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LANCASTER INSTITUTE FOR HEALTH EDUCATION

Member Lancaster Health Alliance℠

April 5, 2001

Ann Steffanic, Board Administrator
State Board of Nursing
Bureau of Professional and Occupational Affairs
116 Pine Street
Harrisburg, PA 17101

Dear Ms. Steffanic,

On behalf of the administration and faculty of the Lancaster Institute for Health Education (LIHE), I would like to thank you for the opportunity to comment on the proposed changes to the registered nurse regulations. After careful review of these proposed revisions, I would like to offer the following recommendations.

As the Board is aware, our institution is presently undergoing change that will alter considerably the type of programs offered at the facility. Upon receipt of degree-granting status from the Pennsylvania Department of Education, the current diploma programs in allied health will become associate degree programs. Unfortunately, present State Board regulations prohibit the smooth transition for the nursing program from diploma to associate degree status. These regulations contain no provision that would permit a hospital-based nursing program to transition into a degree-granting program. Current regulations state that nursing schools must be developed "under the authority of a regionally accredited university or college, or a hospital accredited by the Joint Commission on Accreditation of Hospitals." However, a nursing school in transition would no longer be under the auspices of an accredited hospital. Likewise, it cannot receive regional accreditation until it graduates its first class. As a result, the program would be unable to gain approval by the State Board of Nursing to operate in this state.

In previous testimony to the State Board of Nursing, LIHE representatives identified several nursing programs throughout the nation that had made this same transition with full support of their State Boards of Nursing. Recognizing the possibility and success of such an endeavor, we strongly request that the Board alter the

language of the regulations to allow for such transition to occur in our state. The Board should be empowered to support diploma nursing programs wishing to make the transition to degree-granting status.

The administration and faculty of LIHE *strongly* suggest that the regulations be revised to contain wording which would permit a school in transition to continue to operate while seeking regional accreditation. During this time period, to ensure the quality of the educational program, the Board may require additional reports or compliance reviews. However, it should not prohibit the change process, but rather, encourage change deemed to be in the best interest of the institution and the community it serves.

The Board, realizing its responsibility to all nursing programs in the Commonwealth, needs to be responsive to the changing times in healthcare and the education of healthcare professionals. Revisions to the registered nurse regulations should be written to ease the burden of change as programs attempt to address the many challenges that lay before them.

I thank you for the opportunity to provide comments to the State Board of Nursing. I respectfully request that the Board give serious consideration to this request.

Sincerely,

Mary Grace Simcox, Ed.D. RN

Mary Grace Simcox, EdD, RN
Director

HAP

Original: 2171

THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA

April 3, 2001

Ann Steffanic, Board Administrator
Pennsylvania State Board of Nursing
Bureau of Professional and Occupational Affairs
124 Pine Street
Harrisburg, PA 17101

RE: General Revisions (16A-516)

Dear Ms. Steffanic:

The Hospital & Healthsystem Association of Pennsylvania (HAP), on behalf of its members, more than 225 acute and specialty hospitals and health systems and their related hospital-based nursing education programs, appreciates the opportunity to provide comments on the State Board of Nursing's proposed general revisions to registered nurse regulations.

HAP commends the Board of Nursing's efforts to streamline the regulations, recognizing that all types of nursing education programs offered in Pennsylvania should prepare students for entry-level professional practice as registered nurses.

Additionally, HAP appreciates the Board's attempts to rationalize issues related to a school's change of ownership by ascertaining the new controlling organization's level of commitment to the school of nursing. This approach makes more sense than treating an approved school of nursing, in which there would be no changes in the schools administrative structure, budget, policies, or curriculum, as a new education program that requires the submission of a feasibility study and restricts that program's ability to recruit students until such time that the feasibility study is approved.

The State Board of Nursing is responsible for protecting the health and welfare of the citizens of this Commonwealth by ensuring that safe and qualified practitioners provide nursing care. The Board accomplishes this goal in a variety of ways, including the review and approval of nursing education programs, providing for the licensure of nurses to practice in Pennsylvania, instituting appropriate disciplinary action against practitioners, and regulating nursing practice in general.

HAP maintains that the State Board of Nursing not only has a role in ensuring that nursing care is provided by safe and qualified practitioners, but also has a leadership role in assuring that there are sufficient numbers of practitioners to provide access to safe and quality health care to the citizens of Pennsylvania. Between 1995 and 2000, the total number of graduates from all of Pennsylvania's schools of nursing dropped from approximately 6,000 graduates to 2,918 graduates, a 51.4 percent decline. The Pennsylvania Department of Labor and Industry estimates that between 1995 and 2005, the projected annual openings for registered nurses will be 3,955, taking into account nurses needed for replacement and nurses needed to accommodate increased demand. It is easy to see that the number of nursing school graduates will be not be sufficient to fill current or projected demand for nurses in Pennsylvania.

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HAP

Nationally, in 2000, more than 80 percent of licensed registered nurses were working in nursing, an amount fairly constant over the past decade. In Pennsylvania, the number of licensed registered nurses working in nursing is slightly lower (75%) than the national average. As in previous correspondence with the Board of Nursing, HAP continues to recommend that the Board of Nursing actively participate in activities to assist the state in ensuring that there is an adequate number of nurses to serve the nursing care needs of the citizens of the Commonwealth of Pennsylvania through the collection of data as part of its biennial licensure renewal. The rationale for collection of data was stated in prior correspondence to the Board of Nursing and included:

- The collection, aggregation, and dissemination of such information would assist the board in understanding the profession that it regulates and in prioritizing and defining its goals;
- In combination with State Board of Nursing's nursing school admission, enrollment and graduation figures, this type of information will more accurately depict the current and potential supply of nurses in Pennsylvania and in various regions across the state on an ongoing basis;
- Accurate, reliable, valid and long-term supply information needs to be coupled with information on the demand for nurses in various regions of the commonwealth and in the different kinds of health care delivery settings to ascertain the degree of dissonance between the supply and demand of nurses in Pennsylvania and particular regions of Pennsylvania;
- Knowledge and understanding of the supply and demand of nurses in Pennsylvania will be critical in working with other state agencies and the state legislature in developing programs that will serve to improve recruitment of persons into the nursing field. Health care providers and educators can also use this information in the development of region-specific nurse recruitment and retention efforts; and
- Information from the data collection can be used to target concerns such as diversity of the professional nursing workforce and the educational preparation of professional nurses in Pennsylvania.

The environment created by the Board of Nursing through its actions and regulations related to nursing education programs can either promote innovation in education or create barriers that could further result in reduced admissions to nursing education programs, thereby impacting the overall supply of nurses in this state. It is in this context that HAP recommends some of the following changes, recommendations, or suggestions to the proposed regulations.

§ 21.34 Removal from approved list; percentage failure rate in examination

The State Board of Nursing proposes that when the regulations become effective that it will place a nursing education program on provisional status, if in one examination year, less than 80 percent of its graduates pass the licensure examination on their first attempt. Under current standards, a nursing education program will maintain full approval status if more than 60 percent of its graduates pass the licensure examination on their first attempt. This represents a significant

HAP

change in a long-existing standard. With this standard change, over 42.5 percent – or almost half- of all existing nursing education programs in Pennsylvania would be placed on provisional status using the numbers provided by the Board in the introduction to the proposed regulations. Our analysis indicates that 11 of 22 associate degree programs (50%), 17 of 32 baccalaureate degree programs (53%), and 6 of 26 hospital-based education programs (23%) would fail to meet this standard.

Further, the Board indicates in its introduction that it believes that the minimum passing rate for Pennsylvania's education programs should be consistent with the rest of the Nation. Although the Board contends that raising the passing rate would ensure consistency with the rest of the nation, the fact is that not all states require the same pass rate. There is not one consistent standard across the country used to determine which schools require more intensive monitoring to ensure that they are adequately and appropriately educating and training students to pass the licensure examination. In the introduction to the regulations, the Board acknowledges that there are various standards used. Some states have established 75 percent as the minimum passing rate, while other have adopted 80 percent or 85 percent as the minimum passing rate. HAP would suggest that a 75 percent minimum pass rate would be adequate in terms of identifying those education programs that require more intensive monitoring. Generally, it appears that there are only a few programs, which have significantly less than 75 percent of their graduates, pass the examination, which in turn lowers the overall success rate of first-time test takers for Pennsylvania.

HAP also recommends that the Board consider using the 75 percent minimum pass rate as a means to screen whether a program should actually be placed on provisional approval status, rather than automatically triggering that action. Schools that consistently demonstrate a pattern of having lower than a 75 percent minimum pass rate over a consecutive three-year period should be the programs targeted for provisional approval status, not those schools that might experience one off-year but otherwise demonstrate a history of having more than 75 percent of its students pass the licensure exam. Again, HAP believes that the Board would be better served to focus its monitoring and review activities on those programs that consistently demonstrate lower than acceptable pass rates.

The State Board of Nursing further states that nursing education programs will be motivated to improve, if the minimum passing rate required for maintaining full approval status is increased. There is a down side to this proposal in that schools might become more highly selective in their admissions process, thereby barring students who could ultimately succeed in a nursing education program with the proper support services. The Board, itself, believes that a number of programs are not providing sufficient support services for students which result in lower pass rates for their graduates. There is nothing to suggest that these schools would necessarily increase their support services rather than resort to other means to try to ensure that a higher number of graduates pass the licensure exam.

HAP suggests that the Board of Nursing gain a better understanding of what kinds of support services the various nursing programs require to avoid high attrition rates, allow for more diverse students to enter the nurse workforce, provide remediation in math and science skills, promote better learning and test taking skills, enable welfare to work programs, and generally allow

HAP

nursing students to succeed in a rigorous course of study. The Board of Nursing should then explore a working partnership with the Department of Education and the Department of Labor and Industry to ensure that schools of nursing can obtain the necessary services to allow students to succeed.

§ 21.51 Establishment

This is another regulation that is problematic as it is now constructed, as there are no provisions in the regulations that would allow for a hospital-based nursing education program in good standing with the Board of Nursing to transition to an independent degree granting program. The regulations state that the Board of Nursing can only grant approval to schools developed under the authority of a regionally accredited university or college, or hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations. The problem with these regulations is that an existing hospital-based nursing education program transitioning to an independent degree-granting program cannot be accredited until it graduates its first class of nursing students. As such, an already accredited hospital education program in good standing with the Board of Nursing could not be approved by the State Board of Nursing to operate in the Commonwealth during the period of transition.

Again, in previous correspondence with the State Board of Nursing, HAP requested that the Board explore how other states have permitted such transitions to occur and to integrate language into their regulations that allows for such transitions to take place in Pennsylvania. Every effort should be made to preserve existing quality nursing education programs and allow a hospital-based nursing education program to transition to an independent degree granting program, when it is determined to make sense in that particular community or when the college envisioned includes other health-related science and technology programs.

HAP strongly suggests that language be included that allows an accredited and approved hospital-based education program to continue to operate under designation by the State Board of Nursing during its transition to an independent degree-granting program until such time that accreditation as an independent degree-granting program can be satisfied and the program returned to full approval status by the State Board of Nursing. During a school's transition, the Board may also want to impose additional monitoring or review to ensure that the school continues to meet all of its requirements. Given the nursing education programs in Pennsylvania, there should not be regulatory barriers that prevent such transitions to occur.

HAP also suggests that the State Board of Nursing meet with the Department of Education to develop an organized and coordinated approach that would allow for such transitions without creating unnecessary or redundant work on the part of an already existing hospital-based nursing education program in attempting to meet both agencies' requirements.

21.7 (b)(6) Educational and Clinical Preparation of Nursing Education Faculty

This is a regulation that needs to be written as clearly as possible given the ongoing issues of interpretation that this regulation has had by the various assigned Board counsels and the impact that those interpretations have on the faculty hiring practices by schools of nursing. In addition to

HAP

the graduate academic preparation, there should be evidence that the faculty member possesses the necessary educational and clinical experience/skills to support their academic assignment within the nursing education program, either as the lead faculty instructor for a particular course or as an assistant faculty instructor for that course. Faculty members should also be expected to maintain their expertise and competency in clinical or functional areas of specialization.

HAP suggests that the Board consider the following language changes to ensure clarity of the Board's intent:

§21.71 (b)(6) Every faculty member shall have a master's degree in nursing or earned doctoral degree in nursing. Each faculty member shall possess the necessary educational and clinical experience/skills to support their academic assignment within the nursing education program. Faculty members shall give evidence of maintaining expertise in clinical or functional areas of specialization.

§ 21.90 Curriculum

These regulations require a school's curriculum address representative areas of nursing practice identified as entry-level by the current job analysis conducted by the National Council of State Boards of Nursing (NCSBN). HAP recognizes the importance of updating curricula to ensure that students are prepared for entry-level professional nursing practice. However, HAP objects to making reference to one specific source for that information and naming that source in regulations. In fact, schools typically utilize multiple sources to make determinations about how the curriculum needs to be altered, including feedback from recent graduates and employers. This kind of input can often be more speedily obtained and be more reflective of current nursing practice than the results of the NCSBN job analysis, which can be dated by the time that it is published. HAP recommends that the language be changed to be more broad and inclusive allowing schools to use other methods and information that can assist the education program to make the needed curriculum changes to better prepare its students as entry-level practitioners.

§21.90a. Curriculum requirements:
(a) The curriculum shall:
(1) address representative areas of nursing practice identified as entry-level through the use of a current job analysis and other methods of feedback

In addition, §21.90 (a)(2), §21.90 (b)(e), and §21.90 (b)(g) appear to be somewhat redundant in that they all seem to be saying that the curriculum needs to be developed, organized, implemented, and evaluated by faculty to ensure that student's acquire the necessary knowledge, skills, and behaviors needed to function as an entry-level professional nurse. HAP recommends that it be clearly stated that the curriculum must be developed, implemented and evaluated by faculty. HAP also recommends that §21.90 (b)(e) and §21.90 (b)(e) be combined into one statement that focuses on the preparation of students as entry-level practitioners.

§21.90a. Curriculum requirements:
(b) The curriculum shall:
(2) be developed, implemented, and evaluated by faculty.

HAP

Ann Steffanic
April 9, 2001
Page 6

§21.90b. General education criteria

(e) Nursing courses and curriculum shall be organized in a manner that promotes student learning and acquisition of the necessary knowledge, skills, and behaviors needed to function as an entry-level professional nurse.

In summary, HAP appreciates the opportunity to provide comments to the State Board of Nursing on its proposed set of regulations. HAP encourages the State Board of Nursing to play a more active leadership role relative to nurse supply in order to ensure access to safe quality health care services to the citizens of Pennsylvania. As HAP has suggested in its comment letter, the State Board of Nursing can do this by evaluating its proposed regulations in light of the nursing workforce shortage and by developing more formal collaborative partnerships with the Pennsylvania Department of Education and Pennsylvania Department of Labor and Industry.

If you have any questions about HAP's comments, please feel free to contact Lynn Gurski-Leighton, Director, Clinical Services, HAP at 717-561-5308 or by e-mail at lgleighton@haponline.org.

Sincerely,

Paula A. Bussard

PAULA A. BUSSARD
Senior Vice President
Policy and Regulatory Services

PAB/zf

c: Johnny J. Butler, Secretary, Department of Labor and Industry
Charles B. Zogby, Secretary Designate, Department of Education

THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA

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FAX TRANSMISSION

7 8 page(s), including cover sheet

TO:	Jim Smith, IRRC
FAX:	783-2664
FROM:	Lynn Gurski-Leighton
DATE:	April 23, 2001
SUBJECT:	SBN Proposed Nursing Regulations

MESSAGE:

Following are HAP's comments on the State Board of Nursing's proposed general revisions to registered nurse regulations.

Lynn

Original: 2171

Memorial
Medical Center
Member Conemaugh Health System

School of Nursing
(814) 534-9118

April 2, 2001

Pennsylvania State Board of Nursing
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear State Board of Nursing:

The faculty of Conemaugh School of Nursing in Johnstown, Pennsylvania applauds the improvement and clarification of nursing regulations. The proposed revisions demonstrate an overall clear, concise delineation of nursing practice and education in the Commonwealth of Pennsylvania.

We would like only a small number of changes to the proposed revisions by the State Board of Nursing to the Professional Nursing Regulations. They are as follows:

> 21.34 (2.) – Beginning _____ a nursing education program will be placed on provisional status if, in one examination year, **25%** or more of its graduates take the licensure examination and fail the examination.

Rationale – Two out of four quarter licensure reports indicate an overall pass rate in Pennsylvania of less than 80%. This is not out of line of overall performance by our state in previous years. We believe that 75% is more reasonable since we have numerous nursing education programs with a low enrollment. Last year, Conemaugh School of Nursing had only 15 graduates. With only one failure, our pass rate was reduced to 93%. This coming year, the graduating class has 17 students. To jump from a 60% to 80% is drastic when program enrollments are low. Even with the publicity of a nursing shortage, the likelihood of programs admitting 100+ classes is unlikely. The programs that generally bring down the passing rate of the state are often well below the 75% standard and should

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be on provisional status. It is distressing to think that the following number of education programs could be placed on provisional status based on testing results from 1/01/00 to 12/31/00:

Diploma – 9 of 26 schools
Associate Degree – 6 of 22 schools
Bachelor of Science in Nursing – 15 of 31 schools

This means 38% of the Pennsylvania nursing education programs would be on provisional status last year.

21.71 (b.) (6.) – Every faculty member shall have a master's degree in nursing or earned doctoral degree in nursing, **with clinical experience relevant to their primary clinical area of curriculum responsibility and** shall give evidence of maintaining expertise in their clinical or functional areas of specialization.

Rationale – Many graduate programs provide an MSN degree in areas such as Adult Nursing, Family Nursing and Community Nursing. The transcript of a person with an MSN degree does not identify the specific area of clinical or functional areas of specialization. For example, I have a Master's in Family Nursing, a Nursing Education Major, and my graduate level of clinical practicum was done in Psychiatry at Torrance State Hospital. Nowhere in my documentation is this indicated. We believe that the intent of the Board is to assure that specialized clinical and theory concepts are taught by prepared faculty. On the Nursing Faculty Qualification form, each faculty must identify primary teaching responsibility. Documentation of experience must support their academic assignment. Critical Care must be taught by an experienced critical care nurse. That does not mean that a critical care nurse cannot teach fundamentals in nursing or a basic medical-surgical nursing course. Few academic programs have the luxury that a Pediatric, Obstetric or Psychiatric nursing faculty can teach those subjects exclusively for the entire academic year. Above all, we do applaud the Board's focus that teaching faculty possess clinical experience and need to maintain competency.

21.90 (b.) – The philosophy and purposes of the nursing education shall be consistent with accepted educational and nursing standards.

Rationale – The word "**currently**" was removed. Schools are given specific guidelines by the Department of Education, approval and accrediting bodies. This leaves interpretation broad and subjective.

21.90 a. (1.) – Address representative areas of nursing practice identified as entry level by current job analysis.

Rationale – Remove conducted by NCSBN. Numerous job analyses are conducted and schools should have input, not just from one analysis. Also, an analysis conducted once every few years in itself is not always current. Merit is then not given for employer and graduate job readiness surveys. By the time the analysis of the NCSBN is published and faculty look to make curriculum changes, the result is a lengthy process and can be dated. Look at the PEW Commission Report. It did not take

long to see the inaccuracy of their projections on health care and the number of needed health care education program closures. In fact, only one to two years ago hospitals were closing beds, now many are diverting patients because of not having enough beds. Many tools are needed to mobilize and validate educational change.

> 21.90 a. (2) – (Be developed, implemented and evaluated by the faculty and shall include the knowledge, professional role development, skills and abilities necessary for the specific levels of student achievement.)

Rationale – This item can be removed since it is repeated in 21.90 b. (e.).

> 21.90 b. (e.) and (g.) – The word "**basic**" needs removed in these two items.

Rationale – To maintain consistency in overall language of the new revisions.

If you have any questions concerning our comments, please do not hesitate to contact me at (814) 534-9477. Thank you again for the opportunity to make a few comments on the revisions.

As always, we thank each member for their dedicated service to protecting and enhancing health care to the citizens of Pennsylvania.

Sincerely,

Louise Pugliese, RN, Director
Conemaugh Valley Memorial Hospital School of Nursing

LP:clr

HAP Original: 2171

THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA

April 3, 2001

Ann Steffanic, Board Administrator
Pennsylvania State Board of Nursing
Bureau of Professional and Occupational Affairs
124 Pine Street
Harrisburg, PA 17101

RE: General Revisions (16A-516)

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nursing students to succeed in a rigorous course of study. The Board of Nursing should then explore a working partnership with the Department of Education and the Department of Labor and Industry to ensure that schools of nursing can obtain the necessary services to allow students to succeed.

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Again, in previous correspondence with the State Board of Nursing, HAP requested that the Board explore how other states have permitted such transitions to occur and to integrate language into their regulations that allows for such transitions to take place in Pennsylvania. Every effort should be made to preserve existing quality nursing education programs and allow a hospital-based nursing education program to transition to an independent degree granting program, when it is determined to make sense in that particular community or when the college envisioned includes other health-related science and technology programs.

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the graduate academic preparation, there should be evidence that the faculty member possesses the necessary educational and clinical experience/skills to support their academic assignment within the nursing education program, either as the lead faculty instructor for a particular course or as an assistant faculty instructor for that course. Faculty members should also be expected to maintain their expertise and competency in clinical or functional areas of specialization.

HAP suggests that the Board consider the following language changes to ensure clarity of the Board's intent:

§21.71 (b)(6) Every faculty member shall have a master's degree in nursing or earned doctoral degree in nursing. Each faculty member shall possess the necessary educational and clinical experience/skills to support their academic assignment within the nursing education program. Faculty members shall give evidence of maintaining expertise in clinical or functional areas of specialization.

§ 21.90 Curriculum

These regulations require a school's curriculum address representative areas of nursing practice identified as entry-level by the current job analysis conducted by the National Council of State Boards of Nursing (NCSBN). HAP recognizes the importance of updating curricula to ensure that students are prepared for entry-level professional nursing practice. However, HAP objects to making reference to one specific source for that information and naming that source in regulations. In fact, schools typically utilize multiple sources to make determinations about how the curriculum needs to be altered, including feedback from recent graduates and employers. This kind of input can often be more speedily obtained and be more reflective of current nursing practice than the results of the NCSBN job analysis, which can be dated by the time that it is published. HAP recommends that the language be changed to be more broad and inclusive allowing schools to use other methods and information that can assist the education program to make the needed curriculum changes to better prepare its students as entry-level practitioners.

§21.90a. Curriculum requirements:
(a) The curriculum shall:
(1) address representative areas of nursing practice identified as entry-level through the use of a current job analysis and other methods of feedback

In addition, §21.90 (a)(2), §21.90 (b)(e), and §21.90 (b)(g) appear to be somewhat redundant in that they all seem to be saying that the curriculum needs to be developed, organized, implemented, and evaluated by faculty to ensure that student's acquire the necessary knowledge, skills, and behaviors needed to function as an entry-level professional nurse. HAP recommends that it be clearly stated that the curriculum must be developed, implemented and evaluated by faculty. HAP also recommends that §21.90 (b)(e) and §21.90 (b)(e) be combined into one statement that focuses on the preparation of students as entry-level practitioners.

§21.90a. Curriculum requirements:
(b) The curriculum shall:
(2) be developed, implemented, and evaluated by faculty.

§21.90b. General education criteria

(e) Nursing courses and curriculum shall be organized in a manner that promotes student learning and acquisition of the necessary knowledge, skills, and behaviors needed to function as an entry-level professional nurse.

In summary, HAP appreciates the opportunity to provide comments to the State Board of Nursing on its proposed set of regulations. HAP encourages the State Board of Nursing to play a more active leadership role relative to nurse supply in order to ensure access to safe quality health care services to the citizens of Pennsylvania. As HAP has suggested in its comment letter, the State Board of Nursing can do this by evaluating its proposed regulations in light of the nursing workforce shortage and by developing more formal collaborative partnerships with the Pennsylvania Department of Education and Pennsylvania Department of Labor and Industry.

If you have any questions about HAP's comments, please feel free to contact Lynn Gurski-Leighton, Director, Clinical Services, HAP at 717-561-5308 or by e-mail at lgleighton@haponline.org.

Sincerely,

Paula A. Bussard

PAULA A. BUSSARD
Senior Vice President
Policy and Regulatory Services

PAB/zf

c: Johnny J. Butler, Secretary, Department of Labor and Industry
Charles B. Zogby, Secretary Designate, Department of Education

Original: 2171

March 9, 2001

Martha Brown, Counsel
State Board of Nursing
P.O. Box 2649
Harrisburg, PA 17105-2649

Re: Public Comment
(16A-516)
49 PA. Code CH.21
General Revisions of the Professional Nursing Provisions

21.34 Minimum Passing Rate

I agree with the recommendation to change the minimum passing rate to 80%, however I believe that a school should not be downgraded to provisional unless the passing rate was less than 80% for **two consecutive years**. In considering the size of the graduating class, schools with few numbers of students can easily fall below 80% with as few as 1-2 failing students. NJ state law has this accommodation in its minimum passing rates. The two consecutive years also allows a school to have the time to make significant curriculum changes without loosing its full approval status. Students taking NCLEX boards outside of the Commonwealth need to be included in the calculation of minimum passing rate. As NCLEX can be taken in any state a significant proportion of first-time test takers, especially in those schools who closely approximate another state, will choose to test out of state. By not considering the out-of-state results, the passing rate as calculated is not an accurate representation of graduate performance.

21.71 Faculty and Staff Requirements

I agree with the proposed changes.

21.30 Registered nurses licensed outside of the United States, its territories or Canada
As graduates from US schools have one year to practice as a graduate nurse from date of graduation, I believe that nurses educated and licensed outside of the United States should only have a **one-year period to practice without licensure.**

21.31 Compliance Reviews of Nursing Education Programs

I agree with replacing "survey visits" with "compliance reviews," however NLN should not be the only accreditation body that is recognized for assurance that the program continues to meet State Board standards. AACN (American Association of College Prepared Nurses), through the CCNE (Collegiate Commission on Nursing Education)

accredits programs that prepare nurses at the baccalaureate and master's level, and as such should also be recognized as a national accreditation body which assures the program has attained acceptable State Board standards of nursing education.

21.33 Types of approval [(c)] (3) Provisional

If after a period of 2 years, deficiencies are not met is the program automatically closed? Rather than an automatic closure in cases where a school fails to meet the 80% for two consecutive years, the school should not be able to admit an incoming class. This would allow the school to focus all its efforts on improving passing rates, and perhaps a more positive outcome would allow them to resume education of student nurses.

21.34 Removal from the approved list; percentage failure rate in examination (b)(4)

The board must consider those students passing the NCLEX in states other than PA. Schools approximating other state borders have significant numbers of students taking NCLEX boards in neighboring states. In order to fairly represent those schools and students the wording should be changed to "**shall**" from "may" in the following passage:

> "The Board **may** consider additional documented statistics concerning the examination scores received in other states by Commonwealth graduates in determining the approval status of the program."

Karen A. Papastrat

Karen A. Papastrat RN, MSN
PA RN-210136-L
Thomas Jefferson University
College of Health Professions
Department of Nursing
Suite 1216
130 South 9th Street
Philadelphia, PA 19107-5233

Original: 2171

Brown, Martha

From: Holt, Todette
Sent: Friday, March 02, 2001 3:57 PM
To: Brown, Martha
Cc: Mohl-Jones, Carol
Subject: FW: Comments on Regulations

Martha,
These comments are from the director of one of our baccalaureate programs. The regs say to forward them to you, but since Karen is so used to talking with me or Carol she probably didn't think about sending them to you.

-----Original Message-----
From: Karen Karner [mailto:Karen.Karner@po-box.esu.edu]
Sent: Friday, March 02, 2001 3:29 PM
To: 'THOLT@state.pa.us'
Subject: Comments on Regulations

My comment about the Proposed Rulemaking-General Revision to Professional Nursing Regulations is as follows:

On p. 810, Par. 3, it needs to be specified that "80% of its graduates" include those who take the test out of state. All graduates must be counted in the assessment for downgrading programs from fully approved to provisionally approved status.

Karen Johnson Karner, Ed.D., R.N., C.S.
Chair, Department of Nursing
East Stroudsburg University
200 Prospect Street
East Stroudsburg, PA 18301

Thomas Jefferson University | College of Health Professions

Pamela G. Watson
Department of Nursing
Office of the Chair

130 South 9th Street
Suite 1251
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215-503-8390
Fax: 215-923-1468
E-mail:
pamela.watson@mail.tju.edu

Original: 2171

February 21, 2001

Rec'd
3/6/01
10:48 a.m
IRRC

Martha Brown, Esquire
Counsel, Commonwealth of Pennsylvania
State Board of Nursing
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Counsel Brown:

The purpose of this letter is to offer the following suggestions regarding 16A-516 General Revisions of the Professional Nursing provisions. Thank you for the opportunity to respond to the proposed changes to the Professional Nursing provisions. By way of this communiqué, I am responding on behalf of the administration of the Thomas Jefferson University nursing program. It is likely that faculty of the nursing program shall respond as individuals. This response represents my thinking as well as the thinking of Mary Schaal, RN, EdD, Vice Chair and Anne Belcher, RN, PhD, FAAN, Director of the Baccalaureate Program.

Approval of Nursing Education Programs 21.31

I applaud the Board of Nursing for broadening its perspective on acceptable accrediting bodies for baccalaureate and higher degree nursing programs. As you may know, many nursing programs are now being accredited by the Commission on Collegiate Nursing Education. In addition, it would be helpful to make the revision more explicit with regard to accreditation. i.e. noting that the Board of Nursing accepts the accreditation reviews of DOE approved accrediting bodies.

Page 8 of 17, Paragraph One...

The phrase to stress critical thinking is used. In view of the fact that this is strictly an NLNAC model, I believe this statement should be omitted. For example, CCNE standards do not require that curriculi stress critical thinking. Instead, CCNE looks at outcomes in general.

ANNEX A, Page 16 of 17, Part B Item 2

I suggest the statement be changed to read that a nursing education will placed on provisional approval status if in two consecutive examination years, 20% or more of the graduates taking the licensure exam for the first time fail the examination. I believe this is a more equitable approach.

Item (B)(3)

I suggest the State Board change the examination year from October 1 of one year through September 30 of the following year to July 1 of one year through June 30 of the next year. The present approach to calculating the examination year combines two classes and obscures the accuracy of the examination pass rate for the candidates of a graduating class. Using the current method contains some graduates from one year and some graduates from next year. This situation makes reporting difficult to accrediting bodies other than the State. Elsewhere in this document, references are made to the fact that graduates taking a licensure exam in other jurisdictions may be included to establish the school status. I believe it is critical to include graduates of Commonwealth of Pennsylvania schools who take the licensure exam in

other jurisdictions. These individuals should be included in all databases relative to examination pass rates. We are often penalized because students who take the exam in other jurisdictions are not included in our examination pass rate for first time takers.

Finally, I should like to mention that the manner in which the proposed revisions are presented is quite confusing. Many of us confuse the general revisions with the actual changes in Annex A.

Once again, I thank you for the opportunity to respond to the proposed changes to the State Board of Nursing [49PA.Code CH.21] General Provisions of the Professional Nursing Provisions [31PA.B. 809].

Sincerely,

Pamela Watson

Pamela G. Watson, ScD, RN
Professor and Chair

Original: 2171

Brown, Martha

From: Holt, Todette
Sent: Friday, March 02, 2001 3:57 PM
To: Brown, Martha
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Karen Johnson Karner, Ed.D., R.N., C.S.
Chair, Department of Nursing
East Stroudsburg University
200 Prospect Street
East Stroudsburg, PA 18301

Original: 2171

PHILADELPHIA
UNIVERSITY

Todette L. Holt EdD, RN
Nursing Education Advisor
State Board of Nursing
P.O. 2649
Harrisburg, PA 17105-2649

April 10, 2001

Dear Dr. Holt:

As per our conversation today I am writing in response to proposed regulatory language for the General Revisions of the Professional Nursing Provisions. These regulations have been posted in the Pennsylvania Bulletin, Vol. 31, No 6, February 10, 2001. In particular I am concerned about the implications growing from the following section: Administrative and Instructional personnel, paragraph 21.71, b. 6 which states that "every faculty member shall have a master's degree in nursing or an earned doctoral degree in nursing".

I am currently the Program Director of a the Graduate Program in Midwifery at Philadelphia University We offer a Master of Science degree. Philadelphia University is accredited by the regional accrediting body, Middle States Association of Colleges and Secondary Schools, to offer both undergraduate and graduate degrees. During the 1990's we added three health-related majors: occupational therapy, physician assistant studies, and midwifery.

Our program at Philadelphia University awards graduate level credits to midwives who graduated from, or are students in, certificate education programs accredited by the American College of Nurse-Midwives (ACNM). The ACNM is recognized by the federal government as a national accrediting body. These students desire to move past their certificate education and complete a master's degree. They are experienced maternity nurses, with bachelor's degree, who are or soon will be certified nurse-midwives.

After admission to the program students complete an additional 12 graduate credits: six in research methodologies, three in health policy and three in an elective area of interest. Choices include electives in: teaching, practice administration, advanced clinical practice, and reproductive health in developing nations. Students graduate with a Master of Science degree with a Major in Midwifery. We will graduate our third class this year, with 26 CNMs achieving the Master of Science.

The faculty in our program are all nurse-midwives. They include myself, Cynthia Farley RN, CNM, Ph.D., Phyllis Long RN, CNM, MSN, Deborah Narrigan RN, CNM, MSN, and Kathleen Higgins RN, CNM, MBA, Ph.D. They are all experienced nurse-midwifery educators.

The goal of our program is to offer a high-quality, accessible form of education to nurse-midwives who were educated in certificate programs, and who realize the value of returning for the graduate degree. We want to assist these nurse-midwives to gain the educational preparation that is demanded for practitioners in the 21st century. **Under the proposed legislation these highly qualified nurse-midwives would not be able to gain employment as nursing faculty.**

The proposed language would restrict the ability of a nursing school to employ graduates of our program as faculty members in maternity nursing, in nurse-midwifery, or on women's health nurse-practitioners faculties. In this time of an aging nursing faculty work force and a nursing shortage, we must try to enlarge our pool of highly qualified faculty members - not restrict it. We all realize that faculty must have adequate preparation for the content they teach. However, a master's degree in nursing in and of itself does not assure that. In other states, legislation has been written for licensure of nurse-midwives that recognizes a master's degree in nursing **or a relevant health profession**. This type of language could be useful in Pennsylvania also.

There are nurse-midwifery programs offering both the MS in Midwifery and also programs offering a Master of Public Health to nurse-midwives, so this issue is not limited only to graduates of Philadelphia University. We hope that the Board of Nursing will share in our desire to shape a highly qualified work force of clinical nurse-midwives and nursing faculty committed to women's health. We also ask that consideration be given to educational pathways that may be slightly different but still prepare true experts.

I am faxing you this letter so that it will arrive in your office within the 60 day commentary period for the proposed regulations.

Please feel free to call me again if I can be of assistance. My direct line is 215-951-2528.

Sincerely,

Mary Kathleen McHugh CNM, MSN

Original: 2171

Gwynedd-Mercy College

Veritas et Misericordia

School of Nursing

April 9, 2001

Martha Brown,
Counsel
State Board of Nursing
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Brown,

After reading over the proposed Rulemaking for the State Board of Nursing, the faculty of Gwynedd-Mercy College has comments regarding two of the proposed changes:

1. 21.34 Removal from approved list; percentage failure rate in examination
We recognize that an increase in the standard of NCLEX-RN pass rate has been discussed for many years and that other states have increased the expected rate of passage. After reviewing the numbers presented in the justification of this change, we have the following comments:
   - Twenty-six (52%) of the states have an expected pass rate above 60%. Therefore, 24 (48%) have an expected pass rate at 60% or below. Therefore, there is only a slight majority that have moved to expecting above a 60% pass rate, with the expectations varying between 75, 80, and 85%. In light of the above information, Pennsylvania is not the only state using 60% as the expected pass rate of the NCLEX-RN.
   - In reviewing the information regarding the status of programs in Pennsylvania based on the present year's pass rate and the proposed changes, 50% of ASN, 53% of BSN, and 23% of Diploma programs would be on provisional status. To the faculty, this does not reflect the quality of the programs as much as it reflects the parameters under which we are functioning. Over the past years, nursing has grappled with a decrease in interest in the profession, a decrease in the quality of students applying to the programs, and a change in the practice environment. Schools are also dealing with an attitudinal difference in students towards failure on the examination. Many state that if they do not pass the exam on the first attempt, that they will be successful on the second. This approach is dangerous to the pass rate and as a school we are trying to change our students' perceptions.
   - Another area of concern is the lack of a time frame for taking the NCLEX-RN. A student may choose to wait for six months, one year, or more before their first attempt. Statistics indicate that the closer to graduation the examination is taken, the greater the likelihood of success. As a

Gwynedd-Mercy College 1325 Sumneytown Pike P.O. Box 901 Gwynedd Valley, PA 19437-0901 (215) 646-7300 Fax (215) 641-5564

faculty, we would like to know if the states with higher standards have a requirement that the NCLEX-RN must be taken within a set period of time. Having students take the examination within a six month period after graduation would give a better evaluation of how a school is educating students. When students wait, their knowledge base decreases and this is not an accurate reflection of the performance of a program.

- Many schools have students who take the examination in other states. Although schools are able to ask for this to be considered in computing the passing rate, it is difficult to acquire this information. To have a complete evaluation of a school's program, all information is necessary and should be used in the computation of statistics.
- As a faculty, we are not in favor of changing the passing standard to 80%. Other criteria for a fair and equitable evaluation must be put in place before this can occur.

2. 21.72 Faculty policies
   Mandatory recordkeeping of professional development is noted without any criteria or benchmarking given. Does the Board have any guidelines that will assist faculty in determining if the professional development is in accordance with expectations?

Thank you very much for the opportunity to present our views to you. If you have any further questions or any comments need clarification, please contact me as the faculty representative at 215-641-5501.

Sincerely,

Elizabeth W. Black, MSN, RN
Director, ASN Program
Assistant Professor, Nursing

SPRING 2001

Convention 2001 - NAPNES turns 60 in Reno, Nevada! "EVERY NURSE COUNTS!"

JPN

The Journal of Practical Nursing

Convention Keynote Speaker

LeAnn Thieman, LPN

National Association for Practical Nurse Education & Service, Inc.

Nationally Acclaimed Keynoter LeAnn Thieman, LPN page 27

ATTENTION MEMBERS AND JPN SUBSCRIBERS

New Journal publication dates:

To better facilitate publication of NAPNES events and happenings, *JPN* will be published in Spring, Summer, Fall and Winter. *JPN* will remain a quarterly publication but will no longer be published in any certain month of any quarter. This schedule allows *JPN* more flexibility at specific times and during annual events of NAPNES. This schedule will in no way impair subscription fulfillment. This schedule does not alter the subscription information below. Thank you for your patience as we make in-house adjustments at *JPN*.

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SUBSCRIPTIONS: One Year (4 issues), in U.S. and possessions, $15.00; elsewhere $30.00 in U.S. dollars. **No refunds.** Make checks payable to *THE JOURNAL OF PRACTICAL NURSING*. **Missing issues must be claimed in writing within one month of the issue date. Only one replacement for damaged or missing issue per subscriber per issue.** As a courtesy to our subscribers, late requests will be filled on a first come first served basis as long as "overs" supply lasts.

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Publication number is 583540.
Indexed annually in the Winter Issue. JPN is also indexed in the Cumulative Index to Nursing and Allied Health Literature, and Silver Platter.

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Spring 2001
Volume. 51, No. 1

In This Issue:

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Recertification is required every 5 years. If you currently hold a NAPNES Certification Card without an expiration date, IT IS EXPIRED. If your certification is expired, you must retest unless you are within the 5 year time limit.

If you are within the 5 year time limit (no more than 5 years have passed since you tested) call the automated line and request a re-certification packet.

UPDATE

Long Term Care Certification Update: **NAPNES is in the process of transforming the Long Term Care Certification Program into a Home Study Certification Program. The New Program should be available about mid-June. This will in no way affect those already certified before the program became home study. Recertification packets are available by calling the automated NAPNES certification line at 866-522-2582. Only calls requesting certification or recertification materials are processed from this line. Any other requests placed on this line are ignored. Sorry. The general number for all other NAPNES information is 301-588-2491.**

Continuing Education:

President's Page

"EVERY NURSE COUNTS!"

Richard R. Kerr, LPN
President

The theme for the NAPNES 60th Annual Convention is "Every Nurse Counts!" I think it a fitting theme for the organization that opens its doors and membership to any nurse and actively advocates support for all levels of nursing. At NAPNES, WE celebrate those individuals from all walks of life, from all levels of education that commit to the service of nursing. While I applaud the theme and the wonderful education that is sure to follow during the sessions at the annual convention, in light of recent events, I am compelled to ask, even though "Every Nurse Counts!" (and I believe with all my heart each one does) "Will Every Nurse Be Heard"?

The mission of NAPNES is devoted to the promotion of skill building by licensed practical/vocational nurses through continuing education and life-long learning. Members of NAPNES are represented by their chosen leaders at meeting after meeting and conference after conference so that cutting edge educational offerings are in conformance with current educational trends, knowledge and thinking of those at the forefront of patient care.

What is also painfully evident at meeting after meeting is that many of the so called "leaders" in nursing are deliberately and excessively misleading when they speak about licensed practical/vocational nursing. The very people that we could admire and hold in high regard as protectors of the public and dedicated patient advocates make disappointing statements and take disappointing actions that work towards denying our citizens the excellence achieved by licensed practical/vocational nurses and the opportunity to become a licensed nurse through programs of practical/vocational nursing.

I believe it unfair, unjust and just plain wrong headed to look through (not at) the hundreds of thousands of competent, skilled, dedicated licensed nurses (LP/VNs) and publicly deny their contribution to the quality of service provided to patients, clients, and residents. I believe it is "credential abuse" for those that have the ear of power to continually misrepresent the contributions of programs of practical/vocational nursing and their qualified graduates to healthcare. These are, after all, the same "leaders" responsible for closure of program after program of Diploma schools of nursing. Yet, ask any LP/VN that works at the direction of a Diploma RN and you will hear over and over the words "competent", "outstanding", "role model", and "I want to be that kind of nurse." Now it seems that the big guns are even more focused at programs of practical/vocational nursing. There seems to be no limit to the efforts to discredit the committed individuals that educate LP/VNs and those that practice at that level of nursing.

While NAPNES provides opportunities for LP/VNs to build on that solid education approved by state boards of nursing, those in practice are besieged by the negative attacks on their very self esteem for providing that competent service. Well, I stand here today and tell anyone that will listen, I am not ashamed to be an LPN, I am not ashamed to provide the service of nursing at this level of expertise, I have no desire to have any other credential other than continued competence and I am damned tired of being told by so called nursing "leaders" that it is of no value. I argue that they are not the final judge of whether my (and other LP/VNs) nursing service is of value. The residents and their families that I serve value me as they value the RNs and unlicensed assistive personnel. The legislatures of our 61 nursing jurisdictions view LP/VNs as a level of nursing that should be written into the very law of each jurisdiction. Anyone that states that the only route to nursing is one that excludes people like me and hundreds of others that will not choose nursing if the P/VN program is not available is, in my opinion, protecting turf and nothing else.

To use the nursing shortage, that looks for all the world like it will bring the health care industry to its knees, to promote individual agendas that stand on the neck of the honored and valuable service of nursing by LP/VNs leads me to one last question; Will the whole nursing field have to completely implode and destroy every vestige of the time honored commitment to the service before we can get on with the work? The service of nursing is, in my opinion, in great jeopardy. Yes, "Every Nurse Counts!" The survival of the service of nursing demands that "Every Nurse Count!" But will the voice of every nurse be heard or will some of the voices be cast aside as if they hold no value? If service and competence counts at all anymore, the voice of licensed practical/vocational nursing will not be silenced because only those bent on their on personal agenda of self achievement will continue to ignore the vast wealth and richness of competent human resource that rests in LP/VNs dedicated to providing the service of nursing. Come to convention. Make your presence known and let your voice be heard!

Richard R. Kerr, LPN

JPN Author Spotlight

Ruth E. (Holderman) Davidhizar, RN, DNS, CS, FAAN
Professor, Dean of Nursing, Bethel College, Mishawaka, Indiana

Editor's Note: Because JPN receives so many compliments on the high quality continuing education articles from Dr. Davidhizar, we thought you might like to see for your self why she is so popular. The sensitivity and inate understanding that comes through in her articles makes presenting them to you a most enjoyable experience. Her experience, knowledge, skill and extraordinary ability to easily communicate complex subjects is such an asset to the Journal of Practical Nursing we asked permission to share much more of her background with you. As you know, Dr. Davidhizar brings a wealth of experience, competence and just plain "Ruth" to her articles and listed below are some of her professonal accomplishments that make her so outstanding.

Present Professional Activities:

Dec., 1979 to Present	Reviewer for Indiana Statewide Continuing Ed. Programs.
May, 1988 to Present	Reviewer for Hospital and Community Psychiatry
Jan., 1990 to Present	Editorial review board for Perspectives in Psychiatric Care
Feb., 1990 to Present	Reviewer for Springhouse Corp. Publishing Co.
Jan., 1992 to Present	Site Visitor for the NLNAC Baccalaureate and Higher Degree Council for Accreditation
Jan., 1993 to Present	Member of Board of Overseers and Editorial Review Board for the Journal of Nursing Management (Scotland).
June, 1994 to Present	Manuscript and video script reviewer for Mosby-Year Book.
Oct., 1995 to Present	Member of the State of Indiana Health Care Professional Development Commission
Aug., 1996 to Present	External Reviewer for N & HC: Perspectives on Community
July, 1997 to Present	Review Board member for the Baccalaureate and Higher Degree Council NLNAC for curriculum, program outcomes, and self-study and site visit preparation
Nov., 1997 to Present	Peer Review Board for Federal Division of Nursing, Nursing Education Grants
Jan., 1998 to Present	NLNAC Consultant
Jan.. 1998 to Present	Author of the Dean's Corner in R.T. Image
March, 1998 to Present	Editorial Board for Editor, Nurse Author, and Editor.
Nov.,1998 to Present	Editorial board for Alternative Therapies
Mar., 1999 to Present	Editorial board for Journal of Cultural Diversity
June, 1999 to Present	Associate Editor of the Journal of the Association of Black Nurses
June, 1999 to Present	Editorial board of The Health Care Manager
July, 1999-2001	Distinguished lecturer for Sigma Theta Tau on Transcultural Nursing and Writing for Publication
July, 2000-2002	Distinguished Writer for Distinguished Writers Program for Sigma Theta Tau
July, 2000-Present	Editorial board for Violence Against Women: An International and Interdisciplinary Journal
Nov., 2000 – Present	Expert Panel for Cultural competency for AAN

Dr. Davidhizar has published and co-published over 700 articles on so many different subjects it is impossible to cover them in our limited space. She has published and co-published at least 10 books and the following Video tapes: Cultural Diversity: A different point of view Won the Silver Award at the Columbus International Film Festival; A Conceptual Model for Providing The African American Elderly with Appropriate Care (1993) Available on Satellite down link from the University of Alabama. Audio Tapes:Strategies for Success for African American Faculty in White Academia Available from Sigma Theta Tau International.A program for water intoxicated patients in a state hospital Davidhizar and Cosgray, available from National Nursing Network, 4465 Washington Street, Denver, Co, 80216. She also is involved in Internet Educational Offerings the first of which is Davidhizar, R & Dowd, S. (1997). So your patient is silent. (Educational offerings for Radiologists-University of Alabama.,

Dr. Davidhizar's RN license is in the state of Indiana and she holds a Psychiatric Clinical Nurse Specialist Certification from the American Nurses Association . She was listed in International Who's Who in 1999 and along with all her work, she finds time to render public service to Licensed Family Care Home-State Mental Hospital Patients (1975-96) Licensed Community Home for Elkhart County patients (1976-present) Organized C.P.R. classes for Holdeman Mennonite Church (1977-79) Volunteer-Blood Pressure Clinic-Maple Syrup Festival (1978) American Health Association C.P.R. Instructor Certification (1984-86) Sunday School Primary Superintendent (1975), Adult, Youth, and Children's Class teacher (1974-1998) Participant in Blood Pressure Clinics at Holdeman Mennonite Church (1996 to Present)

JPN celebrates such accomplishment and is proud to spotlight this outstanding educator.

CALL TO CONVENTION:

The National Association for Practical Nurse Education & Service, Inc., issues public notice of its Annual Convention to be held June 8-14, 2001, at the Reno Hilton in Reno, Nevada. Election of Officers will be a part of the Annual Business Meeting.

ELECTION AND NOMINATION INFORMATION

In accordance with NAPNES Bylaws, Article VII -- Elections, Section 1.a., the following positions are to be filled during our 2001 Annual Convention: President, Vice President and two members of the Board of Directors.

1 President	Nominate one or more	Article VII -- Elections, 2.a. All ELECTED officers and ELECTED directors shall serve for a term of two years or until their successors are elected.
1 Vice President	Nominate one or more	
2 LP/VNs	Nominate two or more	

Current members of the Board are:

Richard R. Kerr, LPN, President (Elected 1999/Term: 99-01)
Barbara O'Connor, LPN, Vice-President (Elected 1999/Term: 99-01)
June A. Adams, LPN, Secretary (Re-elected 2000/Term: 00-02)
Roy Wilson,LPN, Treasurer (Re-elected 2000/Term: 00-02)
Mattie P. Marshall, LPN, Director (Elected 2000/Term 00-02)
Hattie O'Bryant, LPN, Director (Re-elected 1999/Term 99-01)
Mitzi Dixon, LPN, Director (Elected 2000/Term 00-02)
Colleen Mahony, SPN, (Elected 1999/Term:99-01)
Mary Watson, RN, Ed.D (Re-elected 2000/Term 00-02)

The two officer positions opening this year are currently held by:

Richard R. Kerr, LPN, President
Barbara O'Connor, LPN, Vice-President

The two (2) Board of Director positions opening up this year are currently held by:

Hattie O'Bryant, LPN, Georgia
Colleen Mahony, LPN, Michigan

NAPNES Bylaws do not impose term limits for elected Officers and Directors and therefore, all Officers and Directors whose term expires in 2001 are eligible for re-election.

Please take the time and use the Nomination Petition form on page 7 to nominate the person of your choice for any office open in the 2001 election. Be sure to get the consent of the person you wish to nominate BEFORE you submit his or her name. *Please keep geographic diversity in mind when nominating candidates. NAPNES is a national organization and the Board of Directors should reflect a wide spread of geographic representation.*

TO NOMINATE A CANDIDATE FOR A POSITION, COMPLETE THE "PETITION TO NOMINATE" BELOW. THE CANDIDATE MUST SIGN THE CONSENT FORM AND FORWARD IT TO HEADQUARTERS: NAPNES, 1400 Spring Street, Suite 330, Silver Spring, MD 20910

Petition to Nominate

We, the undersigned, place in nomination the name of _____
(Print nominee's name)

for the office of_____ of the National Association for Practical Nurse Education & Service, Inc., for the 2001 election to be held during the Annual Convention in Reno, Nevada, June 8-14, 2001.

We duly attest that we are members in good standing of NAPNES and present this petition to the NAPNES Nominating Committee on behalf of said candidate. Permission to place his/her name in nomination is attached.

_____ _____
(Signature) (Signature)

_____ _____
(Signature) (Signature)

Consent for Nomination

I, _____ of _____
(Name) (Address)

_____
(City) (State) (Zip) (Phone)

do hereby attest that I am a member, in good standing, of NAPNES and give my permission to have my name placed in nomination for the National Association for Practical Nurse Education & Service, Inc.

I understand and meet the eligibility requirements of the NAPNES Bylaws for the office of:

_____

_____ _____
Date (Signature)

Hypothermia EMERGENCY TIPS

Knowing these few tips could save someone's life including your own.

Dr. Patrick Tibbles, author of the Environmental and Wilderness Section of PEPID, the database for emergency physicians cautions, "Every year thousands of people die from hypothermia or lose a limb to the often attendant frostbite. Hypothermia is when the body temperature drops significantly below normal. Causes can include a combination of exposure to the cold, decreased heat production due to age or malnutrition, or some other internal impairment." Patrick Tibbles, MD, FACEP, is Director of Hyperbaric Medicine at Rapid City Regional Hospital in Rapid City, South Dakota.

If trained medical personnel are not immediately available, assess the situation. Simple shivering is considered mild while various forms of lethargy and mental stupor are considered more advanced. Dr. Tibbles suggests to immediately start to rewarm the body externally with blankets and or other sources of heat. Sometimes only the warmth of another body is available, and that will have to do under those circumstances. Be sure to remove any wet garments. Maintain a horizontal position.

In all cases, try to keep the body warm and then seek immediate professional medical care. More severe cases often require other more advanced, internal forms of body warming such as warm IV fluids, or breathing warm humidified oxygen. These treatments are performed at the emergency department. Take a tip from the pros -- internal rewarming can be started with warm liquids being slowly introduced orally into the body. Dr. Tibbles noted, "It is not a substitute for professional medical care, but in many circumstances where hypothermia happens, medical care is unavailable, so do what you can while waiting for help."

Also be sure to monitor the patients breathing and heart rate. CPR may become necessary so find out if anyone is available with the proper training.

Finally, everyone should remember that drinking alcohol does not make you warmer. Alcohol numbs your sensitivity to the cold, thereby increasing the chances you will not respond properly to the cold, and in turn, increasing your chances to become hypothermic.

GENERAL INFORMATION ABOUT PEPID

PEPID, the Portable Emergency & Primary Care Information Database is the only complete medical and pharmacological database downloadable to handheld PALM and CE devices, as well as usable on any PC. The work is fully indexed and linked. Reviewed in JAMA in March 2000, PEPID was noted as "easiest to use" and "highly recommended for use in the emergency department". Ideal for medical professionals including all physicians, nurses, and medical students. It was featured on the television show "ER". Comes complete with its own reader allowing for seamless installation. New lower priced licensing (formerly $299) and updating services. Six month license $39.95; monthly updates available for $60 annual subscription or $40 for two biannual updates. Editor in chief, Dr. James Adams, Chief of Emergency Medicine at Northwestern Memorial Hospital (Chicago); section editors of renown add to the authoritativeness of this work. Updated continuously. (information update as of 10-10-00)

Company Name: PEPID, LLC
Street Address: 7344 N. Western Avenue
City: Chicago
State, Zip Code, Country: IL 60645 USA
Site URL:www.pepid.com
Telephone Number: 1-888-321-STAT ext 206
Fax Number: 1-773-761-5011
Contact Person: Jeffrey Heilbrunn
Contact Email: jheil@cin.net
PEPID LINK www.pepid.com
Dr. Patrick Tibbles can be reached at 605-341-8222.
Online Newsroom, Additional Information:
http://wrtsun03.wrtech.com/secure/plsql/pr201v2?coin=20984
From: PEPID, LLC
Web Site: http://www.pepid.com
Reply: mailto:jheil@cin.net
Telephone: 773-761-1003,205

NEW EDUCATION PROGRAM ON CARDIOVASCULAR DISEASE LAUNCHED FOR HISPANIC COMMUNITY

Free Video and Guidebook Featuring Hispanic Celebrities
Offer Valuable Tips for Prevention and Control of
High Cholesterol, High Blood Pressure and Diabetes

In an effort to provide educational information on heart disease, the leading cause of death among U.S. Hispanics, Pfizer Inc and the National Hispanic Medical Association (NHMA), one of the nation's largest organizations of Hispanic healthcare providers, have launched Guía para la buena salud para los hispanos *(Guide to Healthy Living* for Hispanics*), a unique patient education program on cardiovascular health designed to increase awareness of methods to reduce cardiovascular risk factors.*

The program, which provides culturally targeted information on the prevention and control of high cholesterol, high blood pressure and diabetes, is currently being launched in top Hispanic markets across the nation. The program was initially introduced last summer in Miami, Houston and Chicago. Recent market research revealed that 90% of those individuals who received the Guía para la buena salud *video and guidebook made positive changes to their lifestyle. These included: a change in diet, exercising regularly, seeing their local health care providers, taking care of themselves and taking medications as needed.*

"Because of the prevalence of high cholesterol, high blood pressure and diabetes among Hispanics and the need for information on how to recognize and treat these illnesses, we felt it was essential to create a program that would help educate Hispanics in a culturally appropriate manner," said Marisa Vásquez, Marketing Manager, Relationship Marketing, Pfizer U.S. Pharmaceuticals. "While there is no cure for cardiovascular disease, empowering Hispanics with the knowledge they need to manage these illnesses is one of the most effective ways to help the community take control of their health and well being," she added.

Guía para la buena salud is a multifaceted program which consists of the following:

- 30-minute Spanish-language video with English subtitles
- 60-page bilingual guidebook
- Bilingual exam room wall chart

Part drama and part documentary, the Guía para la buena salud video offers the personal accounts of well-known celebrities including Ricardo Montalbán, Olga Guillot and José José, and is hosted by María Elena Salinas of Noticiero Univisión. The drama portion depicts the positive and negative behaviors relating to these cardiovascular illnesses. Viewers also gain valuable tips from Hispanic physicians on how to prevent and manage these conditions.

The video is accompanied by a 60-page bilingual guidebook with information specific to the Latino community that explains the risks associated with high cholesterol, high blood pressure, and diabetes. The guidebook focuses on the importance of diet, exercise, frequent checkups and compliance with treatment. Also included are important telephone numbers for further information.

Healthcare providers may order the program and consumers may obtain the free video and guidebook by calling Pfizer's bilingual toll-free number, (800) 456-0180 ext. 350.

Guía para la buena salud is the most recent patient education program developed by Pfizer to help serve the U.S. Hispanic community. For the past two decades, Pfizer has been involved with the community through partnerships with Hispanic health and physician organizations, as well as through the development of culturally oriented patient education programs.

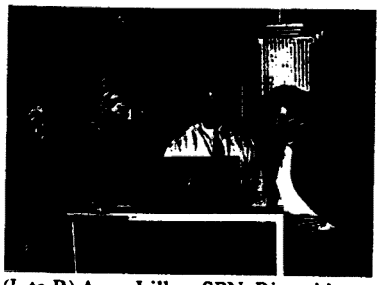
To further support this integrated initiative, Pfizer has assembled its first consumer-focused National Hispanic Advisory Board. Comprised of distinguished healthcare and community leaders representing the cultural and regional diversity of the U.S. Hispanic population, the advisory board is working with Pfizer to enhance the company's understanding of Hispanic healthcare concerns.

Pfizer Inc. is a research-based, global pharmaceutical company that discovers, develops, manufactures and markets, innovative medicines for humans and animals. The company reported revenues of more than $16 billion in 1999 and expects to spend about $3.2 billion on research and development this year.

For more information, contact
Bronna Lipton
Bienestar/LCG Communications
212/730-7230 ext. 244

NAPNES Welcomes 135 New Student Members! From the Great State of Virginia

Elizabeth Weppler, SPN, Riverside, registers "the troops" as they arrive for the Leadership Workshop



(L to R) Anna Lilley, SPN, Riverside, Dan Jenkins, Audio Visuals, Riverside, and Brenda Booth

February 22, 2001, and Brenda Booth, MSEd., RNC, Director of Riverside School of Practical Nursing, Newport News, Virginia, is at it again! Taking a leadership role in providing opportunities for student practical nurses in Virginia to showcase their many talents. (You will recall that she petitioned *JPN* to dedicate one issue of the Journal to students each year.)

The Student Practical Nurse 2nd Annual Leadership Workshop sponsored by the Virginia Department of Education and hosted by Newport News Public Schools/Riverside School of Practical Nursing was a huge success by anyone's standards even with a great ice and snow storm causing the day to be shorter than planned.

Workshop objectives make it clear that Virginia PN edication is well rounded, expertly planned and delivered. The objectives:

1) To enhance Practical Nursing leadership skills

2) To facilitate graduate involvement in professional nursing organizations, and

3) To encourage community wellness promotion through student leadership.

Booth is quick to give credit to JoAnn Wakelyn from the Virginia Department of Education for sponsoring the event and to the Practical Nursing Directors Issues Group for the workshop concept. However, her determination that Mother Nature not ruin the whole day representing so much work and involvement is evident as she prepares the stage for a variety of speakers.

Kathy Menefee, Director, Management Development, Riverside Health System presented *"The Power of..."* to the group of enthusiastic student nurses and educators. Her inspiring message left no doubt that student practical nurses possess the power to succeed as highly competent individuals in the health care world.

"Leadership Through Student Power" provided the opportunity for Students from across Virginia to showcase their outstanding leadership projects. The presentations were excellent!

"Leadership Through Service on the Board of Nursing" enlightened students on the roles and responsibilities of the State Board of Nursing. Judy Lilley, LPN, described her years as a nurse and as a Board member with humor and sincerity.

"Leadership Through Professional Organizations" featured presentations by Helen Larsen, JD, BS, LPN, Executive Director, National Association for Practical Nurse Education & Service, Inc. (NAPNES), Carole King, LPN, Virginia Licensed Practical Nurse Association (VLPNA), and a member of the Virginia State Board of Nursing, and Mary Anne Ford, RN, Virginia League for Nursing (VLN).

"I'm not here to motivate you" Larsen told the students. "That would be trying to control your behavior." "No, I am here to tap into the existing motivation you already have. You are unique and the reason you *chose* licensed practical nursing is unique. It is far more important that we understand who you are and harness that motivation into the service of nursing. I want to tap into *your* motivation and encourage you to bring that into NAPNES, your national professional organization."

continued page 22

JOIN NAPNES? ☑ YES, PLEASE!

Name: _____

Address: _____

_____

Phone: _____ **(H)** **E-mail:** _____

_____ **(w)** **License #** _____

Date of Birth: _____ **Social Security #** _____

Area of nursing: Circle one please a. hospital b. nursing home c. home care d. Dr. office e. other (list)

_____

Circle one: a. LP/VN b. RN c. Student d. Nurse's Aide e. Agency member (institution) f. Public member

Student P/VN ($25)
Individual member ($75)
Agency ($100)
Retired nurse $35 (must have been a member of NAPNES for past 10 years and retired from nursing)

Complete form, attach appropriate fee and mail to:
NAPNES, 1400 Spring Street, Suite 330, Silver Spring, MD 20910

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APPROVED C.E. VIA JPN

Your Continuing Education Topic 1-2001

2.0 Contact Hours

"How to Get Along With Doctors and Other Health Professionals"

by:

Ruth Davidhizar, RN,DNS,CSN,FAAN

and

Dr. Steven Dowd, R.T.(R)

Introduction

Negative communication is one of the most destructive forces that can be present in a healthcare team. In an era when there are professionals of many disciplines on the team (physicians, physical therapists, radiographers, cardiopulmonary technologists, and surgical assistants, and nurses, to name but a few), it is often difficult to establish positive communication. Each healthcare professional comes to the team from a unique background and belief system. Within this context a professional may view each other in a positive or negative light.

Traditionally, while nurses have had less difficulty in interactions with other health team members many struggles have been reported with the "difficult" physician. In a class article written in 1966, Hildegard Peplau detailed the traditional role of doctors and nurses. She noted that although nurses once had a role subservient to the doctor, this role was changing into a more collaborative relationship. Today, while collaborative roles may be found in some settings, physicians often remain the leaders of the healthcare team and many nurses still found themselves being treated in a subservient manner.

The "difficult" physician can negatively influence relationships and cause team members, and all too frequently nurses, to feel hurt and alienated rather than recipients of the respect they feel they deserve (Meek & Strickland, 1995). Negative relationships of doctors and nurses can even obstruct smooth movement of clients through the treatment system and thus negatively influence care (Benton, 1994). A number of studies have documented that collaboration between physicians and nurses is necessary to promote quality care (Knaus, Draper, Wagner & Zimmerman, 1986; Baggs, Ryan & Phelps, 1992; Snelgrove and Hughes, 2000).

Maintaining positive relationships and dealing with a "difficult" doctor presents a challenge to the nurse. This article considers the dynamics, which may generate negative doctor-nurse and healthcare professional-nurse communication patterns. Suggestions are offered for promoting positive interpersonal relationships.

Dynamics Which May Produce Negative Relationships

Each health professional views a situation from a unique perspective, and uses different means of solving problems. Some of this is based on education. For example, Blickensdarfer (1996) notes that, "Physicians are taught to be decisive, independent problem solvers, whereas collaboration and advice-seeking are encouraged in nursing education." A Swedish study of surgical care found that nurses tended to focus on the procedure from the client's standpoint whereas physicians had a more scientific approach; both groups, however, were concerned with providing truthful information and responding to client and family needs (Uden, Norberg & Norber, 1995).

There are a number of other factors that influence interactions and communication. Some are cultural; for example, many physicians come from foreign cultures where women may be expected to be subservient and certain classes of workers are not expected to

challenge individuals such as physicians. Also, today's health care team is typically culturally diverse. Many individuals have definitive views of authority based on childhood experiences or their educational background. Still others view all workers as essentially equals on a team and may not tolerate the physician who feels that his authority is unchallengable.

These varied backgrounds lead to a variety of approaches to communication. Some individuals may bring negative strategies learned in these settings, or may have, for example, never learned how to respond to some cultures or individuals. In many situations, it will be up to the nurse to determine the best way to resolve communications problems.

Suggestions for Promoting Positive Interpersonal Relationships

Interpersonal relationships can be optimized when team members use communication techniques, which promote positive relationships. Difficult nurse-doctor relationships can be improved by changing personal reaction to conflict (Dean, 1985). Although "conflict" is often viewed negatively, in reality patient care can be enhanced by a combination of conflict and collaborative techniques (Blickensderfer, 1996). If conflict is used correctly, patient care will be enhanced rather than suffer. Healthy disagreement, using conflict when necessary and collaboration in other settings, will lead to superior patient care.

Evaluate Interactions and Personal Insecurities

The nurse who experiences a problematic relationship with a doctor needs to evaluate the situation carefully and take personal responsibility when appropriate. The focus should be on understanding the relationship in order to take positive steps to promote positive communication.

The nurse may want to ask, "How do I see the doctor? Does the doctor remind me of someone in my past that related to me in a certain way, for example, a parent, teacher, or other authority figure? Or perhaps even another doctor? Am I responding in the context of the way I felt in that old relationship?" A nurse should assess personal areas of vulnerability and decide if too much emotion is tied to a vulnerable area. For example, a nurse who fears others do not respect her/his minority culture may be quick to interpret comments of others personally or as "put-downs" even if they were not intended to be. A nurse who feels insecure in technical skills may interpret comments of a doctor to be an implication of incompetence. A novice may feel inadequate and therefore interpret comments of the doctor or others in light of this inadequacy. A female nurse who feels that male doctors expect subservience is likely to interpret comments related to women's liberation, the female role, or male-female relationships negatively.

Although most doctors want positive relationships with staff, many lack experience or education in communication techniques. However, a small minority of physicians (or any group for that matter) enjoys confrontation and negative communication. If such a doctor is aware of personal vulnerabilities the nurse may become the target of manipulative needling. In this case a non-defensive position will make needling ineffective and it will decrease.

Know the Person/Professional You are Dealing With

If you are working on a team with any individual, it is important to know where he or she is coming from. For example, radiographers often feel that nurses take their role lightly as they are simply "picture-takers" who require little education. In reality, the educational preparation for radiographers is at least as long as that for any nurse, with educational preparation for radiographers extending through the master's degree. Nurses who take the time to know the professionals they are working with on both a professional and personal level will have more positive relationships with such individuals.

Utilize Techniques that Promote Cooperation

Communication techniques can promote or hinder positive interaction. Statements that start with "you should" are likely to be interpreted as authoritarian or shirking responsibility and should be avoided. On the other hand, statements based on "will you" will be more likely to open discussion or at least get a yes or no response. For example, "Will you be wanting the special instruments for ....?" is more effective and autonomous than, "You should have told me what special equipment you wanted earlier so I could have requested it."

The best approach for "controlling" doctors is probably the suggestive approach: "Were you planning to give us some direction?" A suggestive approach provides some direction to the conversation while allowing the other individual to take action and feel in control. It is also useful to use body language that promotes conversation. For example, a posture that promotes openness and receptivity should be used rather than a stance that appears to disregard the other individual. Eye contact, facial expression, position of fingers and arms, and head position are all important and should be assessed to assure openness of positive communication, professionalism and communication of personal self-confidence.

Time Communications Strategically

Timing of interactions with difficult doctors is important in trying to promote conflict and conflict resolution. Public displays can be interpreted as lacking respect or even as insubordination and will not contribute toward gaining cooperation. On the other hand, requesting a doctor's assistance with understanding a certain technique in a one-to-one setting will be more likely to have a positive effect. If a controversy is anticipated with a doctor planning a one-to-one meeting to discuss the matter can avoid a negative interaction in a group (Davidhizar, Policinski, & Bowen, 1990).

Select an Optimal Setting for Problem Solving Interactions

In addition to strategic timing, the location for an interaction is important. A private setting should be selected rather than a setting in front of a group. A more relaxed and perhaps distant environment after the procedure is a better location to resolve a point of disagreement than in the hall or corner of the surgery suite (Dunn and Dunn, 1986).

Avoid Reacting With Anger

Anger is a natural response to feelings of conflict, lack of power or control, or of being treated unfairly. Anger is an all too frequent response to interactions where power appears to being unfairly utilized. Feelings of anger are often precipitated when an individual feels attacked. However, anger may be experienced even when an attack was not intended.

Anger is a major obstacle to positive relationships because it tends to alienate those with whom communication is needed. Anger usually causes negative situations to escalate and becomes an additional obstacle to resolving a problematic interaction. A defensive approach tends to escalate the interaction since defensiveness is often reciprocal.

In these situations it is important to avoid responding immediately and in anger but to wait until more rational and objective thinking is present. On the other hand, if a calm response can be mustered, a calm, objective response in an interaction with a difficult doctor may have the effect of reducing feelings of conflict. Communicating facts and objective information calmly as well as the feelings of being attacked may increase communication with the "attacking" doctor. For example, "I have the equipment you need ready and I'll get it for you now. Your loud voice is making me feel nervous, and I do want to do a good job helping you." This can have a powerful soothing effect.

Following what appear to be attacks by a physician, talking the situation over with a trusted friend, supervisor, or someone who has a good relationship with the doctor may provide insight into both the situation and how the problem can be handled. Talking about the situation with a trusted individual will also provide a way to cope with the unpleasant situations and can decrease personal anxiety and stress.

Use Confrontation Deliberately

If after deliberation confrontation is necessary it is important to act diplomatically and non-defensively. It is important to speak calmly and use "I" statements. Sentences that begin with "I feel" are often effective since feelings "belong" to the individual. However, keep in mind that the objective is to resolve the situation and avoid being drawn into an emotional confrontation. Also, as noted earlier, some physicians may have a decided scientific approach, believing that "feelings" are unreliable. With such individuals, talking about feelings is probably a poor strategy.

If a doctor acts in a condescending manner or angry for no apparent reason, it may be appropriate to confront the physician about the right to be treated as a professional and with respect. However, when using confrontation a matter-of-fact, adult approach should be used, such as, "Doctor, I really felt bad when you spoke loudly to me during that procedure. I was assisting with the procedure the way most other doctors I've worked with preferred. If you want me to change my approach, tell me how I can assist you, and I'll make every effort to do as you wish."

Summary

All nurses will from time to time find themselves in negative interactions with doctors and other healthcare professionals. By using positive communication techniques the nurse can promote healthy interpersonal interactions and a positive atmosphere. By selecting responses rather than responding spontaneously difficult situations can be managed and a professional environment maintained.

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Exam: Please choose the BEST answer for each question.

How to Get Along With Doctors and Other Health Professionals

CE #1, Spring, 2001, 2.0 Contact Hours (with grade of 75% or better)

1. Which statement is *not* true about negative communication?

a. Negative communication is one of the most destructive forces that can be present.
b. Negative communication occurs in most health care teams.
c. Negative communication is going to occur in every nurse-physician relationship.
d. Negative communication can be counteracted by proper approaches.

2. In an era when there are professionals of many disciplines on the team

a. Positive communication is impossible.
b. Positive communication is often difficult to obtain.
c. Positive communication can be achieved when nurses let physicians take the lead.
d. Positive communication is a matter of luck.

3. Each healthcare professional comes to the team

a. viewing the world from a unique background and belief system.
b. with certain common skills in communication.
c. with certain common beliefs about how people should relate.
d. with certain common assumptions about interactions.

4. Based on their personal belief system professionals are likely to view others

a. in a positive or negative light.
b. in an unbiased manner.
c. with an open mind.
d. without stereotypes.

5. Traditionally, nurses have had difficulty in interactions with

a. all members of the health care team.
b. physicians.
c. other nurses.
d. with radiologists.

6. In today's nursing world nurses are seeking

a. collaborative relationships with other health professionals.
b. authoritarian roles in relationships with health care team members who they supervise.
c. submissive roles in relationships with professionals who have more education.
d. both a & c.

7. In spite of how nurses want to be treated physicians often

a. expect to be the leader of the healthcare team and treat nurses in a subservient manner.
b. act the way the nurse expects them to act.
c. treat nurses with respect.
d. treat nurses in a collaborative manner.

8. The "difficult" physician

a. only acts the way others expect him/her to react.
b. often sets the tone for the way health care members treat the nurse.
c. influences how the nurse feels but this behavior will not influence patient care.
d. never influences nurses.

9. Negative relationships of doctors and nurses

a. do not affect patient care
b. can influence patient care.
c. only influences the nurse-physician relationship.
d. enables patients to feel secure because they know who is "in charge."

10. How to maintain positive relationships and dealing with a "difficult" doctor

a. can be viewed as a challenge to the nurse.
b. is something that the nurse can do little about.
c. is overwhelming to novice and experienced nurses alike.
d. is something that nurses should learn in nursing school and therefore will not be a problem for the well trained nurse.

11. When nurse and physician education is compared

a. nurses are often educated with collaborative skills.
b. physicians are often educated with collaborative skills.
c. both tend to be educated with collaborative skills.
d. collaboration is not part of the education of either.

12. In one Swedish study when physician and nursing approaches are compared

a. physicians tended to focus on procedures.
b. nurses tended to be more scientific.
c. both are concerned with providing truthful information and responding to family needs.
d. physicians tended to be more scientific.

13. Cultural background influences physician-nurse relationships because

a. how a person was brought up will influence how they act.
b. each person lives in a cultural "box" and will not be able to escape
c. attitudes learned in one's culture can not be changed.
d. one's culture is the only explanation for how one behaves.

14. Interpersonal relationships can be optimized when team members

a. go along with the way the physician acts and try to be cooperative.
b. use communication techniques which promote positive relationships.
c. challenge the physician who does not treat the nurse with respect.
d. ignore those team members that may disagree.

15. Difficult nurse-doctor relationships can be improved by

a. not accepting conflict in a relationship.
b. changing personal reaction to conflict.
c. "writing up"interactions where the physician is unkind to nurses and turning them in to administration.
d. setting limits with the physician whenever a negative relationship occurs.

16. Disagreement

a. should be avoided at all costs by nurses on the health care team since it is not good for the image of nursing.
b. can be positive and contribute to improved patient care.
c. should only be initiated by physicians.
d. should be initiated immediately in order to protect the nurse whenever a physician "steps out of line."

17. The nurse who experiences a problematic relationship with a doctor needs to

a. react whenever this situation occurs in order to set limits and gain respect.
b. evaluate the situation carefully and take personal responsibility when appropriate.
c. report such interactions to the supervisor for action.
d. resign immediately.

18. A nurse who feels a relationship with a physician is generating negative feelings

a. should assess personal areas of vulnerability and decide if too much emotion is tied to a vulnerable area.
b. should react in order to protect the image of nursing.
c. should report the feelings to the supervisor.
d. should ask other staff about how the physician treats them.

19. In relating with physicians the nurse should generally assume:

a. Physicians do not want positive relationships with nurses.
b. Physicians enjoy negative communication.
c. Physicians enjoy confrontation.
d. A non-defensive position will make needling ineffective and it will decrease.

20. Techniques to promote cooperation:

a. include using statements which start with "will you..."
b. include using statements which start with "you should..."
c. include setting limits.
d. include none of the above.

Letters to the Editor

RE: JPN Article Fall 2000 "Once a Nurse Always a Nurse"

I read the article "Once a Nurse Always a Nurse" in the *JPN* Fall 2000. I was so moved that I had to write a brief note. I, too, had to "step out of the arena" of nursing due to a neurological disorder, multiple sclerosis.

Multiple sclerosis is a disease of the central nervous system (CNS), the nerves that comprise the brain and spinal cord. It refers to multiple areas of patchy scarring, plaques, that result from demyelination, which is destructive of mylin, the protective covering of nerve fibers. Because of this process, signals transmitted throughout the CNS are disrupted, causing various neurological deficits.

I have what is called relapsing-remitting multiple sclerosis. This condition is characterized by neurological symptoms or flare-ups that occur, then go in remission with mild to moderate disability. There may be numbness to extremities, loss of bowel/bladder function, cognitive/memory loss, awkwardness in gait and coordination, and chronic fatigue. I have experienced all of these symptoms over a period of time; making it dfficult to carry out nursing functions. However, I self-inject Interferon Beta la once a week to help maintain an active and fulfilling life.

Although I have reduced my work as a nurse, I always remain health conscious and try to enforce a healthy lifestyle in my life, my mother, and everyone I come in contact with, whether patient or fellow healthcare professional. I also try to help others understand more about multiple sclerosis and to show compassion for those of us living with this disorder.

I agree with Ms. Margaret Lynch in her article, "Once a Nurse Always a Nurse." If for some reason you have to "step out of the arena" of nursing, never forget that you are a NURSE FIRST. *Jeri P. Davis, LPN, Disabled Gulf War Veteran*

RE: JPN Article Fall 2000 "President's Message"

I am an LPN that works in a very "political" nursing environment. I know you may not be able to use this letter as I must ask you not to print my name. I know too well it would be used to label me a "troublemaker" as my director is an RN activist against LPNs. She cheered when she read that the regulators gave a standing ovation to the speaker that said close all PN programs. Even though I have twenty years senority, I am not willing to risk my job for the sake of having my name published.

While I feel angry at the injustice and what sometimes seems to be a national sport --belittling or ignoring the contribution of hard-working LPNs --I do want to say that I know Mr. Kerr and he is a man of unquestionable ethics. It took more courage than I have for him to tell it to us straight. We appreciate his leadership. Please keep on giving us the facts.

I have come to believe that "they" -- organized nursing, whose members are laced into every board of nursing in the country -- will eventually completely destroy nursing as we know it. Maybe then a true care giver can emerge to do the work while "they" chase a "place at the table with the doctors."
name withheld by request

APPROVED C.E. VIA JPN

2.0 Contact Hrs.

Your CE Topic # 1 Answer Form

"How to Get Along With Doctors and Other Health Professionals"

TEST (Spring/01)

If you are a NAPNES member AND a member of CERKS:
Mail completed answer form and a check for **$6** ($5.50 with a discount coupon) to cover mailing and processing to:

If you are a NAPNES member and want to become a member of CERKS:
Mail completed answer form and a check for **$21** to cover CERKS membership ($15/year), $6 mailing and processing to: (CERKS, Continuing Education Record Keeping System, is available only to NAPNES members.)

If you are NOT a NAPNES member:
Complete and mail form and enclose $10 for processing to:

NAPNES /CERKS
1400 Spring Street, Suite 330
Silver Spring, MD 20910

If appropriate fee not included, test will be returned ungraded

Testing and Grading Procedures

1. Each participant achieving a passing grade of 75% or higher on any examination will receive an official computer form (in triplicate) stating the number of C.E. credits earned. This form should be safeguarded, and may be used as documentation of credits earned.
2. Participants receiving a failing grade on any exam will be notified, and will be permitted to take one re-exam at no extra cost to the participant.
3. All answers should be recorded on the form (at right). For each question, decide which choice is the best answer, and place an X in pencil or ink through the letter representing your choice. If you wish to change an answer, be sure to erase completely. Mark only one answer with an X for each question.
4. How long did it take you to carefully read this month's C.E. article and to complete the exam?_____
5. Check if already a CERKS member and you want this entered on your records._____
6. JPN invites you to list topics (to the right) you would like to see covered in CE articles.

Answer Sheet For CE # 1 Spring/01

"How to Get Along with Doctors and Other Health Professionals"

2.0 Contact Hours

1. (a) (b) (c) (d)	11. (a) (b) (c) (d)
2. (a) (b) (c) (d)	12. (a) (b) (c) (d)
3. (a) (b) (c) (d)	13. (a) (b) (c) (d)
4. (a) (b) (c) (d)	14. (a) (b) (c) (d)
5. (a) (b) (c) (d)	15. (a) (b) (c) (d)
6. (a) (b) (c) (d)	16. (a) (b) (c) (d)
7. (a) (b) (c) (d)	17. (a) (b) (c) (d)
8. (a) (b) (c) (d)	18. (a) (b) (c) (d)
9. (a) (b) (c) (d)	19. (a) (b) (c) (d)
10. (a) (b) (c) (d)	20. (a) (b) (c) (d)

LP/VN License Number _____

Name _____ Social Security # _____

Address _____

City _____ State _____ Zip _____

State(s) in which Licensed _____

Is this a new address? Yes _____ No _____ Phone ( ) _____

JPN's C.E. program is approved by NAPNES.

APPROVED CE C.E. VIA JPN

Your Continuing Education Topic#2 2001

2.0 Contact Hours

So Your Patient is Latino...

by:

Ruth Davidhizar, RN, DNS,CS,FAAN

As the number of Latinos is rapidly increasing in the United States, health care professionals are increasingly asking questions concerning differences among Spanish speaking individuals. "What is the difference between a Latino and a Hispanic?" "How are Mexicans and Hispanics different?" "Do all Latinos talk Spanish?" Anglos who live in parts of the country where Latinos have lived for long periods of time are more familiar with differences. However, as Latinos enter communities where few have lived before, health care givers are often confused. This paper addresses these questions.

Who are the Latinos?

Any country South of the United States in the Western Hemisphere is considered Latin America. Thus, Mexico, Central and South American and the islands in the Caribbean may all be considered home by Latinos. In terms of specific countries this includes Anguilla, Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bermuda, Bolivia, Brazil, British Virgin Islands, Cayman Islands, Chile, Columbia, Costa Rica, Cuba, Cominica, Domician Republic, Equador, El Salvador, Falkland Islands, French Guiana, Grenada, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Monteserrati, Netherlands Antilles, Nicarague, Panama, Paragray, Peru, St. Kitts, and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trindad and Tabago, Turks and Coicios Islands, Uruguay and Venezuela.

Ranked by size the 3 largest Latin American Nations are 1) Brazil, 2) Argentina, and 3) Mexico. (Mexico is the 3rd largest Latin American nation.)

In South America Latinos may speak Spanish, Portuguese, or Spanish and Portuguese. It is interesting that people from Brazil while Latino do not want to be called Hispanic and they speak Portuguese. In addition to Spanish and Portuguese other languages may be spoken by Latinos. In Central American some Latinos speak Mayan while others speak Indian dialects. Persons from Haiti may speak French and Creole.

How are demographics changing in the United States?

The United States Census Bureau uses the term Hispanic as a population descriptor. In 1998, 11.4% of the population was reported to be Hispanic. However, it is projected by the year 2021 that the number of Hispanics in the U.S. will triple. Furthermore, by 2050 21% of the population will be Hispanic making this the largest minority group.

In the last United States Census there were 22 million people in the United States with Hispanic Origins. There were 12 million of Mexican origins 2 million of Puerto Rican origins and 1 million Cubans. So Mexicans make up a significant number of the Spanish speaking people found in the United States. Persons are called Hispanic if they are Spanish speaking or speak Spanish and Portuguese. Thus, Hispanics may be from Latin America or from Spain.

Spanish is the primary language for many Mexican Americans. However, Mexico consists of 31 states and a federal district. It is important to know there are 50 Spanish dialects so even people talking Spanish do not necessarily understand each other. Not all Mexicans talk Spanish, some speak indigenous languages.

How do behaviors among Latinos differ?

While Latinos may share a name, behaviors and customs can vary significantly. It is important to assess each person individually. There may be as much difference between people that are Latino as between a Latino and someone who is not. When assessing for differences between cultures it is important to assess phenomena related to communication, space, time, and environmental control (Giger & Davidhizar, 1999).

Communication

Latinos tend to touch people with whom they are speaking. They commonly shake hands, embrace, or may kiss on the check when greeting, back slapping is more common, a handshake may be used on departing. Handshakes have more value than they do for most Anglos.

A Latino individual may interpret prolonged eye contact as disrespectful. Specifically, some Mexican Americans have the belief in the "evil eye". Belief in the "evil eye" is the belief that prolonged eye contact can cause illness. Some Mexicans avoid eye contact in or-

der to prevent this from happening.

Latinos may be hesitant to disclose personal or family information to a stranger. An initial period of friendly, informal conversation or chatting may be helpful to encourage disclosure of information. It is also important for health care givers to appreciate the value of small talk. A Latino often engages in small talk before approaching the business of an interview. In contrast, many Anglos immediately begin to discuss problems. A Latino may not respond to a direct question which focuses on a problem without some small talk.

Another behavior sometimes found among Latinos is the preference to avoid confrontation and disagreement by saying "no." Rather than say "no" the Latino may be more likely to say nothing. For the individual use to have disagreement shown by a negative response this behavior may misinterpret lack of disagreement for agreement.

Words may mean different things among Latino individuals. For example some Hispanics use the word "constipation" for nasal congestion rather than intestinal constipation. Unless the health care giver realizes this the client can end up with the wrong treatment.

Space

Latinos tend to stand closer to each other than Anglos. While Anglos commonly stand 3 feet apart when having a normal conversation, Latinos tend to stand closer than two feet. Latinos tend to value physical presence, including that of family members. They tend to feel more comfortable when surrounded by family and friends.

Additionally, in Mexico and many South American countries dwellings are small and many individuals live in a small place thus they are used to living in closer proximity to others. They need less space to feel comfortable.

Time

Time orientation varies between cultures and between people. Cultures can be categorized and many people tend to have a future orientation where they are concerned with the future, a present time orientation where the focus is on the present, or a past time orientation where the focus is on the past. Latinos tend to be present time oriented and to think in terms of what is important at the time they are doing it. This can affect arriving places at a certain time. A Latino is more likely to be late because it is important to finish what you are doing in the present before moving on to another activity. Present time orientation also affects working toward future goals. Thus there is a problem with preventive health care. Preventive health care requires some future time orientation, an appreciation that what is done in the present can affect the future.

Environmental Control

Environmental Control differs between cultures. People tend to have an internal locus of control or an external locus of control. Anglos tend to feel in control of what happens to them and that what they do will make a difference. Many Latinos have an external locus of control. That is, God or fate or some evil force is going to determine how things turn out. In addition, beliefs in alternative therapies are more common among Latinos. Herbs, certain foods, and other alternative therapies can influence health care. In some Latin culture there is a categorization of hot and cold foods and certain types of foods that are thought to be good for certain illnesses .

What problems do Latinos have accessing the health care system?

The health care system in the United States has been problematic for many Latinos. Some 37% of Hispanics have health insurance prompting many to avoid Western medicine for lack of health insurance. In addition, some Latinos have problems accessing health care due to lack of transportation. Others may fail to access health care because of illegal status in the United States and fear that this will be found out. For many Latinos where to find medical assistance is a problem. Unfamiliarity with the environment and how to seek help may result in inability to find health assistance when needed.

Information adapted with permission from Giger, J. & Davidhizar, R. (1999) Transcultural Nursing: Assessment and Treatment. C.V. Mosby: St. Louis.

Editor's note: Please read all about Dr. Ruth Davidhizar on page 5. She is the lead contributor of continuing education articles published in the Journal of Practical Nursing. A teacher, an author, and a nurse as well, she touches many nurses with her own brand of education to improve patient care. We applaud her and are delighted to share her many accomplishments with her loyal JPN readers. One reader recently commented "I can always tell a Davidhizar article-- they are complexity made simple without losing the concepts."

THE JPN LPN SPOTLIGHT SHINES ON...
ERA ASHCRAFT, LPN, ARKANSAS

"Era"

An LPN since 1952 -- 90 years young and still carries an active license! From the 53rd Annual Convention Book of the Arkansas Licensed Practical Nurse Association (ALPNA) we received this delightful story. We thought it appropriate to for this student issue to honor one who from a student member, worked through her state association to better the lives of Arkansas citizens and is considered a blessing by all that meet her. Here is her story.

Mrs. Era Ashcraft was a mother of two small boys when she decided to enter practical nursing school. The Pine Bluff School of Practical Nursing was in the old Davis Hospital. Era began her licnesed practical nursing career at Davis Hospital and continued to work at Jefferson Hospital until her retirement. Era has been active in the ALPNA and th Pine Bluff division of ALPNA since her graduation. She has held the office of President in the state and local organization. She served on the Arkansas State Board of Nursing for seven years. She has trained orderlies for Jefferson Hospital and many Arkansas members will remember her poetic nature. She submits inspirational thoughts for the Arkansas convention program each year. This year, she celebrates her 90th birthday and continues to be active in her nursing organization. Happy Birthday Era!

One of Era's favorite poems:

DON'T QUIT
When things go wrong, as they sometimes will,
When the road your're trudging seems all uphill,
When the funds are low, and the debts are high,
And you want to smile, but you have to sigh,
When care is pressing you down a bit,
Rest if you must, but don't you quit.

Life is strange with its twists and turns,
As everyone of us sometimes learns,
And many a failure turns about,
When he might have won had he stuck it out,
Don't give up though the pace seems slow,
You may succeed with another blow.

Success is failure turned inside out,
The silver tint of the clouds of doubt,
And you can never tell how close you are,
It may be near when it seems so far;
So stick to the fight when you're hardest hit,
It's when things seem worst
THAT YOU MUST NOT QUIT!

Celebrating with Era and honoring her outstanding accomplishments

Back row: Mitzi Dixon, Joy Ogden, Cathering Startk, Lou Majors, Lorraine Robb, Mary Bennett, Betty Matthews, and Tammy Arnold. Front row: Janie Bouscher, Jerry Ruthersford Natalie, Era Ashcroft, Mary Jane Matthews and Georgia Ray.

Congratulations Era! and Thank You -- From Nurses Nationwide!

Exam: Please choose the BEST answer for each question.

"So Your Patient is Latino..."

CE #2, Spring, 2001, 2.0 Contact Hours (with grade of 75% or better)

1. The number of Latinos in the United States is
- a. increasing.
- b. decreasing.
- c. staying the same.
- d. none of the above.

2. Latinos and Hispanics
- a. are terms referring to the same category of individuals.
- b. are terms that have a different meaning.
- c. are street nicknames for minorities.
- d are negative labels for Spanish speaking people.

3. Latin America
- a. refers to Spanish speaking countries.
- b. is any country South or the United States in the Western Hemisphere.
- c. describes persons from Spain.
- d. is another word for Mexico.

4. The largest Latin American country is
- a. Mexico.
- b. Brazil.
- c. Argentina.
- d. Spain.

5. Latinos primarily speak
- a. only Spanish.
- b. Spanish, Portuguese, or Spanish and Portuguese.
- c. Portuguese.
- d. any language.

6. In the United States the Hispanic population was 1998:
- a. 11.4%
- b. 21%
- c. 4%
- d. 35%

7. By 2050 it is projected the Hispanic population in the United States will be:
- a. 11.4%
- b. 15.9%
- c. 21%
- d. 50%

8. There are approximately _____Spanish dialects.
- a. 20
- b. 30
- c. 50
- d. 60

9. When Latinos and Hispanics are considered
- a. customs among people may differ significantly.
- b. it is easy to make generalizations since these people all speak Spanish.
- c. only Spanish speaking nurses can deliver care.
- d. basic customs are held in common.

10. What behavior is often found among Latinos?
- a. Latinos tend to touch people with whom they are speaking.
- b. Latinos tend to be a non-touch oriented culture.
- c. Since there are so many Latinos no generalizations can be made.
- d. Latinos prefer to keep at least 5 feet of personal space around them.

11. What behavior is often found among Latinos related to eye contact?
- a. Eyes may have special significance for Latinos.
- b. Eyes do not have special significance for Latinos.
- c. Eye contact is always "evil."
- d. Latinos never make eye contact with strangers.

12. When confrontation is considered, Latinos
- a. tend to confront others.
- b. tend to avoid confrontation.
- c. do not have any common behavior about confrontation.
- d. tend to confront others using direct eye contact.

13. Many Latinos have come from a traditional environment where living spaces are
- a. smaller.
- b. larger.
- c. the same as anywhere else.
- d. smaller only in large families.

14. Time orientation is a phenomena that
- a. is the same between cultures.
- b. differs between cultures.
- c. is not important for nurses.
- d. does not apply to Latinos.

15. A Latino individual is more likely to have
- a future time orientation.
- b. a part time orientation.
- c. a present time orientation.
- d. no difference in time orientation.

16. A Latino person is more likely to be late because
- a. of a future time orientation.
- b. things in the future are more important.
- c. things in the present are more important
- d. it is stylish to be late.

17. Present time orientation
- a. does not affect future goals.
- b. affects health future goals.
- c. does not influence health care.
- d. positively influences preventive health.

18. When locus of control is considered many Latinos
- a. have an internal locus of control.
- b. have an external locus of control.
- c. have both an internal and external locus of control.
- d. have neither an internal or external locus of control.

19. Latinos in the United States:
- a. tend to have health insurance.
- b. tend not to have health insurance.
- c. do not use health care.
- d. consider health care insurance unnecessary.

20. Latinos in the United States
- a. may have difficulty accessing the health care system.
- b. primarily have legal status so accessing health care is not a problem.
- c. prefer not to use the health care system.
- d. cannot access the health care system because health care professionals can not understand them.

(Virginia Student Leadership Workshop continued from page 10)

All three organization speakers challenged the students to join, take part and become active in their profession through work at the national, state, and local levels. Each Organization was given the opportunity to speak directly to the hearts and minds of the student audience.

The afternoon saw ice and snow but not before the second half of excellent student presentations on "*Leadership Through Student Power.*" "Licensed practical nursing is fortunate to have such an abundance of leaders" Larsen told the NAPNES Board of Directors. "The leadership presentations were all excellent and we should find a way to see that the convention body knows that we have such dedicated people coming into the organization." "We should also find a way to recognize the contribution of practical/vocational nurse educators. They encourage and guide students to truly understand the 'power of one' and that translates into leadership for the future of NAPNES and licensed practical/vocational nursing.

Some of the Virginia programs of practical nursing in attendance were Central School, Norfolk; Center for Science and Technology, Chesapeake; Chesterfield Technical Center, Richmond; Henrico/St. Mary's Hospital, Richmond; Lafayette School, Williamsburg; New Horizons Regional Vocational/ Technical Center, Hampton; Newport News/Riverside, New Port News; Southhampton Memorial School, Franklin; Suffolk/ Obici, Suffolk; and Virginia Beach Technical Center, Virginia Beach. As mentioned, JoAnn Wakelyn from Virginia Department of Education sponsored the event.

"This kind of dedication and motivating work happens all across our country in programs of practical/vocational nursing" Larsen stated. "In times of ample nurses and especially in times of nursing shortages, our educators steadfastly provide competent licensed nurses for the workplace." "We simply cannot give them enough encouragement and recognition." "Days like the leadership workshop are just as important to student growth and development as the foundation work of teaching the core curriculum. It also provides educators in the given state an opportunity to collaborate and discuss issues they face in the 'real world' of education." This type of collaboration on P/VN educational issues is also the reason NAPNES hosts the Council of Practical/Vocational Nurse Educators (COPNE) in conjunction with its annual convention. Take a look at the program planned for this upcoming COPNE meeting in Reno on page 26 of this issue. (There is also an open letter from the COPNE Chair and NAPNES Board Member, Dr. Mary Watson.)

In an interview following her attendance at the leadership workshop, Larsen stated that "NAPNES is fortunate to have the membership and leadership of so many excellent registered nurses/p/vn educators. We take great pride in the curriculum changes in p/vn education that keep the knowledge and practice cutting edge and current with today's healthcare industry. Registered nurses contribute to healthcare in many significant ways. One such way is the time and energy devoted by some of the brightest and best in programs of practical/vocational nursing. It is always a treat for me to represent NAPNES by participating workshops like the recent one in Virginia." " I wish every legislator in America could see first hand what is happening right in his or her own state by attending such programs -- the healthcare laws and regulations they write would reflect their new-found knowledge and the funding for the programs of these unsung heroes would flow."

Christina Herrera, SPN, Riverside
Graduates in August!

Suffock/Obici , Suffolk, VA, Director Gwen Sweat and students participate in the Leadership Workshop Day

APPROVED
C.E. VIA JPN
2.0 Contact Hrs.

Your CE Topic # 2 Answer Form

"So Your Patient is Latino... "

TEST (Spring/01)

If you are a NAPNES member AND a member of CERKS:
Mail completed answer form and a check for **$6** ($5.50 with a discount coupon) to cover mailing and processing to:

If you are a NAPNES member and want to become a member of CERKS:
Mail completed answer form and a check for **$21** to cover CERKS membership ($15/year), $6 mailing and processing to: (CERKS, Continuing Education Record Keeping System, is available only to NAPNES members.)

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If appropriate fee not included, test will be returned ungraded

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1. Each participant achieving a passing grade of 75% or higher on any examination will receive an official computer form (in triplicate) stating the number of C.E. credits earned. This form should be safeguarded, and may be used as documentation of credits earned.
2. Participants receiving a failing grade on any exam will be notified, and will be permitted to take one re-exam at no extra cost to the participant.
3. All answers should be recorded on the form (at right). For each question, decide which choice is the best answer, and place an X in pencil or ink through the letter representing your choice. If you wish to change an answer, be sure to erase completely. Mark only one answer with an X for each question.
4. How long did it take you to carefully read this month's C.E. article and to complete the exam?_____
5. Check if already a CERKS member and you want this entered on your records._____
6. JPN invites you to list topics (to the right) you would like to see covered in CE articles.

Answer Sheet For CE # 2 Spring/01
"So Your Patient is Latino..."
2.0 Contact Hours

1.	(a)	(b)	(c)	(d)	11.	(a)	(b)	(c)	(d)
2.	(a)	(b)	(c)	(d)	12.	(a)	(b)	(c)	(d)
3.	(a)	(b)	(c)	(d)	13.	(a)	(b)	(c)	(d)
4.	(a)	(b)	(c)	(d)	14.	(a)	(b)	(c)	(d)
5.	(a)	(b)	(c)	(d)	15.	(a)	(b)	(c)	(d)
6.	(a)	(b)	(c)	(d)	16.	(a)	(b)	(c)	(d)
7.	(a)	(b)	(c)	(d)	17.	(a)	(b)	(c)	(d)
8.	(a)	(b)	(c)	(d)	18.	(a)	(b)	(c)	(d)
9.	(a)	(b)	(c)	(d)	19.	(a)	(b)	(c)	(d)
10.	(a)	(b)	(c)	(d)	20.	(a)	(b)	(c)	(d)

_____
_____
_____

LP/VN License Number _____
Name _____ Social Security # _____
Address _____
City _____ State _____ Zip _____
State(s) in which Licensed _____
Is this a new address? Yes _____ No _____ Phone ( ) _____

JPN's C.E. program is approved by NAPNES.

INFORMATION for CONVENTION 2001
NAPNES heads to Reno for its 60th Birthday!
June 8-14, 2001

Our 60th Anniversary Theme is:

"EVERY NURSE COUNTS!"

General Information

Planning a national convention is a very important decision making time. The first decision criterion is what is the best possible situation available for the members participating? Keeping that in mind, NAPNES is pleased to announce that the 2001 convention will be held in Reno, Nevada at the Reno Hilton. The date is June 8-14, 2001.

Pages 28-31 have all the necessary forms and information for conventioneers to start the registration process. Please pay particular attention to deadlines listed. It is not possible for NAPNES to honor any requests for exceptions to the published information. By the time you receive this issue of the *JPN*, you will have approximately 6 months to prepare and plan for your attendance in Reno. We hope this will give you ample time to request the time on your work schedule and get it in your budget. Once again, please be advised that there can be **no exceptions** granted for any published price or deadline.

Bylaws

If you wish to submit proposed bylaws changes, now is the time to do so. Simply note the section you want to change, write the proposed change, write the rationale, and submit it to NAPNES Headquarters. It will be sent to the Bylaws committee for consideration.

Room Sharing

If you travel alone and would like to share costs but have no way of contacting other nurses in the same situation, please feel free to send a note to Headquarters. We will keep a running list with phone numbers. We will supply the list to anyone making the same request and perhaps you can work out room arrangements with the other person(s). NAPNES only maintains and provides the list upon request. The rest is completely up to you. Staff member Juanita Cooper will coordinate this "roomie" effort but it will always be the choice of the attendee as to sharing a room or not. We are simply trying to help you make arrangements conveniently. NAPNES does not pay for the rooms nor accept any responsibility other than to advise you that another soul is looking for a roommate. Suites are available ranging from $179- $875 per day.

Room Information

Room Reservations. Reservations should be made directly with the Reno Hilton. Call 1-800-648-5080 and identify yourself as attending the National Association for Practical Nurse Education & Service Convention. Reservations received after **May 9, 2001**, will be accepted on availability at the group rate. In order to confirm a room reservation, the hotel requires a first night's guarantee. Checks and major credit cards are acceptable to establish this guarantee. Changes and/or cancellations of guest rooms can be made up to 24 hours prior to arrival.

Room rate. Our group rate of $82.00, single or double occupancy, plus Washoe County room tax, currently 12%. *An additional per person charge of $10 will apply to each additional occupant beyond two hotel guests per room.*

Extension of room rates. The Reno Hilton graciously extends the convention rate for three days prior to the convention and three days after the actual meeting dates of the convention.

Telephone Charges. Local, 800 and calling card calls are $1.00. Long distance calls charged to the room are at the prevailing Hotel rate and depends on the time called, location called and time connected. The general telephone number is 775-789-2000, for those guests needing to be reached during their stay at the Reno Hilton. Guest faxes may be received by and sent to the Executive Business Center at 775-789-2418.

Room Amenities. Hair dryer, coffee pot, iron and ironing board.

Check-In/Out Time. Check in time is 3:00 p.m.; checkout time is 11:00 a.m. All guests arriving before 3:00 p.m. will be accommodated as rooms become available. The Hotel bell captain can arrange to check baggage for those arriving early when rooms are unavailable and for guests attending functions on departure day.

Convention Tentative Program

"EVERY NURSE COUNTS!"

Friday, June 8, 2000

5:00 p.m.
NAPNES Board of Directors

June 9,2001, Saturday

9:00 a.m.-4:00 p.m.
(6.0 CE hrs.)
Council of Practical Nurse Educators
Mary Watson, Chair, Presiding
Dr. Carole Gilbert,NLNAC, Presenting

June 10, 2001, Sunday

10:00 a.m.- 4:00 p.m.
(4.5 CE *hrs.*)
NAPNES National Advisory Committee
(all attendees welcome)
Regulatory Update
Colleagues In Caring
6:00 pm.-8:00 p.m.
Convention Opening Reception
" Display Your Talent"

June 11, 2001, Monday

9:30 am.-12 Noon
Opening session
Keynote Speaker
President Kerr, LPN, Presiding
12:30 p.m. -2:30 p.m.
(1.0 CE hrs.)
Annual Luncheon (ticket required)
3:00 p.m.-4:00 p.m.
(1.0 CE hrs.)
Clinical Session: Sickle Cell Anemia
Free Night

JUNE 12, 2001, TUESDAY

9:00 a.m.-12 Noon
Opening Business Session
Memorial Service
Noon-1:30 p.m.
Lunch on your own
1:30 p.m.-2:20
(1.0 CE hrs.)
Diabetes:Nutrition and Prevention
2:30 p.m.- 3:20
(1.0 CE hrs.)
Spinal Cord Injury:
The Latest News!
3:30 p.m.- 4:20
(1.0 CE hrs.)
Post Traumatic Stress Disorder (PTSD)
4:30p.m.-5:30 p.m.
(1.0 CE hrs.)
Candidate's Forum
Free Night

JUNE 13, 2001, WEDNESDAY

8:00 a.m. - 4:00 p.m
(7.0 CE *hrs.*)
Long Term Care Certification Review
CLTC Test Availability *being explored*
7:00 p.m.
Dinner Theatre Option (tentative)
Price not included in registration

JUNE 14, 2001, Thursday

9:00 a.m. - Noon
Closing Business Session
President Richard Kerr, Presiding
Noon - 1:00 p.m
Lunch on Your Own
1:00 p.m. - 1:50 p.m.
Breast Cancer Update
2:00 p.m.-4:00 p.m.
First Responders Training
7:00 p.m.
Annual Banquet

COPNE welcomes Dr. Carol Gilbert

The NAPNES Council for Practical Nurse Educators features Gilbert as speaker at its annual meeting in Reno-- June 9-10. (Registration forms for the full NAPNES convention and COPNE are on pages 29 and 30, respectively.)

Carol Gilbert, PhD, RN, is the Associate Director of the National League for Nursing Accrediting Commission (NLNAC, Inc.). Dr. Gilbert earned her PhD in Educational Psychology in 1980 from the University of Michigan at Ann Arbor. Her dissertation Topic was "Ethics and its Application to Nursing." She earned her BSN and MSN from the University of Pennsylvania, Philadelphia with a major in Medical-Surgical Nursing. She will conduct the COPNE workshop on Program Assessment for Outcomes in PN Education. You won't want to miss this important meeting.

An Open Letter to Practical/Vocational Nursing Educators from COPNE Chair, Mary Watson

Dear Colleagues,

I am writing to personally invite you to attend the next meeting of COPNE in Reno, Nevada, June 9-10. Dr. Gilbert's workshop will be invaluable to the systematic evaluation and further development of PN curriculum. Maintaining high quality P/VN education through faculty development is a primary goal of COPNE.

On Sunday, following Dr. Gilbert's presentation, COPNE will hold a business meeting to discuss issues and concerns affecting P/VN education so that we can make recommendations to the NAPNES Board of Directors on those matters that may require some action. For example, you may have read the Fall issue of the *Journal of Practical Nursing* article by NAPNES President Richard Kerr responding to the events at the National Council of State Boards of Nursing (NCSBN) annual convention. Invited as one of the key presenters, Dr. Carol Andersen, Ohio State University, called for the closing of all P/VN programs. At that same meeting, following a standing ovation by some regulators in attendance, NCSBN formed a task force to: "develop an action plan to clearly delineate and establish congruence between education and practice & regulation for the respective roles of technical, professional and advanced practice nurses" (technical, professional & advanced nurses changed to say "all nurses"). Practical/Vocational nursing educators must be heard from on the issues regarding our work. It is clear that certain of our registered nurse colleagues do not support the education and practice of licensed practical/vocational nurses but it is not clear at all that they even understand what is in the curriculum of state approved programs.

I believe we must, as a group, take action by contacting the NCSBN, Joint Commission (JCAHO) and State Boards of Nursing in our home states and request representation on task forces and committees discussing issues which impact P/VN education and practice. I strongly believe that we, as P/VN educators, must speak for ourselves. We must take responsibility for illuminating the role and function of licensed practical/vocational nurses -- the very people we educate and place in the work force. We must be accountable to the American public and demonstrate that the people we educate are cost effective, competent, *licensed by the state*, health care providers that can and do work in a variety of health care settings.

I urge you to join me and P/VN educators from across the country in Reno to help plot the course of our graduates future. I believe we hold the key to the future of one vital and important level of licensed nurse that is coming under undeserved attack. We must not let others speak for us. We must speak for ourselves and the NAPNES Council of Practical Nurse Educators (COPNE) is one place where we can gather and work in a highly productive atmosphere. We have the opportunity to work directly with the national organization founded by practical nurse educators in 1941 for this very reason. The NAPNES leadership and members offer great support and recognition for P/VN educators but it is up to us to speak up and represent ourselves. Our graduates are the backbone of quality bedside care and together, with them, we can secure the future of their competent practice.

I look forward to seeing you in Reno and challenge you to come, roll up your sleeves, and do what we do best, provide and promote quality education for quality nursing by licensed practical/vocational nurses.

Yours truly,

Mary F. Watson

Mary F. Watson, RN, EdD(c)
Chair, COPNE
Member, NAPNES Board of Directors

NAPNES Celebrates 60 Years of Service to LP/VNs
And Proudly Presents Keynoter LeAnn Thieman, LPN
A Special Example from Thousands of Why "Every Nurse Counts!"

"Balancing Life in Your "War Zones"
LeAnn Thieman, LPN

100 babies in open cardboard boxes, strapped in the belly of a gutted cargo jet. It was 1975, Saigon was falling to the Communists, and LeAnn was "accidentally" caught up in the Vietnam Orphan Airlift.

A practicing nurse for over 30 years, LeAnn applies life-changing lessons from her Airlift experience to the "war zones" of healthcare and our every day lives - too much to do, too few resources, too much stress! How do we cope? In this poignant, yet humorous presentation, LeAnn motivates nurses to balance their lives, live their priorities, and make a difference in the world.

Biographical information:

LeAnn Thieman is a nationally acclaimed professional speaker, author, and nurse who was "accidentally" caught up in the Vietnam Orphan Airlift in 1975. Her book, *This Must Be My Brother*, details her daring adventure of helping to rescue 300 babies as Saigon was falling to the Communists. An ordinary person, she struggled through extraordinary circumstances and found the courage to succeed. *Newsweek Magazine* featured LeAnn and her incredible story in its *Voices of the Century* issue.

Today, as renowned motivational speaker, she shares life-changing lessons learned from her Airlift experience. Believing we all have individual "war zones", LeAnn inspires audiences to balance their lives, truly live their priorities and make a difference in the world."

After her story was featured in *Chicken Soup for the Mother's Soul*, LeAnn became one of Chicken Soup's most prolific writers, with stories in six more Chicken Soup books. That, and her devotion to thirty years of nursing, made her the ideal co-author of *Chicken Soup for the Nurse's Soul* scheduled for release August 1, 2001. Available in bookstores nationwide, these inspirational stories will encourage, uplift and honor all nurses and health caregivers by sharing the sunshine and sorrows of their profession.

For more information about LeAnn's books and tapes or to schedule her for a presentation, please contact her at:

LeAnn Thieman
6600 Thompson Drive
Fort Collins, CO 80526
1-970-223-1574
www.LeAnnThieman.com
email: LeAnn@LeAnnThieman.com

RESERVATION REQUEST

You **MUST** use this form to assure space and group rates. Complete the form below and mail to:

THE RENO HILTON ◆ 2500 E. Second Street ◆ RENO, NEVADA 89595

Be sure to mention: The National Association for Practical Nurse Education & Service, Inc.

NAPNES 60[h] Annual Convention -- JUNE 8-14, 2001

Guest Room Rates:

Single/Double: **$82.00 + Washoe County room tax, currently 12%.**
An additional per person charge of $10 will apply to each additional occupant beyond two hotel guests per room.
Suites available in prices ranging from $179 to $875 per day.

Cutoff date: May 9, 2001. Requests received after this date shall be handled on a space and rate available basis.
The cut off date will absolutely NOT be extended.

Arrival (day/date) _____ **Departure (day/date)** _____

PLEASE RESERVE:

_____ **Room(s) for** _____**People**

Name(s) of persons sharing room _____

(All local and state taxes apply)

ALL RESERVATIONS REQUIRE A ONE NIGHT DEPOSIT

Enclose a check, money order, or the number and expiration date of one of the following credit cards:
( )Check or money order enclosed ( )Mastercard ( )Visa ( )American Express ( ) Ask about other choices.

Card # _____ Expiration Date _____

Name (print) _____

Address _____

City _____ State _____

Zip Code _____ Phone # _____

Signature _____

All information required for registration

THE RENO HILTON
General Information

- **22 store shopping mall**
- **Year round health facilities**
- **100,000 square feet of 24 hour casino action**
- **Outdoor tennis courts**
- **50 lane bowling center**
- **Olympic sized outdoor swiming pool**
- **Concierge service**
- **Free shuttle service to and from airport**
- **Hilton Bay golf driving range**
- **Production shows on the world's largest stage**
- **Improv comedy club**
- **FunQuest family amusement center**
- **10 dining options, 24 hour room service plus snack bar**
- **Situated in the "Cradle of the Old West"**
- **Reno is the home of Bonanza and the Ponderosa Ranch**
- **Pylon Bar, Aspen Lounge, Legends Bar, Copper Top Lounge**
- **Complimentary self or valet parking for 5,000 vehicles**
- **The Ultimate Rush Thrill Ride**
- **The Bunker - Virtual Golf Experience**
- **Adventure Golf Miniature Golf Course**
- **The Garage Nightclub**
- **Just 1.5 miles from the Reno/Tahoe Internatioinal Airport**
- **Check-in time 3:00 p.m., Check-out 11:00 a.m.**
- **It may not always be possible to have rooms available prior to 3:00 p.m. Should there be a delay, all hotel facilities are available for your enjoyment**
- **24-Hour cancellation notice required for deposit refund**
- **Room amenities, hair dryer, coffee pot, iron, and ironing board**
- **Call the friendly staff with any other questions**

2001 Convention Registration

June 8-June 14 -- Reno, Nevada

PLEASE NOTE: **IN FAIRNESS TO ALL ATTENDEES, THERE ARE NO EXCEPTIONS TO THE PUBLISHED RATES AND DATES.** ***PLEASE, DON'T ASK.***

No attendee may be admitted to meal function without appropriate ticket.

Mail form & Payment to:
NAPNES
Convention Registration
1400 Spring Street
Suite 330
Silver Spring, MD 20910

- Cancellations must be in writing and mailed to NAPNES.
- No refunds will be made unless cancellation request is postmarked on or before *May 15, 2001*
- All refunds are subject to a $50.00 processing fee per registrant.
- Refund checks will be issued after the close of the Convention.
- Make your check payable to NAPNES for the total amount indicated on this form.
- If you wish to pay by credit card, please fill in the information.
- **No personal checks will be accepted at the Convention.**
- There is a $25.00 fee for returned checks.

PLEASE TYPE OR PRINT CLEARLY

"Every Nurse Counts!"

COMPLETE CONVENTION PACKAGE The full convention package includes registration, meetings, sessions, luncheon and banquet. Full non-member registration includes a one year membership in NAPNES.

	Before May 1, 2001	After May 1, 2001
❒ Member	$220	$250
❒ Non-member	$295	$315
❒ Student Member (excluding meals)	$15	$20
❒ Student Non-member (excluding meals)	$30	$50

Students may purchase tickets to luncheon and banquet once registered. (Ticket price listed below)

INDIVIDUAL EVENTS Single day registration -- does not include luncheon and banquet.

❒ Member -- per day	$75	___ Day(s)
❒ Non-member -- per day	$115	___Day(s)
❒ Annual Banquet	$45	
❒ Luncheon	$30	

I wish to register for the 2001 Annual Convention. I have enclosed my check or money order in the amount of $ _____ for the items checked above.

Name _____
Address _____
City _____
State _____ Zip _____
Phone (Day) _____

Title (circle): LPN LVN RN SPN
OTHER _____
Type of NAPNES Membership (circle):
Regular Member; Life Member; Student Member; Associate Member ; COPNE Member

Charge to my:
❒ Master Card ❒ Visa ❒ American Express

Name _____

Credit Card Number:

_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Expiration Date _____

Signature _____

2001 COPNE Workshop Registration

Registration Sheet for Saturday and Sunday ONLY; June 9-10

Registration must be postmarked on or before *May 15, 20001*

The Reno Hilton Hotel, Reno, Nevada. Call 1-800-648-5080 for Reservations.

Mail form & Payment to:
NAPNES
COPNE REGISTRATION
1400 Spring Street
Suite 330
Silver Spring, MD 20910

- Cancellations must be in writing and mailed to NAPNES.
- No refunds will be made unless cancellation request is postmarked on or before *May 15, 2001*
- All refunds are subject to a $25.00 processing fee per registrant.
- Refund checks will be issued after the close of the Convention.
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- **No personal checks will be accepted at the Convention.**
- There is a $25.00 fee for returned checks.

Council of Practical Nurse Educators (COPNE)

"Every Nurse Counts"

PLEASE TYPE OR PRINT CLEARLY

COPNE REGISTRATION ONLY The full convention package includes registration, meetings, sessions, luncheon and banquet and is available to COPNE members but please use the Convention Registration Form. This form is for **COPNE ONLY** and is registration for the COPNE workshop only, June 9 & 10. ***This form does not register you for the entire convention.***

Please use the regular registration form to register for the convention -- it is a separate fee.

❒ COPNE Member $50 (Includes Saturday Luncheon)

❒ Non COPNE-member $150 (Includes NAPNES/COPNE dues and Saturday Luncheon)

PROGRAM : Speaker, Dr. Carol Gilbert, Ph.D., RN, Associate Director, NLNAC

Saturday, June 9, 2001	8:30 - 12:00	Assessment in Practical Nursing Curriculum (Admission, Progression & Program Outcome)
	12 Noon - 1:30 PM	Luncheon (included in registration)
	1:30 - 4:00 PM	Small Groups
	6:00 - 8:00 PM	Reception
Sunday, June 10, 2001	8:30 -12 Noon	National Advisory Panel (invitees: COPNE, boards of nursing, P/VN Programs, RNs and LPNs.)
COPNE reserves the right to adjust times on program as necessary to accommodate speakers.	Noon - 1:30 PM	Lunch on your own
	1:30 - 3:30 PM	COPNE Business Meeting

I wish to register for the 2001 COPNE Workshop. I have enclosed my check or money order in the amount of $ _____ for the items checked above.

Name _____

Address _____

City _____

State _____ Zip _____

Phone (Day) _____

Title _____

Charge to my:

❒ Master Card ❒ Visa ❒ American Express

Name _____

Credit Card Number:

_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_

Expiration Date _____

Signature _____

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The Seabury & Smith program includes — as always — Disciplinary Defense Reimbursement AND Malpractice Insurance for ONE low rate.

Your $68 Professional Liability Policy* includes:

- Defense Reimbursement: up to $5,000 per incident if you must appear before *any* entity responsible for regulating your professional conduct (i.e., licensing board).
- Expense Reimbursement for legal representation if you are not named in a suit, but are required to be deposed.

plus

- Premiums for several specialty nurse classifications have been reduced.
- Now employed and self-employed advanced practice nurses are eligible for the same low rates.
- Participation in a risk management seminar or ANCC, CCRN, CNOR, CRNFA, CPNP, OCN, LNCC, or CRRN certification qualifies you for a 10% risk management premium credit.

Call 1-800-621-3008, ext. 45105 for more information

**LPNs, LVNs, Aides, Assistants, and First Year Nursing Graduates, for limits of $1 million/$3 million. Limits of $2 million/$4million also available.*

National Association for Practical Nurse Education and Service, Inc.

S.C. A

Professional Liability Insurance Application

How to enroll: Simply complete the enrollment form, enclose your premium check made payable to Seabury & Smith, and mail to the address provided. All coverages must be under the same plan. All premiums are annual. Coverage is effective the date your application and payment are received and accepted in our offices. Please allow three to four weeks for delivery of your certificate. **Please print or type all information.**

NOTE: Coverage for professional acts as a physician or surgeon is specifically excluded by the insurance certificate. Please contact the administrator for coverage alternatives. Nurse anesthetists and nurse midwives are not eligible for this program.

IMPORTANT 10% RISK MANAGEMENT CREDIT A 10% premium credit will apply for attendance at an approved loss prevention/loss control/risk management seminar. The seminars must equal a total of four contact hours. The seminar credit will be on a per policy period basis (one seminar, one credit, one annual policy period). Please provide proof to qualify for the discounted rate and pay 10% less the premium shown. You are also eligible if you hold any of the following certifications: ANCC, CCRN, CNOR, CRNFA, CPNP, OCN, LNCC or CRRN. The credit may only be applied once per policy period.

NAME

ADDRESS

CITY STATE ZIP

BIRTHDATE (FOR IDENTIFICATION) SOCIAL SECURITY #

ANNUAL LIMITS AND PREMIUMS

$1,000,000 per incident/occurrence and $3,000,000 annual aggregate		With Risk Management Credit
❒ LPNs, LVNs, Aides, Assistants	❒ $68	❒ $61
❒ First Year Nursing Graduate Date of Graduation _____	❒ $68	❒ $61
❒ Other_____	Call for Rates	

$2,000,000/$4,000,000 LIMITS OF LIABILITY ARE ALSO AVAILABLE! CALL 1-800-621-3008, EXT. 45105 FOR YOUR RATE, THEN INDICATE THAT AMOUNT AND YOUR OCCUPATION IN THE SPACE BELOW:

Occupation: _____ Rate: $ _____

MUST ANSWER

1) Have any of the following ever been revoked, suspended, refused, denied renewal, placed on probation, cancelled or voluntarily surrendered? (If "Yes", explain on a separate sheet. Please include dates and allegations.)
   State License or Certification ❒ Yes ❒ No
   Malpractice Insurance** ❒ Yes ❒ No
2) Has any claim or suit ever been brought against you, or are you aware of any incident that might reasonably lead to a claim or suit? ❒ Yes ❒ No
   (If "Yes", explain on a separate sheet. Please include dates, allegations and amounts.)

**Notice to Missouri Residents: this question does not apply.

I understand that I am not covered by this insurance if I am any of the following: physician, surgeon, dentist, nurse midwife, perfusionist, electroneurodiagnostic technologist, cytotechnologist, radiation therapist, chiropractor, podiatrist, osteopath or psychiatrist. I understand that these professional occupations are excluded from coverage. I understand that this insurance will not apply to any partner, principal or owner of a residential/overnight facility. The insurance described herein is subject to the terms, conditions and exclusions of the insurance certificate. This insurance is excess when other insurance applies to a loss.

In order to enhance the stability of this professional liability insurance program, coverage has been organized through a purchasing group, pursuant to legislation, known as the Federal Liability Risk Retention Act of 1986, enacted by Congress. Coverage is provided to the purchasing group by the Chicago Insurance Company, a member of Interstate National Corporation, one of The Fireman's Fund Insurance Companies. Once the completed application has been approved and the premium has been received, you will automatically become a member of the Professional Nursing Organizations Purchasing Group Association, located and domiciled in Illinois and obtain the insurance coverage afforded through the Group Policy on an annual term.

This application is subject to the underwriter's approval. Your completion of this application and premium payment does not bind coverage or obligate the insurance company to issue you insurance coverage. Coverage will become effective following the receipt of your acceptable application and premium payment. Your application cannot be processed unless it is completed in its entirety. The application is subject to the company's underwriting rules.

I declare the information contained in the application is true and that no material facts have been suppressed or misstated. I understand that incorrect information could void the protection. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Notice to New York Applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature X _____ Date _____ Enclosed is my check for _____ Effective Date Desired* _____

*May not be earlier than the date the administrator receives and accepts this application. *Make check payable to Seabury & Smith. Return your check and this application to administrator shown below.*

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CA-0633005

Send check and application to:

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Joan F. O'Sullivan, Licensed Agent
75 Remittance Drive, Suite 1788
P.O. Box N
Chicago, IL 60690-9555

1-312-427-1441, ext. 45105
1-800-621-3008, ext. 45105

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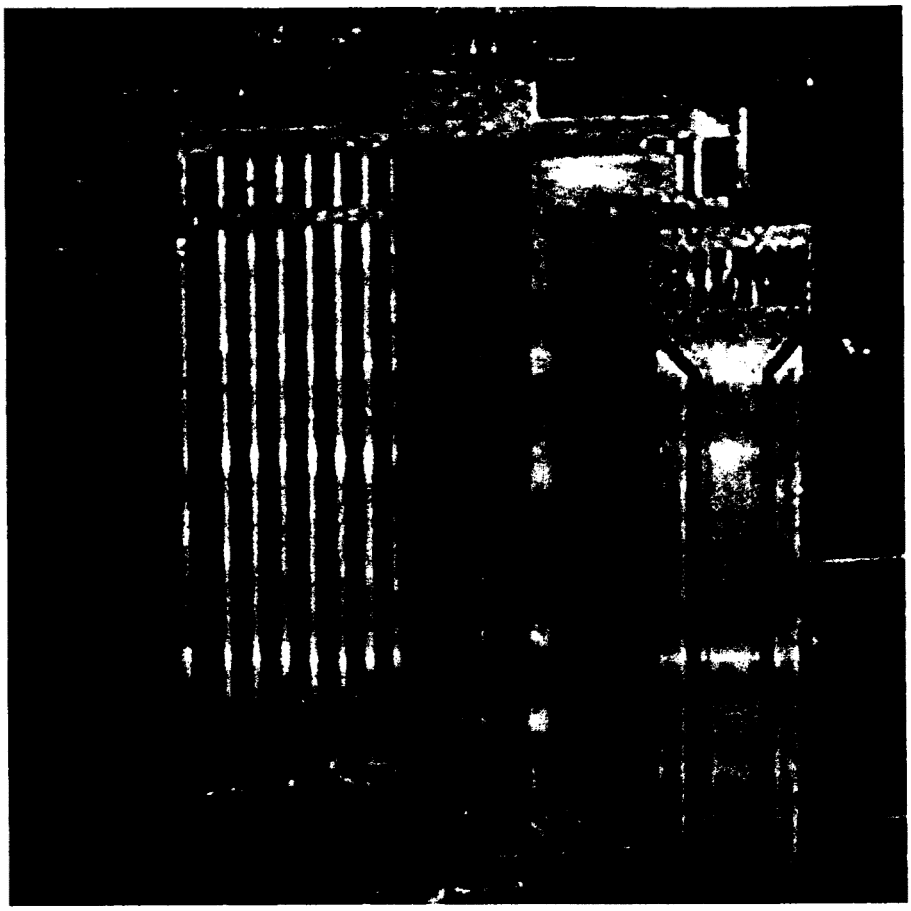

JUNE 8-14, 2001
HELP NAPNES CELEBRATE 60 YEARS
OF DEDICATION TO THE SERVICE OF NURSING

"Every Nurse Counts!"

Jameson Health System, Inc.
1211 Wilmington Avenue
New Castle, PA 16105-2595
Telephone: 724.658.9001

Original: 2171

Jameson Health System

Continuing the Tradition of Leadership in Community Health™

April 10, 2001

Pennsylvania State Board of Nursing
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear State Board of Nursing:

The faculty of Jameson Memorial Hospital School of Nursing in New Castle, Pennsylvania praises the hard work the Board has done in the improvement and clarification of the nursing regulations. The proposed revisions demonstrate an overall clear, concise delineation of nursing practice and education in the Commonwealth of Pennsylvania.

In discussing the proposed revisions, we would like a few changes. They are as follows:

21.34 (2.) – Beginning _____ a nursing education program will be place on provisional status if, in one examination year, **25%** or more of its graduates take the licensure examination and fail the examination.

Rationale – Two out of four quarter licensure reports indicate an overall pass rate in Pennsylvania of less than 80%. This is not out of line with the overall performance by our state in previous years. We believe that 75% is more reasonable since we have numerous education programs with a low enrollment. Last year, Jameson School of Nursing had only nine (9) graduates. With one failure, our pass rate was quickly reduced to 88%. To jump from a 60% to 80% is drastic when program enrollments are low. Even with the publicity of a nursing shortage, the likelihood of programs admitting 100+ in a class is unlikely. The programs that generally bring down the state passing rate are often well below the 75% standard and should be on provisional status. It is distressing to think that the following number of nursing education programs could be placed on provisional status based on testing results from 1/01/00 to 12/31/00:

Diploma – 9 of 26 schools
Associate Degree – 6 of 22 schools
Bachelor of Science in Nursing – 15 of 31 schools

This means 38% of the Pennsylvania nursing education programs would have been on provisional status last year.

21.71 (b.) (6.) – Every faculty member shall have a master's degree in nursing or earned doctoral degree in nursing, **with clinical experience relevant to their primary clinical area of curriculum responsibility and** shall give evidence of maintaining expertise in their clinical or functional areas of specialization.

Rationale – Many graduate programs provide an MSN degree in areas such as Adult Nursing, Family Nursing, Geriatric Nursing, and Community Nursing. The transcript of a person with an MSN degree does not identify the specific area of clinical or functional areas of specialization. For example, I have a Master's in Adult Health with a track in Nursing Education and my clinical practicum was done in Staff Development. Nowhere on my transcript is this documented. We believe that the intent of the Board is to assure that specialized clinical and theory concepts are taught by prepared faculty. On the Nursing Faculty Qualification form, each faculty must support their academic assignment. Critical Care must be taught by an experienced critical care nurse. This does not mean that the same individual cannot teach in a fundamentals or basic med/surg nursing course. However, we do acknowledge the Board's focus that teaching faculty possess clinical experience and the need to maintain competence.

21.90 (b.) – The philosophy and purposes of the nursing education shall be consistent with accepted educational and nursing standards.

Rationale – The word "**currently**" has been removed. Schools are given specific guidelines by the Department of Education, approval and accrediting bodies. This leaves interpretation broad and subjective.

21.90 a. (1.) – Address representative areas of nursing practice identified as entry level by current job analysis.

Rationale – Remove conducted by NCSBN. Numerous job analyses are conducted and schools should have input, not just from one analysis. Important to note is that an analysis that is conducted once every few years in itself is not always current. We spend much time looking at employer and graduate surveys to help us address areas for change in the curriculum. These surveys are done annually and thus more current. By the time the analysis of the NCSBN is published and faculty look to make changes, the result is a lengthy process and can be dated. Look at the PEW Commission Report. It did not take long to see the inaccuracy of their projections on health care and the number of needed health care education program closures. In fact, only one to two years ago hospitals were closing beds, now many are diverting patients because of not having enough beds. Many tools are needed to mobilize and validate educational change.

21.90 a. (2) – (Be developed, implemented and evaluated by the faculty and shall include the knowledge, professional role development, skills and abilities necessary for the specific levels of student achievement.)

Rationale – This item can be removed since it is repeated in 21.90 b. (e.).

21.90 b. (e.) and (g.) – The word "**basic**" needs removed in these two items.

Rationale – To maintain consistency in overall language of the new revisions.

If you have any questions related to our comments, feel free to contact me at (724) 656-4052. Thank you for your time and consideration in reviewing our recommendations.

Sincerely,

Jayne Sheehan, RN, MSN, CRNP

Jayne Sheehan, RN, MSN, CRNP
Director of Professional and Allied
Health Education

Original: 2171

ALLEGHENY VALLEY HOSPITAL

WEST PENN ALLEGHENY HEALTH SYSTEM

1301 CARLISLE STREET, NATRONA HEIGHTS, PA 15065

724-224-5100

April 6, 2001

Pennsylvania State Board of Nursing
P.O. Box 2640
Harrisburg, PA 17105-2649

Dear State Board of Nursing

The Faculty of Citizens School of Nursing writes to express overall approval of the new Nursing Regulations. These new regulations reflect much thought and effort on the part of those involved to provide a clear portrayal of the guidelines for nursing education and practice.

There are a few suggestions we have regarding the language of the regulations. They are as follows:

21.34(2.) - Beginning_____a nursing education program will be placed on provisional status if, in one examination year, 25% or more of its graduates take the licensure examination and fail the examination.

Rationale - Over the last 5 years nursing school enrollment has dropped and with smaller graduating classes 1 or 2 failures could possibly place a school at the 80% cut off the Board proposes. There are programs well below the 75% level with a definite pattern of poor performance. We agree that the Board should consider supportive intervention in those cases. If the 80% benchmark had been in effect during the calendar year 2000, 30 or 38% of Pennsylvania's educational programs would have been placed on probation.

Diploma----9 of 26 schools
Associate Degree------6 of 22 schools
Bachelor of Science -------15 of 31 schools

During this nursing shortage, we must find more creative ways to insure quality and quantity in our entry-level nurses.

21.71(b) (6.) ---Every faculty member shall have a Master's degree in nursing or earned doctoral degree in nursing , *with clinical experience relevant to their primary clinical area of curriculum responsibility* and shall give evidence of maintaining expertise in their clinical or functional areas of specialization.

Rationale - Many Master's programs provide degrees in areas such as Adult Nursing, Family Nursing and Community Nursing. The transcript will not identify the specific area of clinical or functional areas of specialization. The State Board of Nursing Faculty Qualification form requires that faculty identify primary teaching responsibility and document work experience that supports the academic assignment. Critical Care must be taught by someone with a Master's degree and

solid critical care nursing experience. That nurse could very possibly also teach fundamentals but would most likely not be able to teach Maternity. Many professional nursing careers evolve beyond the area of original Master's specialization. It would seem that a Master's degree is the basic criterion for a teaching position but the richness of the professional work experience is what truly prepares the individual to teach and is the real basis for the primary teaching assignment.

> 21.90(b)---The philosophy and purposes of the nursing education shall be consistent with accepted educational and nursing standards.

We suggest removing the word "currently". Schools follow the guidelines by the Department of Education and NLNAC or AACN. Interpretation of "Current" can become subjective.

> 21.901.(1.) ---Address representative areas of nursing practice identified as entry level by current job analysis.

We suggest removing the reference to the analysis conducted by the National Council. Many tools are needed to evaluate what constitutes the requirements entry -level practice. If the National Council stops publishing the study, the regulation will be obsolete.

We appreciate the opportunity to review and respond to the proposed regulations.

Sincerely,

Lynne Rugh
Director, School of Nursing

Original: 2171

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF NURSING

Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649
(717) 783-7142

March 25, 2003

The Honorable John R. McGinley, Jr., Chairman
Independent Regulatory Review Commission
14th Floor, Harristown 2
333 Market Street
Harrisburg, Pennsylvania 17101

Re: Proposed Rulemaking of the State Board of Nursing
General Revisions of the Professional Nursing Provisions: 16A-516

Dear Chairman McGinley:

Please be informed that the State Board of Nursing (Board) voted to withdraw the above-captioned regulation package at its March 20-21, 2003 meeting. The Board is aware that the two-year time period for submission as a final-form regulation will expire on April 11, 2003. The Board intends to republish the regulation as proposed with a new public comment period.

Thank you for your consideration of this matter.

Sincerely,

Janet Hunter Shields MSN CRNP CS

Janet Hunter Shields, MSN, CRNP, CS
Chairperson
State Board of Nursing

JHS/MHB/kmh
c: Mary Lou Harris, Senior Regulatory Analyst
Independent Regulatory Review Commission
Cynthia Montgomery, Regulatory Counsel
Department of State
Herbert Abramson, Senior Counsel in Charge
Department of State
Martha H. Brown, Counsel
State Board of Nursing
Ann Steffanic, Board Administrator
State Board of Nursing

PHONE: (717) 783-5417
FAX: (717) 783-2664
irrc@irrc.state.pa.us
http://www.irrc.state.pa.us

INDEPENDENT REGULATORY REVIEW COMMISSION

333 MARKET STREET, 14TH FLOOR, HARRISBURG, PA 17101

November 1, 2001

Honorable Glen Thomas, Chairman
Pennsylvania Public Utility Commission
Keystone Building
400 North Street
3rd Floor, North Wing
Harrisburg, PA 17105

Re: Regulation #57-218 (IRRC #2172)
Pennsylvania Public Utility Commission
Natural Gas Emergency Plans and Emergency Actions

Dear Chairman Thomas:

The Independent Regulatory Review Commission approved your regulation on November 1, 2001. Our Order is enclosed and is available on our website at www.irrc.state.pa.us.

We appreciate the joint effort that went into producing a regulation that meets the criteria and intent of the Regulatory Review Act.

Sincerely,

John R. McGinley, Jr.
Chairman
evp
Enclosure
cc: Honorable Chris R. Wogan, Majority Chairman, House Consumer Affairs Committee
Honorable Joseph Preston, Jr., Democratic Chairman, House Consumer Affairs Committee
Honorable Clarence D. Bell, Chairman, Senate Consumer Protection and Professional Licensure Committee
Honorable Lisa M. Boscola, Minority Chairman, Senate Consumer Protection and Licensure Committee

INDEPENDENT REGULATORY REVIEW COMMISSION
APPROVAL ORDER

Commissioners Voting:

John R. McGinley, Jr., Chairman
Alvin C. Bush, Vice Chairman, by Phone
Arthur Coccodrilli
Robert J. Harbison, III
John F. Mizner, by Phone

Public Meeting Held November 1, 2001

Regulation No. 57-218
Pennsylvania Public Utility Commission
Natural Gas Emergency Plans
and Emergency Actions

On January 31, 2001, the Independent Regulatory Review Commission (Commission) received this proposed regulation from the Pennsylvania Public Utility Commission (PUC). This rulemaking amends 52 Pa. Code Section 59.63, adds Sections 59.71 – 59.75 and deletes Sections 69.21 – 69.27. The proposed regulation was published in the February 10, 2001 *Pennsylvania Bulletin* with a 30-day public comment period. The final-form regulation was submitted to the Commission on October 5, 2001.

This final-form rulemaking establishes procedures for managing gas supply emergencies with the intent of maintaining gas service while minimizing service disruption. The regulation is mandated by the Natural Gas Choice and Competition Act of 1999 (66 Pa C.S. §§ 2201 – 2212). All natural gas distribution companies will be required to comply with the rulemaking.

We have determined this regulation is consistent with the statutory authority of the PUC (66 Pa. C.S. §§ 501 and 2203(12)) and the intention of the General Assembly. Having considered all of the other criteria of the Regulatory Review Act, we find promulgation of this regulation is in the public interest.

BY ORDER OF THE COMMISSION:

This regulation is approved.

John R. McGinley, Jr., Chairman

PHONE: (717) 783-5417
FAX: (717) 783-2664
irrc@irrc.state.pa.us
http://www.irrc.state.pa.us

INDEPENDENT REGULATORY REVIEW COMMISSION

333 MARKET STREET, 14TH FLOOR, HARRISBURG, PA 17101

April 26, 2001

Honorable John M. Quain, Chairman
Pennsylvania Public Utility Commission
Keystone Building
400 North Street, 3rd Floor, North Wing
Harrisburg, PA 17105

Re: Regulation #57-218 (IRRC #2172)
Pennsylvania Public Utility Commission
Natural Gas Emergency Plans and Emergency Actions

Dear Chairman Quain:

Enclosed are our Comments. They will soon be available on our website at www.irrc.state.pa.us.

Our Comments list objections and suggestions for consideration when you prepare the final version of this regulation. We have also specified the regulatory criteria which have not been met. These Comments are not a formal approval or disapproval of the proposed version of this regulation.

If you would like to discuss these Comments, please contact my office at 783-5417.

Sincerely,

Robert E. Nyce
Executive Director
cae
Enclosure
cc: Honorable Chris R. Wogan, Majority Chairman, House Consumer Affairs Committee
Honorable Keith R. McCall, Democratic Chairman, House Consumer Affairs Committee
Honorable Clarence D. Bell, Chairman, Senate Consumer Protection & Professional Licensure Committee
Honorable Lisa M. Boscola, Minority Chairman, Senate Consumer Protection & Professional Licensure Committee

Comments of the Independent Regulatory Review Commission

on

Pennsylvania Public Utility Commission Regulation No. 57-218

Natural Gas Emergency Plans and Emergency Actions

April 26, 2001

We submit for your consideration the following objections and recommendations regarding this regulation. Each objection or recommendation includes a reference to the criteria in the Regulatory Review Act (71 P.S. § 745.5a(h) and (i)) which have not been met. The Pennsylvania Public Utility Commission (PUC) must respond to these Comments when it submits the final-form regulation. If the final-form regulation is not delivered by March 27, 2003, the regulation will be deemed withdrawn.

1. General. – Nonregulatory language.

Sections 59.72(b) and (d) and 59.73(h) and (h)(2) contain language which implies that the provisions in these subsections are optional. For example, Section 59.72(b) states, in part, "...NGDCs **are encouraged to** make contractual or informal arrangements...." (Emphasis added.) Section 59.72(d) states, in part, "Each natural gas emergency plan **should** specify..." and "...usage reductions **should** be designed...." (Emphasis added.) Section 59.73(h) and (h)(2) uses the term "should" to describe natural gas distribution company (NGDC) actions related to priority-based curtailments.

Regulations establish binding norms and have the full force and effect of law. If these subsections are intended to impose mandatory requirements on NGDCs, the word "shall" must be used in place of the phrases "are encouraged to" and "should." If the provisions in Sections 59.72(b) and (d) and 59.73(h) and (h)(2) are not mandatory, then these subsections should be deleted.

2. Section 59.72. Natural gas emergency planning. – Reasonableness; Clarity.

Subsection (a)

This subsection states that an NGDC is required to file a natural gas emergency plan with the PUC "within 90 days from the effective date of these regulations, or such later date as may be determined by the Commission...." If the PUC decides to use a later date, how will the PUC communicate this date to NGDCs? This should be specified in the final-form regulation.

Subsection (d)

This subsection provides that each natural gas emergency plan "should specify the procedures the NGDC shall use to provide notices to affected customers." This section should include language that requires notice to be issued by the NGDC within a specific time period.

3. Section 59.73. Emergency action. – Reasonableness; Clarity.

Subsection (a)

It appears that the cross-reference in this subsection contains a typographical error. The last sentence references the definition of "Priority 1 customers" in Subsection (j). The definition is contained in Subsection (i).

Use of the term "will"

Subsections (b), (b)(3), (h)(1) and (h)(3) use the term "will" to describe actions that the NGDC must take. Based on the *Pennsylvania Code & Bulletin Style Manual*, the term "will" is used to describe actions that an agency will undertake. The term "shall" is used whenever anyone else has a duty to act. Therefore, the term "will" in these subsections should be replaced with "shall."

4. Section 59.74. Utility liability. – Clarity.

Subsection (b)(1) uses the term "will" to describe a required NGDC action. For the reasons discussed in **Issue #3**, the term "will" should be replaced with "shall."

Subsection (b)(2) uses the phrase "will have the right to" in describing the NGDC's discretionary authority to discontinue service. Based on the *Pennsylvania Code & Bulletin Style Manual*, the term "may" is used to express a right, power or privilege. Therefore, the phrase "will have the right to" should be replaced with "may."

INDEPENDENT REGULATORY REVIEW COMMISSION

To: John M. Quain, Chairman
Agency: Pennsylvania Public Utility Commission
Phone 2-4597
Fax: 3-3458

From: Kristine M. Shomper
Administrative Officer
Company: Independent Regulatory Review Commission
Phone: (717) 783-5419 or (717) 783-5417
Fax: (717) 783-2664

Date: April 26, 2001
# of Pages: 4

Comments: We are submitting the Independent Regulatory Review Commission's comments on the Pennsylvania Public Utility Commission's regulation #57-218. Upon receipt, please sign below and return to me immediately at our fax number 783-2664. We have sent the original through interdepartmental mail. You should expect delivery in a few days. Thank you.

Accepted by: Sherri DelBiondo **Date:** 4-26-01

Original: 2172

IRRC

From: Dan Regan [Dregan@ENERGYPA.ORG]
Sent: Monday, April 09, 2001 3:26 PM
To: IRRC@irrc.state.pa.us
Subject: Public Utility Commission: Regulations Concerning Natural Gas Emergency Plans and Emergency Actions

20010323
ıergency Planning Le

Per my discussion this morning with Fiona Wilmarth, a copy of the Energy
Association of Pennsylvania's reply comments in the gas emergency docket is attached for your review and files.

Please let me know if I can be of further assistance.

Dan Regan
Vice President: Regulatory Affairs
Energy Association of Pennsylvania
800 North Third St. #301
Harrisburg, PA 17102
717-901-0631
Fax: 717-901-0611

<<20010323 Emergency Planning Letter Comment (DRAFT).doc>>

see below

March 27, 2001

Mr. James J. McNulty, Secretary
Pennsylvania Public Utility Commission
Keystone Building, Second Floor
Harrisburg, Pa

VIA HAND DELIVERY

Re: Docket No. L-00000151: Natural Gas Emergency Plans and Emergency Actions

Dear Mr. McNulty:

Pursuant to the Proposed Rulemaking Order adopted by the Commission on July 20, 2000 and published in the February 10, 2001 issue of the *Pennsylvania Bulletin* (31 Pa.B. 805), the Energy Association of Pennsylvania (the "Energy Association"), on behalf of its natural gas distribution company ("NGDC") members, submits this letter for consideration in lieu of formal reply comments. Per Ordering Paragraph 6, *id.* at 806, the original and 15 copies of this letter are tendered for filing, and, concurrently, a copy is being served on the Commission's Bureau of Conservation, Economics and Energy Planning per the designated contact person. As this letter does not constitute formal comments, it does not appear necessary to submit a diskette containing the text in electronic format. If necessary, however, the Energy Association will provide the text by electronic mail on request (contact dregan@energypa.org).

General Comment

Consistent with the Commission's Well-Established Policies Favoring Working Groups and Collaborative Policy Development, the Commission Should Reject the Office of Consumer Advocate's Attempt to Reargue Matters That Were Discussed and Settled in the Collaborative Process.

As the Commission notes, these proposed regulations are the result of a collaborative process of give and take among the different segments of the natural gas community. One of the cornerstones of the collaborative process is the parties agreement to abide by whatever compromise is reached. Parties may agree to disagree, and even agree that comments may be submitted on specific, pre-designated points, but they should not be allowed to obtain the benefits of a compromise and then file comments to take a second bite of the apple.

As the Commission notes, the Office of Consumer Advocate ("OCA") was an active party throughout this docket, both at the working group level and within the smaller group that negotiated the specific language appearing in the proposed regulations. Consistent with the spirit of collaboration, every party but one abided by the compromise language and refrained from filing initial comments. Only one party, OCA, felt it was not bound by the provisions that were agreed to by all, including itself.

The Energy Association respectfully submits that OCA's comments should be rejected. It would be one thing if OCA's suggestions amounted to modest, technical corrections which advance and clarify the intent of the collaborative and which honestly could be characterized as nonobjectionable. The Energy

Association's predecessor made precisely this type of suggestion in comments addressing the Commission's policy statement on maintaining natural gas safety and reliability. *Maintaining Safety and Reliability for Natural Gas Supply and Distribution* Service, 30 Pa.B. 6358, 6359 (2000) (Pennsylvania Gas Association successfully suggesting one of the policy statement's definitions be amended to conform to the way the same term was defined in another Commission proceeding). In the docket at hand, such a suggestion could have been made with respect to including "residential use" as a defined term. As it turns out, that term does not appear anywhere else in the regulations, and one could reasonably suggest deleting it as an inadvertent vestige from past drafts.

OCA's comments, in contrast, go far beyond minor, technical matters. For example, its comment regarding "residential use" is that the phrase should be inserted as an addition to the class of priority 1 uses. "Comments of the Office of Consumer Advocate," page 3. The substantive effect of OCA's suggestion is not totally clear, and OCA does not explain why its suggested wording would add anything to the regulations given the types of consumption already falling within the definition of "essential human needs use." Nevertheless, it is certainly not the kind of change that one can assume would have been unanimously adopted by the members of the collaborative.

The Energy Association therefore respectfully suggests the Commission reject OCA's comments and uphold the work product of the industry collaborative. To do otherwise would be to embrace the notion that collaborative work products are simply opening positions, which parties may attack for whatever gain may result, and once that notion is embraced, parties may well question whether there is any value to participating in collaboratives in the first place.

Specific Comments

1. *Section 59.72(b) Should Be Adopted as Proposed Because It Is Impossible to Require a Regulated Party to Contract with an Unregulated One.*

As proposed Section 59.72(b) would encourage NGDCs to arrange for customers to agree to reduce or discontinue service so that forced service reductions can be avoided or minimized. OCA would rephrase this provision to require NGDCs to make a reasonable attempt to enter into such arrangements. The obvious question (and one that cannot be resolved no matter what an NGDC does) is: What constitutes a reasonable attempt? Because the other parties to these potential arrangements are not subject to the Commission's jurisdiction, there is no legal mechanism to force them to do anything. What happens if these parties simply do not want to enter these arrangements, or want to do so at costs that would not pass commercial or regulatory muster? Under OCA's proposal, NGDCs would be forever subject to regulatory second guessing. If an arrangement is not made, NGDC could find itself having to defend whether it was reasonable in its attempt; and if an arrangement is made, the NGDC could find itself having to defend whether the *quid pro quo* it offered was unreasonably generous.

For these reasons and others, the language appearing in Proposed Section 59.72(b) was carefully considered and crafted by the working group. OCA should not be heard to disturb that language now.

2. *OCA's Comment Regarding Proposed Section 59.72(c) Is Apparently Erroneous as Its Suggested Language Already Appears in the Proposed Text.*

OCA suggests amending Proposed Section 59.72(c) to change "should" to "shall." But "should" does not appear in Proposed Section 59.72(c) or any of its subparts, so there is no basis for addressing the matter further.

3. *OCA's Suggested Changes to Proposed Section 59.72(d) Should Be Rejected as Inappropriate Attempts to Prescribe the Method, Timing and Wording of Customer Notices to a Level of Detail*

Beyond That Agreed to by the Members of the Working Group.

Proposed section 59.72(d) reads the way it does because the members of the working group recognized the diverse (and ever changing) array of means that can be used to notify customers; the fact that different means of notification may be appropriate under different circumstances; and the impossibility of predetermining which means would be appropriate in the throes of a specific emergency situation. Even so, the notices addressed in Proposed section 59.72(d) will, to a significant extent, be governed by the NGDC's emergency plan, and under Section 59.72(c), these plans must contain provisions addressing emergency load shedding, voluntary usage reductions, the imposition of mandatory usage reductions, reports to the media, and, most important of all, customer notification in the event the NGDC expects to initiate emergency action. Proposed Section 59.72(c)(1)-(5). The level of micromanagement OCA suggests was not approved by the working group and would be unworkable in practice. OCA's suggestions should be rejected accordingly

4. *While Proposed Section 59.73(h) Could Be Reworded both to Clarify How Service Curtailment Will Be Implemented and to Tie the Curtailment Process More Closely to the NGDC Tariffs, OCA's Suggestions Contradict the Working Group's Consensus and Incorrectly Presume that a Pro Rata Allocation of Methane Molecules on a Customer-by-Customer Basis Can Be Accomplished as a Practical Matter.*

Proposed Section 59.73(h) reads as follows:

> (h) Upon issuance of an order to initiate priority-based curtailments, the available gas supplies to the NGDC **should** be prorated among its customers in accordance with the following priorities of use:
>
> > (1) Customers in a higher priority will not be curtailed until all customers falling into a lower category have been restricted to plant protection use levels, unless operational circumstances or physical limitations warrant a different result.
> >
> > (2) Where only a partial restriction of a classification is required, implementation **should** be pro rata.
> >
> > (3) The pro rata rationing, to the extent practical under the circumstances, will be based on a method set forth in the NGDC's tariff.

(emphasis supplied).

OCA would change the two highlighted "shoulds" to "shall"; in effect, making pro rata curtailment mandatory. In drafting these provisions, however, the members of the working group recognized that while pro rata curtailment is desirable as an objective, it is impossible to achieve as a practical matter. Given present technology, there is simply no way to ensure that every member of a curtailment priority category (or sub-category) will in fact receive only its pro rated share of available natural gas molecules.

Accordingly, the Energy Association supports keeping the working group language as proposed. However, if the Commission believes some revisions are necessary, the Energy Association suggests amending Section 59.73(h) as follows:

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(additions in bold, deletions stricken through).

These changes, unlike OCA's, reflect the operating realities that motivated the working group to write Section 59.73(h) as it appears in the proposed Rulemaking Order.

The Energy Association appreciates this opportunity to comment, and urges the Commission to consider the points detailed above as it continues its deliberations.

Respectfully submitted,

Dan Regan
Vice President: Regulatory Affairs

cc: Dr. Z. Ahmed Kaloko, Director, Bureau of CEEP (VIA HAND DELIVERY)
Tanya J. McCloskey, OCA (VIA FIRST CLASS MAIL)
Energy Association: Gas Regulatory Committee

Original: 2172

Energy Association of Pennsylvania

800 North Third Street, Suite 301 • Harrisburg, Pennsylvania 17102
Telephone (717) 901-0600 • Fax (717) 901-0611 • www.energypa.org

Business Reply To:

see below

March 27, 2001

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Keystone Building, Second Floor
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The Energy Association appreciates this opportunity to comment, and urges the Commission to consider the points detailed above as it continues its deliberations.

Respectfully submitted,

Dan Regan

Dan Regan
Vice President: Regulatory Affairs

cc: Dr. Z. Ahmed Kaloko, Director, Bureau of CEEP (VIA HAND DELIVERY)
Tanya J. McCloskey, OCA (VIA FIRST CLASS MAIL)
Energy Association: Gas Regulatory Committee

COMMONWEALTH OF PENNSYLVANIA

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IRWIN A. POPOWSKY
Consumer Advocate

COPY

Original: 2172

March 12, 2001

James J. McNulty, Secretary
PA Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, PA 17105-3265

Re: Proposed Rulemaking Order for Natural Gas Emergency Plans and Emergency Actions
Docket No. L- 00000151

Dear Mr McNulty:

Enclosed please find for filing an original and 15 copies of the Office of Consumer Advocate's comments relating to Natural Gas Emergency Plans and Emergency Actions.

Copies have been served upon all parties of record as shown on the attached Certificate of Service.

Sincerely,

Tanya J. McCloskey
Senior Assistant Consumer Advocate

Enclosures
cc: All parties of record
Daniel Regan, Pa. Energy Association

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

Proposed Rulemaking	:	
Natural Gas Emergency Plans and	:	Docket No. L-00000151
Emergency Actions	:	

COMMENTS OF THE
OFFICE OF CONSUMER ADVOCATE

On February 10, 2001, the Proposed Rulemaking Order of the Pennsylvania Public Utility Commission (PUC) relating to Natural Gas Emergency Plans and Emergency Actions was published in the Pennsylvania Bulletin. *Pennsylvania Bulletin, Vol.31, No.6.* The proposed Rulemaking sets forth the Commission's proposed regulations for managing natural gas emergencies in order to maintain or promptly restore gas service and minimize service disruptions for essential needs customers. This proposal addresses emergencies which are defined as situations where available firm supply or capacity is not sufficient to meet firm service requirements. This excludes the interruption or restoration of interruptible customers.

The Office of Consumer Advocate (OCA) strongly supports the promulgation of these regulations. The OCA has a few concerns regarding these proposed additions to Chapter 59. Our concerns reflect issues similar to those we raised in response to the earlier Gas Curtailment Guidelines at §§69.21-27. Specifically, the OCA submits that the critical nature of these proposed regulations makes it necessary to frame requirements in clear and unambiguous language. Mandatory language is preferable for addressing emergencies.

§59.72(b) - Natural Gas Distribution Companies (NGDCs) should be obligated to attempt to make contractual or informal arrangements with market participants. We believe that all reasonable preparations should be made for emergencies.

> , NGDCs are encouraged to make contractual or informal arrangements...to obtain supplies or, as an alternative, to implement usage reductions so that resorting to firm service reductions under 59.73 (relating to emergency action) can be avoided, or the severity of supply or capacity disruption can be mitigated.

The OCA submits that the language in this section cannot be expected to produce the best possible result. The OCA submits that the words "are encouraged" should be changed to "shall make a reasonable effort." This strengthens the requirement substantially without making it unrealistic.

§59.72(c) - This Section also does not use specific, directive language. The uncertainty caused by the less specific language could produce unpredictable and potentially ineffective results. The OCA submits that the word "should" in this paragraph be changed to "shall".

§59.72(d) - Similarly, the OCA proposes that the word "should" be changed to "shall" in §59.72(d). Emergency procedures ought to be specified. Without this mandatory language, neither the Commission nor customers can know how emergencies will be handled. This change will make notice provisions available for PUC review when plans are filed consistent with §59.72(a).

§59.72(d) Timely notification will insure that customers have the greatest opportunity to respond to expected or potential curtailment. Language should be added to this section specifying that the specified notice procedures will be initiated as quickly as is reasonably possible. The OCA suggests the following: "Notice shall be given as quickly as is reasonably possible after the existence of emergency conditions and the appropriate responses are determined by the NGDC."

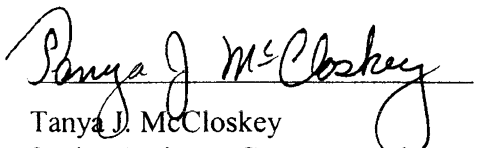
§59.72(d) This section should be modified to require that notice be consistent with the Commission's existing Plain Language Policy. Clarity is a fundamental of effective communication in emergencies. We suggest this language at the end of this section: "All notices shall be prepared consistent with the Commission's Plain Language Policy."

§59.73(h) - Proration of available gas supplies in an emergency is a critical process. The OCA generally agrees that the proration hierarchy specified in §59.73(h) is reasonable and provides adequate flexibility for operating contingencies. Therefore NGDCs should be required to follow this procedure and the language in this section should be changed from "should" to "shall". Likewise, the language in §59.73(h)(2) should also be mandatory.

§59.73(h)(3)(i)(1) Consistent with the consensus in the Interim Guidelines Working Group, the definition of Priority 1 should be modified to: "Service for essential human needs and any other residential use." This sets all residential customers are on a par with other essential human needs customers.

WHEREFORE, with these modifications, the OCA supports the Commission's Proposed Rulemaking. The Proposed Rulemaking, as modified by the OCA to provide clearer direction to NGDCs, provides a strong foundation for ensuring good management of emergencies and minimum impact when emergencies occur.

Respectfully submitted,



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Dated: March 12, 2001
62585

CERTIFICATE OF SERVICE

Re: Proposed Rulemaking Order for Natural Gas
Emergency Plans and Emergency Actions
Docket No. L-00000151

I hereby certify that I have this day served a true copy of the foregoing document, OCA comments relating to Natural Gas Emergency Plans and Emergency Actions, upon parties of record in this proceeding in accordance with the requirements of 52 Pa. Code § 1.54 (relating to service by a participant), in the manner and upon the persons listed below:

Dated this 12th day of March, 2001.

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COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

Original: 2172

March 14, 2001

The Honorable John R. McGinley, Jr.
Chairman
Independent Regulatory Review Commission
14th Floor, Harristown II
333 Market Street
Harrisburg, PA 17101

Re: L-00000151/57-218
Proposed Rulemaking
Natural Gas Emergency Plans and
Emergency Actions
52 Pa. Code, Chapter 59

Dear Chairman McGinley:

Enclosed is one (1) copy of comments received regarding the above regulation as required under Section 5(10)(b.1) of the Regulatory Review Act of June 30, 1989 (P.L. 73, No. 19).

Very truly yours,

Barbara Bruin
Executive Director

Comments submitted by:

OCA

cc: Chief Counsel Pankiw
Regulatory Coordinator DelBiondo
Assistant Counsel Screven
Dr. Kaloko