, Expires 05/28/2017, License #A00155607
Certificates: Culturally Competent Nursing Care: A Cornerstone of Caring, (i) Delivering Culturally and Linguistically Competent Nursing Care, (ii) Providing Effective Communication and Language Assistance Services, (iii) Supporting Culturally and Linguistically Competent Organizations
Understand procedures in CPR/First Aid
Code of Maryland Regulations (COMAR) Certificates: Basic Food Safety, Cognitive Impairment & Mental Illness, Emergency Disaster Planning, Fire & Life Safety, Health & Psychosocial Needs of Older Adults, Infection Control/Standard Precautions, Resident Assessment & Service Plans, Resident Rights
Microsoft Office, Expert
Proficient in both PC & Mac environments

Professional Experience
Cascadia Courts Assisted Living Facility, Maryland
Certified Nursing Assistant & Certified Medication Technician
- Properly use & maintain facility equipment
- Administer Medication as Prescribed by physician & Properly document all administered medication on MAR
- Complete weekly care notes
- Maintain residents' rooms, & the facility as a whole in neat, orderly & clutter-free manner
- Prepare meals & ensure residents are given correct diet based on care plan
- Support residents' participation in activity programs
- Directly respond, within scope, to needs & concerns of residents & family members including telephone calls
- Ensure residents' right to privacy (visual & auditory)
- Provide resident care as directed by care plan &/or nursing staff
- Ensure residents' comfort while assisting them in achieving their highest practicable level of functioning
- Participate in collecting data needed for the accurate completion of the MDS & the plan of care
- Provide input to the Nurses for development of the plan of care & information gathered from care giving activities

Microsoft, Maryland
Consumer Service Advisor (September 2014 – August 2015)
- Assist individual & business consumers; realize their full potential through accelerated adoption & productive use of Microsoft technologies & services
- Use my customer relationship & problem solving abilities to earn the trust of customers & coworkers alike as I engage, educate, excite, & empower those around me
- Help customers discover, enable, & implement high value Microsoft technology solutions & services across a broad range of devices that meet their individual needs & exceed their expectations
- Assess customer support needs when they arrive, & provide solutions as well as personal training for new & existing customers, helping them acquire knowledge & skills to build & enhance knowledge or devices & services
- Identify & communicate potentially complex repair situations to store leadership & original equipment manufacturers or other partners as appropriate
- Maintain an elite level of product knowledge in all Microsoft retail products, devices, & services offerings
- Learn through others, self- educate, share specialized knowledge, & expertly demonstrate & present the newest product & service offerings across all devices
- Execute the sales & service strategies of the Microsoft Retail organization
- Collaborate with peers, store leaders, corporate, & field team members in the development of the necessary tools & program offerings that will lead to long-term relationships with customers
- Act as a brand ambassador, & have a deep understanding of Microsoft products (Windows, Office, Xbox, Windows Phone, Surface, & services)

- Lead by example, take pride in my work, & enjoy helping & developing others while creating fun environments & energizing people through my passion while maintaining composure & customer focus while troubleshooting & solving issues
- Use my excellent verbal & written communication skills & a high-level attention to detail
- Demonstrate daily in a fast-paced, dynamic, public-facing environment, that I am driven to get results by directing a team

A Wireless, Laurel, MD
Sales Consultant (August 2013 – December 2013)
- Provide timely responses to the general inquiries of the sales leadership team
- Conduct administrative duties in a timely & efficient manner as requested
- Remain compliant to company sponsored policies & procedures by staying up to date with online training
- Connect quickly & effectively with customers in order to increase comfort levels in all sales & service interactions
- Conduct needs assessments with customers in a manner that provides the proper information in order to make solid recommendations based upon their needs
- Provide concise & easy to understand recommendations on our wireless products & services
- Conduct customer contact programs with the purpose of building long term relationships that increase our business opportunities
- Responsible for keeping up to date on all promotions, pricing, & updates that are provided to our sales teams on a daily basis
- Maintain the facilities, including cleaning the store & ensuring that the store remains audit compliant in all affected areas
- Perform inventory counts & cash reconciliation in a timely & efficient manner
- Utilize my strong interpersonal skills to connect with the rest of my team so we can work well together. I am self-motivated, positive, & a team player.

George Washington University, Washington, DC
Executive Support Assistant (November 2012 – July 2013)
- Plan &/or host events for the Office of the Vice Provost for Diversity & Inclusion
- Coordinate office mailings & oversee communications & application assembly for Diversity Initiative Grants
- Process payments for diversity grants
- Support the Associate Vice Provost, Dean of Student Academic Services, Director of Inclusion Initiatives, Deputy Title IX Coordinator, The President Administrative Fellow & George Washington University Tutoring Initiative Graduate Fellow with financial transactions, office records, payroll, upkeep of equipment, maintaining office supplies, & related functions.
- Provide the Associate Vice Provost, Dean of Student Academic Services, Director of Inclusion Initiatives, Deputy Title IX Coordinator, The President Administrative Fellow George Washington University Tutoring Initiative Graduate Fellow with support for business travel, meetings, appointments & other administrative needs.
- Prepare & send communications for the office to internal departments, students, & faculty, staff as well as external contacts.
- Conduct regular research on Diversity & Inclusion issues as they relate to the University
- Monitors & regularly updates the information for the Diversity & Inclusion web & print materials
- Contribute to promotional efforts for Diversity & Inclusion Initiatives
- Answer routine email & telephone inquiries
- Serve as general receptionist for the office

Express, Bethesda MD
Co-Manager (September 2011 – May 2012)
- Manage stockroom organization standards, merchandise processing & sales floor replenishment.
- Lead Loss Prevention awareness & ensure compliance to Target Shrink Program
- Manage supply ordering & ensure all Bill of Lading's & Receipt & Adjustment Records are completed in a timely manner to ensure records are accurate
- Ensure sales leadership team has a comprehensive understanding of the Standard Operating Procedures
- Perform internal audits to track & investigate out of balance issues
- Create an optimal customer experience through exceptional customer service
- Recruit, hire & train associates; Coach & develop associates
- Promote a positive work environment & work to resolve associate relations issues
- Ensure store is maintained to Express Visual Standards

Verizon Communications, Silver Spring MD
Business Telecommunications Consultant (June 2000-August 2010)
2003-2010 Verizon Large Business Billing Consultant
- Discussed, investigated, & resolved disputes, complaints & inquiries regarding customers' service, billing, rates, policies, etc.…
- Performed call study investigations for customers disputing message units or measured calls.
- Reviewed customers' bills & recommended cost saving products & plans
- Calculated rates, resources, re-rates & adjustments
- Followed up on customer issues that could not be handled by online representatives
- Handled escalations from irate customers
- Answered inbound customer service calls in an attempt to provide a resolution on the first call
- Effectively escalated calls to appropriate external contacts & followed up on behalf of the customers

2000-2003 Verizon Business ISDN Consultant
- Marketed ISDN service to meet large business customers' data, voice & video conferencing needs in the Mid-Atlantic states
- Advised & educated customers on ISDN BRI discussed & implemented contracts & made needs based recommendations for service.
- Determined Availability of service, service provisioning requirements, & CPE requirements
- Served as an inter-departmental & intra-company liaison for the order processing
- Resolved customers' billing issues & applied payment adjustments when applicable
- Implemented service orders
- Served as e-mail hosting & web hosting sales consultant

May 19, 2016

Dear State Board of Nursing,

The National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA) has done extensive research and work over the past several years to develop a new standard for ongoing certification for nurse anesthetists. This new program, the **Continued Professional Certification (CPC) Program**, will take effect beginning August 1, 2016, and will set a new standard for certification, encouraging lifelong learning.

The changes to the recertification program include: a move **from a two-year recertification window** to an **eight-year program comprised of two four-year cycles**. In addition to practice and license requirements, the Continued Professional Certification (CPC) Program, includes four main components:

1.   **Class A credits** – These are continuing education activities that must be 1) prior approved (e.g. by an organization such as the American Association of Nurse Anesthetists), 2) include an assessment of some type, and 3) are related to nurse anesthesia practice. 60 credits are required for each four-year cycle. Requirement: 60 per 4-year cycle

2.   **Class B credits** – This is the most flexible component of the CPC Program. Class B credits include a wide range of professional activities that enhance knowledge of anesthesia practice, support patient safety, or foster an understanding of the health care environment. A few examples include: Grand rounds, morbidity and mortality conferences, precepting, teaching, infection prevention, data collection, mission trips, public education, and journal reviewing. See the Class B Table on the NBCRNA website for more activities (www.nbcrna.com/ClassBtable). Requirement: 40 per 4-year cycle

3.   **Core Modules** – The Core Modules provide a means for nurse anesthetists to stay informed about the **current literature** and **evidence-based knowledge**. Each module will be linked with the content outline of the CPC examination and will include a formal assessment, such as multiple choice questions. Using a common set of objectives, continuing education (CE) providers will develop CE programs that address the four areas of anesthesia practice which apply to all CRNAs, regardless of practice focus: Airway Management; Applied Clinical Pharmacology; Human Physiology and Pathophysiology; and Anesthesia Equipment and Technology. Requirement: 4 per 4-year cycle, but voluntary the initial 4-year cycle. All credits are considered Class A, so can count towards both the Core Module *and* Class A requirements.

4.   **An Examination** – a **Performance Standard Exam** to be taken between 2020-2025 (no impact on certification); and a Passing Standard Exam to be taken between 2028-2033 (must

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Chicago, IL 60631

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pass within four attempts). The exam will assess knowledge in the **four core domains of nurse anesthesia practice**, which are:

- Airway Management
- Applied Clinical Pharmacology
- Physiology and Pathophysiology
- Anesthesia Equipment and Technology

As a recognized leader in advanced practice nurse credentialing, the NBCRNA identified that due to changes in healthcare credentialing, a shift to continuing competency, and consumer expectations, a call was being made for an update in how nurse anesthetists are credentialed. The NBCRNA recognized that initial certification is only a start in the nurse anesthetists' career, that knowledge at one point in time is no longer enough, that mastering competency through evidence-based learning is essential, and that professional growth and development must be lifelong and integrated into practice. The CPC Program encompasses all of that. Additionally, the CPC Program takes into account that education is progressive over time, should be focused on evolving knowledge, skills and technologies, and that continuous education, mastery and assessment should be present throughout one's career.

So when will CRNAs enter into the CPC Program? Individuals enter into the CPC Program as follows:

- Those currently certified will recertify in either 2016 (by July 31, 2016) if they are an even-year certificant and be entered in the CPC Program; or if an odd-year certificant, will recertify by July 31, 2017 and then enter into the CPC Program.
- Those newly certified in 2016 will be immediately entered into the CPC Program.
- Use the NBCRNA CPC Program calculator to help illustrate the CPC Program timing for a given individual (https://portal.nbcrna.com/public/calculator/).

The enclosed materials will describe the CPC Program, its components, and timing. We also encourage you to visit the NBCRNA website for a wealth of CPC Program information and resources, including education and overview videos, timing charts, and more: www.NBCRNA.com/CPC

If you have any questions, please contact NBCRNA Chief Credentialing Officer John Preston, DNSc, CRNA, APN, at 708-667-0107 or jpreston@nbcrna.com. You may also call the main number toll free at 855-285-4658 or email cpc@nbcrna.com.

Regards,

Steve Wooden, DNP, CRNA, NSPM-C
NBCRNA President 2015-2016

Karen Plaus PhD, CRNA, FAAN, CAE
NBCRNA Chief Executive Officer

8725 W. Higgins Rd.
Suite 525
Chicago, IL 60631

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Board of NURSING

6A

M E M O R A N D U M

TO: **Maryland Board of Nursing Board Members**

FROM: Jill Callan, BSN, RN
             Nurse Program Consultant I
             Maryland Board of Nursing

DATE: June 22, 2016

RE: **Certified Nursing Assistant (CNA) Training Program-Trinity Nursing
             Assistant Academy: Report on a Routine Site Visit conducted on
             April 18, 2016.**

I.   BACKGROUND AND APPLICABLE LAW

All Certified Nursing Assistant (CNA) training programs in the State of Maryland must be approved by the Board before the training program is offered to students. COMAR 10.39.02.03A (1) ("All training programs shall be approved by the Board".); § 8-6A-14,(e) ("The Board may make survey visits from time to time, without prior notice, to all certified nursing assistant training programs.") The Board initially approved Trinity Nursing Assistant Academy ("Trinity") 107 Thomas Johnson Dr., Suite 201L, and Frederick, MD 21702, to offer CNA programs on May 27, 2014.

After a CNA training program is approved by the Board and is operational, the Board is required to review programs for renewal of approval every 2 years. COMAR 10.39.02.03D ("The Board shall review programs for renewal of approval every 2 years"). Trinity Nursing Assistant Academy's CNA program submitted their renewal application on May 16, 2016 and is currently under review.

II. REPORT OF ON-SITE VISIT CONDUCTED BY BOARD STAFF ON APRIL 18, 2016

On April 18, 2016, an on-site visit was conducted at Trinity at 1:00 pm and 6:00 pm at 107 Thomas Johnson Dr., Suite 201L, Frederick, MD 21702 for purposes of renewing Trinity's CNA training program. Trinity was visited twice on April 18, at 1:00 pm and 6:00 pm. The first visit was to interview the instructor/owner and review records. The second visit was to observe the

class which was held in the evening. The purpose of the on-site visit was to determine whether Trinity was operating in compliance with the Board's regulations governing CNA programs at COMAR 10.39.02.

A. Non-compliance with Faculty Supervision Requirement at Clinical Training Site

During the site visit and clinical facility review, Information and documents were obtained that revealed Trinity was not in compliance with the Board's regulations in regard to faculty requirements in the Board's regulation at COMAR 10.39.02.05D(5):

> *COMAR 10.39.02.05D:*
> D. Responsibilities. The course instructor is responsible for:
>   (1) Participating in development and evaluation of the training program;
>
>   (2) Implementing the approved training program;
>
>   (3) Supervising classroom laboratory experiences;
>
>   (4) Evaluating student performance in the classroom; and
>
>   **(5) Providing supervision and clinical evaluation of each trainee at the
>   clinical training site.** (emphasis added)

During the site visit it was disclosed by Trinity's instructor/owner that her class had been asked not to return to the clinical training site.

On or around April 21st, during an initial phone interview with the DON of the clinical site, the DON stated she asked Trinity to leave because she had too many training programs using the facility. However, a voluntary disclosure was made by a person connected with the clinical facility, which the DON stated she asked Trinity to leave because the students did not know how to perform basic skills and the instructor failed to supervise her students during the clinical training.

On or around May 6th during a second telephone interview with the director of nursing, it was disclosed that the instructor/owner of Trinity's CNA training program failed to supervise Trinity students and the students were unable to perform basic tasks. An email was received from the director of nursing on May 8th and again on May 9th of 2016. Both emails detailed the witnessed reports from the staff at the clinical training site from where the Trinity students had been assigned.

B. Non-compliance with Requirement of Written Agreement with the Clinical Training Facility.

At the time of the site visit and during the review of Trinity's application for renewal approval there was no requested evidence provided by Trinity for compliance to COMAR

10.39.02.06C:

    (6) Written Agreements.
        (a) The training program shall have a written agreement with any clinical facility that is not a part of the controlling institution. (emphasis added)
        (b) Written agreements between the program and the cooperating facilities shall:
            (i) Be developed jointly with the clinical facility;
            (ii) Be reviewed periodically;
            (iii) Include provision for adequate notice of termination;
            (iv) Specify the responsibility of the training program to the facility and the responsibility of the facility to the training program; and
            (v) Identify the functions and responsibilities of the parties involved.

On April 18, 2016, at the time of the site visit, it was requested that Trinity's instructor/owner submit a Facility Agreement when the new clinical training site was secured. The instructor/owner answered she had requested two LTC facilities in the town to accept her students for training. On May 16, 2016, Trinity submitted an application for renewal of its CNA program, which was reviewed by Board staff on June 6, 2016. A clinical facility was not named in the application.

On the same day, June 6, 2016, Board staff sent an email to the Trinity instructor/owner that said, "I am currently reviewing your application for renewal. The Board will need to see that you are currently providing supervised instruction to your students in a long term care facility. Have you been able to provide the class I observed on April 18th with clinical instruction? Please provide the Board with a facility agreement. Once that is done the Board can review the rest of your submitted documents requesting the name of the clinical facility training site."

On the same day, June 6, 2016, the instructor/owner replied, "Ok. Thank you." No emails have been received from Trinity to date.

On June 13, 2016 a second email was sent requesting the same document and information; *Board Staff*: "What clinical facility did you use for the April class that was in session at the time of my site visit on April 18th, 2016?" *Owner*: We will be using (named nursing home) for the clinical, I believe we should be starting next week with the April group." *Board Staff:* "The Board needs to approve the facility. You should submit a facility approval request as soon as possible." *Owner*: "I cannot wait to do that," "I believe you can understand my frustration." *Board Staff:* "This is a COMAR regulation. I understand your frustration. If you submit the agreement to me by tomorrow, I could attempt to put it on the agenda for next week's Board meeting for approval. "Owner: Yes, I will. Thanks."

III. PROPOSED CORRECTIVE ACTION/REMEDIAL PLAN

A. Applicable Law

Based on the above-discussed information and documentation, Board staff believes that Trinity is currently in violation of the Board's regulations governing CNA training programs, specifically COMAR 10.39.02.05D governing faculty supervision of students and

COMAR10.39.02.06C(6) governing written agreements with clinical training facility.   The Board may withdraw approval of any CNA training program that fails to comply with any Board regulation governing CNA training program:

   The Board's authority to withdraw approval of a CNA training program is governed by the Board's regulation at COMAR 10.39.02.09, which states:
   A. The Board's professional staff may visit a program annually and provide a report to the Board.
   B. The Board may withdraw approval from any program:
      (1) That fails to comply with a requirement of this regulation;
      (2) That discontinues its curriculum for a period exceeding 6 months; or
      (3) Whose graduates achieve less than 90 percent of the national success rate on the GNA-CE.

(emphasis added). This regulation provides no express provision for providing a CNA training program with due process, *i.e.* prior notice and an opportunity to be heard by the Board, prior to the Board's withdrawal of approval of Trinity's CNA training program. However, Board Counsel has advised that Trinity be given notice and an opportunity to respond and correct its regulatory violations according to the due process procedures set out in the Board's regulations at COMAR 10.27.03.17 governing withdrawal of approval for registered nursing or licensed practical nursing education programs. The goal is that Board staff will be able to work with Trinity so that Trinity will bring itself into compliance with the Board's regulation without the need to for the Board to vote to withdraw approval of Trinity.

B. BOARD VOTE REQUESTED RE: CORRECTIVE ACTION/REMEDIAL PLAN

   Board staff requests that the Board vote to authorize that Board staff initiate and carry out the following corrective action/remedial plan:

   (1) The Board, through a letter from the Executive Director, shall provide the Trinity owner with written notice that the Board has made a preliminary determination that Trinity is operating in violation of COMAR 10.39.02.05 and .06, summarize those violations, and provide notice of a date/time that Trinity's owner is required to meet with Board staff.

   (2) The Executive Director's letter shall notify Trinity that, at the scheduled meeting with Board staff, Trinity is required to come to the meeting with a response explaining why Trinity is in violation of the Board's regulations, a written corrective action plan detailing Trinity's plan for correcting the violations within a proposed time frame, or alternatively, written documentary proof that Trinity has already corrected its regulatory violations and is currently in full compliance with the Board's regulations at COMAR 10.39.02 governing CNA training programs.

(3) Trinity's written corrective action plan, or written proof that Trinity has brought itself into compliance with the Board's regulations, shall be presented and reviewed by the Board at its next regularly scheduled Board meeting.

(4) If Trinity does not submit written proof that Trinity has corrected the regulatory violations and instead submits a corrective action plan, then, the Board, at it next scheduled Board meeting, shall:

(a) Evaluate Trinity's corrective action plan;

(b) Approve or modify Trinity's corrective action plan;

(c) Have discretion to make changes to the time frames for correcting the regulatory violations or other components of the plan; and

(d) Have discretion to require that Trinity's owner show cause in writing and in person to the full Board reasons why the Board should not withdraw approval of Trinity's CNA Training Program. (Note: After consideration of any Trinity's written and oral show cause response/arguments, the Board will then make a decision whether or not to withdraw approval of Trinity's CNA training program.)

STATE OF MARYLAND

MARYLAND BOARD OF NURSING
4140 PATTERSON AVENUE
BALTIMORE, MARYLAND 21215-2254

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7A

MEMORANDUM

TO: Maryland Board of Nursing

FROM: Michelle Duell, DNP, CRNA
              Deputy Director & Director of Advanced Practice

DATE: June 22, 2016

RE: Interpretation of Statute for Approval of Nurse Practitioner Programs

Health Occupations Article §8-302 addresses qualifications of applicants.

Specifically, §8-302 (b)(ii) addresses nurse practitioners and the need for them to have completed an education program approved by the Board.

Currently, our endorsement candidates are required to obtain information from their original nurse practitioner program. This can be labor intensive on board staff as well as cumbersome for the applicant and graduate school. The programs have changed over time and in some cases, their programs are no longer in existence. §8-302 (b) (2)(i) states "an individual certified as a nurse practitioner by a national certifying body prior to October 1, 2010, who is certified by the Board and in good standing, shall be deemed to meet educational requirements under subsection (b)(1)(iii)3 of this section."

I am asking the Board to interpret what this statute means when endorsing nurse practitioner applicants. **Could the statute apply to those nurse practitioners who are seeking endorsement?** Please find a copy of the statute below:

Article - Health Occupations
§8–302.
        (a) Except as otherwise provided in this title, to qualify for a license or certification, an applicant shall be an individual who submits to a criminal history records check in accordance with § 8–303 of this subtitle and meets the requirements of this section.
        (b)   (1)   An applicant for certification as an advanced practice nurse shall:
                (i)   Be a registered nurse;
                (ii)   **Complete an education program approved by the Board**;

(iii) Submit to the Board:

1. A completed application for certification as a nurse practitioner, nurse anesthetist, nurse midwife, nurse psychotherapist, or clinical nurse specialist for each area in which certification is sought;

2. Documentation of an active license in good standing as a registered nurse in the State;

3. Documentation that the applicant has graduated from an accredited program for advanced practice nursing for nurse practitioners, nurse anesthetists, nurse midwives, nurse psychotherapists, or clinical nurse specialists; and

4. Documentation of certification as a nurse practitioner, nurse anesthetist, nurse midwife, nurse psychotherapist, or clinical nurse specialist by a nationally recognized certifying body approved by the Board; and

(iv) Meet any other requirements that the Board sets.

(2) (i) An individual certified as a nurse practitioner by a national certifying body prior to October 1, 2010 who is certified by the Board and in good standing shall be deemed to meet the education requirements under subsection (b)(1)(iii)3 of this section.

(ii) An individual certified as a nurse anesthetist, nurse midwife, nurse psychotherapist, or clinical nurse specialist who is certified by the Board and in good standing prior to October 1, 2012, shall be deemed to meet the education requirements under subsection (b)(1)(iii)3 of this section.

(3) In addition to the requirements for renewal of a license under § 8–312 of this subtitle, the Board may establish continuing education or competency requirements for the renewal of a certificate under this subsection.

(4) (i) Subject to the provisions of this subsection, the Board may waive any requirement of this subsection for an applicant who is licensed or certified to practice as a nurse practitioner, nurse anesthetist, nurse midwife, nurse psychotherapist, or clinical nurse specialist in any other state or country.

(ii) The Board may grant a waiver under this paragraph only if the applicant:

1. Pays the application fee required by the Board under § 8–304 of this subtitle;

2. Became licensed or certified in the other state or country under requirements substantially equivalent to the certification requirements of this title; and

3. Meets any other qualifications established by the Board.

(5) (i) An applicant for initial certification as a nurse practitioner who has not been certified by the Board or any other board of nursing shall identify on the application for certification a mentor who will consult and collaborate with the applicant for 18 months beginning on the date the application for certification is received by the Board.

(ii) A certified nurse practitioner shall practice in accordance with the standards of practice of the American Association of Nurse Practitioners or any other national certifying body recognized by the Board.

(6) Unless authorized to practice as a nurse practitioner under this title, a person may not:

(i)   Represent to the public by title or by description of services, methods, or procedures, or otherwise, that the person is authorized to practice as a nurse practitioner in this State;

(ii)   Use as a title or describe the services the person provides by use of the words "nurse practitioner" or "certified registered nurse practitioner"; or

(iii)   Use the abbreviation "N.P.", "C.R.N.P.", or any other words, letters, or symbols with the intent to represent that the person practices as a nurse practitioner.

(7)   Unless authorized to practice as a nurse anesthetist under this title, a person may not:

(i)   Practice nurse anesthesia unless certified by the Board in accordance with this section; or

(ii)   Use the title "certified nurse anesthetist", "nurse anesthetist", or any other words, letters, or symbols with the intent to represent that the person practices as a nurse anesthetist.

(8)   Unless authorized to practice as a nurse midwife under this title, a person may not:

(i)   Practice nurse midwifery unless certified by the Board in accordance with this section; or

(ii)   Use the title "certified nurse midwife", "nurse midwife", or any other words, letters, or symbols with the intent to represent that the person practices as a nurse midwife.

(9)   Unless authorized to practice as a nurse psychotherapist under this title, a person may not:

(i)   Practice as a nurse psychotherapist unless certified by the Board in accordance with this section; or

(ii)   Use the title "advanced practice nurse", "certified nurse psychotherapist", "registered nurse/psychiatric mental health", "nurse psychotherapist", or any other words, letters, or symbols with the intent to represent that the person practices as a nurse psychotherapist.

(10)   Unless authorized to practice as a clinical nurse specialist under this title, a person may not:

(i)   Practice as a clinical nurse specialist unless certified by the Board in accordance with this section; or

(ii)   Use the title "certified clinical nurse specialist", "clinical nurse specialist", "clinical registered nurse specialist", "clinical nurse specialist graduate", or any other words, letters, or symbols with the intent to represent that the person practices as a clinical nurse specialist.

FROM: **Shirley A. Devaris, RN, JD**
Director of Legislation
TO: **The Board**
IN RE: **Request to approve amendments to COMAR 10.27.01.02**
DATE: **June 22, 2016**

_____

SB 411, 2016 legislative session, established the Nurse Practitioner Preceptorship Tax Credit Fund to encourage individuals to precept for NP students.   The time spent as a preceptor impacts the preceptor's time spent with patients.   For that reason it has become increasingly difficult to find preceptors for our NP students.   The tax credit is $1,000 for three courses and is limited to a total of $10,000.00 in any one year.   The biennial fee of $15.00 assessed to every renewal NP applicant will fund the tax credit program.

The amendments provide for the fee and make some additional clean-up changes. Emergency and regular proposals will be submitted because the bill's effective date is July 1, 2016.   The Director of IT has arranged to have the on-line renewal program for NPs start collecting this fee on July 1, 2016.

AMENDED TEXT:

.02 Fees.

A. – C. (text unchanged)

[D. Annual Renewal Fees.

(1) Annual renewal fees shall apply only to registered or licensed practical nurses who are required to renew annually on or before December 31, 2013, in accordance with Regulation .12A(1) and (2) of this chapter.

(2) Annual renewal fees are as follows:

(a) Annual renewal for a registered or licensed practical nurse — $55;

(b) Registered nurse and licensed practical nurse volunteer license — $20;

(c) Inactive license renewal for registered or licensed practical nurse — $20; and

(d) Advanced practice certification renewal fees are in addition to the registered nurse renewal fee:

(i) Renewal of each registered nurse certification in advanced practice — $5; and

(ii) Certificate renewal for forensic nurse examiner or workers' compensation medical case manager — $5.**]**

[E] *D*. Biennial renewal fees are as follows:

(1) – (4) (text unchanged)

(5) Advanced Practice certification **[**renewal**]** *and specialty nursing certification renewal* fees are in addition to the registered nurse renewal fee and are *as follows*:

(a) – (b) (text unchanged)

(c) Nurse Practitioners (NP), in addition to the registered nurse and advanced practice renewal fees: the Nurse Practitioner Preceptorship Tax Credit Fund fee--- $15.

[F.] *E.* (text unchanged)

8. e.

FROM: **Shirley A. Devaris, RN, JD**
Director of Legislation
TO: **The Board**
IN RE: **Final draft of amendments to COMAR 10.27.01, 10.39.01 and**
10.53.01.   Approved on May 24, 2016.
General Provisions for Licensure or Certification
DATE: **June 22, 2016**

_____

The language for these amendments was approved at the regular meeting of the Board on May 24, 2016, in open session.   All new language is in Italics.

10.27.01 – Examination and Licensure. (Nurses)

.04 *General Provisions.*

A.   An applicant shall submit:

(1) To a criminal history records check (CHRC) in accordance with Health Occupations Article, § 8–303;

(2)   A completed application to the Board on the form that the Board requires; and

(c)   Written, verified evidence of completion of the CHRC in accordance with Health Occupations Article, § 8–303, Annotated Code of Maryland;

(3) (a)   Any documentation requested from the applicant by the Board including, but not limited to, official certified or true test court documents and a signed, dated explanation written by the applicant, regarding the facts and circumstances, outcome, and current status of any criminal history record information received by the Board:

(i) Under (1) of this Section;

(ii) In an answer to a question on the Board's application form; and

(iii) Any other source; and

(b) Any additional documentation requested by the Board if the documentation received from the applicant under (3) of this section is incomplete or insufficient; and

(4) The initial application fee established by the Board.

B. If an application is not complete when initially submitted to the Board by the applicant, the applicant shall have no longer than 12 months from the date the application is received by the Board to complete the application and provide all information and documents required in § A of this regulation.

C. If an applicant fails to provide to the Board a complete application and any additional documentation requested by the Board under § A of this regulation within 12 months from the date the application is received by the Board, then the application shall be void and the Board will no longer consider the applicant for licensure.

D. To pursue licensure after an application has become void under § C of this regulation, the applicant shall submit a new application on the form required by the Board and meet all of the requirements for licensure and pay the required fees that are in effect at the time of re-application.

(.04) – (.17) *(.05)-(.18)* (text unchanged)

10.39.01 - Certification of Nursing Assistants.

.03 *General Provisions.*

A. An applicant shall submit:

(1) To a criminal history records check (CHRC) in accordance with Health Occupations

Article, § 8–303;

(2)   A completed application to the Board on the form that the Board requires; and

(c)   Written, verified evidence of completion of the CHRC in accordance with Health

Occupations Article, § 8–303, Annotated Code of Maryland;

(3) (a)   Any documentation requested from the applicant by the Board including, but not

limited to, official certified or true test court documents and a signed, dated explanation written

by the applicant, regarding the facts and circumstances, outcome, and current status of any

criminal history record information received by the Board:

(i) Under (1) of this Section;

(ii) In an answer to a question on the Board's application form; and

(iii) Any other source; and

(b)   Any additional documentation requested by the Board if the documentation

received from the applicant under (3) of this section is incomplete or insufficient; and

(4)   The initial application fee established by the Board.

B.   If an application is not complete when initially submitted to the Board by the applicant, the

applicant shall have no longer than 12 months from the date the application is received by

the Board to complete the application and provide all information and documents required in §

A of this regulation.

C. If an applicant fails to provide to the Board a complete application and any

additional documentation requested by the Board under § A of this regulation within 12

months from the date the application is received by the Board, then the application shall be void

and the Board will no longer consider the applicant for certification.

D. To pursue certification after an application has become void under § C of this regulation, the applicant shall submit a new application on the form required by the Board and meet all of the requirements for licensure and pay the required fees that are in effect at the time of re-application.

(.03) – (.08) *(.04)-(.09)* (text unchanged)

10.53.02 – Licensure. (Electrologists)

.02 *General Provisions.*

A. An applicant shall submit:

(1) To a criminal history records check (CHRC) in accordance with Health Occupations Article, § 8–303;

(2) A completed application to the Board on the form that the Board requires; and

(c) Written, verified evidence of completion of the CHRC in accordance with Health Occupations Article, § 8–303, Annotated Code of Maryland;

(3) (a) Any documentation requested from the applicant by the Board including, but not limited to, official certified or true test court documents and a signed, dated explanation written by the applicant, regarding the facts and circumstances, outcome, and current status of any criminal history record information received by the Board:

(i) Under (1) of this Section;

(ii) In an answer to a question on the Board's application form; and

(iii) Any other source; and

(b) Any additional documentation requested by the Board if the documentation received from the applicant under (3) of this section is incomplete or insufficient; and

(4) The initial application fee established by the Board.

B. If an application is not complete when initially submitted to the Board by the applicant, the applicant shall have no longer than 12 months from the date the application is received by the Board to complete the application and provide all information and documents required in § A of this regulation.

C. If an applicant fails to provide to the Board a complete application and any additional documentation requested by the Board under § A of this regulation within 12 months from the date the application is received by the Board, then the application shall be void and the Board will no longer consider the applicant for licensure.

D. To pursue licensure after an application has become void under § C of this regulation, the applicant shall submit a new application on the form required by the Board and meet all of the requirements for licensure and pay the required fees that are in effect at the time of re-application.

(.02) – (.09) *(.03)-(.10)* (text unchanged)

DIRECT ENTRY MIDWIVES ADVISORY COMMITTEE

9 C

To: Board Members, Maryland Board of Nursing

From: Direct Entry Midwives Advisory Committee

Date: June 22. 2016

Dr. Michelle Duell, Deputy Director is presenting the following to the Board of
Nursing for its review and approval. This form was not previously approved
pending changes in the disciplinary questions being made by the Office of the
Attorney General.

        Direct Entry Midwives Application for Licensure

STATE OF MARYLAND
MARYLAND BOARD OF NURSING 4140 PATTERSON AVENUE BALTIMORE, MARYLAND 21215-2254

LICENSURE AS A DIRECT-ENTRY MIDWIFE INFORMATION SHEET

Applicants applying for licensure to practice as a direct-entry midwife in Maryland must submit the following:

1. A copy of a birth certificate or other legal proof of age such as passport or drivers license.
2. A copy of a current valid Certified Professional Midwife credential granted by the North American Registry of Midwives (NARM).
3. A copy of a current cardiopulmonary resuscitation (CPR) certification issued by the American Red Cross or the American Heart Association.
4. A copy of a current neonatal resuscitation (NRP) certification issued by the American Academy of Pediatrics or the American Heart Association.
5. One of the following:
    A. An official transcript sent directly from a midwifery education program that is accredited by the Midwifery Education Accreditation Council (MEAC) or the Accreditation Commission for Midwifery Education (ACME); OR
    B. If the applicant was certified by NARM as a certified professional midwife on or before January 15, 2017, through a non–MEAC accredited program, but otherwise qualifies for licensure, the applicant shall provide (see application section 3 part B):
        1) Evidence of completion, in the past 2 years, of an additional 50 hours of continuing education units approved by the Board and accredited by MEAC, the American College of Nurse Midwives, or the Accrediting Council for Continuing Medical Education, including:
            a) 14 hours of obstetric emergency skills training such as a birth emergency skills training (BEST) or an advanced life-saving in obstetrics (ALSO) course; and
            b) The remaining 36 hours shall include courses in pharmacology, lab interpretation of pregnancy, ante-partum complications, intrapartum complications, postpartum complications, and neonatal care.
6. $900.00 non-refundable application processing and initial licensure fee (check or money order) payable to the **Maryland Board of Nursing.**
7. A properly formatted passport-style photograph.
8. A signed copy of the General Written Care Plan for Direct Entry Midwives (form enclosed).
9. A current Criminal History Record Check (CHRC) is REQUIRED to complete your application (form enclosed). Please send a COPY of your receipt of a current CHRC (fingerprints).
10. Complete and sign the application in its entirety.
11. Allow four (4) to six (6) weeks for processing.

Effective January 27, 2012: Please be advised that the disclosure of your Social Security Number or Federal Tax Identification Number is **mandatory** in order to process your application.

Any license or certificate application(s) received at the Maryland Board of Nursing without either a Social Security Number (SSN) or Federal Tax ID Number **WILL NOT** be processed. Applications without these numbers are incomplete.

The Board is required by federal and Maryland law to collect this information for the following purposes:

- Verification of identity with respect to final adverse actions related to your license or certificate (42 U.S.C. § 1320a-7e(b))
- Administration of the Child Support Enforcement Program (Md. Family Law Code Ann., § 10-119.3)
- Identification by the Maryland Department of Assessments and Taxation of new businesses in Maryland (Md. Health Occ. Code Ann., § 1-210)
  Please understand that if the Board receives your application, but it is incomplete because there is **NO** Social Security Number or Federal Tax ID Number, your application **WILL NOT** be processed and WILL BE returned to you.

INCOMPLETE APPLICATIONS WILL REQUIRE ADDITIONAL PROCESSING TIME.

Once issued, the new Direct-Entry Midwife license verification may be viewed and printed from the Board's website: www.mbon.org --- "Look Up A Licensee"

STATE OF MARYLAND
MARYLAND BOARD OF NURSING 4140 PATTERSON AVENUE BALTIMORE, MARYLAND 21215-2254

MARYLAND BOARD OF NURSING APPLICATION FOR LICENSURE TO PRACTICE DIRECT-ENTRY MIDWIFERY

I hereby make application for licensure to practice as a Direct-Entry Midwife in the State of Maryland in accordance with the Maryland Annotated Code, Health Occupations Article, Subtitle 6C and the Regulations Governing the Practice of Direct-Entry Midwives and submit the following evidence of my qualifications for licensure:

Last Name: _____ First _____ MI _____

Home Address: _____

City:_____ State: _____ Zip Code: _____

Business Address: _____
NOTICE: PLEASE BE ADVISED THAT IF YOU DO NOT PROVIDE A BUSINESS ADDRESS, THE BOARD IS REQUIRED TO DISCLOSE YOUR HOME ADDRESS IN RESPONSE TO A MARYLAND PUBLIC INFORMATION ACT REQUEST FOR YOUR LICENSURE OR CERTIFICATION RECORDS.

City:_____ State: _____ Zip Code: _____

Home Phone:_____ Work: _____ Cell: _____

Email Address_____

Gender: Circle One: Male   Female

Date of Birth: _____ Social Security or Federal Tax ID number: _____
                (MM/DD/YYYY)

*Ethnicity: Are you Hispanic or Latino origin? Circle One: YES   NO

*Race: Multiracial respondents may select all applicable racial categories below:

 Circle Choice(s):

        American Indian or Alaska Native

        Asian

        Black or African American

        Native Hawaiian or Other Pacific Islander

        White / Caucasian

*Authorization: MD Code, State Government, § 10-606 (c)

SECTION I:

1. CERTIFICATION BY THE NORTH AMERICAN REGISTRY OF MIDWIVES (NARM):

NARM CERTIFICATION #:	*Submit a copy of your NARM certificate with this application.*
DATE OF ORIGINAL CERTIFICATION:	
EXPIRATION DATE OF CURRENT CERTIFICATE:	

2. CARDIO PULMONARY RESUSCITATION (CPR) CERTIFICATION issued by the American Red Cross or the American Heart Association and NEONATAL RESUSCITATION CERTIFICATION (NRP) issued by the American Academy of Pediatrics or the American Heart Association:

EXPIRATION DATE OF CPR CERTIFICATION:	*Submit a copy each of your current CPR and NRP certification cards.*
EXPIRATION DATE OF NRP CERTIFICATION:	

3. COMPLETE ONE OF THE FOLLOWING:

A. Verify completion of a Midwife Education Accreditation Council (MEAC) or Accreditation Commission for Midwifery Education (ACME) accredited midwifery program:

SCHOOL NAME:	*Have official transcript sent by the school directly to the Board to verify completion.*
DATE OF COMPLETION:	
PROGRAM TYPE (circle one): MEAC or ACME	

B. If the applicant was certified as a Certified Professional Midwife prior to January 15, 2017, evidence of completion, in the past 2 years, of an additional 50 hours of continuing education units from the Board-approved list (see Appendix A), including:
1. 14 hours of obstetric emergency skills training such as a birth emergency skills training (BEST) or an advanced life saving in obstetrics (ALSO) course; and
2. The remaining 36 hours shall include courses in pharmacology, lab interpretation of pregnancy, antepartum complications, intrapartum complications, postpartum complications, and neonatal care.

BOARD-APPROVED CEU COURSE (see Appendix A) (attach additional pages if necessary)	DATE	NUMBER OF HOURS	*Submit evidence of completion of each CEU course listed.*

4

TOTAL HOURS:		

SECTION II:

1. HIGH SCHOOL DIPLOMA OR EQUIVALENT:

HIGH SCHOOL:
STREET ADDRESS:
CITY, STATE, ZIP CODE:
YEAR OF COMPLETION:

NOTICE: THE BOARD OF NURSING HAS THE RIGHT TO REQUEST PROOF OF HIGH SCHOOL DIPLOMA OR EQUIVALENT. RANDOM AUDITS OF THIS INFORMATION ARE UNDERTAKEN.

2. HIGHEST LEVEL OF EDUCATION:
☐ **High School (required)**
☐ **Some college courses**
☐ **Associates degree: School name_____**
City, State_____Year completed_____
Degree earned:_____
☐ **Bachelor's degree: School name_____**
City, State_____Year completed_____
Degree earned:_____
☐ **Master's degree: School name_____**
City, State_____Year completed_____
Degree earned:_____
☐ **Doctorate: School name_____**
City, State_____Year completed_____
Degree earned:_____
☐ **Other: School name_____**
City, State_____Year completed_____
Degree earned:_____

SECTION III:

BACKGROUND:
1. Have you ever pled guilty or nolo contendere (*i.e.,* "no contest") to (this includes a guilty plea for which probation before judgment was received), or ever been convicted of any criminal act (excluding minor traffic violations)?

      ☐ Yes   ☐ No

2. Have you ever been convicted of or pled guilty to, in any civil, administrative or criminal proceeding, the possession, use, manufacture, distribution, or diversion of controlled substances or prescription drugs?

      ☐ Yes   ☐ No

3. Have you ever had any application, license, certificate, permit or other privilege to practice any health care occupation:
   a. Denied?

      ☐ Yes   ☐ No

   b. Disciplined, including, but not limited to, reprimand, censure, fine, surrender, probation, suspension, or revocation?

      ☐ Yes   ☐ No

4. With respect to any application, license, certificate, permit or other privilege to practice any health care occupation, have you ever been placed in a non-disciplinary probation, monitoring, practice remediation, or other similar program?

      ☐ Yes   ☐ No

If you answered "Yes" to any of the questions above you must submit the following:

For Questions 1 and 2

    a. A detailed letter of explanation, including the circumstances surrounding the crime, the date of your conviction or plea, the crime of which you were convicted or to which you pled guilty, your sentence, if and when you completed your sentence, and any other information you would like the Board to consider, such as subsequent work history, what you have learned, etc.; **AND**

b. Court certified or true-test copies of court documents regarding the facts and circumstances of the crime, your plea(s) or the disposition of your charge(s) , the sentence imposed, and current status of your sentence (*i.e.*, all fines paid in full, completion letter from Parole/Probation Officer, etc.), or a letter/form from the court indicating that no records are available. Examples of court documents that show facts and circumstances surrounding the crime include statement of probable cause/application for statement of charges, arrest affidavit, or plea agreement.

For Questions 3 and 4

a. A detailed letter of explanation; **<u>AND</u>**

b. Official copies of any documentation, including disciplinary orders, issued by a regulatory body regarding the denial or discipline of any application, license, certificate, permit or other privilege to practice any health care occupation, or any documentation regarding non-disciplinary probation, monitoring, practice remediation, or other similar program.

SECTION IV:

PRINT THE NAME YOU WOULD LIKE TO APPEAR ON YOUR LICENSE:

_____

THE DIRECT-ENTRY MIDWIFE WILL PRACTICE ACCORDING TO THE SCOPE AND STANDARDS ESTABLISHED BY LAW AND REGULATION IN MARYLAND AND BY THE NORTH AMERICAN REGISTRY OF MIDWIVES (NARM):

I _____ hereby declare and affirm that all information **(print name)**
contained in this form is true and complete to the best of my knowledge, information, and belief. I understand that I must submit a general written care plan in accordance with the Maryland Board of Nursing's requirements of section 8-6C-08 before I begin my practice in Maryland as a Licensed Direct-Entry Midwife. I agree to submit an annual data report as required under Section 8-6C-10. **(Providing false or misleading information may result in disciplinary action by the Board.)**

ORIGINAL SIGNATURE: _____ DATE SIGNED:

_____

PLEASE ATTACH AND SUBMIT YOUR APPLICATION FEE: $900.00 non-refundable application processing and initial licensure fee must be in check or money order form, payable to the MARYLAND BOARD OF NURSING.

PLEASE ATTACH A PROPERLY-FORMATTED PASSPORT-STYLE PHOTOGRAPH OF THE APPLICANT HERE:
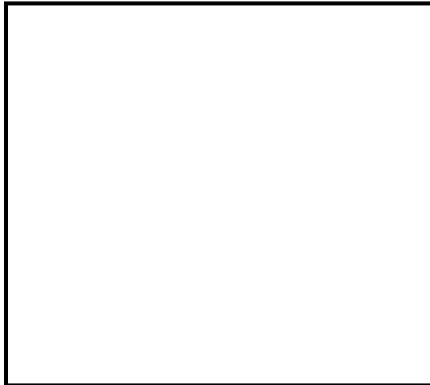
MAIL TO:
DIRECT-ENTRY MIDWIFERY DEPARTMENT
MARYLAND BOARD OF NURSING
4140 PATTERSON AVENUE BALTIMORE, MD 21215-2254

Revised: June 10, 2016

General Written Care Plan for Direct-Entry Midwives

Plan for transfer and transport of a client, newborn, or both:

The midwife agrees to the following:

Each individual client will have a transfer plan that will specify the closest hospital for use in an emergency transfer, as well as the preferred hospital for transfer in a non-emergent transfer. If the client has a preferred hospital provider for use in case of a non-emergent transfer, this will also be specified in the plan.

The midwife agrees to take the following steps in an emergency transfer of the client and/or newborn:

1. Call 911.
2. Arrange for transport of the client/newborn to the closest hospital.
3. Call the receiving health care provider and inform them of the incoming transport.
4. Accompany the client to the hospital.
5. Complete the standard transfer form that is given to the receiving provider.
6. On arrival at the hospital, provide the complete medical record for the client.
7. Provide a verbal report to the receiving provider about the care provided so far.

The midwife agrees to take the following steps in a non-emergency transfer of the client and/or newborn. A non-emergency transfer is one in which the client is stable and no immediate care is needed:

1. Select a preferred hospital for transfer based on client preference.
2. Call the receiving health care provider and inform them of the incoming transport.
3. Transport the client by private vehicle if it is safe to do so, or by ambulance if necessary.
4. Accompany the client to the hospital.
5. Complete the standard transfer form that is given to the receiving provider.
6. On arrival at the hospital, provide the complete medical record for the client.
7. Provide a verbal report to the receiving provider about the care provided so far.

Midwife Name (Printed):_____

Midwife Signature: _____ Date: _____

Appendix A: Board-approved continuing education courses

Obstetric Emergency Skills Trainings

- **Birth Emergency Skills Training for Out-of-Hospital Providers® (BEST)**
  is a certification course that prepares out-of-hospital midwives, physicians,
  nurses, and birth assistants to manage obstetrical emergencies with greater
  confidence and proficiency. The two-day course includes one 6-hour and one
  8 hour day. The class includes didactic information, learning activities, hands
  on practice, and case studies, as well as trauma management and pregnancy
  complications scenarios. The BEST course includes a systematic approach to:
    - Recognizing the high-risk pregnancy
    - Pain and bleeding in pregnancy
    - Complications arising in pregnancy
    - Managing Complications of Birth
    - Postpartum Emergencies
    - Neonatal Emergencies

- **Advanced Life Support in Obstetrics (ALSO®)** by AAFP is an evidence-
  based multidisciplinary training program that prepares maternity health
  care providers to better manage obstetric emergencies. ALSO's evidence-
  based learning path bridges knowledge gaps and boosts skill sets using a
  team-based approach, hands-on training, and mnemonics to reduce errors
  and save lives. Two-day course including methods of managing pregnancy
  and birth emergencies, and demonstration of content and skill acquisition by
  successful completion of the course written exam and megadelivery testing
  station.

Maryland Complete Bridge Program Course

- **Expect the Unexpected: Midwives Handling Complications in Out-of-
  hospital Settings** (36 hours, MEAC accredited) Specially designed by leading
  midwifery educators in collaboration with the Association of Independent
  Midwives of Maryand (AIMM), and accredited by MEAC, this four day
  intensive seminar gives interactive and hands-on training for midwives on
  successfully handling complications in the antepartum, intrapartum,
  postpartum and newborn periods, including pharmacology, laboratory
  testing, and working collaboratively to optimize home to hospital transports.
  Participants will prepare for the unexpected by being trained to anticipate
  complications and react swiftly and decisively, using role playing with
  clinical models. Instruction will build learner's complex competencies in
  psycho-motor skills, communication and clinical decision making skills plus
  evidence-based knowledge needed to perform these skills. Structured
  Objective Clinical Evaluations (OSCE) stations will be utilized for skills
  acquisition and verification simulation models, and written tests will cement
  learning.

Pharmacology

- **Administration of Medications and IV Fluids for Direct Entry Midwives**. (14 hours, MEAC accredited) The content of this workshop is designed to meet state requirements for medication and IV administration. There is hands-on practice for IV starts, fluid administration and rate calculation, and administration of medications including eye ointment, vitamin K, Rhogam, Pitocin, Cytotec, and Methergine.

Antepartum complications, Intrapartum complications, Postpartum complications, and Neonatal care

- **Suturing in Midwifery Practice** (8 hours, MEAC accredited). This workshop is designed for students and primary practitioners and who want to learn a simple and straightforward approach to suturing. Some of the topics include; preserving the perineum, the importance of history-taking, how prenatal nutrition relates to skin integrity, episiotomy, evaluating the laceration, informed consent, choosing supplies & equipment, choices for anesthesia and more. Demonstration and practice: hand & instrument ties, interrupted sutures, running sutures, subcutaneous sutures, perineal doubles, labial & periurethral tears, bleeders and after care.
- **The Ins & Outs of Venipuncture IV Certification & Blood Draws** (6 hours, MEAC accredited)**.** This workshop is designed for midwives and students to learn venipuncture in midwifery practice. The workshop is for attendees who wish to certify in IV catheterization and venipuncture and has a renewal component for those previously certified. Discussion: appropriate use of IV therapy, risks & benefits, solution & equipment choices, informed consent, charting, aseptic technique and tips for success. Attendees must have a successful, blood draw and I.V. start to obtain certification.
- **Intrapartum Fetal Surveillance for Midwives** (3.5 hours, MEAC accredited). This workshop is designed for midwives and midwifery students to learn the importance of intrapartum fetal assessment. It focuses on assessing overall well-being through fetal heart rate. Learn how to listen and respond to the baby's needs during labor and delivery. This workshop is taught by lecture, visual aids, sample client charts, and fetal monitor strips for open review and discussion.
- **Understanding and Resolving Shoulder Dystocia** (3 hours, MEAC accredited). This workshop is designed to help midwives and midwifery students learn and recognize all aspects of shoulder dystocia. The knowledge gained in this workshop will give the participant the opportunity to review and practice managing shoulder dystocia, preparing them to more confidently handle an emergency dystocia in midwifery practice. Our topics will include incidence & risk factors, prevention, signs & symptoms, methods of resolving shoulder dystocia real or environmental, understanding neonatal & maternal trauma, statistics and outcomes. This workshop is

taught by lecture, visual aids, demonstration and practice on models, for open review and discussion.

- **Newborn Examination for Midwives From Apgars to Footprints.** (5 hours, MEAC accredited). This workshop is designed for midwives and midwifery students as first line primary providers for the newborn to learn the importance of the initial examination. It focuses on recognizing normal newborn and common variations seen in real midwifery practice. It breaks the exam process into quick noninvasive understandable assessments, discusses new testing guidelines and recording the information. The topics include clinical history, informed consents, setup & supplies, examination techniques, standard examination practices, review of recommended testing, forms and charting. This workshop is taught by lecture, visual aids, demonstration and practice on models, for open review and discussion.
- **Midwifery Management of Neonatal Resuscitation.** (5 hours, MEAC accredited). This AAP certified NRP workshop covers neonatal transitional physiology (delayed cord clamping), the evidence-based studies behind the AAP/NRP guidelines such as the use of 100% O2, pulse oximetry, babies born through meconium stained waters, thermal management, all pertaining to the newborn specific to out-of-hospital management.
- **Resolving Shoulder Dystocia for the Active, Mobile Woman Course**. (3 hours, MEAC accredited). Earn 3 CE contact hours by completing the online education, Resolving Shoulder Dystocia for the Active, Mobile Woman. Gail Tully teaches this hands-on class for midwives, their active apprentices, and L & D nurses. Physicians and residents are also very welcome.
- **Breech Basics for Midwives** (3 hours, ACNM accredited). Every provider needs to know how to handle a breech, which can arise unexpectedly. Gail Tully teaches this course that covers:
  - o Signs of a safe breech versus a shoulder dystocia;
  - o Surprise, surprise! When is it too late to transport;
  - o Upright breech benefits and myths;
  - o What does "Hands-off-the-breech" really mean to us?;
  - o Resolving breech shoulder dystocia and head entrapment.
- **Pregnancy Complications** (1 hour, state-accredited ACCME recognized, Wild Iris Medical Education). The purpose of this course is to provide nurses and other healthcare professionals with a review of the incidence, risk factors, signs/symptoms, medical management, nursing care, maternal/fetal implications, and relevant patient teaching related to the most common complications that affect women during the antepartum, intrapartum, and postpartum periods of pregnancy. Upon completion of this course, you will be able to:
  - o List the most common pregnancy complications.
  - o Describe the incidence and risk factors for the most common pregnancy complications.
  - o Identify signs and symptoms in women affected by pregnancy complications.

- o Discuss the medical management and nursing care typically provided in response to pregnancy complications.
  - o Describe maternal and fetal implications arising from common pregnancy complications.
  - o Summarize relevant patient teaching offered to those experiencing pregnancy complications.
- **Part 1: Obstetric Emergencies** (22 hours (11 pharm hours), state-accredited/ACCME recognized, Western Schools). This exceptional high-level content course provides practical information to identify and treat the most commonly encountered obstetric emergent conditions. The course discusses such medical emergencies as pulmonary embolism, asthma exacerbation, thyroid storm, diabetic ketoacidosis, and epilepsy. Nurses will learn about the most frequent causes of abdominal pain during pregnancy and the appropriate diagnostic testing. The course also discusses ectopic pregnancy, cardiopulmonary resuscitation during pregnancy, perimortem cesarean delivery, hypertensive disorders of pregnancy such as preeclampsia/eclampsia, and bleeding and infection during pregnancy. In the discussion of chemical-biological warfare, participants will learn about assessment and management of the pregnant patient exposed to specific biological agents, toxins, chemicals, and radiation. The course describes care of patients with mosquito-borne illnesses such as West Nile Virus and the labor and delivery management of patients with human immunodeficiency virus (HIV) infection. Nurses will benefit from the discussion of placental separation, delivery techniques for shoulder dystocia, and types of lacerations. Transport of the pregnant patient is discussed, including treatment and transfer decisions for the patient in preterm labor or with premature rupture of membranes. In the discussion of postpartum emergencies, participants will learn how to assess and intervene in complications in the postpartum period. Finally, drug therapy in pregnancy is discussed, and nurses will learn how to identify appropriate medications for various clinical conditions in the pregnant patient.
- **Postpartum Care** (2 hours, state-accredited ACCME recognized, Wild Iris Medical Education). COURSE OBJECTIVE: The purpose of this course is to provide healthcare professionals with a review of postpartum physiology, psychology, assessment, normal adaptation, complications, and teaching of the postpartum patient.
  LEARNING OBJECTIVES Upon completion of this course, you will be able to:
  - o Describe the normal physiologic and psychological adaptations to the postpartum period.
  - o Explain how to perform a postpartum nursing assessment.
  - o Identify the teaching topics that are relevant to postpartum patients.
  - o Identify indicators of intimate partner violence.
  - o Summarize the treatment of maternal complications seen during the postpartum period.
  - o List the symptoms that postpartum patients should report to their healthcare providers after discharge.

- **Assessment of risk in the term newborn** (6.4 hours, state-accredited/ACCME recognized, March of Dimes). Objectives: Provides perinatal and neonatal healthcare providers with essential, evidence-based information to assess a newborn's physiologic adaptation to extra-uterine life and to assess for infectious or metabolic disorders and positively support development. Gestational age assessment, physical assessment and newborn behavior patterns are discussed. The module outlines nursing management during the early newborn period, including identification of risk factors, and assessment, monitoring and intervention during hospitalization and post-discharge follow-up.
- **Bleeding in early pregnancy: When is it an emergency?** (1 hour, state-accredited/ACCME recognized). Objectives: The purpose of this program is to inform ED nurses about the major causes, critical signs and appropriate triage of bleeding in early pregnancy. After studying the information presented here, you will be able to: Identify the four major causes of bleeding in early pregnancy; Describe key questions to ask during triage; List the critical signs that suggest ectopic pregnancy or inevitable miscarriage.
- **Hypertensive disorders of pregnancy** (1 hour, state accredited/ACCME recognized). Objectives: The goal of this program is to provide nurses with information about the differentiation of hypertensive disorders of pregnancy, the effect on the mother and fetus, and recommended management. After studying the information here, you will be able to: State the four classifications of hypertensive disorders of pregnancy; Identify adverse maternal and fetal outcomes associated with these disorders; Describe management of the disorders to optimize maternal and fetal outcomes.
- **Perinatal Infections** (3 hours, state-accredited/ACCME recognized). Objectives: The goal of this continuing education program is to update nurses' knowledge of the identification, care and management of patients with perinatal infections. After studying the information presented here, you will be able to:
  - Discuss changes in the prevalence of certain perinatal infections in relation to effective screening and vaccination programs
  - Differentiate between universal screening and high-risk prenatal screening protocols
  - Explain the modes of transmission of various pathogens from an infected mother to her fetus/newborn
  - Recognize maternal and fetal/newborn acute clinical manifestations and long-term sequelae that occur in association with perinatal infections
  - Describe the standards for diagnosis and management of selected perinatal infections recommended by national guidelines
  - Discuss the role of the nurse as a health educator in caring for the woman who presents with, or is at increased risk for developing, a perinatal infection
- **Postpartum care** (5.4 hours, state-accredited/ACCME recognized, March of Dimes). Objectives: Provides the perinatal nurse with critical knowledge to

safely and effectively care for mothers during the postpartum period. Offers strategies for prenatal education, discharge planning and postpartum care. Comprehensive physical, learning needs and psychological assessments are outlined.

Lab interpretation in pregnancy

- **Physiologic Changes and Laboratory Values** (1 hour, state-accredited ACCME recognized, Wild Iris Medical Education). COURSE OBJECTIVE: The purpose of this course is to review normal and abnormal physiologic changes that may occur during pregnancy and the laboratory values that indicate these changes. LEARNING OBJECTIVES: Upon completion of this course, you will be able to: Describe normal and abnormal physiologic changes of pregnancy. Identify laboratory results for normal and abnormal physiologic changes during pregnancy.