

## REPORT OF THE EXECUTIVE DIRECTOR

### NATIONAL ISSUES

**AAMC Journal Examines Challenges Posed by Looming Doctor Shortage:** An article in the September issue of Academic Medicine examines the key factors influencing a looming shortage of physicians as one-third of active physicians retire by 2020 and aging baby boomers drive up demand for physician services. The article by the director and associate director of the Association of American Medical Colleges' (AAMC) Center for Workforce Studies concludes that the potential crisis presents an opportunity to improve medical education and training and increase their efficiency; to bring new and diverse types of people to medicine; to address medical education and training financing; and to reduce the brain drain from poorer countries.

The article can be found online at <http://www.academicmedicine.org/pt/re/acmed/fulltext.00001888-200609000-00003.htm;jsessionid=G0SCJXIIKQ11TLv24SJfdb3dhdT1nnTQG1YQnNKgZL9yCV9bVvTz!740363489!-949856144!8091!-1>. An editorial in this journal on the impact of the physician shortage on the role of nurses urges cooperation with advanced practice nurses to meet the future health care needs of the public. (See Attachment A).

**NLN Issues Press Release on Nursing Faculty Shortage:** In a press release issued on July 24, 2006, the National League for Nursing (NLN) finds that the national shortage of nursing faculty is growing, even though numbers of full and part-time educators increase. NLN estimates that the number of budgeted, unfilled nursing faculty positions in the nation to be currently at 1390. According to NLN, the estimated number of part-time baccalaureate faculty has risen 72.5 percent in the last four years, an approach used by most institutes of higher learning to combat having unfilled fulltime positions. To view the complete press release, see <http://www.nln.org/newsreleases/nurseeducators2006.pdf>.

Additionally, NLN is reporting that growth in nursing school admissions has slowed in 2005. U.S. nursing school enrollments and graduations continued to rise in 2004-05 with baccalaureate, associate degree and diploma programs contributing an estimated 84,878 additional prospective registered nurses to the labor supply. However, annual growth in admissions slowed to 5% from 9.4% in 2003-04, signaling a possible slowdown in the recent upward trend. The percentage of racial-ethnic minorities enrolling in basic RN programs declined by nearly 2% in 2004-05 after increasing by more than 6 percentage points from 1994-2002. For more information on the report, see: <http://www.nln.org/Research/Reports/NursingDataReview2005/index.htm>

**Recruiting Foreign Nurses Won't Help Ease Shortage:** In a recent op-ed piece, three faculty members from Penn State University conclude that recruiting foreign nurses acts as a "Band-Aid" approach to easing the current nursing shortage, and that "recruiting nurses from less affluent nations that are grappling with their own shortage of nurses does great damage to Third World health-care systems that struggle to provide even basic care for their citizens. " Alternative to focusing on a shortage of qualified nurses, the authors choose to focus on the nearly 500,000 nurses who were not working in health care in the year 2000. After years of working in less than ideal conditions, some have chosen to raise families, and some have chosen other lines of work. To address the shortage in this country, the authors offer a three-

step plan, aimed at making nursing an exciting and rewarding career. “First, we need to stop poaching nurses from other countries as a means of reducing the shortage we face here. The immigration legislation now under consideration in Congress would have the opposite effect. Second, we need to understand that saving money by cutting back on nurse staffing levels is counterproductive. Third, our health-care system needs to treat nurses like the professionals they are by providing better pay and working conditions.” The piece was written by Darlene Clark, a faculty member in the School of Nursing and Paul Clark and James Stewart, faculty members in the department of labor studies and industrial relations, all at Penn State University. The opinion of the columnists does not necessarily reflect the viewpoint of the university.

**NQF-endorsed™ National Voluntary Consensus Standards for Nursing-Sensitive Care:**

Recognizing nurses' contribution to patient safety and quality outcomes, the National Quality Forum (NQF) embarked on the 'Nursing Care Performance Measures' project in February 2003. The project was designed to identify a framework for how to measure nursing care performance, with particular attention to the performance of nurses as teams and their contributions to the overall healthcare team; endorse a set of voluntary consensus standards for evaluating the quality of nursing care; and identify and prioritize unresolved issues regarding nursing care performance measurement and research needs. The final report from this project can be viewed at <http://www.qualityforum.org/txNCFINALpublic.pdf>

**IOM Report Offers Comprehensive Strategies to Reduce Drug-Related Mistakes:** A report released on July 20 by the Institute of Medicine (IOM) on the toll and frequency of prescription drug errors urges everyone to play a role in enhancing procedures and vigilance so that mistakes and subsequent costs to health and the economy can be reduced. An IOM panel recommended strategies for preventing medication errors after canvassing scientific research evidence to analyze the problem and to find proven and promising solutions. Medication errors are among the most common health care errors; 1.5 million injuries per year are caused by preventable prescription drug errors, including 400,000 a year in US hospitals. The report places a conservative estimate of \$3.5 billion on costs associated with injuries. Nurses and nurse educators have an essential part in preventing medication errors. Recommendations include increasing communication across members of the health care team and incorporating patients as active partners in their own care. Specific recommendations include: U.S. health care providers must move away from paper-based prescriptions to the e-prescribing of drugs by all providers by 2010. Advanced practice nurses must exit their programs with the information technology skills for both order entry and for using automated decision support systems to detect possible medication interactions. The full text of the report is available at [www.nap.edu/catalog/11623.html](http://www.nap.edu/catalog/11623.html)

**Report Draws Lessons from Hospitals' Katrina Ordeals:** A report released in July by the Urban Institute examines the difficult challenges faced by New Orleans hospitals in the days immediately following Hurricane Katrina, and concludes that hospitals should play a significant role area-wide disaster and evacuation planning so they are not left to make decisions individually during large-scale crises. The report says mandatory evacuations should exempt hospitals if moving patients poses considerable risks to their health. It also stresses the need for external, cross-agency coordination and for medical records to accompany evacuated patients. To view the report in its entirety, see: [http://www.urban.org/UploadedPDF/411348\\_katrinahospitals.pdf](http://www.urban.org/UploadedPDF/411348_katrinahospitals.pdf)

**Emergency Volunteer Health Practitioners Act:** *At its July 2006 Annual Meeting, the National Conference of Commissioners on Uniform State Laws approved the basic provisions of the Uniform Emergency Volunteer Health Practitioners Act which provides for the interstate recognition of licenses issued to healthcare professionals responding to disasters and*

*emergencies. It reserved for consideration at its 2007 Annual Meeting provisions of the act providing protections from civil liability and workers' compensation coverage for volunteers. The House of Delegates of the American Bar Association reviewed and unanimously approved the 2006 version of the Uniform Act. They anticipate the introduction of the Uniform Act in a substantial number of states during the upcoming 2007 legislative sessions. To view the Act, go to the Uniform Law Commissioners website at <http://www.nccusl.org/Update/>*

**NCSBN APRN Advisory Panel:** The APRN Advisory Panel held its first meeting of the year October 2-4, 2006 in Chicago. Analysis of all feedback received on the APRN Vision Paper and preparation for future meetings with the APN Consensus Group were the focus of this meeting. [http://www.ncsbn.org/pdfs/02\\_17\\_06\\_draft\\_APRN\\_Vision\\_Paper.pdf](http://www.ncsbn.org/pdfs/02_17_06_draft_APRN_Vision_Paper.pdf)

**Orientation to NCSBN:** NCSBN has an online course called *NCSBN 101* which is available to Member Boards free of charge. If you would like to take the course for informational purposes only, you may contact Patricia Vianes-Cabrera for the board-specific login and password. The login page is located at the following URL: <http://www.vcampus.com/ncsbn2/login>

## STATE ISSUES

**Health Professions Council:** The Health Professions Council and the BNE continue to assist the Chiropractic Board on an interim basis. This type of assistance is consistent with the purpose of the Council. A new Executive Director, Glenn Parker, was hired and he recently hired a new accountant. BNE staff have provided support for various accounting functions during this transition period. The Dental and Pharmacy board staff have also assisted.

Testimony at a recent legislative interim committee hearing underscored the need for more data about health care professionals for workforce planning purposes. A minimum data set defined by the Statewide Health Coordinating Council includes the essential data that the state finds necessary for this purpose. The BNE is providing most of the data and will expand data collection for the few remaining data elements in the near future. HPC has appointed a subcommittee to look at barriers to providing this data for member agencies.

**Sunset Report Released:** The Sunset Commission staff have released their report on the BNE. The BNE must respond by October 13, 2006. The hearing by the Commission will be held on November 14-15, 2006. BNE staff will report on this under item 1.3 on the October agenda; the response will be included with this report.

## BOARD ISSUES

**TPAPN Audit:** A legal audit and a financial audit of TPAPN were conducted and are provided under item numbers 7.2 and 7.3 on the agenda.

**BNE Bulletin Articles:** Pursuant to the discussion at the April meeting, the Practice Q&A column included LVN Supervision/Scope of Practice questions in the July, 2006 edition of the newsletter. An article on Continuing Education Non-Compliance was featured on the cover page of the July issue.

**Board Development:** Generally at each board meeting, a board development session is held. At this Board meeting, the members and some staff will visit the local NCLEX testing center to tour the center and review test items. This review is generally done every two years. This visit is scheduled for 8 a.m. on Thursday, October 19<sup>th</sup>.

**October Board Meeting:** Because the visit to the testing center will delay the start of the meeting until Thursday afternoon, the meeting is expected to last until 3-4 pm on Friday.

## **AGENCY ISSUES**

**Mary Beth Thomas Conducting Doctoral Research:** For her dissertation, Mary Beth is conducting research of nurses disciplined by the Board using a tool which measures nurses' perceptions about factors which led to their nursing errors. Subjects will include nurses who have been disciplined by the Board in the past. The research tool has been developed and received IRB approval to proceed.

**Staffing:** Cynthia LoCastro has been hired as the new Legal Assistant. She has a BS Degree in Business Education from SUNY @ Albany, Albany, NY and a Post-baccalaureate Certificate in Legal Assistant Studies from Nova Southeastern University, Ft. Lauderdale, FL. Cynthia became a Certified Legal Assistant in 2006. She was a Business Education Teacher at a middle school in Boca Raton, FL until 2001, and has been employed as a Paralegal since then. She moved here from Boca Raton, Florida. She has two children (a son and a daughter) who are both in college. We are very pleased to welcome her to the BNE staff.

**Website:** The new BNE website is being designed and built by Door Number 3, a website development company. The new website will have an improved appearance and will be easier to navigate. It should be launched during this month.

**Agency Data:** The following data reflects agency size and workload:

- Total FTEs – **79.5**
- Total phone calls for FY '06 - **212,641** to main line only
- Total Numbers of Licensees:
  - RN - 193,764 (11,368 APNs)
  - LVN - 80,538**Total LVN and RN Licensees - 274,302**
- Renewals for FY 06 – 125,805
- Jurisdictional complaints received for FY 06 – 6,673 (3904 RN, 2769 LVN)
- Complaints resolved FY 06 6029 – (3625 RN, 2404 LVN)
- Licenses sanctioned FY 06 – 2269 (1281 RN, 988 LVN)
- Eligibility orders with stipulations FY 06 – 554
- Eligibility petitions approved without stipulations FY 06 – 1019
- Eligibility petitions denied by the Board FY 06 – 59

**Key Meetings and Presentations:** I have attended/presented at the following meetings since the last Board meeting:

- *Meeting:* Indonesian Consulate General and Indonesian applicants appointment to discuss application for licensure, July 27, 2006, Austin.

- *Meeting:* NCSBN Annual Meeting and Delegate Assembly, July 31 – August 4, 2006, Salt Lake City.
- *Meeting:* LBB Budget Analyst Aaron Henrickson to discuss agency budget request, August 9, 2006, Austin.
- *Presentation:* Graduation Speech for the LVN classes of Victoria College, August 11, 2006, Austin.
- *Meeting:* TNA Board of Directors to discuss nurses work hours, August 18, 2006, Austin.
- *Meeting:* Nursing Legislative Agenda Coalition meeting to discuss nursing initiated and supported or opposed legislative policy issues, August 19, 2006, Austin.
- *Meeting:* Meeting with Clair Jordan and Lolly Lockhart regarding online nursing education issues, June 7, Austin.
- *Conference Call:* NLCA meeting, August 23, 2006.
- *Meeting:* NCSBN Committee Chair Orientation, August 25, 2006, Chicago.
- *Meeting:* State Agency Nursing Leadership Meeting, August 28, 2006, Austin.
- *Hearing:* Health Professions Council Hearing before Legislative Budget Board and Governor's Office Staff, August 29, 2006, Austin.
- *Meeting:* TNA Staff to Discuss APRN Compact, August 31, 2006, Austin.
- *Meeting:* Sunset Commission Staff to discuss draft report, September 1, 2006, Austin.
- *Hearing:* BNE Hearing before Legislative Budget Board and Governor's Office Staff September 7, 2006, Austin.
- *Meeting:* NCSBN Board of Directors to discuss APRN Vision Paper, September 8, 2006, Austin.
- *Conference Call:* NLCA meeting, September 11, 2006.
- *Hearing:* BNE Hearing before Senate Finance Committee, September 13, 2006, Austin.
- *Hearing:* HPC Hearing before Senate Finance Committee September 13, 2006, Austin.
- *Meeting:* Dr. Ben Raimer of the SHCC to discuss health care workforce supply and demand for public policy purposes, September 14, 2006, Austin.
- *Presentation:* BNE Update to the Texas Nurses Association Nursing Leadership Conference, September 14, 2006, Austin.
- *Meeting:* Health Professions Council Quarterly meeting, September 18, 2006. Austin.
- *Meeting:* Deborah Simmons to discuss status of the Patient Safety Pilot Project, September 18, 2006.

- *Conference Call:* With Representative Villarreal and Steve Diamond of the Galen Institute to discuss status of the Galen application for approval of an associate degree in nursing program, September 19, 2006, Austin.
- *Meeting:* Discussion of the BNE Sunset Report with the Texas Organization of Baccalaureate and Graduate Nursing Education, September 21, 2006, Austin.
- *Presentation:* BNE Update to the fall meeting of the Deans and Directors of Professional Nursing Programs, September 22, 2006, Austin.
- *Meeting:* State Agency Nursing Leadership Meeting, September 25, 2006, Austin.
- *Meeting:* With representatives of Southside Regional Medical Center/Community Health Systems to discuss status of application of application for approval of diploma program in Texas, September 27, 2006, Austin.
- *Meeting:* With TNA staff to discuss BNE Sunset Report, September 27, 2006, Austin.
- *Meeting:* TNA Regulatory Task Force to discuss nursing initiated changes to the NPA, September 28, 2006, Austin.
- *Meeting:* Health Professions Council committee to discuss collection of minimum data set requested by SHCC, September 29, 2006, Austin.
- *Meeting:* APRN Advisory Panel of NCSBN, October 3-4, 2006, Chicago.
- *Meeting:* Alabama Board of Nursing staff visited the BNE offices to learn more about our Call Center for customer service, October 4, 2006.
- *Conference Call:* NLCA meeting, October 9, 2006.
- *Meeting:* Visit to the BNE Offices by Nur Rajwany, Director, IT for National Council of State Boards of Nursing (NCSBN), to discuss IT interfaces with NCSBN, October 13, 2006, Austin.

## LVN DISCIPLINARY ORDERS AND ENDORSEMENTS

Time frame: July 1, 2006, through September 30, 2006

<b>DISCIPLINARY</b>	
48	<p><b>FINE WITH REMEDIAL EDUCATION</b></p> <ul style="list-style-type: none"> <li>3 Practiced without a valid license</li> <li>6 Failed to disclose criminal history</li> <li><u>39</u> Non compliance with Continuing Education Audit</li> <li>48</li> </ul>
28	<p><b>FINE</b></p> <ul style="list-style-type: none"> <li><u>28</u> Non compliance with Continuing Education Audit</li> <li>28</li> </ul>
29	<p><b>REMEDIAL EDUCATION</b></p> <ul style="list-style-type: none"> <li>2 Failed to initiate cardiopulmonary resuscitation</li> <li>1 Stuck a resident with an empty hypodermic needle on three (3) separate occasions</li> <li>1 Verbally abused a resident</li> <li>1 Charged with the misdemeanor offense of Theft by Check</li> <li>1 Failed to verify that a signed consent for treatment of a newborn was done</li> <li>1 Failed to implement measures to promote a safe environment for a resident</li> <li>6 Failed to disclose criminal history</li> <li>1 Disciplinary action taken by another licensing authority</li> <li>1 Failed to report when a patient fell</li> <li>1 Practiced without a valid license</li> <li>1 Breach of confidentiality</li> <li>1 Failed to assess several patients</li> <li>1 Failed to ensure that unlicensed personnel were competent to provide showers to residents</li> <li>1 Returned to the facility to make late entries into medical records</li> <li>2 Failed to perform and/or submit documentation of scheduled home health visits</li> <li>3 Failed to follow physician's orders</li> <li>1 Erroneously administered two (2) doses of Seroquel and Miacalcin</li> <li>1 Dispensed over the counter medications to employees without a physicians order</li> <li>1 Inappropriately assigned administration of resident medications to an unlicensed nurse aide</li> <li><u>1</u> Abandoned patients by terminating responsibility for nursing care</li> <li>29</li> </ul>
19	<p><b>TPAPN BOARD ORDER</b></p> <ul style="list-style-type: none"> <li>1 Charged with the misdemeanor offenses of Criminal Mischief and Assault Causing Bodily Injury</li> <li>1 Charged with Possession of a Controlled Substance and two (2) counts of Driving While Intoxicated</li> <li>9 Intemperate use of narcotics</li> <li>1 Sleeping while on duty; intemperate use of Methamphetamine</li> <li>1 Charged with the an additional offense of Driving While Intoxicated</li> <li>1 Positive pre-employment drug screen for Cocaine</li> <li>1 Charged with Public Intoxication and DWI; admitted to suffering from active alcoholism</li> <li>1 Displayed impaired behavior while on duty; withdrew Hydrocodone without a physician's order</li> <li>1 Non compliance with previous Board Order</li> <li>1 Diagnosed and being treated for Depression</li> <li><u>1</u> Misappropriation of Morphine; exhibited impaired behavior while on duty</li> <li>19</li> </ul>

**VOLUNTARY SURRENDER**

- 5 Non compliance with previous Board Order
- 3 Disciplinary action taken by another licensing authority
- 1 Misappropriation and Intemperate use of Demerol
- 1 Lacked fitness to practice vocational nursing; intemperate use of Cocaine, state jail felony offenses of Possession of a Controlled Substance and Forgery
- 1 Failed to follow policy and procedures for withdrawal of narcotics, failed to document the administration of Darvocet, administered the wrong insulin injection to a patient
- 1 Charged with the state jail felony offense of Theft
- 1 Charged with the state jail felony offense of Attempted Tampering with Physical Evidence
- 1 Misappropriation of Phenergan and Soma, Intemperate use of Amphetamines, Phenergan, Soma, and Ativan; entered a rehabilitation program for substance abuse, depression and suicide attempts
- 1 Misappropriation and intemperate use of narcotics
- 1 Charged with the state jail felony offense of Forgery of a Financial Instrument
- 1 Failed to follow physician orders
- 1 Charged with the felony offense of Possession of a Prohibited Substance in a Correctional Facility
- 2 Charged with the state jail felony offense of Theft by Check and Possession of Methamphetamine
- 8 Submitted a statement of Voluntary Surrender

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**APPLICANTS/ PETITIONERS**

- 3 Denial of Licensure
- 4 Charged with the state jail felony offense of Burglary of a Building
- 1 Charged with the felony offense of Forgery - Writings or Objects; misdemeanor DWI and Retail Theft
- 2 Charged with the misdemeanor offenses of Theft and Driving While Intoxicated
- 2 Charged with the felony offense of Assault of a Public Servant
- 1 Charged with the misdemeanor offense of Possession of Marijuana
- 1 Charged with the misdemeanor offenses of Possession of Marijuana and Driving While Intoxicated
- 10 Non disclosure of criminal history
- 2 Charged with two (2) counts of Driving While Intoxicated
- 2 Charged with the misdemeanor offense of Assault
- 4 Charged with two (2) counts of Theft by Check
- 1 Charged with the misdemeanor offenses of Criminal Mischief, Minor in Possession, Disorderly Conduct, and Public Intoxication
- 1 Charged with the misdemeanor offenses of Theft, Possession of Alcohol, Misrepresentation of Age, and Theft by Check
- 1 Charged with the felony offense of Delivery of a Controlled Substance
- 1 Addiction and treatment for Alcohol Abuse
- 4 Diagnosed with Bipolar Disorder
- 1 Charged with six (6) counts of the misdemeanor offense of Theft by Check
- 1 Charged with the felony offense of Misappropriation of Postal Funds and Theft of Government Property
- 1 Charged with the felony offense of Assault and the misdemeanor offense of Driving While intoxicated
- 1 Charged with two (2) counts of the felony offense of Assault
- 1 Charged with the misdemeanor offenses of Furnishing Alcohol to a Minor and two (2) counts of Theft by Check
- 1 Charged with the misdemeanor offense of Failure to Identify oneself to a Police Officer
- 1 Charged with the misdemeanor offenses of Driving While Intoxicated and Evading Arrest
- 1 Charged with the felony offense of Tampering with Government Records
- 1 Charged with two (2) counts of Assault Causing Bodily Injury
- 1 Charged with the misdemeanor offense of Tampering with Identification Numbers
- 1 Charged with the felony offenses of Theft and Fraudulent Representation
- 1 Charged with the state jail felony offense of Possession of a Controlled Substance
- 1 Charged with the felony offenses of Forgery, Possession of Forged Instrument, & Criminal Impersonation
- 10 Disciplinary action taken against LVN license as a result of Petitioning for licensure as an RN
- 74 No Grounds for Denial/Youthful Indiscretion

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	<p><b>ENDORSEMENTS</b></p> <ul style="list-style-type: none"><li>1 Denial of Licensure</li><li>1 Charged with three (3) counts of Theft</li><li>1 Charged with two (2) counts of Driving While Intoxicated</li><li>5 Non disclosure of criminal history</li><li><u>35</u> No Grounds for Denial</li></ul> <p>43</p>
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**RN DISCIPLINARY ORDERS AND ENDORSEMENTS**  
 Time frame: July 1, 2006, through September 30, 2006

<b>DISCIPLINARY</b>	
73	<p><b>FINE WITH REMEDIAL EDUCATION</b></p> <ul style="list-style-type: none"> <li>2 Non disclosure of a Driving While Intoxicated conviction</li> <li>1 Non disclosure of a Public Intoxication conviction</li> <li>1 Practicing as a Nurse Anesthetist without a valid authorization</li> <li>3 Disciplinary action taken by another licensing Board</li> <li>1 Non disclosure of a Unlawfully Carrying of a Weapon conviction</li> <li>1 Exceeded authorized scope of practice</li> <li>64 Non compliance with Continuing Education Audit</li> </ul> <p style="text-align: left;"><u>64</u> 73</p>
49	<p><b>FINE</b></p> <ul style="list-style-type: none"> <li>49 Non compliance with Continuing Education Audit</li> </ul> <p style="text-align: left;"><u>49</u> 49</p>
43	<p><b>REMEDIAL EDUCATION</b></p> <ul style="list-style-type: none"> <li>5 Failed to follow physician orders</li> <li>1 Failed to administer potassium chloride and document her error for other staff</li> <li>2 Failed to follow policy and procedure for the administration of medication</li> <li>2 Non disclosure of a misdemeanor charge of Driving While Intoxicated</li> <li>1 Failed to assess when patient medical status changes were reported</li> <li>1 Violated the confidentiality of patients</li> <li>3 Failed to assess and evaluate several patients</li> <li>2 Mistakenly administered medication to the wrong patient</li> <li>1 Failed to insure unlicensed assistive personnel were competent to provide showers safely</li> <li>1 Telephonically authorized a prescription for birth control pills for a friend</li> <li>2 Violated professional boundaries of the nurse/client relationship</li> <li>1 Failed to disclose a conviction for the misdemeanor offense of Conspiracy to Commit Eluding an Officer</li> <li>1 Returned to the facility to document late entry assessments in medical records</li> <li>1 Failed to report that status of a patient after being admitted for homicidal ideations and cocaine ingestion</li> <li>5 Failed to provide adequate care</li> <li>1 Erroneously administered Insulin to three patients</li> <li>1 Removed fecal impactions and administered soap suds enemas without a physician order</li> <li>1 Practiced as a Woman's Health Care Nurse Practitioner without valid authorization</li> <li>1 Failed to document the draining of a boil on a patients neck</li> <li>1 Failed to maintain current certification as a Family Nurse Practitioner</li> <li>1 Discharged the wrong patient</li> <li>1 Failed to verify the identify of a patient before administering insulin</li> <li>1 Failed to implement measures to promote a safe environment for residents</li> <li>1 Hired a graduate vocational nurse without verifying a valid permit</li> <li>1 Falsified a physician's signature on a prescription form for Femara</li> <li>2 Practiced as a professional nurse without a valid license</li> <li>1 Exhibited outburst of anger, aggression, and inappropriate language while one duty</li> <li>1 Charged with the misdemeanor offense of Criminal Trespass</li> </ul> <p style="text-align: left;"><u>1</u> 43</p>

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**TPAPN BOARD ORDER**

- 1 Charged with Illegal use of a Credit Card, Possession of a Controlled Substance, and two (2) counts of Driving While Intoxicated
  - 1 Misappropriated Vicodin, Ultracet, and Duragesic
  - 1 Intemperate use of Marijuana and Methamphetamines
  - 1 Intemperate use of morphine, Meperidine, and Normeperidine
  - 2 Intemperate use of Alcohol
  - 1 Intemperate use of Marijuana, Propoxyphene, and Hydrocodone
  - 1 Intemperate use of Lorazepam, Morphine, Hydrocodone, Hydromorphone, Meperidine, Tramadol, and Propoxyphene
  - 2 Intemperate use of Marijuana
  - 1 Intemperate use of Cocaine
  - 1 Intemperate use of Morphine and marijuana; Misappropriation of Meperidine and Demerol
  - 1 Misappropriated Morphine, Imitrex, Demerol, and Versed; Intemperate use of Morphine and Codeine
  - 1 Misappropriation and Intemperate use of Demerol and Dilaudid
  - 1 Charged with the misdemeanor offenses of Driving While Intoxicated and Assault Causing Bodily Injury; intemperate use of Benzodiazepines, Klonopin, and Xanax
  - 1 Misappropriated Dilaudid, Morphine, and Demerol; intemperate use of Demerol and Dilaudid
  - 4 Lacked fitness to practice nursing safely
- 20

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**VOLUNTARY SURRENDER**

- 5 Non compliance with previous Board Order
  - 1 Passed or attempted to pass fraudulent, unauthorized prescriptions for Lortab; lacked fitness to practice safely; intemperate use of Cocaine, Hydrocodone, Cannabinoid, and Propoxyphene
  - 2 Charged with the felony offense of Possession of Controlled Substance/Prescription III/IV
  - 1 Charged with Possession of Marijuana; evaluation resulted in not fit to practice safely
  - 1 Erroneously administered Keflex to a patient with a known allergy; lacked fitness to practice safely
  - 3 Disciplinary action taken by another jurisdiction
  - 16 Submitted a statement of Voluntary Surrender
- 29

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**ENDORSEMENTS**

- 1 Denial of Licensure
  - 6 Non disclosure of criminal history
  - 1 Charged with two (2) counts of the misdemeanor offense of Welfare Fraud and four (4) counts of Theft by Check
  - 1 Charged with the felony offense of Food Stamp Fraud
  - 1 Charged with the misdemeanor offense of Theft; Disciplinary action taken by another licensing authority
  - 1 Entered treatment for Alcohol Abuse
  - 1 Charged with the misdemeanor offense of Theft and two (2) counts of Driving While Intoxicated
  - 1 Charged with the offense of Battery; Disciplinary action taken by another licensing authority
  - 4 Disciplinary action taken by another licensing authority
  - 1 Charged with the felony offense of Conspiracy to Fraudulently Use Credit Cards
  - 2 Failure to disclose disciplinary action by another licensing authority
  - 40 Closed investigation due to no response
  - 50 No Grounds for Denial
- 110

**APPLICANTS/ PETITIONERS**

- 2 Denial of Licensure
- 8 Withdrew Petition for Licensure
- 1 Under treatment for a mood disorder
- 1 Charged with the felony offense of Food Stamp Fraud and two (2) counts of felony Grand Theft
- 1 Charged with the felony offense of Possession of a Controlled Substance and the misdemeanor offenses of Theft, Evading Arrest and three (3) counts of Terroristic Threat
- 5 Diagnosed with Bipolar Disorder
- 1 Charged with two (2) counts of Assault
- 1 Charged with a third degree and second degree felony offense of Aggravated Assault
- 1 Charged with the felony offense of Attempted Murder
- 1 Charged with the felony offense of Theft of Property
- 1 Charged with four (4) counts of Possession or Promotion of Child Pornography
- 1 Charged with Assault Causing Bodily Injury and Resisting Arrest
- 3 Charged with Theft and two (2) counts of Minor in Consumption of Alcohol
- 1 Charged with Possession of Drug Paraphernalia, Theft, and Assault
- 1 Charged with Evading Arrest, Public Intoxication, Possession of Drug Paraphernalia, Driving While Intoxicated, and Driving Under the Influence
- 1 Charged with Driving Under the Influence, Public Intoxication, and Disorderly Conduct
- 1 Charged with the felony offense of Aggravated Assault and the misdemeanor offense of Driving While Intoxicated
- 1 Charged with the felony offense of Aggravated Promotion of Prostitution
- 2 Charged with the felony offense of Unlawful Delivery of a Controlled Substance
- 1 Charged with the state jail felony offense of Credit Card Abuse and the misdemeanor offense of DWI
- 4 Charged with the felony offense of Theft
- 4 Charged with three (3) counts of Theft by Check
- 3 Charged with the felony offense of Burglary
- 2 Charged with the state jail felony offense of Credit Card Abuse
- 1 Charged with the felony offense of Misappropriation of Postal Funds and Welfare Fraud
- 1 Practiced as a GN without a valid permit to do so
- 1 Disciplinary action was taken by another licensing authority
- 2 Charged with the felony offense of Securing Execution of a Document by Deception
- 1 Charged with twelve (12) counts of Embezzlement
- 4 Charged with two (2) counts of Theft
- 1 Charged with two (2) counts of Forge/Alter Prescription
- 7 Charged with two (2) counts of Driving While Intoxicated
- 2 Under treatment for substance abuse
- 1 Charged with the state jail felony offense of Forgery
- 3 Charged with the state jail felony offense of Possession of a Controlled Substance
- 1 Charged with the felony offense of Claim Lottery Ticket by Fraud
- 1 Charged with Criminal Mischief and Battery
- 1 Charged with Assault, Theft, Harassment, and Disorderly Conduct
- 3 Charged with Possession of Marijuana
- 1 Charged with Abandoning or Endangering a Child
- 1 Charged with the felony offense of Theft and the misdemeanor offense of Public Lewdness
- 1 Charged with the felony offense of Aggravated Assault with a Deadly Weapon and the misdemeanor offenses of Burglary of a Vehicle and Theft
- 1 Charged with the federal offense of Unauthorized Disclosure of Tax Return Information
- 14 Non disclosure of criminal history
- 74 No Grounds for Denial/Youthful Indiscretion

## The Shortage of Physicians and the Future Role of Nurses

After the *Journal of Medical Education* was renamed *Academic Medicine* in the mid-1980s, the journal began to publish articles (both essays and research reports) focusing on a much wider range of topics than before. Although health policy was identified as one of those topics, very few policy-oriented articles have appeared in the journal over the years, primarily because the members of the health policy community have not viewed *Academic Medicine* as one of the journals to which they should submit their work. Given that, I was delighted when Tim Garson, MD, vice president and dean of the School of Medicine at the University of Virginia, offered to help pull together a collection of articles addressing some of the important contemporary health policy issues facing the country. I was also pleased when Tim agreed to serve as the guest editor for these articles, which appear in this issue of the journal.

We hope these articles will offer the leadership of academic medicine useful information and ideas about some of the major health policy issues facing the country. Each of the authors was asked to provide not only an analysis of a particular policy issue, but also, importantly, to give some recommendations for how the academic medicine community might contribute to the development of a solution for that issue. I hope the journal's readers will pay special attention to those recommendations, in particular, those that urge the medical education community to do a better job educating students and residents about the important health policy issues confronting this country's leaders. I don't see how we can expect the next generation of physicians to become effective participants in shaping policy solutions that will serve the public if medical educators don't do a better job exposing students and residents to the critical issues involved. I hope this collection of articles will be a valuable resource as they strive to do so.

One of the policy issues currently receiving a great deal of attention within the academic medicine community is whether the future size of the physician workforce will be adequate to meet the needs of the public for medical care services. The article by Salsberg and Grover provides an excellent overview of the topic and sets forth a number of specific issues that the academic medicine community must confront if the needs of the public are to be met. The authors focus attention on what I believe is a particularly critical question: How much of the future demand for medical services will be met by physicians? If the projections of physician shortages are even close to being accurate, more and more of the services now being provided by physicians will have to be provided by nonphysicians. This presents a major challenge that the profession and policy-makers alike will have to confront to bring about this change in roles, one that I explore in the rest of this editorial: How will the roles of advanced practice nurses (APNs) and other health professionals be defined in the future? In this regard, it is worth noting that the nursing profession is currently reconceptualizing how it views APNs' roles and is redefining the educational requirements to become an APN. Since I suspect that few of the journal's readers are familiar with this movement within the nursing profession, a few introductory comments are in order.

APNs fall into one of four major categories: nurse anesthetist, nurse midwife, nurse practitioner, and clinical nurse specialist. At the present time, a registered nurse can become an APN by completing an accredited, advanced training program in one of those fields. Most of the programs are based in colleges and universities and offer a masters degree in nursing. In most states, licensing bodies define the scope of practice that the APNs can engage in. In many states, completion of the advanced training program and certification as an APN by a professional certifying body is required to allow a program graduate to

be licensed, or otherwise authorized, to engage in a specific scope of practice.

The major nursing organizations have now agreed that in the future a nurse who wishes to become an APN will have to complete a doctoral program (DNP – Doctor of Nurse Practice). A large number of universities are now developing those programs, and accrediting bodies are formulating criteria to be used in accrediting the programs. There are a number of critical issues yet to be resolved regarding the nature of the programs, how the scope of the graduates' practices will be defined, and how program graduates will be licensed or authorized to engage in a particular scope of practice. Nevertheless, it seems virtually certain that the graduates will provide a number of services that have traditionally been viewed as being solely within the domain of physicians, and will do so in independent practice settings. Therein lies a major challenge for the leadership of the medical and nursing professions, as well as for government officials.

How each of those groups responds to the APN movement now under way will have a major impact on how health care will be provided in the future. Because the shortage of physicians projected by many physician workforce analysts will likely affect primary care medicine most dramatically, the scope of practice privileges awarded to APNs with doctoral degrees will certainly overlap those held by family physicians, general internists, and general pediatricians. But many APNs will continue to provide primary care services (using the IOM's definition of primary care\*) to patients currently being cared for by specialists and subspecialists in other disciplines as well. Thus, it seems likely that APNs engaged in independent practice will become fully

\* "Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."<sup>1</sup>

integrated throughout the health care delivery system. As this movement progresses, it is critically important that the leadership of the nursing profession be responsible in deciding on the nature of the programs that will prepare APNs for an expanded scope of practice. Perhaps most important, that leadership must ensure that the programs provide clinical experiences that will adequately prepare their doctoral candidates for the scope of care they will be responsible for in their future practices.

So what should the academic medicine community do to help address this critical issue? I think the leadership should begin meeting with their counterparts in the academic nursing community to explore ways to work together to ensure that APNs will be adequately trained to carry out the scope of practice they will be authorized to conduct, and at the same time ensure that future physician practitioners are prepared to work with APNs in a highly

collaborative manner. This will require a willingness on the part of department chairs and program directors to design clinical training experiences to allow APNs and resident physicians to train together. For example, as academic medical centers develop chronic disease management programs, it will be important to ensure that APN doctoral students and resident physicians can train together. This approach would go a long way to providing the kinds of interprofessional educational programs that have been called for by the IOM and others to ensure that patients will be well served in the future by teams of health professionals working collaboratively.

Finally, I think the academic medicine and nursing communities should attempt to see to it that the medical profession as a whole responds to this issue in a highly responsible manner. I am aware that some state medical societies are actively opposing the development of DNP programs by colleges and universities and

the granting of an expanded scope of practice to APNs by state officials. While I understand the objection that many practitioners have to this movement, I believe it is wrong for the profession to try to block the APN movement. Since the supply of physicians will not be adequate to care for the increasing population of patients with chronic diseases, academic medicine's leadership must place the needs of patients in the forefront and work with the leadership of nursing to determine how best to provide the care those patients will need. It is simply unacceptable to have the needs of those patients go unmet.

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### Reference

- 1 Institute of Medicine Committee on the Future of Primary Care. *Primary Care: America's Health in a New Era*. Washington, DC: National Academy Press, 1996.