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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF PROFESSIONAL REGULATIONS
BOARD OF NURSING

IN RE:
Public Hearing on Proposed Amendments
to Regulations 18VAC90-20-10 et seq.,
Regulations Governing the Practice of Nursing

Tuesday, March 20, 2007
11:30 a.m.
before the Board of Nursing

1 MS. PIERSALL: Good morning, I'm Judith
2 Piersall, President of the Board of Nursing. This is a public hearing to
3 receive comments on two sets of proposed amendments to the Regulations
4 for the Practice of Nursing. There are copies of the proposed regulation
5 changes on the table, so I'd ask you to avail yourselves of those.

6 First we're going to receive public comments on the proposal to
7 establish an inactive licensure for RN's and LPN's who are not actively
8 engaged in the practice of nursing. No one has signed up to speak to this
9 issue. Is there anyone here who would like to do so? All right, no.

10 Then we'll proceed and receive public comment on proposed
11 regulation resulting from a periodic review, including changes in the
12 requirements of approved nursing education programs. At this time I'll call
13 on persons who have signed up to comment. As I call your name, please
14 come forward and tell us your name and where you are from. The first
15 person signed up to speak is Don Tyson, if you will, come forward, please.

16 Mr. Tyson, if you will, go forward to the center seat where the
17 microphone is and introduce yourself and tell us who you represent.

18 MR. TYSON: I'm Don Tyson, a faculty member
19 of Eastern Mennonite University in Harrisonburg. I want to make two
20 comments and concerns about two of the statements in 90-20-90, faculty,
21 Section B, No. 2, Page 11. We're concerned about the added language that
22 states that when students are giving direct care to patients, the ratio of
23 students to faculty shall not exceed ten students to one faculty. The added
24 statement is that the faculty shall be on site solely to supervise students.

25 We're concerned about that added language, not so much that

1 we're opposed to the fact that faculty needs to be supervising students, but
2 there might be occasions and unusual circumstances where students need to
3 make up additional clinical time as a result of illness or what have you, and
4 faculty may have other responsibilities other than supervising that student.
5 We have concerns about that.

6 Secondly, under 90-20-95, under Preceptorships, Section C on
7 Page 12. This section statement C is a new statement. We're concerned
8 about this addition, as far as preceptors not being able to delegate their
9 duties to another preceptor. That might cause some difficulties for faculty in
10 setting up preceptorships, say as in home health agencies and public health
11 departments, and for some reason that preceptor needs to be absent from the
12 clinical site that day, and she would be delegating her responsibilities to
13 another preceptor type nurse to work with that student. We would be
14 concerned about those kinds of circumstances.

15 MS. PIERSALL: Thank you for your comments.
16 The next person signed up to speak is Laura Yoder.

17 MS. YODER: Good morning, I'm Laura Yoder.
18 I'm also from Eastern Mennonite University in Harrisonburg, Virginia. I'm
19 the assistant professor of nursing there. I'd like to address Section 90-20-
20 120 on Curriculum, under E. This is a new statement saying that nursing
21 education programs preparing for licensure as a registered nurse shall
22 provide a minimum of 500 hours of direct client care supervised by qualified
23 faculty. We just think that given the number of direct client care hours has
24 not previously been mandated. We want you to consider dropping that
25 mandated at this time until clinical simulation can be addressed and

1 included, a statement about how human simulation might be a part of direct
2 client care. We're basically concerned that many schools of nursing are
3 having a difficult time finding enough clinical sites to meet their need.
4 Human simulation is one way to meet the need for clinical experience. We
5 do agree there needs to be a limit as to how much human simulation is used
6 as a clinical experience.

7 Also, we've encouraged a clarification of what direct client care
8 means, particularly in relation to including a statement that would say that
9 pre-assessment or the data collection portion of client care be included in
10 clinical hours, and that that not be under the need for direct clinical
11 supervision. For example, our students will interview a client for data
12 collection purposes and planning for direct client care, an integral part of the
13 nursing process. We believe that needs to be included in the clinical hours,
14 but not necessarily directly supervised by faculty members. So, clarification
15 of direct client care.

16 If I can summarize, our recommendation from EMU is to drop
17 the 500 hour regulation until some statement about human simulation can be
18 included in the regulation. Thank you.

19 MS. PIERSALL: Thank you, Ms. Yoder.

20 The next speaker is Melody Eaton.

21 MS. EATON: Hi, I'm Melody Eaton, and I'm
22 representing James Madison University to you today, in Harrisonburg,
23 Virginia. Harrisonburg is well represented here.

24 I, too, first of all, really want to thank the Board for, and thank
25 all of you for really continuing to look at safe nursing practice in Virginia. I

1 think it is important that we all are addressing issues, as we have a shortage,
2 and things are happening to increase student capacity in nursing schools.

3 I'm also addressing the regulation proposal for 90-20-120, and
4 it's under No. 4e, about the clinical hours for BSN programs. It says the
5 nursing education program preparing for a licensure as a registered nurse
6 shall provide a minimum of 500 hours direct client care. I guess JMU's
7 perspective or suggestion is just to really clarify what would be simulation
8 versus direct client care before a minimum is set, maybe making it a
9 suggested minimum until that point is clarified. Just in consideration of the
10 large demand for students and a large demand for clinical placements at this
11 point. Schools across the state are really under the gun to get students
12 placed and really maintain their clinical hours. Even though ours are well
13 over 500, there may be schools that are having more difficulty than us. We
14 would like that to be under consideration when you finalize the regulation.
15 Thank you.

16 MS. PIERSALL: Thank you. The last person who
17 signed up to speak has spoken. Is there anyone here who would like to
18 speak to this issue? Be certain that we have your name and mailing address
19 for all persons who have provided comments on the sign-up sheet; we need
20 that information.

21 I'd like to remind everyone that written comments on the
22 proposed amendment should be directed to Jay Douglas, Executive Director
23 for the Board, or electronic comments may be posted on the Virginia
24 Regulatory Town Hall, or sent by e-mail. The comment period will close
25 April 6, 2007. The Board will consider all comments before adoption of

1 final regulations by the Board of Nursing in May, 2007.

2 This concludes the hearing.

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4 PROCEEDINGS CONCLUDED.

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I, Medford W. Howard, do hereby certify that I was the court reporter who took down and transcribed the comments from the Public Hearing when held on Tuesday, March 20, 2007 at 11:30 a.m. before the Board of Nursing for the Commonwealth of Virginia.

I further certify that the foregoing transcript is a true and accurate transcript of the comments and other incidents of the hearing herein as set down, to the best of my ability.

Given under my hand this 22nd day of March, 2007.

Medford W. Howard