

VIRGINIA BOARD OF NURSING
BUSINESS MEETING
Final Agenda

Department of Health Professions – Perimeter Center
9960 Mayland Drive, Conference Center 201 – **Board Room 2**
Henrico, Virginia 23233

Tuesday, November 16, 2021 at 9:00 A.M. – Quorum of the Board

CALL TO ORDER: Marie Gerardo, MS, RN, ANP-BC; President

ESTABLISHMENT OF A QUORUM.

ANNOUNCEMENT

- The Board thanks Ms. Louise Hershkowitz, CRNA, MSHA, and Dr. Ethlyn McQueen-Gibson, DNP, MSN, RN, BC for their term of service ended September 17, 2021. Recognition for Ms. Hershkowitz is on November 16, 2021. Recognition for Dr. McQueen-Gibson is on January 25, 2022.
- Congratulations to Dr. Ann Tucker Gleason, PhD, Citizen Member, for her appointment to the Board of Health Professions on November 5, 2021 to represent the Board of Nursing.

New Board Members:

- **Teri Crawford Brown, RNC, MSN**, was appointed to the Board of Nursing on September 17, 2021 to replace Ethlyn McQueen-Gibson. Ms. Crawford Brown's first term will expire on June 30, 2022.
- **Laurie Buchwald, MSN, WHNP, FNP**, was appointed to the Board of Nursing on September 17, 2021 to replace Louise Hershkowitz. Ms. Buchwald's first term will expire on June 30, 2025. Ms. Buchwald was appointed by Ms. Gerardo, Board of Nursing President, to the Committee of the Joint Boards of Nursing and Medicine as a nurse practitioner Committee Member on September 20, 2021.

Staff Update:

- **Sally Ragsdale**, Discipline Specialist for Nurse Aide Program, has accepted a position at the Board of Dentistry beginning October 12, 2021. The resignation leaves the Board of Nursing with 2 Discipline Specialist vacancies and another discipline staff vacancy due to extended leave.

A. UPCOMING MEETINGS:

- The Committee of the Joint Boards of Nursing and Medicine meeting is scheduled for Wednesday, December 8, 2021 at 9:00 am in Board Room 2.
- The NCSBN Board of Directors (BOD) is scheduled for December 14 – 15, 2021 in Chicago, IL. Ms. Douglas will attend as the President of NCSBN BOD.
- Massage Therapy Advisory Board meeting is scheduled for Wednesday, December 1, 2021 at 2:00 pm in Training Room 2.

REVIEW OF THE AGENDA:

- Additions, Modifications
- Adoption of a Consent Agenda

- **CONSENT AGENDA**

B1 September 13, 2021	Formal Hearings*
B2 September 14, 2021	Business Meeting*
B3 September 14, 2021	Panel A – Formal Hearings*
B4 September 14, 2021	Panel B – Formal Hearings*
B5 September 15, 2021	Possible Summary Suspension Meeting*
B6 September 15, 2021	Panel A – Formal Hearings *
B7 September 15, 2021	Panel B – Formal Hearings *
B8 September 22, 2021	Telephone Conference Call*
B9 October 20, 2021	Telephone Conference Call*
B10 November 3, 2021	Telephone Conference Call**

C2 Board of Nursing Monthly Tracking Log as of September 30, 2021*

C3 Agency Subordination Recommendation Tracking Log*

C4 HPMP Quarterly Report as of September 30, 2021*

C5 Executive Director Report – **Ms. Douglas****

C6 - RMA Curriculum Committee September 22, 2021 Meeting Minutes – **Dr. Smith***

C7 - Report from NCLEX Item Review Subcommittee (NIRSC) September 21-23, 2021 *VIRTUAL* Meeting – **Mr. Jones***

C8 - The Federation of Associations of Regulatory Boards September 30 – October 3, 2021 *VIRTUAL* Law Seminar – **Ms. Morris***

C9 - The Committee of the Joint Boards of Nursing and Medicine October 13, 2021 Formal Hearing Minutes – **Dr. Gleason***

DIALOGUE WITH DHP DIRECTOR OFFICE– Dr. Brown and/or Dr. Allison-Bryan

B. DISPOSITION OF MINUTES – None

C. REPORTS

- None

D. OTHER MATTERS:

- Board Counsel Update (**verbal report**)
- **D1** - Consideration of *Meetings Held with Electronic Participation* Policy (**revised version**)*** – **Ms. Douglas**
- Election of Second Vice-President – **Ms. Gerardo**
- Election of Officers – **Ms. Friedenberg, Nominating Committee Chair**
 - ❖ **D2** - Nominating Committee October 5, 2021 Meeting minutes*
 - ❖ **D3** - Board of Nursing Bylaws (Guidance Document 90-57)*
 - ❖ **D4** - Duties and Functions of Board of Nursing Officers*
 - ❖ **D5** – Memo regarding Slate of Candidates for Officer Positions for 2022***
- Discontinuance of certain NCSBN CE Courses– **Ms. Morris (verbal report)**
- Status of DHP/Committee of the Joint Boards APRN Reports – **Ms. Douglas/Dr. Brown**
- 2022 Informal Conference (IFC) Dates – **Ms. Morris**

E. EDUCATION:

- Education Update – **Ms. Wilmoth (verbal report)**
- NCSBN Annual Report Data Summary – **Ms. Wilmoth**

- **E2 - 2022 Education Informal Conference Dates*** – Ms. Wilmoth**

F. REGULATIONS/LEGISLATION– Ms. Yeatts

F1 – Chart of Regulatory Actions as of October 29, 2021*

F2 – DHP Regulatory/Policy Actions – 2021 General Assembly*

Consideration of Guidance Documents (GDs) Memo

- ❖ **GD 90-6** – *Peripherally Inserted Central Catheters (PICC) Line Insertion and Removal by Registered Nurses***
- ❖ **GD 90-62** – *Medication Administration Training Curriculum Approved by the Board of Nursing for Various Settings***

10:00 A.M. – PUBLIC COMMENT

10:30 A.M. –SRP Worksheet Presentation by Neal Kauder and Kim Small, VisualResearch

- Consideration of Revised Sanctioning Reference Points for LMTs

11:30 A.M. - EDUCATION INFORMAL CONFERENCE COMMITTEE MINUTES AND RECOMMENDATIONS

E1 November 3, 2021 Education Informal Conference Committee minutes***

November 3, 2021 Education Informal Conference Committee Recommendations regarding:

- ❖ Guidance Document 90-21 – *Clinical Learning Experience in Nursing Education Programs****
- ❖ Request to Increase Enrollment regarding Bryant & Stratton College – Associate Degree Program (US28409900) – Hampton

September 1, 2021 Education Informal Conference Committee Recommendations regarding:

- ❖ ECPI University – Practical Nursing Program (US28103200), Northern Virginia*

CONSIDERATION OF CONSENT ORDERS

G1 – Hugh Joseph McLinden, IV, RN*

G2 – Gloria Jane Morman, RN*

G3 – Min Sun-Brown, LMT*

G4 – Da’Vonda Re’ Black, RMA*

G5 – Mark Anthony Mayberry, RN**

G6 – Tracy Whorley, CNA ***

G7 – Stacey Ponce-Reyes, RMA***

12:00 P.M. – LUNCH

2:00 P.M. – POSSIBLE SUMMARY SUSPENSION CONSIDERATION

MEETING DEBRIEF

- ❖ What went well
- ❖ What need improvement

ADJOURNMENT

NEW BOARD MEMBER ORIENTATION (cont.) – Ms. Gerardo/Ms. Douglas

- ❖ Teri Crawford Brown, RNC, MSN
- ❖ Laurie Buchwald, MSN, WHNP, FNP

(* mailed 10/27) (** mailed 11/4) (***)mailed 11/9)

Our mission is to assure safe and competent practice of nursing to protect the health, safety and we

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
September 13, 2021**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 12:45 P.M., on September 13, 2021 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT: Marie Gerardo, MS, RN, ANP-BC; President
Margaret Friedenber, Citizen Member
Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Louise Hershkowitz, CRNA, MSHA
Felisa Smith, RN, MSA, MSN/Ed, CNE, PhD

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director – **left at 12:51 P.M.**
Claire Morris, RN, LNHA; Deputy Executive Director
Robin L. Hills, DNP, RN, WHNP, Deputy Executive Director – **left at 12:51 P.M.**
Christina Bargdill, BSN, MHS, RN, Deputy Executive Director
Francesca Iyengar, MSN, RN, Discipline Case Manager
Patricia Dewey, RN, BSN, Discipline Case Manager
Cathy Hanchey, Senior Licensing/Discipline Specialist
Lakisha Goode, Discipline Team Coordinator

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel
Breana Renick, Administrative Support Specialist – **joined at 1:00 P.M.**
Julia K. Bennett, Administrative Proceedings Division
David Robinson, Administrative Proceedings Division
Christine Ludwig, Enforcement Division

ESTABLISHMENT OF A PANEL: With six members of the Board present, a panel was established.

CONSIDERATION OF CONSENT ORDER:

Jennifer McCarron Toler, RN **0001-264926**

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 12:46 P.M., for the purpose of deliberation to reach a decision in the matter of **Jennifer McCarron Toler**. Additionally, Mr. Hermansen-Parker moved that Ms. Douglas, Ms. Morris, Dr. Hills, Ms. Bargdill, Ms. Iyengar, Ms. Dewey, Ms. Hanchey, Ms. Goode, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:50 P.M.

Mr. Hermansen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Friedenbergl and carried unanimously.

ACTION: Ms. Hershkowitz moved to accept the consent order for suspension for a period of not less than two (2) years of her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Smith and carried unanimously.

FORMAL HEARING: **Courtney Lynn Johnson, LPN** **0002-089351**

Ms. Johnson did not appear.

Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Renee M. Cordero Larkin, court reporter with Veteran Reporters, recorded the proceedings.

Sandee Brandon, RN was present and testified. Meghan Wingate, Senior Investigator, Enforcement Division, testified via phone.

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:40 P.M., for the purpose of deliberation to reach a decision in the matter of **Courtney Lynn Johnson**. Additionally, Mr. Hermansen-Parker moved that Ms. Morris, Ms. Bargdill, Ms. Iyengar, Ms. Hanchey, Ms. Goode, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:56 P.M.

Mr. Hermansen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Smith and carried unanimously.

ACTION: Ms. Hershkowitz moved that the Board of Nursing indefinitely suspend the license of **Courtney Lynn Johnson** to practice practical nursing in the Commonwealth of Virginia, with the suspension stayed contingent upon entry into and compliance with HPMP. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 1:57 P.M.

Claire Morris, RN, LNHA
Deputy Executive Director

DRAFT

**VIRGINIA BOARD OF NURSING
BUSINESS MEETING MINUTES
September 14, 2021**

- TIME AND PLACE:** The meeting of the Board of Nursing was called to order at 9:00 A.M. on September 14, 2021, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
- PRESIDING:** Marie Gerardo, MS, RN, ANP-BC; President
- BOARD MEMBERS PRESENT:**
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC; Second Vice-President
Yvette L. Dorsey, DNP, RN – **joined at 9:24 A.M.**
Margaret J. Friedenberg, Citizen Member
Ann Tucker Gleason, PhD, Citizen Member
James L. Hermansen-Parker, MSN, RN, PCCN-K
Louise Hershkowitz, CRNA, MSHA
Brandon A. Jones, MSN, RN, CEN, NEA-BC
Dixie L. McElfresh, LPN
Felisa A. Smith, PhD, RN, MSA, MSN/Ed, CNE
Cynthia M. Swineford, RN, MSN, CNE
- MEMBERS ABSENT:** Mark D. Monson, Citizen Member; First Vice-President
Jennifer Phelps, BS, LPN, QMHP-A, CSAC
Meenakshi Shah, BA, RN
- STAFF PRESENT:** Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Lelia Claire Morris, RN, LNHA; Deputy Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Jacquelyn Wilmoth; Deputy Executive Director for Education
Stephanie Willinger; Deputy Executive Director for Licensing
Christine Smith, RN, MSN; Nurse Aide/RMA Education Program Manager
Randall Mangrum, DNP, RN; Nursing Education Program Manager
Huong Vu, Executive Assistant
Breana Renick, Administrative Support Specialist
- OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General, Board Counsel
- IN THE AUDIENCE:** Kassie Schroth, McGuire Woods Consulting
Janet Wall, MS, RN, CEO of the Virginia Nurses Association (VNA)/Virginia Nurses Foundation (VNF)
- ESTABLISHMENT OF A QUORUM:**
Ms. Gerardo asked Board Members and Staff to introduce themselves. With 11 members present, a quorum was established.
- ANNOUNCEMENTS:** Ms. Gerardo acknowledged **Louise Hershkowitz, CRNA, MSHA** and presented a plaque to Ms. Hershkowitz for her services on the Board of

Nursing, the Committee of the Joint Boards of Nursing and Medicine and Board of Health Professions.

Ms. Gerardo acknowledged Felisa Smith for the successful completion of her PhD program at Capella University

Ms. Gerardo highlighted the remainder announcements on the agenda.

- Staff Update
 - **Ofelia Solomon** accepted the full time Nurse Aide Licensing Specialist position (replaced Cheryl Garland) and started on July 26, 2021
 - **Teresa Walsh, RN, PhD**, accepted the Nursing Education Program Inspector position and started on August 2, 2021
 - **Jane Best, RN, MSN** accepted the Nurse Aide Education Program Inspector position and started on August 2, 2021
 - **Breana Renick** accepted the P-14 Administrative Support Specialist position and started on August 16, 2021

Ms. Douglas noted an additional staff update:

- **Lakisha Goode** has accepted the Discipline Team Coordinator position (replaced Sylvia Tamayo-Suijk) and will start on September 25, 2021

UPCOMING MEETINGS: The upcoming meetings listed on the agenda:

- The NCSBN Board of Directors (BOD) meeting is scheduled for September 21-22, 2021 in Chicago. Ms. Douglas will attend as President of the NCSBN BOD (Note: all NCSBN meetings are funded by NCSBN)
- The RMA Curriculum Committee meeting is scheduled for Wednesday, September 22, 2021 at 10:00 am in Board Room 1
- The Federation of State Massage Therapy Boards (FSMTB) Annual meeting is scheduled *VIRTUALLY* for October 6-9, 2021. Ms. Hanchey, Senior Licensing/Discipline Specialist, will attend
- The Committee of the Joint Boards of Nursing and Medicine meeting is scheduled for Wednesday, October 13, 2021 at 9:00 am
- The Nursing Education Seminar is scheduled for Wednesday, October 20, 2021, in Board Room 3. The first session starts at 9:00 am and will provide information for establishing a new education program. The second session starts at 1:00 pm and will provide information regarding regulatory review.

- The Nurse Aide Education Seminar is scheduled for Thursday, October 27, 2021 at 9:00 am in Board Room 3. The Seminar will cover the review of nurse aide education regulations.

Ms. Douglas noted the additional upcoming meeting:

- The Nominating Committee meeting is scheduled for Tuesday, October 5, 2021 at 8:15 am in Board Room 1

ORDERING OF AGENDA: Ms. Gerardo asked staff to provide updates of the Agenda.

Ms. Douglas provided the following:

- Both Dr. Brown and Dr. Allison-Bryan will not be in attendance
- The recommendation for ECPI University – Practical Nursing Program (US281003200), Northern Virginia currently scheduled for consideration at 10:30 am today has been moved to November 16, 2021 meeting
- The formal hearing of Jennifer Toler, RN on Wednesday, September 15, 2021 at 10 am with Panel A has been removed from the schedule as the Board accepted Ms. Toler’s Consent Order on Monday, September 13, 2021.

CONSENT AGENDA: The Board removed the following items from the consent agenda for discussion:

- Ms. Hershkowitz removed **HWDC Report** - Virginia’s Nursing Education Programs: 2019-2020 Academic Year
- Ms. Douglas removed **C4** Executive Director Report
- Ms. Willinger removed **C2** Board of Nursing Monthly Tracking Log as of July 31, 2021

Mr. Hermansen-Parker moved to accept the remaining items on consent agenda as presented. The motion was seconded by Dr. Smith and carried unanimously.

Consent Agenda

B1 July 19, 2021	Formal Hearings
B2 July 20, 2021	Business Meeting
B3 July 21, 2021	Panel A – Formal Hearings
B4 July 21, 2021	Panel B – Formal Hearings
B5 July 22, 2021	Formal Hearings
B6 August 12, 2021	Telephone Conference Call
B7 August 23, 2021	Telephone Conference Call

C1 Financial Reports as of June 30, 2021

C3 Agency Subordination Recommendation Tracking Log

C5 - RMA Curriculum Committee July 8, 2021 Meeting Minutes

C6 - RMA Curriculum Committee August 16, 2021 Meeting Minutes

The *VIRTUAL* August 18-19, 2021 NCSBN Annual meeting Report

- ❖ C7 - Brandon Jones' report
- ❖ C8 - Jacquelyn Wilmoth's report

Discussion of item removed from the Consent Agenda:

C2 - Board of Nursing Monthly Tracking Log as of July 31, 2021

Ms. Willinger noted that the tracking log needs to be revised because, as of July 1, 2021, clinical nurse specialists (CNSs) are now licensed as nurse practitioners.

Ms. Hershkowitz moved to break out the nurse practitioner group into four advanced practice registered nurse (APRN) roles, which are CNS, CRNA, CNM and NPs (traditional NPs). The motion was seconded by Mr. Hersmansen-Parker and carried unanimously.

Dr. Dorsey joined the meeting at 9:24 A.M.

C4 - Executive Director Report

Ms. Douglas stated that she has additional information to add to her report:

- ❖ The *VIRTUAL* August 17, 2021 Nurse Licensure Compact (NLC) Annual Meeting – Virgin Islands passed legislation to join the Compact; once enacted, there will be 39 states/territories in the Compact. Due to the pandemic, the benefits of the Compact were realized as the need for nurse mobility increased. The Department of Defense (DOD) also has a great interest in the Compact and has in place grant money for the development of compacts as a means to assist military families with professional mobility.
- ❖ Massage Therapy Compact Technical Assistance Group September 1, 2021 Meeting – Ms. Douglas attended virtually. The purpose of the group was to discuss the benefits of the compact model on public protection and to initiate an exchange between licensure and discipline. The work will then be turned over to the legal team for drafting. The goal is for the model to be developed by 2023 and ready for introduction to state legislatures that are interested. The DOD provides the money to fund the work of this compact. Additional meetings are being planned.
- ❖ DMAS Nurse Aide Role meeting – the purpose of this meeting was for DMAS to share their proposal and possible options for a new CNA-type caregiver role to assist pediatric patients receiving long term private duty benefits through Medicaid. Dr. Brown, Ms. Yeatts and Ms. Douglas are part of this workgroup and additional meetings are being planned.
- ❖ Workforce issues – Board staff is aware of workforce and faculty shortages.

Healthcare Workforce Data Center (HWDC) Report:

- Virginia's Nursing Education Programs: 2019-2020 Academic Year

Ms. Hershkowitz stated that when the Education Program Report was last presented, she requested that the report of the RN Programs have Propriety Programs broken out as is done with the PN Programs.

Ms. Douglas stated that Drs. Carter or Shobo are not available today but they sent their response stating that *"the analysis you suggested can be done; However, to include that with the current report would make the work onerous. Dr. Shobo suggests doing the propriety versus non-proprietary program breakdown for certain indicators of interest (or relevance)."*

Ms. Hershkowitz suggested a few specific indicators from the current report:

- Program type breakout of Proprietary RN Programs (page 25)
- Number of students enrolled in Propriety RN Programs (page 32)
- Attrition and Graduation rates of Proprietary RN Programs (page 33 & 34)
- Use of Comprehensive Exams in these programs, including:
 - Allowing students to reattempt the exam;
 - Number of students who did not graduate after failing the exam (page 40)
- Faculty appointments and resignations (page 41)

Ms. Hershkowitz commented that if the Board can see the information on these specific indicators, it may be able to identify whether or not to pursue this line of inquiry moving forward.

Ms. Wilmoth noted that the NCSBN conducted a survey of quality indicators, thereport of which will be available soon and will likely contain the Proprietary information regarding the RN Programs.

Mr. Hermansen-Parker suggested obtaining data at least one time for review by the Board to determine if the information gleaned from the report is useful. All agreed.

Ms. Hershkowitz moved to accept the report as presented. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

Mr. Hershowitz moved to include specific indicators as suggested to the next report for review by the Board. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

DIALOGUE WITH DHP
DIRECTOR OFFICE:

Ms. Douglas reported the following on behalf of Dr. Brown:

- DHP has extended remote teleworking for staff from October 1st to January 1st, 2022 due to current COVID status.
- Midwifery Workgroup meeting – HB1953 which directs DHP to convene a work group to study and determine the appropriate entity to license and regulate all categories of midwives: Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM) and Certified Midwife (CM). Dr. Brown convened the meeting of the workgroup. In attendance were two CNMs, two CPMs, two CMs, two Lobbyists, Dr. Harp, Executive Director for the Board of Medicine, Ms. Douglas and Dr. Vanessa Walker Harris, Deputy Secretary of Health and Human Resources. The group discussed the three options:
 - Maintain the status quo
 - Solely regulated by a single board (either Board of Nursing and Midwifery or separate Board of Midwifery)
 - Formation of an Advisory Board

The Workgroup asked for more information and one more meeting will be scheduled to finalize the recommendation. The report of the workgroup is due to the General Assembly on November 1, 2021.

DISPOSITION OF
MINUTES:

None

REPORTS:

None

OTHER MATTERS:

Board Counsel Update:

Ms. Mitchell stated that she has nothing to report.

EDUCATION:

Education Staff Report:

Ms. Wilmoth said that she has nothing to report.

LEGISLATION/
REGULATION:

Ms. Douglas reported the following on behalf of Ms. Yeatts:

F1 Chart of Regulatory Action as of August 25, 2021:

Ms. Douglas provided an overview of the regulatory actions found in the chart.

F2 Adoption of Final Regulations for Waiver of Electronic Prescribing (18VAC90-40-122)

Ms. Douglas noted that the proposed amendments are identical to the emergency regulations that became effective on December 23, 2019. Ms. Douglas added that there were no comments on the proposed regulations to

replace the emergency regulations.

Ms. Hershkowitz moved to adopt the final regulations for e-prescribing of opioids by nurse practitioners that replace the emergency regulations for a temporary waiver for e-prescribing of opioids as presented. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

Consideration of Guidance Documents (GDs) Memo

- ❖ **GD 90-13** – *Application for Initial Approval of Nursing Education Program*
- ❖ **GD 90-14** – *Continued Full Approval of Nursing Education Program*

Ms. Douglas stated that these two GDs are due for review. Ms. Douglas added that staff completed the review and recommends that the Board re-adopt with no changes.

Mr. Hermansen-Parker moved to re-adopt GD 90-13 and GD 90-14 with no changes as presented. The motion was seconded by Dr. Smith and carried unanimously.

RECESS: The Board recessed at 9:50 A.M.

RECONVENTION: The Board reconvened at 10:03 A.M.

PUBLIC COMMENT: Janet Wall, Chief Executive Officer (CEO) of the Virginia Nurses Association (VNA)/ Virginia Nurses Foundation (VNF), provided the following:

- Environmental scan – there is a dire mental health situation as there has been an increase in nurse suicides
- VNA is in support of the current vaccination in process
- Nurse staffing discussion is scheduled for next week to discuss tangible and actionable items
- Youth mental health pilot project – VNA will partner with Richmond public schools
- Conference registration model – variability in pricing and will be focusing on moral resilience and healing of the nursing community.
- Nurse Leadership Academy – it is a 1-year leadership development program and will be held virtually. The cost is \$1,295/person or, if an employer registers three or more individuals, the cost is \$1,195/person. Currently there are 38 people signed up, with a VNA goal of 50 participants
- Virginia Nurses Today –any board members interested in writing an article for VNA’s quarterly newspaper is invited to email Ms. Wall to share their idea, jwall@virginianurses.com

Ms. Wall said that she will email Ms. Vu the link about Nurse Leadership Academy that can be shared with board members.

EDUCATION INFORMAL CONFERENCE COMMITTEE MINUTES AND RECOMMENDATIONS

E1 – September 1, 2021 Education Informal Conference Committee minutes
Mr. Hermansen-Parker moved to accept the September 1, 2021 Education Informal Conference Committee minutes as presented. The motion was seconded by Ms. Hershkowitz and carried unanimously.

MEETING DEBRIEF:

The following were well received by Board Members:

- Appreciated shorter business meeting and formal hearings to follow
- Appreciated staff for checking on board members during the pandemic
- Appreciated electronic version of the business meeting materials

The following needs improvement per Board Members:

- No improvements were noted

CONSIDERATION OF CONSENT ORDERS:

CLOSED MEETING:

Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 10:35 A.M. for the purpose of considering the Consent Orders. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Bargdill, Ms. Willinger, Ms. Iyengar, Dr. Mangrum, Ms. C. Smith, Ms. Renick, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Mr. Hermansen-Parker and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 10:40 A.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Dr. Smith and carried unanimously.

**G1 Sherrie Stanbery Baez, RN Reinstatement Applicant
0001-138530**

Mr. Hermansen-Parker moved to accept the consent order to reprimand **Sherrie Stanbery Baez**, and to approve her application for reinstatement of her license to practice professional nursing for single-state licensure in Virginia only, to suspend her license to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Baez's entry into a contract with the Virginia Health Practitioners' Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Dr. Smith and carried unanimously.

G2 Beverly Stone McFarlane, LPN 0002-052849

Mr. Hermansen-Parker moved to accept the consent order to revoke the license of **Beverly Stone McFarlane** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Smith and carried unanimously.

ADJOURNMENT:

The Board adjourned at 10:41 A.M.

Marie Gerardo, MS, RN, ANP-BC
President

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
Panel A
September 14, 2021**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 11:06 A.M., on September 14, 2021 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS
PRESENT:**

Marie Gerardo, MS, RN, ANP-BC; President
Yvette L. Dorsey, DNP, RN
Margaret Friedenberg, Citizen Member
James Hersmansen-Parker, MSN, RN, PCCN-K
Dixie L. McElfresh, LPN

STAFF PRESENT:

Claire Morris, RN, LNHA; Deputy Executive Director
Christina Bargdill, BSN, MHS, RN, Deputy Executive Director
Francesca Iyengar, MSN, RN, Discipline Case Manager
Cathy Hanchey, Senior Licensing/Discipline Specialist
Lakisha Goode, Discipline Team Coordinator – **left at 11:30 A.M.**

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel
Julia K. Bennett, Administrative Proceedings Division
Sherry Gibson, Enforcement Division
Ka Yu-Cheng, Enforcement Division
Christine Ludwig, Enforcement Division – **joined at 1:00 P.M.**

**ESTABLISHMENT OF
A PANEL:**

With five members of the Board present, a panel was established.

FORMAL HEARING:

Dena Ann Spruill, RMA, CNA **0031-011198, 1401-066711**

Ms. Spruill did not appear.

Tammie Jones, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Tammy S. Keckley, court reporter with Veteran Reporters, recorded the proceedings.

Anna Badgley, Senior Investigator, Enforcement Division, was present and testified. Ashleigh Davis, ALFA, was present and testified.

CLOSED MEETING:

Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:23 A.M., for the purpose of deliberation to reach a decision in the matter of **Dena Ann Spruill**. Additionally, Mr. Hermansen-Parker moved that Ms. Morris, Ms.

Bargdill, Ms. Iyengar, Ms. Hanchey, Ms. Goode, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:30 AM.

Mr. Hermansen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

ACTION: Ms. McElfresh moved that the Board of Nursing revoke the certificate of **Dena Ann Spruill** to practice as a nurse aide in the Commonwealth of Virginia with a Finding of Abuse. Additionally, Ms. McElfresh moved that the Board of Nursing revoke the registration of **Dena Ann Spruill** to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS: The Board recessed at 11:30 A.M.

RECONVENTION: The Board reconvened in open session at 1:10 P.M.

FORMAL HEARING: **Lyrae S. Tinsley, CNA** **1401-112199**

Ms. Tinsley appeared.

David Kazzie, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Tammy S. Keckley, court reporter with Veteran Reporters, recorded the proceedings.

Kevin Wolfe, Senior Investigator, Enforcement Division, was present and testified. Maria Ira Santos, RN, testified by phone. Sarah Lindsey Gerner, CNA, testified by phone. Kyle Anthony Wagner, Prince William County Police Officer, testified by phone.

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:06 P.M. for the purpose of deliberation to reach a decision in the matter of **Lyrae S. Tinsley**. Additionally, Mr. Hermansen-Parker moved that Ms. Morris, Ms. Bargdill, Ms. Iyengar, Ms. Hanchey, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:35 P.M.

Ms. McElfresh moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

ACTION: Mr. Hermansen-Parker moved that the Board of Nursing issue a reprimand and place the certificate of **Lyrae S. Tinsley** to practice as a nurse aide in the Commonwealth of Virginia on probation with terms for not less than one year. The motion was seconded by Ms. Dorsey and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

FORMAL HEARING: **Lavonna C. Harrell, LPN** **0002-087289**

Ms. Harrell appeared.

David Robinson, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Tammy S. Keckley, court reporter with Veteran Reporters, recorded the proceedings.

Katie Land, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:32 P.M. for the purpose of deliberation to reach a decision in the matter of **Lavonna C. Harrell**. Additionally, Mr. Hermansen-Parker moved that Ms. Morris, Ms. Bargdill, Ms. Iyengar, Ms. Hanchey, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and

their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:45 P.M.

Mr. Hermansen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

ACTION: Ms. Dorsey moved that the Board of Nursing approve the application of **Lavonna C. Harrell** for reinstatement of her license to practice practical nursing in the Commonwealth of Virginia only. The motion was seconded by Ms. Friedenbergl and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 4:45 P.M.

Claire Morris, RN, LNHA
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
Panel B
September 14, 2021**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 11:08 A.M., on September 14, 2021 in Training Room 1, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT: Ethlyn McQueen-Gibson, DNP, MSN, RN, BC; Second Vice-President
Ann T. Gleason, PhD, Citizen Member
Louise Hershkowitz, CRNA, MSHA
Brandon A. Jones, MSN, RN, CEN, NEA-BC
Felisa A. Smith, RN, MSA, MSN/Ed, CNE, PhD
Cynthia M. Swineford, MSN, RN, CNE

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Robin L Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Huong Vu, Executive Assistant
Breana Renick, Administrative Support Specialist

OTHERS PRESENT: Erin Barrett, Assistant Attorney General
Renee Larkin, Court Reporter, Veteran Reporters
Nina Taylor, Administrator, Hilton Plaza Inc (**Goldstone case only**)

ESTABLISHMENT OF A PANEL: With six members of the Board present, a panel was established.

FORMAL HEARINGS: **Sonja Peeples Goldstone, CNA (1401-109384) RMA (0031-000963)**
Ms. Goldstone appeared.
Rebecca Ripley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Renee Larkin, court reporter with Veteran Reporters, recorded the proceedings.
Maria Josen, Senior Investigator, Enforcement Division, and Jason Curtz, RMA, Shift Supervisor, HR Director at Hilton Plaza Incorporated in Newport News, VA were present and testified.

CLOSED MEETING: Ms. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:45 P.M., for the purpose of deliberation to reach a decision in the matter of **Sonja Peeples Goldstone**. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Vu, Ms. Renick and Ms. Barrett, Board Counsel, attend

the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Hershkowitz and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:26 P.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Hershkowitz and carried unanimously.

ACTION: Mr. Jones moved that the Board of Nursing dismiss the case against **Sojna Peoples Goldstone**. The motion was seconded by Dr. Gleason and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the decision of this formal hearing panel.

RECESS: The board recessed at 1:28 P.M.

RECONVENED: The board reconvened at 2:09 P.M.

FORMAL HEARINGS: **Sandy Annette Vincent Varzmanesh, LPN Reinstatement Applicant 0002-066466**

Ms. Varmanesh appeared.

Emily Tatum, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Renee Larkin court reporter with Veteran Reporters, recorded the proceedings.

Joyce Johnson, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:49 P.M., for the purpose of deliberation to reach a decision in the matter of **Sandy Annette Vincent Varmanesh**. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Vu, Ms. Renick and Ms. Barrett, Board Counsel, attend the closed meeting because their presence in the closed

meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Hershkowitz and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:19 P.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Hershkowitz and carried unanimously.

ACTION: Dr. Smith moved that the Board of Nursing reprimand **Sandy Annette Vincent Varzmanesh** and approve her application for reinstatement of her practical nurse license, valid in Virginia only. The motion was seconded by Ms. Hershkowitz and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

FORMAL HEARINGS: **Elise Conforte, RN Reinstatement Applicant** **0001-198005**

Ms. Conforte did not appear.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Renee Larkin, court reporter with Veteran Reporters, recorded the proceedings.

Me-Lien Chung, Senior Investigator, Enforcement Division, testified via phone.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:51 P.M., for the purpose of deliberation to reach a decision in the matter of **Elsie Conforte** Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Vu, Ms. Renick and Ms. Barrett, Board Counsel attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Swineford and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:02 P.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Hershkowitz and carried unanimously.

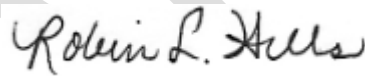
ACTION:

Ms. Swineford moved that the Board of Nursing deny the application for reinstatement of **Elsie Conforte** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Smith and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT:

The Board adjourned at 4:06 P.M.



Robin L. Hills

Robin Hills, DNP, RN, WHNP
Deputy Executive Director for Advanced Practice

**VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION MEETING
September 15, 2021**

A possible summary suspension meeting of the Virginia Board of Nursing was called to order at 9:27 A.M. on September 15, 2021, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia 23233.

The Board of Nursing members participating in the meeting were:

Marie Gerardo, MS, RN, ANP-B; Chair	Dixie L. McElfresh, LPN
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC	Louise Hershkowitz, CRNA, MSHA
Yvette Dorsey, DNP, RN	Brandon A. Jones, MSN, RN, CEN, NEA-BC
Margaret Joan Friedenber, Citizen Member	Felisa Smith, RN, MSA, MSN/Ed., CNE, PhD
Ann Tucker Gleason, PhD, Citizen Member	Cynthia Swineford, RN, MSN, CN
James Hermansen-Parker, MSN, RN, PCCN-K	

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
 James Schliessmann, Senior Assistant Attorney General
 Mandy Wilson, Adjudication Specialist
 Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
 Claire Morris, RN, LNHA; Deputy Executive Director
 Robin Hills, RN, DNP, WHNP; Deputy Executive Director for Advanced Practice
 Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
 Patricia Dewey, RN, BSN; Discipline Case Manager
 Francesca Iyengar, MSN, RN; Discipline Case Manager
 Huong Vu, Executive Assistant
 Cathy Hanchey; Senior Licensing/Discipline Specialist
 Lakisha Goode; Discipline Specialist

The meeting was called to order by Ms. Gerardo. With 11 members of the Board of Nursing participating, a quorum was established.

James Schliessmann, Senior Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Aaron Shepherd Hendrickson Remick, RN (0001-073239)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to 2.2-3711(A)(27) of the *Code of Virginia* at 9:37 A.M. for the purpose of deliberation to reach a decision in the matter of Ms. Remick. Additionally, Ms. Smith moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Bargdill, Ms. Hanchey, Ms. Goode, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:41 A.M.

Dr. Smith moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act

Virginia Board of Nursing
Possible Summary Suspension Meeting
September 15, 2021

and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Hermansen-Parker and carried unanimously.

Ms. Hershkowitz moved to summarily suspend the license of **Aaron Shepherd Hendrickson Remick** to practice as a professional nurse pending a formal administrative hearing and to offer a consent order for suspension of her license for not less than two years in lieu of a formal hearing. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

The meeting was adjourned at 9:42 A.M.

Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

**VIRGINIA BOARD OF NURSING
CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS
MINUTES**

September 15, 2021

Panel - A

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:15 A.M. on September 15, 2021, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Marie Gerardo, MS, RN, ANP-BC, President
Yvette L. Dorsey, DNP, RN
James Hermansen-Parker, MSN, RN, PCCN-K
Ann Tucker Gleason, PhD, Citizen Member
Felisa A. Smith, RN, MSA, MSN/Ed, CNE, PhD

STAFF PRESENT:

Robin L. Hills, DNP, RN, WHNP, Deputy Executive Director
Claire Morris, RN, LNHA, Deputy Executive Director
Cathy Hanchey, Senior Licensing/Discipline Specialist
Lakisha Goode, Discipline Specialist

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel

**ESTABLISHMENT OF
A PANEL:**

With five members of the Board present, a panel was established.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

#1 Victoria Elizabeth Briggs, CNA

1401-199737

Ms. Briggs did not appear.

CLOSED MEETING:

Ms. Smith moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:15 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Briggs. Additionally, Ms. Smith moved that Dr. Hills, Ms. Morris, Ms. Hanchey, Ms. Goode, and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 9:21 A.M.

Ms. Smith moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open

meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

ACTION: Dr. Gleason moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspend the right to renew the certificate of Victoria Elizabeth Briggs to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#3 – Toni Bridgett Hall, CNA **1401-181763**
Ms. Hall did not appear.

CLOSED MEETING: Ms. Smith moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:15 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Hall. Additionally, Ms. Smith moved that Dr. Hills, Ms. Morris, Ms. Hanchey, Ms. Goode, and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:21 A.M.

Ms. Smith moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

ACTION: Dr. Gleason moved that the Board of Nursing modify the recommended decision of the agency subordinate to revoke the right to renew the certificate of Toni Bridgett Hall to practice as a nurse aide with a Finding of Abuse in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

ADJOURNMENT: The Board adjourned at 10:46 A.M.

Claire Morris, RN, LNHA
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
PANEL A
September 15, 2021**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 1:00 P.M., on September 15, 2021 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT: Marie Gerardo, MS, RN, ANP-BC; President
Yvette L. Dorsey, DNP, RN
Ann Tucker Gleason, PhD, Citizen Member
James Hersmansen-Parker, MSN, RN, PCCN-K
Felisa Smith, RN, MSA, MSN/Ed, CNE, PhD

STAFF PRESENT: Claire Morris, RN, LNHA; Deputy Executive Director
Robin L. Hills, DNP, RN, WHNP, Deputy Executive Director for Advanced Practice
Patricia Dewey, RN, BSN, Discipline Case Manager
Cathy Hanchey, Senior Licensing/Discipline Specialist
Lakisha Goode, Discipline Team Coordinator

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel
Julia K. Bennett, Administrative Proceedings Division
Ka Yu-Cheng, Enforcement Division

ESTABLISHMENT OF A PANEL: With five members of the Board present, a panel was established.

FORMAL HEARING: **Vera Komarova, RMA** **0031-001218**

Ms. Komarova did not appear.

Mandy Wilson, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Tammy S. Keckley, court reporter with Veteran Reporters, recorded the proceedings.

Ann Hardy, Senior Investigator, Enforcement Division, Kim Newton-Sage, Kristy Smith, and Detective Michael Tedeshchi, City of Richmond Police Department, were present and testified.

CLOSED MEETING: Ms. Smith moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:29 P.M., for the purpose of deliberation to reach a decision in the matter of **Vera Komarova**. Additionally, Ms. Smith moved that Dr. Hills, Ms. Morris, Ms. Hanchey, Ms.

Goode, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 1:38 P.M.

Ms. Smith moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Smith and carried unanimously.

ACTION:

Mr. Hermansen-Parker moved that the Board of Nursing revoke the registration of **Vera Komarova** to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Dorsey and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT:

The Board adjourned at 1:39 P.M.

Claire Morris, RN, LNHA
Deputy Executive Director

VIRGINIA BOARD OF NURSING
CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS
MINUTES
September 15, 2021
Panel - B

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:04 A.M. on September 15, 2021 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS
PRESENT:**

Ethlyn McQueen-Gibson, DNP, MSN, RN, BC; Second Vice-President –
joined at 9:13 A.M.
 Margaret Friedenberg, Citizen Member
 Louise Hershkowitz, CRNA, MSHA
 Brandon Jones, MSN, RN, CEN, NEA-BC
 Dixie L. McElfresh, LPN
 Cynthia Swineford, RN, MSN, CNE

STAFF PRESENT:

Jay P. Douglas, MSM, RN, CSAC, FRE, Executive Director
 Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
 Francesca Iyengar, MSN, RN; Discipline Case Manager
 Huong Vu, Executive Assistant

OTHERS PRESENT:

Erin Barrett, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:

With five members of the Board present, a panel was established.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

#2 – Whitney Dawn Whitt, CNA **1401-201533**

Ms. Whitt did not appear.

ACTION:

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Whitney Dawn Whitt to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Mr. Jones and carried unanimously.

Dr. McQueen-Gibson joined the meeting at 9:13 A.M.

#4 – Tiffany Ann D’Angelo, RN **Florida License No.: 9512275**
with Multistate Privileges

Ms. D’Angelo did not appear.

ACTION: Mr. Jones moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the multi-state privilege of Tiffany Ann D’Angelo to practice professional nursing for a period of not less than two years from the date of entry of the Order and to indefinitely suspend her right to renew her license to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Order. The motion was seconded by Ms. Swineford and carried unanimously.

ADJOURNMENT: The Board adjourned at 9:16 A.M.

Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
Panel B
September 15, 2021**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 11:26 A.M., on September 15, 2021 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT: Ethlyn McQueen-Gibson, DNP, MSN, RN, BC; Second Vice-President
Margaret J. Friedenber, Citizen Member
Brandon A. Jones, MSN, RN, CEN, NEA-BC
Dixie L. McElfresh, LPN
Cynthia M. Swineford, MSN, RN, CNE
Louise Hershkowitz, CRNA, MSHA
Shaunte Peterson, LMT

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Lelia Claire Morris, RN, LNHA; Deputy Executive Director – **joined 11:55 A.M.**
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Huong Vu, Executive Assistant
Francesca Iyengar, MSN, RN; Discipline Case Manager

OTHERS PRESENT: Erin Barrett, Assistant Attorney General

ESTABLISHMENT OF A PANEL: With seven members of the Board present, a panel was established.

FORMAL HEARINGS: **Wassel Ltifi, LMT** **0019-016938**

Mr. Ltifi appeared.

David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Renee Larkin court reporter with Veteran Reporters, recorded the proceedings.

Cheryl Strait, Senior Investigator, Enforcement Division, testified via phone. Client A and Client B were present and testified.

Ms. Douglas left the hearing at 11:54 A.M.

Ms. Morris joined the hearing at 11:55 A.M.

RECESS: The board recessed at 12:38 P.M.

RECONVENED: The board reconvened at 12:50 P.M.

Ms. Morris left the hearing at 12:57 P.M.

Ms. Douglas re-joined the hearing at 12:57 P.M.

CLOSED MEETING: Mr. Jones moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:14 P.M., for the purpose of deliberation to reach a decision in the matter of **Wassel Ltifi**. Additionally, Mr. Jones moved that Ms. Douglas, Ms. Bargdill, Ms. Vu, Ms. Iyengar and Ms. Barrett attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. McElfresh and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:57 P.M.

Mr. Jones moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. McElfresh and carried unanimously.

ACTION: Ms. Hershkowitz moved that the Board of Nursing indefinitely suspend the license of **Wassel Ltifi** to practice massage therapy in the Commonwealth of Virginia for a period of not less than one year. The motion was seconded by Ms. Swineford and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS: The board recessed at 1:59 P.M.

RECONVENED: The board reconvened at 2:30 P.M.

FORMAL HEARINGS: **Wendy Katherine Smith, LMT** **0019-003161**

Ms. Smith did not appear.

Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Renee Larkin, court reporter with Veteran Reporters, recorded the proceedings.

Amy Ressler, Health Practitioners' Monitoring Program (HPMP) Administrative Director, testified via phone.

CLOSED MEETING: Mr. Jones moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:42 P.M., for the purpose of deliberation to reach a decision in the matter of **Wendy Katherine Smith**. Additionally, Mr. Jones moved that Ms. Douglas, Ms. Bargdill, Ms. Iyengar, Ms. Vu and Ms. Barrett attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Hershkowitz and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:54 P.M.

Mr. Jones moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. McElfresh and carried unanimously.

ACTION: Ms. Hershkowitz moved that the Board of Nursing reprimand Wendy Katherine Smith and indefinitely suspend her license to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Ms. Swineford and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 2:55 P.M.

Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
September 22, 2021**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held September 22, 2021 at 4:39 P.M.

The Board of Nursing members participating in the call were:

Marie Gerardo, MS, RN, ANP-BC, President; **Chair**
Margaret Friedenberg, Citizen Member
A Tucker Gleason, PhD, Citizen Member
Dixie McElfresh, LPN
Jennifer Phelps, BS, LPN, QMHP-A, CSAC
Meenakshi Shah, BA, RN
Felisa Smith, RN, MSA, MSN/Ed., CNE, PhD
Cynthia Swineford, RN, MSN, CNE

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
Wayne Halbleib, Senior Assistant Attorney General/Section Chief
Julia Bennett, Deputy Director, Administrative Proceedings Division
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Claire Morris, RN, LNHA; Deputy Executive Director
Christina Bargdill, BSN, MHS; Deputy Executive Director
Patricia Dewey, MSN, RN; Discipline Case Manager
Huong Vu, Executive Assistant
Breana Renick, Administrative Support Specialist

The meeting was called to order by Ms. Gerardo. With 8 members of the Board of Nursing participating, a quorum was established. A good faith effort to convene a meeting at the Board of Nursing offices within the week failed.

Wayne Halbleig, Assistant Attorney General, presented evidence that the continue practice of message therapy by **Hongsub Song, LMT (0019-005420)** may present a substantial danger to the health and safety of the public.

Ms. McElfresh moved to summarily suspend the massage therapy license of **Hongsub Song** pending a formal administrative hearing and to offer a consent order for indefinite suspension of his license for a period of not less than two years in lieu of a formal hearing. The motion was seconded by Dr. Gleason and carried unanimously.

Virginia Board of Nursing
Possible Summary Suspension Telephone Conference Call
September 22, 2021

The meeting was adjourned at 5:10 P.M.

Christina Bargdill, BSN, MHS
Deputy Executive Director

DRAFT

**VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
October 20, 2021**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held October 20, 2021 at 4:31 P.M.

The Board of Nursing members participating in the call were:

Marie Gerardo, MS, RN, ANP-BC; **Chair**
Margaret Friedenberg, Citizen Member
Dr. A Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Brandon Jones, MSN, RN, CEN, NEA-BC
Dixie L. McElfresh, LPN
Mark Monson, Citizen Member
Jennifer Phelps, BS, LPN, QMHP-A, CSAC
Cynthia Swineford, RN, MSN, CNE

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Christina Bardill BSN, MHS; Deputy Executive Director
Breana Renick, Administrative Support Specialist
Lakisha Goode, Discipline Team Coordinator
Tammie Jones, Adjudication Consultant, Administrative Proceedings Division
Sean Murphy, Assistant Attorney General

The meeting was called to order by Ms. Gerardo. With 9 members of the Board of Nursing participating, a quorum was established. A good faith effort to convene a meeting at the Board of Nursing offices within the week failed.

Sean Murphay, Assistant Attorney General, presented evidence that the continue practice of message therapy by **Zachary Nelson Guzman, LMR (0019-008138)** may present a substantial danger to the health and safety of the public.

Ms. Gleason moved to summarily suspend the Massage Therapy license of **Zachary Nelson Guzman** pending a formal administrative hearing and to offer a consent order for indefinite suspension of his license in lieu of a formal hearing. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

The meeting was adjourned at 4:41 P.M.

Christina Bardill, BSN, MHS, RN
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
November 3, 2021**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held November 3, 2021 at 4:32 P.M.

The Board of Nursing members participating in the call were:

Mark Monson, Citizen Member, First Vice-President; **Chair**
Margaret Friedenberg, Citizen Member
A Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Brandon Jones, MSN, RN, CEN, NEA-BC
Dixie McElfresh, LPN
Jennifer Phelps, BS, LPN, QMHP-A, CSAC
Meenakshi Shah, BA, RN
Cynthia Swineford, RN, MSN, CNE

Others participating in the meeting were:

James Rutkowski, Assistant Attorney General, Board Counsel
Sean Murphy, Assistant Attorney General
Erin Weaver, Assistant Attorney General
James Schliessmann, Assistant Attorney General
David Kazzie, Adjudication Specialist, Administrative Proceedings Division
Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division
Claire Foley, Adjudication Specialist, Administrative Proceedings Division
Julia Bennett, Deputy Director, Administrative Proceedings Division
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Claire Morris, RN, LNHA; Deputy Executive Director
Christina Bargdill, BSN, MHS; Deputy Executive Director
Ann Tiller, Compliance Manager
Huong Vu, Executive Assistant
Cathy Hanchey, Senior Licensing/Discipline Specialist
Lakisha Goode, Discipline Team Coordinator
Breana Renick, Administrative Support Specialist

The meeting was called to order by Mr. Monson. With 9 members of the Board of Nursing participating, a quorum was established. A good faith effort to convene a meeting at the Board of Nursing offices within the week failed.

Sean Murphy, Assistant Attorney General, presented evidence that the continue practice of message therapy by **Timothy Shane Hess, LMT (0019-010829)** may present a substantial danger to the health and safety of the public.

Virginia Board of Nursing
Possible Summary Suspension Telephone Conference Call
November 3, 2021

Mr. Jones moved to summarily suspend the massage therapy license of **Timothy Shane Hess** pending a formal administrative hearing and to offer a consent order for indefinite suspension of his license in lieu of a formal hearing. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

Mr. Murphy and Ms. Ribley left the meeting at 4:44 PM

Erin Weaver, Assistant Attorney General, presented evidence that the continue practice of professional nursing by **Laura White McDowell, RN (0001-154191)** may present a substantial danger to the health and safety of the public.

Ms. Shah moved to summarily suspend the registered nurse license of **Laura White McDowell** pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license in lieu of a formal hearing with suspension stayed contingent upon Ms. McDowell's entry into a contract with Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of HPMP for the period specified by the HPMP. The motion was seconded by Ms. Swineford and carried unanimously.

Ms. Weaver and Mr. Kazzie left the meeting at 4:57 PM

James Schliessmann, Assistant Attorney General, presented evidence that the continue practice of professional nursing by **Angelica Tucker Franklin, RN (0001-258041)** may present a substantial danger to the health and safety of the public.

Mr. Jones moved to summarily suspend the registered nurse license of **Angelica Tucker Franklin** pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license in lieu of a formal hearing. The motion was seconded by Ms. Friedenber and carried unanimously.

The meeting was adjourned at 5:09 P.M.

Claire Morris, RN, LNHA
Deputy Executive Director

<i>License Count</i>	21-Jan	21-Feb	21-Mar	21-Apr	21-May	21-Jun	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec
Nursing												
Practical Nurse	28,259	28,300	28,300	28,290	28,256	28,218	28,209	28,071	28,077			
Registered Nurse	112,895	113,170	113,297	113,412	113,288	113,776	114,776	114,717	115,450			
Massage Therapy	8,407	8,426	8,443	8,430	8,360	8,371	8,375	8,348	8,372			
Medication Aide	6,667	6,669	6,732	6,732	6,636	6,659	6,668	6,637	6,760			
Clinical Nurse Specialist	405	406	408	406	403	394	Effective 7/1/2021 CNSs are now included in NP count					
Nurse Practitioner Total	13,817	13,913	14,040	14,133	14,209	14,708	15,011	15,110	15,489			
Autonomous Practice - NP	1,134	1,164	1,197	1,224	1,252	1,289	1,502	1,551	1,778			
Clinical Nurse Specialist - NP							393	393	395			
Certified Nurse Midwife - NP	396	404	404	404	404	404	404	404	413			
Certified Registered Nurse Anesthetist - NP	2,174	2,178	2,178	2,181	2,184	2,195	2,213	2,206	2,223			
Other Nurse Practitioners	10,113	10,167	10,261	10,324	10,369	10,820	10,499	10,556	10,680	0	0	0
Total for Nursing	170,450	170,884	171,220	171,403	171,152	172,126	173,039	172,883	174,148	0	0	0

Nurse Aide	50,894	50,929	51,129	50,990	50,053	49,688	50,486	49,103	49,201			
Advanced Nurse Aide	26	26	28	29	25	26	26	24	27			
Total for Nurse Aide	50,920	50,955	51,157	51,019	50,078	49,714	49,696	49,127	49,228	0	0	0
License Count Grand Total	221,370	221,839	222,377	222,422	221,230	221,840	222,735	222,010	223,376	0	0	0
Open Cases Count	21-Jan	21-Feb	21-Mar	21-Apr	21-May	21-Jun	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec
Nursing	1566	1599	1520	1582	1650	1622	1569	1435	1438			
Nurse Aide	449	466	460	479	509	550	585	571	473			
Open Cases Total	2,015	2,065	1,980	2,061	2,159	2,172	2,154	2,006	1,911	0	0	0

Agency Subordinate Recommendation Tracking Trend Log - 2010 to Present – Board of Nursing

Considered		Accepted		Modified*					Rejected					Final Outcome:** Difference from Recommendation				
Date	Total	Total	Total %	Total	Total %	# present	# ↑	# ↓	Total	Total %	# present	# Ref to FH	# Dis-missed	↑	↓	Same	Pend-ing	N/A
<i>Total to Date:</i>	2298	2116	92.1%	144	6.3%	13	67	23	40	1.7%	8	21	5	46	57	60	0	
<i>CY2021 to Date:</i>	36	35	97.2%	3	8.3%	0	1	0	0	0.0%	0	0	0	2	4	0	0	
Sep-21	4	4	100.0%	2	50.0%	0	0	0	0	0.0%	0	0	0	2	1	0	0	
Jul-21	11	11	100.0%	0	0.0%	0	0	0	0	0.0%	0	0	0	0	1	0	0	
May-21	5	5	100.0%	0	0.0%	0	0	0	0	0.0%	0	0	0	0	0	0	0	
Apr-21	0	0	0.0%	0	0.0%	0	0	0	0	0.0%	0	0	0	0	1	0	0	
Mar-21	16	15	93.8%	1	6.3%	0	1	0	0	0.0%	0	0	0	0	0	0	0	
Jan-21	0	0	0.0%	0	0.0%	0	0	0	0	0.0%	0	0	0	0	1	0	0	
<i>Annual Totals:</i>																		
<i>Total 2020</i>	77	69	89.6%	6	7.8%	5	6	0	2	2.6%	0	2	0	4	0	0	N/A	
Total 2019	143	129	90.2%	12	8.4%	0	10	2	2	1.4%	2	0	2	0	0	1	N/A	
Total 2018	200	172	86.0%	24	12.0%	4	17	7	4	2.0%	0	4	0	4	10	7	N/A	
Total 2017	230	220	95.7%	8	3.5%	0	5	3	2	0.9%	0	2	0	2	4	6	N/A	
Total 2016	238	226	95.0%	8	3.4%	0	8	0	4	1.7%	2	4	0	4	8	2	N/A	
Total 2015	238	217	91.2%	14	5.9%	2	12	2	7	2.9%	3	6	1	9	6	5	N/A	
Total 2014	257	235	91.4%	17	6.6%	2	8	9	5	1.9%	1	3	2	3	3	7	N/A	
Total 2013	248	236	95.2%	10	4.0%				2	0.8%				3	6	2	N/A	
Total 2012	229	211	92.1%	15	6.6%				3	1.3%				4	6	9	N/A	
Total 2011	208	200	96.2%	6	2.9%				2	1.0%				4	1	12	N/A	
Total 2010	194	166	85.6%	21	10.8%				7	3.6%				7	9	9	N/A	

* Modified = Sanction changed in some way (does not include editorial changes to Findings of Fact or Conclusions of Law). ↑ = additional terms or more severe sanction. ↓ = lesser sanction or impose no sanction.

** Final Outcome Difference = Final Board action/sanction after FH compared to original Agency Subordinate Recommendation that was modified (then appealed by respondent to FH) or was Rejected by Board (↺ referred to FH).

HPMP Quarterly Report (July 1, 2021 - September 30, 2021)

Board	License	Admissions ¹		Stays ²	Comp ³	Vacated Stays ⁴		Dismissals ⁵					
		Req.	Vol.			Vac. Only	Vac. & Dism.	N/C	Incl.	Dism. Resig.	Resig.	Death	
	` LNP	1			2								
	` LPN	2						2		1			
	` RN	9	1	2	13			10					
	` Massage Ther												
	` CNS												
Nursing Total		12	1	2	15			12		1			
	` DC		1										
	` DO	1			1								
	` DPM												
	` Intern/Resident	1							1				
	` LAT												
	` LBA												
	` Lic Rad Tech	1											
	` MD	4	2	3	6							1	
	` OT												
	` PA												
	` RT							1		1			
	` LM												
	` OTA												
	` SA												
Medicine Total		7	3	3	7			1	1	1	1	1	
	` Pharmacist	2			1								
	` Pharm Tech	1											
	` Intern												
Pharmacy Total		3			1								
	` DDS		2										
	` DMD							1					
	` RDH							1					
Dentistry Total			2					2					
	` LPC												
	` CSAC												
	` Post Graduate Trainee												
	` QMHP-Adult												
	` QMHP-Child												
	` Resident in Counseling	1											
Counseling Total		1											
	` DVM				1			1					
	` Vet Tech												
Veterinary Medicine Total					1			1					
	` PT							1					
	` PTA							1					
Physical Therapy Total								2					
TOTALS		23	6	5	24	0	0	18	1	2	1	0	

Admissions¹: Req=Required (Board Referred, Board Ordered, Investigation); Vol=Voluntary (No known DHP involvement at time of intake)

Stays²: Stays of Disciplinary Action Granted

Comp³: Successful Completions

Vacated Stays⁴: Vac Only=Vacated Stay Only; Vac & Dism=Vacated Stay & Dismissal

Dismissals⁵: N/C=Dismissed Non-Compliant; Incl=Dismissed Ineligible; Dism Resig=Dismissed due to Resignation; Resig=Resignation

Virginia Board of Nursing

Executive Director Report

November 16, 2021

1 Presentations

- On October 20, 2021, Jacquelyn Wilmoth, Deputy Executive Director for Education, conducted the Orientation on Establishment of a PN or RN Pre-Licensure Nursing Program seminar and Randall Mangrum, Nursing Education Program Manager, conducted the Preparation and Regulation Review for Program Directors and Faculty of PN and RN Pre-Licensure Nursing Programs seminar.
- On October 27, 2021 – Christine Smith, Nurse Aide/RMA Program Manager hosted an in-person *Regulation Review for Coordinators and Instructors of Nurse Aide Education Programs* with 8 participants.

2 Meetings attended

- On August 31 – September 1, 2021, Jay Douglas, Executive Director, participated in the first meeting of the of the Massage Therapy compact technical assistance writing group convened by the Council on State Governments (CSG) and the Federation of State Massage Therapy Boards (FSMTB) . 25 representatives from regulatory boards, massage therapy profession associations and the Department of Defense (DOD) participated. This meeting was supported by a grant from the DOD. The DOD is very interested in the implementation of licensure compacts for a variety of professions as a means of assisting military families with professional mobility. The technical assistance group will have several meetings in the next few months prior to the work being turned over to the drafting team in January of 2022. The goal is for the model to be developed by Jan 2023 and ready for legislative introduction in states that are interested,
- On September 1, 2021, Christine Smith, Nurse Aide/RMA Program Manager, Randall Mangrum, Nursing Education Program Manager, and Jacquelyn Wilmoth, Deputy Executive Director staffed the Education IFC. Continued Faculty exception requests were considered for two nursing programs, a clinical exception request was considered, and one nursing program was in attendance for alleged regulatory violations.
- On September 7, 2021, Randall Mangrum, Education Program Manager and Jacquelyn Wilmoth, Deputy Executive Director attended a virtual meeting with program and market administration for Bon Secours regarding lack of pediatric clinical opportunities. Questions were raised regarding regulatory requirements for specialty clinical experiences and preceptor guidelines. There is no regulation mandate that requires programs to complete a certain number of clinical hours in any content area. The programs were encouraged to look within their curriculum to determine if course and clinical objectives could be met with fewer hours in pediatrics. The regulations for preceptors were reviewed and the Bon Secours administration was provided additional information related to Guidance Document 90-21.

- On September 15, 2021 Jay Douglas, Executive Director, participated in the DMAS Nurse Aide Benefit meeting. The purpose of this meeting was for DMAS to share information with stakeholders regarding their proposal and possible options regarding a new benefit and caregiver role to assist pediatric patients receiving long term private duty benefits through Medicaid.
- Dr. Robin Hills, Deputy Executive Director for Advanced Practice, participated in the Nursing Preceptor Incentive Program (NPIP) Work Group tasked with providing actionable feedback on a program funding structure. After meeting twice this past summer, the work group has developed a feedback report, the specifics of which will be forthcoming in a report from the Virginia Health Workforce Development Authority.
- On September 20 -22, 2021, Jay Douglas, Executive Director, attended the NCSBN Board of Directors (BOD) as the President of BOD. The agenda for this first hybrid meeting of the newly elected NCSBN Board of Directors focused on an orientation to Board governance, legal and fiduciary responsibilities and an overview of nonprofit finance. The meeting discussion proved to be representative of the varying stages of returning to normal that nurse regulatory boards are experiencing within the US and around the world.

During the environmental scan, there was some variation noted in the current status of the pandemic impact, however, issues reported were very similar from all geographic locations. COVID-19 restrictions, governmental and environmental mandates, telework, regulatory waivers, APRN scope of practice, anti-vaccination disruptions, COVID related disciplinary complaints, and fraudulent school issues were shared and discussed.

The one constant and overwhelming theme verbalized both in the US and Canada was the current alarming state of the healthcare workforce. The experience gap, staff shortages, retention issues, mental health impact, travel nurses, patient care access and safety issues as well as nursing education program impact are examples of current challenges. On a positive note, the pandemic has influenced more intentional and frequent collaboration between practice, education and regulation.

The government affairs office provided a review of the federal landscape with respect to pending legislation and the current priorities which have potential impact on NCSBN and nursing regulation. The Government affairs office continues to focus on proposed policy responses to COVID-19 pandemic, especially state and national vaccination efforts. With vaccination efforts progressing across the country, Congress and the Administration have both begun to consider policies in other areas of interest to NCSBN particularly in the area of Occupational Licensing, Telehealth, Immigration and Medication Assisted Treatment for Substance Abuse. The office is tracking various bills and is offering to serve as a resource across the government in NCSBN's area of expertise.

- On September 20, 2021, Jacquelyn Wilmoth, Deputy Executive Director attended a meeting hosted by the Virginia Nurses Association (VNA). The goal of the meeting was to provide 5 actions to assist in addresses staffing shortages across the Commonwealth. Thought leaders representing Practice,

Education and Regulation participated in this solution oriented discussion. Subsequent meetings will be conducted in order to prioritize and focus the work.

- On September 23, 2021, Jacquelyn Wilmoth, Deputy Executive Director attended a meeting as part of the Innovative Clinical Workgroup with CNOs across the Commonwealth to any answer regulatory questions regarding the *Earn while you Learn* model that is being piloted with Germanna Community College and Mary Washington Hospital.
- On September 28, 2021, Christina Bargdill, Deputy Executive Director, attended the Virginia Management Fellowship (VMF) Seminar 1B focused on Legislation, Regulation, and Compliance. The Honorable Grindley Johnson, Secretary of Administration, Office of the Governor provided personal insights on her experiences on the cabinet and licensure, regulation and compliance with the seminar topics to the group. In addition, Alexis Green, VMF Fellow assigned to DHP and working in enforcement, provided an overview to the group on DHP following The Honorable Grindley Johnson.
- September 30, 2021 – October 3, 2021 attended virtually the Federation of Associations of Regulatory Boards (FARB) 29th Annual Regulatory Law Seminar. Attendees included lawyers from attorney general offices around the country, members of professional organizations and representatives from regulatory agencies. The seminar's focus was primarily on how the pandemic has affected the regulatory landscape. Key agenda items included but were not limited to: pandemic effects on administrative law process to include regulatory waivers and hearings; occupational licensing and its effects on the marketplace to include the concept of Universal Licensing, limiting criminal background consideration and reviewing test integrity for inclusiveness and review of recent top regulatory cases. Recreational marijuana and drug decriminalization legislation effects on regulation was also a focal point.
- On October 5, 2021, Jay Douglas in her role as President of NCSBN attended an Opioid Regulatory Collaborative conference planning meeting. This conference will include the leadership of national regulatory board organizations and will be held in 2022.
- October 5, 2021, Claire Morris, Deputy Executive Director, attended virtually the LTC Workgroup meeting. Attendees included stakeholders from the public and private sector to include state government and professional organizations. The primary topics discussed were the intersection between staffing and infection control in the long term care setting; how to overcome potential current barriers to staffing and future federal funding from the American Rescue Plan Act.
- On October 7, 2021, several board of nursing staff to include Christina Bargdill and Jacquelyn Wilmoth, Deputy Executive Directors, met with Credentia to review the revised application process for nurse aide applicants under the Credentia system.
- On October 12, 2021, Jacquelyn Wilmoth, Deputy Executive Director, and Randall Mangrum, Nursing Education Program Manager participated in the LPN curriculum review for high school programs at the request of the Department of Education.

- On October 12, 2021, Robin Hills, Deputy Executive Director for Advanced Practice, participated in a regional discussion and information sharing session on Delaware's recent experience with amending legislation toward APRN Full Practice Authority and APRN compact adoption. Representatives from Virginia, Maryland, New Jersey, Pennsylvania and the District of Columbia were in attendance.
- On October 14, 2021, Claire Morris, Deputy Executive Director, attended interagency DocuSign webinar in preparation for use in completing performance evaluations. The program seems to be easy to use and will bring added value to efficiency of process
- On October 21, 2021, Christina Bargdill, Deputy Executive Director, attended a webinar training offered by DCJS: *"Leading Through Mindfulness and Compassion: Skills to Build Individual and Collective Wellness in the Workplace."*
- On October 25, 2021, Jay Douglas, Executive Director participated in the Virginia Nurses Association (VNA) Mental Health Roundtable. The focus of the meeting was for nursing leaders to discuss the current issues and needs surrounding the mental health and wellbeing of nurses as impacted by the pandemic. Future meetings will occur to finalize VNA's strategies to address this topic.
- On October 26, 2021, Jay Douglas, Executive Director, participated in the Council of State Governments Massage Therapy Compact Technical Assistance Group meeting. This is the third meeting of this group that is in the process of developing recommendations on the essential elements necessary and the model of the compact needed for massage therapy. Once agreement has been reached this work will be passed on to the writing group. Stakeholders involved continue to be focused on human trafficking issues which although very important in some way detracts from the discussion about the primary purpose of a compact, licensure portability.
- On October 29, 2021, Jay Douglas, Executive Director, and Stephanie Willinger, Deputy Executive Director, met with Maryland Board of Nursing (MD BON) staff regarding their experience and Board activity regarding several nursing education programs and fraudulent activity. The MD BON has been working with the FBI on these issues for the last three years. The fraud related issues include: fraudulent transcripts, falsification of clinical experience documentation, selling of transcripts, associated criminal convictions and alteration of Board issued documents. Several Boards of Nursing around the country are potentially impacted by this serious issue.
- On October 29, 2021—Jacquelyn Wilmoth, Deputy Executive Director, attended the Innovative Clinical Group virtual meeting where the American Nurses Foundation (ANF) grant submission was discussed along with the regulatory myths article that will be published in Virginia Nurses Today. A Virginia Clinical Innovation group representing practice, education and regulation submitted a grant application on October 25 to the ANF. This grant if approved would include a pilot study that involves several Virginia nursing education programs and would focus on practice readiness.

New Updates:

The Board began electronic notification of license renewal for RN, LPN and NP's with a November expiration date. There are approximately 5770 such renewals for this month. Those licensees without email

Virginia Board of Nursing
Executive Director Report
November 16, 2021

addresses will be sent a paper notice. The same process was previously put in place for LMT's and Med Aides.

VIRGINIA BOARD OF NURSING
Meeting of the Medication Aide Curriculum Committee
September 22, 2021

Department of Health Professions – Perimeter Center
 9960 Mayland Drive, Conference Center 201 – **Board Room 3**
 Henrico, Virginia 23233

TIME & PLACE: The meeting of the Medication Aide Curriculum Committee was convened by Ms. Felisa Smith, Chair at 10:10 a.m. on September 2, 2021 in Board Room 1, Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia,

BOARD MEMBERS Felisa A. Smith, RN, MSA, MSN/Ed, CNE, RN Board Member (Chair)

PRESENT: Margaret J. Friedenberg, Citizen Member
 Dixie McElfresh, LPN, LPN Board Member

STAKEHOLDERS Dana Parsons, leading Age of Virginia

PRESENT: Vonnie Adams, Administrator, Williamsburg Landing
 Karen Mittura, Germanna Community College, Medication Aide Education Program
 Krystal Lotts, Wellness Concepts
 Jennifer Perez, A&J Total Care Enterprises, Medication Aide Education Program
 Jennifer Haden, Representing Judy Hackler, Virginia Assisted Living Association
 Catina King, Representing Dawn Ellis, Omnicare/CVS
 Theresa Mason, Fresh Start

STAKEHOLDERS April Payne, Virginia Health Care Association

ABSENT: Rhonda Whitmer, Department of Social Services

DHP STAFF Jacquelyn Wilmoth, MSN, RN, Deputy Executive Director

PRESENT: Christine Smith, MSN, RN, Nurse Aide/RMA Education Program Manager
 Beth Yates, Nursing and Nurse Aide Education Coordinator

PUBLIC COMMENT: There was no one present for public comment.

DISCUSSION OF CURRICULUM REVISIONS:

The committee continued from the last meeting discussing suggested revisions from committee members. The group discussed and agreed upon several changes to the curriculum to include but not limited to:

- Add a section called Rules to Remember for recurring steps such as putting on gloves, etc.;
- Add the language “per facility policy” to any reference to documentation;
- Remove the names of specific drugs with the exception of Coumadin in Section 7.4;
- Remove references to color in regards to the EpiPen® and remove the step by step directions and add “per manufacturer’s directions;”
- Numbered steps could become bullet points for consistency, and step by step directions could be moved to Rules to Remember or the add the language “per manufacturer’s directions” as applicable;
- Remove the Introductions throughout the curriculum as they are not objectives;
- Remove reference to Marijuana as an illegal drug, add the language “or illegal substances;”
- Remove reference to Byetta in Chapter 8.

The committee agreed upon a template for the revised curriculum.

PLAN FOR FOLLOWUP: Dr. Smith advised there would be no meeting scheduled for the remainder of the year. Staff will begin the process of developing the curriculum in the new format and the draft will be sent to the committee member for review and feedback.

NEXT MEETING: The next meeting will be scheduled in 2022 following staff’s receipt of feedback from the stakeholders.

ADJOURNMENT: The meeting adjourned at 3:10 p.m.

Jacquelyn Wilmoth, RN, MSN
Deputy Executive Director

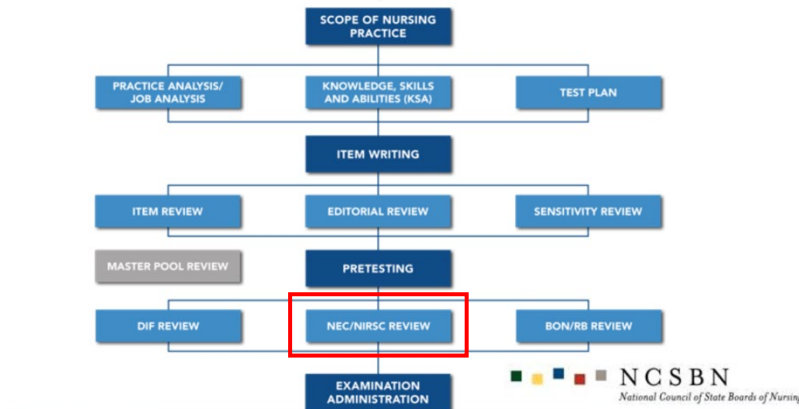
Report from NCLEX Item Review Subcommittee (NIRSC)
 Virtual Meeting
 September 21-23, 2021
 Submitted to Virginia Board of Nursing by Brandon Jones

It was a privilege to serve as part of the NCLEX Item Review Subcommittee (NIRSC) for the September 2021 meeting. As I reported in July, while much of the work of the NIRSC is confidential, I am reporting those aspects of the meeting I can.

Background

As a reminder, the NIRSC is a subcommittee of the NCLEX Examination Committee (NEC). The charge of the NIRSC is to assist the NEC with item review examining items to ensure they are accurate, current, and comply with nurse practice acts. This rigorous review is part of NCSBN's assurance of a psychometrically sound and legally defensible exam. Below is a graphic displaying how the work of the NIRSC fits into the NCLEX Item Development Process:

NCLEX® Item Development Process



September NIRSC Meeting Summary

Nine Board of Nursing representatives from different regions throughout the country comprised the September NIRSC team, with an NEC member acting as chair. Additionally, two other NEC members

assisting with observing. We also had four fantastic NCSBN staff members supporting us. This group also represented diverse clinical experiences and backgrounds that enhanced the review process and boosted the group discussion and review. After three days of work, around 1500 questions were reviewed by this group.

I am thankful for the opportunity to serve again on the NIRSC and look forward to continuing to be involved in FY22'. In addition to accomplishing our primary objective of reviewing NCLEX items, this meeting was an opportunity to network and interact with other nurse regulators across the USA and Canada and contribute to the continued excellence in the nursing profession.

Respectfully submitted,
Brandon Jones, MSN, RN, CEN, NEA-BC

FARB 29TH ANNUAL REGULATORY LAW SEMINAR

On September 30, 2021 – October 3, 2021 Claire Morris, RN, LNHA, Deputy Executive Director, attended virtually the Federation of Associations of Regulatory Boards (FARB) 29th Annual Regulatory Law Seminar.

Attendees included lawyers from attorney general offices around the country, members of professional organizations and representatives from regulatory agencies. The seminar's focus was primarily on how the pandemic has affected the regulatory landscape.

Key agenda items included but were not limited to: pandemic effects on administrative law process to include regulatory waivers and hearings; occupational licensing and its effects on the marketplace to include the concept of Universal Licensing, limiting criminal background consideration and reviewing test integrity for inclusiveness and review of recent top regulatory cases. Recreational marijuana and drug decriminalization legislation effects on regulation was also a focal point.

VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
FORMAL HEARING
MINUTES
October 13, 2021

TIME AND PLACE: The formal hearing of the Committee of the Joint Boards of Nursing and Medicine was convened at 10:02 A.M., in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT: Ann Tucker Gleason, PhD; Board of Nursing, Chairperson
Blanton L. Marchese; Board of Medicine
David Archer, M.D.; Board of Medicine
Ryan Williams, M.D.; Board of Medicine

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advance Practice
Charlette N. Ridout, RN, MS, CNE; Nursing Probable Cause Reviewer/Education Program Inspector
Cathy Hanchey, Senior Licensing/Discipline Specialist

OTHER PRESENT: Erin Barrett, Assistant Attorney General, Committee Counsel

ESTABLISHMENT OF A QUORUM: With four members of the Committee present, a quorum was established.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

Mark-Allen Clark, LNP

0024-166868

Mr. Clark submitted a written response.

CLOSED MEETING: Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:07 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Mr. Marchese moved that Ms. Douglas, Ms. Ridout, Ms. Hanchey, and Ms. Barrett, Committee counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded by Dr. Williams and carried unanimously.

RECONVENTION: The Committee reconvened in open session at 10:12 A.M.

Virginia Committee of the Joint Boards of
Nursing and Medicine – Formal Hearing
October 13, 2021

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Williams and carried unanimously.

Mr. Marchese moved the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate and issue an Order of Reprimand to Mark-Allen Clark. The motion was seconded by Dr. Williams and carried unanimously.

Dolores Lorraine Williams Johnson, LNP **0024-164367**
Ms. Williams submitted a written response.

CLOSED MEETING:

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:07 A.M., for the purpose of consideration of the agency subordinate recommendation. Additionally, Mr. Marchese moved that Ms. Douglas, Ms. Ridout, Ms. Hanchey, and Ms. Barrett, Committee counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded by Dr. Williams and carried unanimously.

RECONVENTION:

The Committee reconvened in open session at 10:12 A.M.

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Williams and carried unanimously.

Mr. Marchese moved the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate and issue an Order of Reprimand to **Dolores Lorraine Williams Johnson**. The motion was seconded by Dr. Williams and carried unanimously.

Nakeshia Lynn Mouzon, LNP
Ms. Mouzon did not appear.

0024-170001

CLOSED MEETING: Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:07 A.M., for the purpose of consideration of the agency subordinate recommendation. Additionally, Mr. Marchese moved that Ms. Douglas, Ms. Ridout, Ms. Hanchey, and Ms. Barrett, Committee counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded by Dr. Williams and carried unanimously.

RECONVENTION: The Committee reconvened in open session at 10:12 A.M.

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Williams and carried unanimously.

Mr. Marchese moved the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate and issue an Order of Reprimand to **Nakeshia Lynn Mouzon**. The motion was seconded by Dr. Williams and carried unanimously.

CONSIDERATION OF CONSENT ORDER:

David Peter Young, LNP

0024-073770

Dr. Williams moved that the Committee of the Joint Boards of Nursing and Medicine accept the consent order for Voluntary Surrender for Indefinite Suspension of David Peter Young's right to renew his license to practice as a nurse practitioner in the category of certified registered nurse anesthetist in the Commonwealth of Virginia. The motion was seconded by Mr. Marchese, and the motion carried unanimously.

FORMAL HEARING:

Michael Scott Addair, LNP Reinstatement Applicant 0024-167226

Mr. Addair appeared and was accompanied by his attorney, Brian Vieth, and Ashley Blevins.

David Kazzie, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Committee. Racheal Steck, court reporter with Veteran Reporters, recorded the proceeding.

Marcella Luna, Investigator Supervisor, Department of Health Professions, participated and testified.

CLOSED MEETING:

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 11:30 A.M. for the purpose of deliberation to reach a decision in the matter of Michael Scott Addair. Additionally, Mr. Marchese moved that Ms. Ridout, Ms. Hanchey, and Ms. Barrett, Committee Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Committee in its deliberations. The motion was seconded by Dr. Williams and carried unanimously.

RECONVENTION:

The Committee reconvened in open session at 11:46 A.M.

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Williams and carried unanimously.

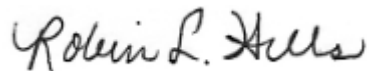
ACTION:

Dr. Williams moved to approve the application of **Michael Scott Addair** for reinstatement to practice as a nurse practitioner in the category of certified registered nurse anesthetist in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Order which will be sent to Mr. Addair at his address of record. The motion was seconded by Mr. Marchese and carried unanimously.

Virginia Committee of the Joint Boards of
Nursing and Medicine – Formal Hearing
October 13, 2021

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing quorum.

ADJOURNMENT: The meeting was adjourned at 11:48 A.M.



Robin Hills, DNP, RN, WHNP
Deputy Executive Director for Advance Practice
Virginia Board of Nursing



DL

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director


Department of Health Professions
Perimeter Center
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Virginia Board of Nursing
Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

Board of Nursing (804) 367-4515
www.dhp.virginia.gov/Boards/nursing

MEMO

To: Board Members
From: Jay P. Douglas, MSM, RN, CSAC, FRE 
Re: Meeting Held with Electronic Participation
Date: October 26, 2021

DHP has developed the attached policy *Meetings Held with Electronic Participation* for consideration and adoption on a board by board basis.

Action needed:

Motion to adopt

Or

Motion to deny

Virginia Board of Nursing

Meetings Held with Electronic Participation

Purpose:

To establish a written policy for holding meetings of the Board of Nursing with electronic participation by some of its members and the public.

Policy:

This policy for conducting a meeting with electronic participation shall be in accordance with § 2.2-3708.2 of the Code of Virginia.

Authority:

§ [2.2-3708.2](#). Meetings held through electronic communication means.

A. The following provisions apply to all public bodies:

1. Subject to the requirements of subsection C, all public bodies may conduct any meeting wherein the public business is discussed or transacted through electronic communication means if, on or before the day of a meeting, a member of the public body holding the meeting notifies the chair of the public body that:

a. Such member is unable to attend the meeting due to (i) a temporary or permanent disability or other medical condition that prevents the member's physical attendance or (ii) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance; or

b. Such member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter. Participation by a member pursuant to this subdivision b is limited each calendar year to two meetings or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

2. If participation by a member through electronic communication means is approved pursuant to subdivision 1, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public. If participation is approved pursuant to subdivision 1 a, the public body shall also include in its minutes the fact that the member participated through electronic communication means due to (i) a temporary or permanent disability or other medical condition that prevented the member's physical attendance or (ii) a family member's medical condition that required the member to provide care for such family member, thereby preventing the member's physical attendance. If participation is approved pursuant to subdivision 1 b, the public body shall also include in its minutes the specific nature of the personal matter cited by the member.

If a member's participation from a remote location pursuant to subdivision 1 b is disapproved because such participation would violate the policy adopted pursuant to subsection C, such disapproval shall be recorded in the minutes with specificity.

3. Any public body, or any joint meetings thereof, may meet by electronic communication means without a quorum of the public body physically assembled at one location when the Governor has declared a state of emergency in accordance with § [44-146.17](#) or the locality in which the public body is located has declared a local state of emergency pursuant to § [44-146.21](#), provided that (i) the catastrophic nature of the declared emergency makes it impracticable or unsafe to assemble a quorum in a single location and (ii) the purpose of the meeting is to provide for the continuity of operations of the public body or the discharge of its lawful purposes, duties, and responsibilities. The public body convening a meeting in accordance with this subdivision shall:

- a. Give public notice using the best available method given the nature of the emergency, which notice shall be given contemporaneously with the notice provided to members of the public body conducting the meeting;
- b. Make arrangements for public access to such meeting through electronic communication means, including videoconferencing if already used by the public body;
- c. Provide the public with the opportunity to comment at those meetings of the public body when public comment is customarily received; and
- d. Otherwise comply with the provisions of this chapter.

The nature of the emergency, the fact that the meeting was held by electronic communication means, and the type of electronic communication means by which the meeting was held shall be stated in the minutes.

The provisions of this subdivision 3 shall be applicable only for the duration of the emergency declared pursuant to § [44-146.17](#) or [44-146.21](#).

B. The following provisions apply to regional public bodies:

1. Subject to the requirements in subsection C, regional public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means if, on the day of a meeting, a member of a regional public body notifies the chair of the public body that such member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting.
2. If participation by a member through electronic communication means is approved pursuant to this subsection, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public.

If a member's participation from a remote location is disapproved because such participation would violate the policy adopted pursuant to subsection C, such disapproval shall be recorded in the minutes with specificity.

C. Participation by a member of a public body in a meeting through electronic communication means pursuant to subdivisions A 1 and 2 and subsection B shall be authorized only if the following conditions are met:

1. The public body has adopted a written policy allowing for and governing participation of its members by electronic communication means, including an approval process for such participation, subject to the express limitations imposed by this section. Once adopted, the policy shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting;
2. A quorum of the public body is physically assembled at one primary or central meeting location; and

3. The public body makes arrangements for the voice of the remote participant to be heard by all persons at the primary or central meeting location.

D. The following provisions apply to state public bodies:

1. Except as provided in subsection D of § [2.2-3707.01](#), state public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means, provided that (i) a quorum of the public body is physically assembled at one primary or central meeting location, (ii) notice of the meeting has been given in accordance with subdivision 2, and (iii) members of the public are provided a substantially equivalent electronic communication means through which to witness the meeting. For the purposes of this subsection, "witness" means observe or listen.

If a state public body holds a meeting through electronic communication means pursuant to this subsection, it shall also hold at least one meeting annually where members in attendance at the meeting are physically assembled at one location and where no members participate by electronic communication means.

2. Notice of any regular meeting held pursuant to this subsection shall be provided at least three working days in advance of the date scheduled for the meeting. Notice, reasonable under the circumstance, of special, emergency, or continued meetings held pursuant to this section shall be given contemporaneously with the notice provided to members of the public body conducting the meeting. For the purposes of this subsection, "continued meeting" means a meeting that is continued to address an emergency or to conclude the agenda of a meeting for which proper notice was given.

The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary or central meeting location and any remote locations that are open to the public pursuant to subdivision 4; shall include notice as to the electronic communication means by which members of the public may witness the meeting; and shall include a telephone number that may be used to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.

3. A copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of a public body for a meeting shall be made available for public inspection at the same time such documents are furnished to the members of the public body conducting the meeting.

4. Public access to the remote locations from which additional members of the public body participate through electronic communication means shall be encouraged but not required. However, if three or more members are gathered at the same remote location, then such remote location shall be open to the public.

5. If access to remote locations is afforded, (i) all persons attending the meeting at any of the remote locations shall be afforded the same opportunity to address the public body as persons attending at the primary or central location and (ii) a copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of the public body for the meeting shall be made available for inspection by members of the public attending the meeting at any of the remote locations at the time of the meeting.

6. The public body shall make available to the public at any meeting conducted in accordance with this subsection a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § [30-179](#).

7. Minutes of all meetings held by electronic communication means shall be recorded as required by § 2.2-3707. Votes taken during any meeting conducted through electronic communication means shall be recorded by name in roll-call fashion and included in the minutes. For emergency meetings held by electronic communication means, the nature of the emergency shall be stated in the minutes.

8. Any authorized state public body that meets by electronic communication means pursuant to this subsection shall make a written report of the following to the Virginia Freedom of Information Advisory Council by December 15 of each year:

- a. The total number of meetings held that year in which there was participation through electronic communication means;
 - b. The dates and purposes of each such meeting;
 - c. A copy of the agenda for each such meeting;
 - d. The primary or central meeting location of each such meeting;
 - e. The types of electronic communication means by which each meeting was held;
 - f. If possible, the number of members of the public who witnessed each meeting through electronic communication means;
 - g. The identity of the members of the public body recorded as present at each meeting, and whether each member was present at the primary or central meeting location or participated through electronic communication means;
 - h. The identity of any members of the public body who were recorded as absent at each meeting and any members who were recorded as absent at a meeting but who monitored the meeting through electronic communication means;
 - i. If members of the public were granted access to a remote location from which a member participated in a meeting through electronic communication means, the number of members of the public at each such remote location;
 - j. A summary of any public comment received about the process of conducting a meeting through electronic communication means; and
 - k. A written summary of the public body's experience conducting meetings through electronic communication means, including its logistical and technical experience.
- E. Nothing in this section shall be construed to prohibit the use of interactive audio or video means to expand public participation.

Procedures:

1. In order to conduct a meeting with electronic participation, a quorum of the board or a committee of the board must be physically present at a central location.
2. If a quorum is attained, one or more members of the board or committee may participate electronically if, on or before the day of a meeting, the member notifies the chair and the executive director that he/she is unable to attend the meeting due to: 1) a temporary or permanent disability or other medical condition that prevents the member's physical attendance; 2) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance; or 3) a personal matter, identifying with specificity the nature of the personal matter. Attendance by a member electronically for personal reasons is limited to two meetings per calendar year or no more than 25% of meetings held.

3. Participation by a member through electronic communication means must be approved by the board chair or president. If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity
4. The board or committee holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location does not need to be open to the public.
5. The board or committee shall also include in its minutes the fact that the member participated through electronic communication means due to a temporary or permanent disability or other medical condition that prevented the member's physical attendance or if the member participated electronically due to a personal matter, the minutes shall state the specific nature of the personal matter cited by the member. If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity.
6. If a board or committee holds a meeting through electronic communication, it must also hold at least one meeting annually where members are in attendance at the central location and no members participate electronically.
7. Notice of a meeting to be conducted electronically, along with the agenda, should be provided to the public contemporaneously with such information being sent to board members at least three working days in advance of such meeting. Notice of special, emergency, or continued meetings must be given contemporaneously with the notice provided to members.
8. Meeting notices and agendas shall be posted on the Virginia Regulatory Townhall (which sends notice to Commonwealth Calendar and the Board's website). They should also be provided electronically to interested parties on the Board's public participation guidelines list.
9. The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary meeting location; shall include notice as to the electronic communication means by which members of the public may participate in the meeting; and shall include a telephone number that may be used to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.
10. The board or committee must make arrangement for the voice of the remote participant(s) to be heard by all persons at the primary or central meeting location.

11. The agenda shall include a link to a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § 30-179 to allow members of the public to assess their experience with participation in the electronic meeting.

Form:

Link to Public comment form from the Freedom of Information Council
<http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>

Adopted on (date): _____

DRAFT

VIRGINIA BOARD OF NURSING
Nominating Committee
October 5, 2021
Minutes

TIME AND PLACE: The meeting of the Nominating Committee was called to order at 8:15 am on November 18, 2020, at Department of Health Professions, 9960 Mayland Drive, Suite 201, Board Room 1, Henrico, Virginia.

MEMBERS PRESENT: Margaret Friedenber, Chair
Meenakshi Shah, BA, RN

MEMBER ABSENT: Dixie McElfresh, LPN

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director

DISCUSSION: Ms. Friedenber has been elected as Chair of the Nominating Committee.

The Committee reviewed the current board listing noting board member terms. Specifically it was noted that Ms. Gerardo President and Mr. Monson First Vice-President second terms would expire June 2022. To avoid changes to officers mid 2022 they would not be included in the slate.

The Committee further noted the benefit of having experienced Board members on the board to mentor and assist for the first half of 2022. The new officers will begin January 1, 2022.

The vacancy of the second Vice-President was noted due to Dr. McQueen-Gibson's departure from the board. According to the bylaws "The Board shall fill a vacancy in the office of First Vice-President or Second Vice-President by election at the next meeting after which the vacancy occurred" The election to fill the vacancy will need to take place at the November meeting.

The Committee and staff discussed the various responsibilities of the officer roles, competencies and leadership traits necessary for the positions.

The Committee reported being aware of certain board members who have expressed a desire to serve and acknowledged that there has not been a discussion with each board member. Ms. Shah and Ms. Friedenber indicated they would follow up with members interested in serving.

Ms. Douglas was instructed to send a communication to all Board members informing them of the upcoming elections and encouraging them to contact the nominating committee or Ms. Douglas is interested.

Nominating Committee members will confirm with Ms. Douglas the names of the Board members to be placed on the draft slate which will be approved by the committee before the slate is provided to the Board in advance of the November meeting.

Second Vice-President position:
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC

Virginia Board of Nursing
Nominating Committee Meeting
October 5, 2021

Prior to publishing the slate, all persons on the draft slate will be informed of the slate and any changes in board member interest will be communicated to Ms. Douglas.

ADJOURNMENT: The meeting adjourned at 8:41 A.M.

Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

DRAFT

VIRGINIA BOARD OF NURSING
BY LAWS

Adopted: May 23, 1988
Last amended: January 28, 2020
Effective: March 18, 2020

Guidance Document: 90-57

BYLAWS
OF THE
VIRGINIA BOARD OF NURSING

Article I – Name.

This body shall be known as the Virginia Board of Nursing as set forth in § 54.1-3002 of the *Code of Virginia* and hereinafter referred to as the Board.

Article II – Powers and Duties.

The general powers and duties of the Board shall be those set forth in § 54.1-2400 of the *Code of Virginia* and the specific powers and duties shall be those set forth in § 54.1-3005 of the *Code of Virginia*.

Article III - Mission Statement.

To assure safe and competent practice of nursing to protect the health, safety and welfare of the citizens of the Commonwealth.

Article IV – Membership.

A. The Board shall consist of 14 members as follows: eight registered nurses, at least two of whom are licensed nurse practitioners; two licensed practical nurses; three citizen members; and one member who shall be a registered nurse or a licensed practical nurse. The terms of office of the Board shall be four years.

B. All members shall be appointed by the Governor for terms of four years. No member shall be eligible to serve more than two successive terms in addition to the portion of any unexpired term for which he may have been appointed.

C. Each member shall participate in all matters before the Board.

D. Members shall attend all regular, discipline and special meetings of the Board unless prevented from doing so by unavoidable cause.

E. The Governor may remove any Board member for cause, and the Governor shall be sole judge of the sufficiency of the cause for removal pursuant to § 2.2-108.

Article V – Nominations and Elections.

A. The officers of the Board shall be a President, First Vice-President and Second Vice-President elected by the members.

B. The Nominating Committee shall:

1. Be comprised of three members of the Board to be elected at a meeting preceding the annual meeting;
2. Elect its chair;
3. Prepare a slate of at least one candidate for each office to be filled;
4. Distribute the slate of candidates to all members in advance of the annual meeting;
5. Present the slate of nominees to the Board for election at the annual meeting;
and
6. Be governed by *Robert's Rules of Order* (current edition) on nominations by a committee in all cases not provided for in this section.

C. Election

1. The President shall ask for nominations from the floor by office.
2. The election shall be by voice vote with the results recorded in the minutes. In the event of only one nominee for an office, election may be by acclamation.
3. The election shall occur in the following order: President, First Vice President, Second Vice President.
4. The election shall be final when the President announces the official results.

D. Terms of office

1. All terms will commence January 1.
2. The term of office shall be for the succeeding twelve months or until the successor shall be elected. No officer shall serve more than two consecutive twelve-month terms in the same office unless serving an unexpired term.
3. A vacancy in the office of President shall be filled by the First Vice-President. The Board shall fill a vacancy in the office of First Vice-President or Second Vice-President by election at the next meeting after which the vacancy occurred.

Article VI – Duties of Officers.

A. The President shall:

1. Preserve order and conduct of Board meetings according to these bylaws, Robert’s Rules, the Administrative Process Act and other applicable laws and regulations;
2. Preside at Formal Hearings
3. Call special meetings;
4. Appoint all committees, except the nominating committee;
5. Appoint annually three members of the Board of Nursing to the Committee of the Joint Boards of Nursing and Medicine; and
6. Review and approve non-routine applications for licensure, certification or registration as referred by Board staff.

B. The First Vice-President shall:

1. Preside in the absence of the President;
2. Succeed to the office of President for the unexpired term in the event of a vacancy in the office of President;
3. Assume such functions or responsibilities as may be delegated by the President or the Board; and
4. Preside at Formal Hearings.

C. The Second Vice-President shall:

1. Perform all other duties pertaining to this office and not otherwise delegated to staff; and
2. Assume such functions or responsibilities as may be delegated by the President or the Board.

Article VII – Committees.

A. Executive Committee:

The Officers of the Board shall constitute the Executive Committee, which shall represent the interests of the Board in meetings within the Department of Health Professions, with other agencies of the Commonwealth or other organizations as directed by the Board. The Executive Committee may review matters pending before the Board and make recommendations to the Board for action.

B. Standing Committees

1. Members of the standing committees shall be appointed by the President following the election of the officers for a term of twelve months.
2. Standing Committees shall include:
 - Committee of the Joint Boards of Nursing and Medicine
 - Education Committee

C. Special Conference Committees shall be comprised of at least two members of the Board and shall:

1. Review investigative reports resulting from complaints against licensees.
2. Recommend appropriate proceedings for complaint resolution.
3. Conduct informal proceedings pursuant to §§ 2.2-4019, 2.2-4021, and 54.1-2400 of the *Code of Virginia*.

D. Advisory Committees

1. Advisory Committees shall consist of three or more persons appointed by the President who are knowledgeable in a particular area of practice or education under consideration by the Board.
2. Such committees shall review matters as requested by the Board and advise the Board relative to the matters or make recommendations for consideration by the Board.

E. Ad-Hoc Committees

1. Ad-Hoc Committees comprised of Board members and/or staff may be appointed by the President to assist in fulfilling the powers and duties of the Board.
2. Such committees shall be advisory to the Board and shall make recommendations to the Board for action.

3. A Committee shall be appointed by the Board every three years to review Board of Nursing guidance documents and make recommendations for revisions and/or deletions.

Article VIII – Meetings.

A. The Board shall meet in regular session for its annual meeting and at such other times as the Board may determine.

B. Special meetings shall be called by the president or by written request to the President from any three members, provided there is at least seven days' notice given to all members.

C. A telephone conference call meeting may be held to consider suspension of a license pursuant to § 54.1-2408.1 pending a hearing when the danger to the public health or safety warrants such action and when a good faith effort to convene a regular meeting has failed.

D. An affirmative vote of a majority of those serving on the Board who are qualified to vote or those serving on a panel of the Board convened pursuant to § 54.1-2400 shall be required for any action to suspend or revoke a license, certificate, or registration or to impose a sanction, except an affirmative vote of a majority of a quorum of the Board shall be sufficient for the summary suspension of a license. An affirmative vote of three-fourths of the members of the Board at the hearing shall be required to reinstate an applicant's license or certificate suspended by the Director of the Department of Health Professions pursuant to § 54.1-2409. An affirmative vote of a quorum of the Board shall determine all other matters at any regular or special meeting.

Article IX – Quorum.

A. A quorum for any Board or committee meeting shall consist of a majority of the members.

B. No member shall vote by proxy.

Article X – Parliamentary Authority.

Roberts' Rules of Order (current edition) shall govern the proceedings of the Board in all cases not provided for in these bylaws, the *Code of Virginia* and the Regulations of the Board.

Article XI – Amendment of Bylaws.

These bylaws may be amended at any meeting of the Board by a two-thirds vote of the members present and voting provided copies of the proposed amendments shall have

been presented in writing to all members at least 30 days prior to the meeting at which time such amendments are considered.

Article XII –Discipline.

When the Board of Nursing receives an investigative report from the Enforcement Division, a preliminary review of the case is made to determine whether probable cause exists to proceed with an administrative proceeding on charges that one or more of the Board’s statutes or regulations may have been violated. The Board of Nursing staff has delegated authority for certain disciplinary activities pursuant to Guidance Document # 90-12.

Article XIII – Nurse Licensure Compact.

A. Pursuant to § 54.1-3040.7 of the *Code of Virginia* the Executive Director of the Board of Nursing shall be the Virginia Administrator of the Interstate Commission of the Nurse Licensure Compact and shall perform the duties of the Administrator according to the requirements of the Commission.

B. The Board of Nursing shall comply with the Rules of the Interstate Commission of the Nurse Licensure Compact as outlined in the current manual.

Officers of the Virginia Board of Nursing serve in both leadership and administrative roles.

Leadership Roles

The President of the Virginia Board of Nursing leads the Board in its functions in full cooperation with the Executive Director of the Board.

Positive leadership requires that officers serve as role models for all Board members by being respectful of time and responsibilities each holds as a Board member, as well as in their other roles in the larger community, and expecting that same respect from each member in regard to their service on the Board. It further requires modeling positive and respectful relationships with Board staff, as well as with members of the public. Establishing strong working relationships with the Executive Director and staff, the officers, and all Board members is essential to the work of the Board.

The leadership activities required of the President of the Board of Nursing (preferably in collaboration with the First and Second Vice-Presidents) include developing a vision to support the mission of the Board as well as to strengthen Board members and the Board as a whole. This requires identification of Board members' strengths and needs and provision of training activities that move the Board – members and staff together – forward. Leadership development is an important component of assuring Board effectiveness in the longer term.

Administrative Roles

The administrative functions of Board leaders require understanding of the functions of the Board, which include licensure functions, approval of educational programs and discipline/ enforcement.

The **Virginia Board of Nursing By Laws** (Guidance Document 90-57) delineate the Duties of Officers and of the Executive Committee as follows:

Article VI – Duties of Officers.

A. The President shall:

1. Preserve order and conduct of Board meetings according to these bylaws, Robert's Rules, the Administrative Process Act and other applicable laws and regulations;
2. Preside at Formal Hearings
3. Call special meetings;
4. Appoint all committees, except the nominating committee;
5. Appoint annually three members of the Board of Nursing to the Committee of the Joint Boards of Nursing and Medicine; and

6. Review and approve non-routine applications for licensure, certification or registration as referred by Board staff.

B. The First Vice-President shall:

1. Preside in the absence of the President;
2. Succeed to the office of President for the unexpired term in the event of a vacancy in the office of President;
3. Assume such functions or responsibilities as may be delegated by the President or the Board; and
4. Preside at Formal Hearings.

C. The Second Vice-President shall:

1. Perform all other duties pertaining to this office and not otherwise delegated to staff; and
2. Assume such functions or responsibilities as may be delegated by the President or the Board.

A. Executive Committee:

The Officers of the Board shall constitute the Executive Committee, which shall represent the interests of the Board in meetings within the Department of Health Professions, with other agencies of the Commonwealth or other organizations as directed by the Board. The Executive Committee may review matters pending before the Board and make recommendations to the Board for action.

Additional Requirements

Not included in the By Laws, but important to the function of the Board, are skills that may be outside of the officer's prior experience. In order to fulfill the requirements of the By Laws, all Officers should develop confidence in their preparation to lead formal hearings, following the **Administrative Process Act** and all guidelines set forth in DHP Guidance Document 76-20 (**The Adjudication Process**). The role of the Chair of a formal hearing may entail several challenging actions, including:

- Ruling on objections to evidence before and during the hearing in consultation with Counsel;
- Participating in the negotiation of Consent Orders;
- Intervening in questioning, as needed, to avoid repetition or inappropriate questions;
- Weighing the advice given by Counsel while remaining cognizant of the public nature of the proceeding;
- Assuring that all Board members and the Respondent are provided with appropriate opportunity to participate in the proceedings.
- In the course of deliberations, the Chair must be able to facilitate discussion among Board members, playing a particularly important role in helping to resolve conflicts during those discussions.

Additionally, the President (and Vice-Presidents in addition, or in the President's absence), fulfills a number of other roles which include but are not limited to:

- Preserve Order and Conduct all business meetings according to parliamentary rules, Administrative Process Act and other applicable law and regulations
- Utilize board meeting script and follow advice of Board Counsel regarding procedural matters.
- Ensure availability for Board Week on the odd months of the year, presiding at Formal Hearings on Tuesdays or Thursdays and every Wednesday.
- Interact collaboratively with Executive Director
- Refer Public inquiries regarding regulatory matters and request for speaking engagements to Executive Director.
- Call Special Meetings
- Appoint all Committees to include SCC's, Standing Committees, and Ad Hoc Committees. (exception is Nominating Committee)
- Appoint Annually Members of Joint Boards of Nursing and Medicine
- Preside over Formal Hearings
- Assign Mentors for New Board Members
- Determine Board member attendance at NCSBN meetings
- Determine in conjunction with Executive Director Board member attendance at Interagency and Professional Association meetings as necessary.
- Represent the Board in meetings with the Director of the Agency, outside entities and the Secretary's office as made aware by Executive Director.
- Seek Advice of Board Counsel
- Review and act upon non routine licensure, certification and registration applications weekly.
- Enter Consent Orders for Suspension and Revocation following action by the full Board
- Review and approve drafts of Prehearing Consent Orders related to Formal hearings
- Consider and act upon requests for continuances related to Formal Hearings
- Consider and rule upon respondent, APD and Attorney objections and request for telephone testimony prior to Formal Hearings, following advice from legal counsel.
- Consult with Executive Director regarding content and ordering of Business meeting agenda.
- Communicate with Executive Director regarding any staff concerns for the Executive Director to act upon.
- Communicate directly with Board Members individually or as a group regarding any issues related to Board Member Conduct.



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MEMO

To: Board Members

From: BON Nominating Committee
Margaret Friedenberg, Citizen Member, Chair
Dixie McEfresh, LPN
Meenakshi Shah, BA, RN

Re: Slate of Candidates for 2022 Officers

Date: November 4, 2021

The Nominating Committee offers the following slate of candidates for Board of Nursing Officer positions for 2022:

<u>President:</u>	Brandon Jones, MSN, RN, CEN, NEA-BC (1 st term expires 2023)
<u>First Vice-President:</u>	Cynthia Swineford, RN, MSN, CNE (2 nd term expires 2025)
<u>Second Vice-President:</u>	Felisa Smith, PhD, MSA, RN, CNE (2 nd term expires 2025)

Pursuant to the Bylaws, Guidance Document 90-57, nominations will be accepted from the floor at the Board November 16, 2021 meeting.



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MEMORANDUM

To: Board Members

From: Jacquelyn Wilmoth, RN, MSN
Deputy Executive Director

Date: November 5, 2021

Subject: 2020 NCSBN Annual Report Data Summary

Virginia Board of Nursing elected to participate in the NCSBN Annual Report pilot. The Annual Report was sent out to all pre-licensure nursing programs January 2021 with a deadline to complete the optional report by March 2021. Of the 143 pre-licensure nursing programs in the Commonwealth, 102 completed the survey.

Attached is a summary of the results of the data to include a summary of program impact of COVID 19 for the Spring/Summer 2020 academic terms. In regards to COVID impact, board members elected to include additional questions in regards to the utilization of waivers that were in effect in 2020.

If the recommendation, for Virginia to participate in the 2021 NSCBN Annual Report, from the November 3rd Education IFC meeting is accepted by the Board there is opportunity for the Board to add additional questions to the NCSBN survey to obtain additional data.

Programs Completion Rates

102 (71.3%) programs in the Commonwealth completed the optional report

32 Practical Nursing Programs

36 Associate's Programs

27 Baccalaureate Programs

1 Masters Entry

1 RN BSN completion (not regulated by Board of Nursing)

8 Accelerated Bachelor's Programs

NCSBN Program Warning Signs

1. Complaints to BoN
2. Turnover of Program Directors (more than 3 in a 5 year period)
3. Frequent faculty turnover/cuts of faculty
4. Trend of Decreasing NCLEX pass rates

***Programs younger than 7 years may need additional oversight**

PROGRAM LEADERSHIP

38 programs have a new program director in the last year

12 programs have had 4 program directors in the past 5 years

25 programs have had 3 program directors in the past 5 years

15 programs have program directors who have administrative responsibilities over allied health programs in addition to nursing.

30 nursing programs have an assistant/associate director

26 programs do not have dedicated administrative support

PROGRAM AGE

18 of the programs are younger than 7 years

5 PN Programs

6 Associate Programs

7 Baccalaureate Programs

PRE-PANDEMIC PROGRAM TEACHING

Didactic Learning Modality

60 In person

1 Online

41 Hybrid

Simulation

10 programs did not offer simulated clinical experiences

NCSBN QUALITY INDICATORS

STUDENTS

- 1 program does not have a formalized student orientation process**
- 35 programs offer ESL services**
- 102 programs offer disability services**
- 20 programs do not have formal remediation for didactic content**
- 22 programs do not have formal remediation for near misses/clinical errors**

TEACHING AND LEARNING RESOURCES

- 12 programs have certified simulation labs/33 with simulation certified faculty**

FACULTY

- 41 programs have 35% or less faculty that are full time**
- 13 programs do not offer formal orientation for adjunct faculty**
- 15 programs do not offer formal orientation for part-time faculty**
- 3 programs do not offer formal orientation for full time faculty**
- 5 programs do not offer formal mentoring for new full-time faculty**

COVID-19 Questions (Spring/Summer 2020 Academic Terms)

Due to the Emergency Order by the Governor, programs switched to online didactic education for a minimum of the spring 2020 academic term.

As a result of COVID-19:

42 programs had a major disruption

50 programs were disrupted quite a bit

86 programs experienced disruption in both didactic and clinical experiences to include simulation

Disruption included:

Clinical Experiences:

23/56 utilized required a decrease in clinical hours for graduation (waiver expired June 19, 2020)

52/56 utilized simulation in labs with mandated social distancing

21/56 utilized indicated that virtual simulation was utilized

Clinical site closures and disruption in specialty clinical experiences

Grading:

39/102 programs altered their grading criteria to include Pass/Fail option

Virtual testing was utilized which caused some programs to question authenticity of results

Attrition:

31/102 programs experienced increased student attrition due to child care conflicts and online teaching modality

26/102 programs experienced increased faculty attrition due to early retirements and health conditions

Quality of Education:

35/102 stated quality of education decreased

15/102 stated quality of education increased

47/102 stated quality of education stayed about the same

Reduced class sizes for in person learning occurred

Board of Nursing COVID-19 Questions

Simulation in lieu of direct client care from March 19-June 10, 2020

0-20%: 28 programs

21-30%: 13 programs

31-40%: 7 programs

41-50%: 17 programs

75% or more: 37 programs

Percentage of clinical hours not obtained for graduates before June 10, 2020

0%: 50 programs

1-5%: 11 programs

6-10%: 9 programs

11-15%: 5 programs

16-20%: 17 programs

Summer 2020:

Simulation in lieu of direct client care (under waiver through December 31, 2020)

0%: 14 programs

1-20%: 13 programs

21-40%: 8 programs

41-60%: 10 programs

61-80%: 5 programs

81-100%: 15 programs

Virtual simulation

0%: 11 programs

1-20%: 9 programs

21-40%: 4 programs

41-60%: 3 programs

61-80%: 4 programs

81-100%: 31 programs

Of the programs that had summer 2020 graduates (under waiver through December 31, 2020)

22 programs utilized <25% simulation of the total clinical hours

16 programs utilized >25% simulation of the total clinical hours

Fall 2020 courses:

Simulation in lieu of direct client care (under waiver through December 31, 2020)

0%: 19 programs

1—20%: 34 programs

21-40%: 23 programs

41-60%: 17 programs

61-80%: 4 programs

81-100%: 4 programs

Of the programs that had fall 2020 graduates (under waiver through December 31, 2020)

36 programs utilized <25% simulation of the total clinical hours

20 programs utilized >25% simulation of the total clinical hours



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MEMORANDUM

To: Members of the Board of Nursing
From: Jacquelyn Wilmoth, RN, MSN
Deputy Executive Director
Date: November 4, 2021
Subject: 2022 Dates for Education Informal Conference Meetings

Scheduled dates of the Education Informal Conference Committee meetings for the calendar year 2022:

Wednesday, January 12, 2022

Wednesday, March 9, 2022

Tuesday, May 3, 2022

Wednesday, July 6, 2022

Thursday, September 1, 2022

Tuesday, November 1, 2022

All meetings are currently scheduled to begin at 9:00 am.

Fl

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of October 29, 2021**

Chapter		Action / Stage Information
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Unprofessional conduct - conversion therapy</u> [Action 5430] Final - At Secretary's Office for 129 days
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	 <u>Repeal of provisions for registration of clinical nurse specialists</u> [Action 5789] Final - Register Date: 10/11/21 Effective: 11/10/21
[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	<u>Use of simulation</u> [Action 5402] Final - At Secretary's Office for 129 days
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<u>Changes relating to clinical nurse specialists as nurse practitioners</u> [Action 5800] Fast-Track - At Secretary's Office for 9 days
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<u>Unprofessional conduct/conversion therapy</u> [Action 5441] Final - At Secretary's Office for 97 days
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	 <u>Conforming to 2021 legislation</u> [Action 5799] Final - Register Date: 10/11/21 Effective: 11/10/21
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<u>Waiver for electronic prescribing</u> [Action 5413] Final - At Secretary's Office for 23 days
[18 VAC 90 - 70]	Regulations Governing the Practice of Licensed Certified Midwives	<u>New regulations for licensed certified midwives</u> [Action 5801] NOIRA - At Governor's Office for 69 days

**Department of Health Professions
Regulatory/Policy Actions – 2021 General Assembly**

Nursing

EXEMPT REGULATORY ACTIONS

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB1737	Revise autonomous practice reg consistent with 2 years	Nursing & Medicine	N – 7/20/21 M – 8/6/21	11/10/21
HB1747	Licensure of CNS as nurse practitioners – Amend Chapters 30 and 40 Delete sections of Chapter 20 with reference to registration of CNS	Nursing & Medicine	N – 7/20/21 M – 8/6/21	11/10/21
HB1817	Autonomous practice for CNMs with 1,000 hours	Nursing & Medicine	N – 7/20/21 M – 8/6/21	11/10/21

APA REGULATORY ACTIONS

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB1953	Licensure of certified midwives	Nursing & Medicine	NOIRA Nursing – 7/20/21 Medicine – 8/6/21	Unknown

NON-REGULATORY ACTIONS

Legislative source	Affected agency	Action needed	Due date
HB793 (2018)	Medicine & Nursing	To report data on the number of nurse practitioners who have been authorized to practice without a practice agreement, the geographic and specialty areas in which nurse practitioners are practicing without a practice agreement, and any complaints or disciplinary actions taken against such nurse practitioners, along with any recommended modifications to the requirements of this act including any modifications to the clinical experience requirements for practicing without a practice agreement	November 1, 2021
Budget bill	Department	To study and make recommendations regarding the oversight and regulation of advanced practice registered nurses	November 1, 2021

		(APRNs). The department shall review recommendations of the National Council of State Boards of Nursing, analyze the oversight and regulations governing the practice of APRNs in other states, and review research on the impact of statutes and regulations on practice and patient outcomes.	
HB1953	Department	To convene a work group to study and report on the licensure and regulation of certified nurse midwives, certified midwives, and certified professional midwives to determine the appropriate licensing entity for such professionals.	November 1, 2021

Future Policy Actions:

HB2559 (2019) - requires the Secretary of Health and Human Resources to convene a work group to identify successes and challenges of the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain an opioid and to report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by **November 1, 2022**.

Agenda Item: Revisions to Guidance Documents

Included in the agenda package:

Guidance document 90-6 – Guidance on PICC line removal

Guidance document 90-62 – Guidance on medication aide training curriculum

Staff Note:

These guidance documents have been reviewed by staff and are recommended for reaffirmation by the Board without revision

Action:

Motion to reaffirm 90-6 and 90-62 as included in the agenda package

Virginia Board of Nursing
Peripherally Inserted Central Catheters (PICC) Line Insertion and
Removal by Registered Nurses

Virginia Code § 54.1-3000 defines registered nursing as

the performance for compensation of any nursing acts in the observation, care and counsel of individuals or groups who are ill, injured or experiencing changes in normal health processes or the maintenance of health; in the prevention of illness or disease; in the supervision and teaching of those who are or will be involved in nursing care; in the delegation of selected nursing tasks and procedures to appropriately trained unlicensed persons as determined by the Board; or in the administration of medications and treatments as prescribed by any person authorized by law to prescribe such medications and treatment.

This definition includes the insertion and removal of Peripherally Inserted Central Catheters (PICC) lines or devices upon order of a licensed physician, physician assistant, or nurse practitioner. In specific clinical practice settings, factors to be considered include:

1. The registered nurse possesses substantial knowledge and experience in intravenous therapy.
2. The registered nurse has specialized education and can demonstrate competency in line placement and removal. This documented education shall include a theoretical and clinical component.
3. The registered nurse documents continued competence in performing the skill and use of technology.
4. The agency or institution employing said nurses has established policies and procedures regarding insertion, use, removal, and maintenance of these devices.
5. Confirmation by radiologic or by other imaging technology of catheter position is required when tip placement is positioned beyond the axillary vein on insertion prior to use of the PICC for any reason.
6. The placement of a PICC line may only be carried out in settings where the equipment and expertise of other health professionals to manage complications are readily available.

Medication Administration Training Curriculum Approved by the Board of Nursing for Various Settings				
Statutory Authority	Site of Medication Administration	Source of Curriculum	Number of Hours	Approved by the BON
Medication Administration Curriculum for Registered Medication Aides				
§54.1-3408.M and 54.1-3005 (17)	Assisted Living Facilities Licensed by Department of Social Services (DSS)	Board of Nursing 18VAC90-60-10 et seq.	68 hour minimum: 40 hours classroom; 8 hours diabetic module; 20 hours supervised clinical practice in an ALF (20% (4 hours) can be simulation)	1/24/07, revised 3/17/09 Revised 5/21/13
Administration of Glucagon and Insulin Training Course for certain DBHDS facilities and programs				
§54.1-3408.H	Programs licensed by Department of Behavioral Health and Developmental Services (DBHDS)	Virginia Adult Care Education	2 hours module as addendum to the 32 hour curriculum	November 2014
Medication Administration Training Course for certain DSS and DBHDS facilities and programs				
§54.1-3408.L	Adult Day Care Centers & Children's residential facilities licensed by DSS. Programs licensed by Department of Behavioral Health and Developmental Services (DBHDS)	DSS 18VAC90-21-10 through 18VAC90-21-40	32 hours minimum with 8 hour diabetic module. Diabetic module added in 1993, revised 1996 & 2000.	Approved in 1991; Revised in 1996 and 2000
Medication Administration Training Course for certain DSS and DBHDS facilities and programs				
§54.1-3408.L	Adult Day Care Centers & Children's residential facilities licensed by DSS. Programs licensed by Department of Behavioral Health and Developmental Services (DBHDS)	DBHDS	2 hour minimum module for administration of rectal diazepam as addendum to the 32 hour curriculum	January 2014
Medication Administration Curriculum for DBHDS				
§54.1-3408.L	Residential and Community Based programs regulated by DBHDS	Fidura & Associates 18VAC90-21-10 through 18VAC90-21-40	32 hours minimum 2011 & 2013, revision to the Diabetic Management Section	July 2013
Medication Administration Training for Youth (MATY)				
§§ 54.1-3408.L and 54.1-3408 O	Private children's residential facilities or schools for students with disabilities. Licensed by DBHDS or DSS and/or Department of Education Private schools accredited pursuant to §22.1-19 as administered by VCPE	Virginia Association of Independent Specialized Education Facilities	16 hours minimum	July 2015
Administration of Medications via a Gastrostomy Tube				
§54.1-3408.L	Programs licensed by DBHDS	DBHDS	4 hours classroom 2 hours clinical Includes an semiannual competency review to be done by an RN	May 2013

Medication Administration Training for Child Care Providers (MAT)				
§§ 54.1-3408 D, 54.1-3408 O and 54.1-3005 (19)	Child day care programs licensed by DSS Private schools accredited pursuant to §22.1-19 as administered by VCPE	DSS Guidance document: 90-9 Guidelines for Prescription Drug Administration Training Program for Child Day Programs	8 hours minimum Modules for certain employees: auto injector device for administration of epinephrine (1 hour) and/or the administration of prescription topical creams and ointments (1 hour)	2006; Revised 2007; Revised 2014
Medication Administration Training for Youth – Modules (MATY-M)				
§§ 54.1-3408 D and 54.1-3408 O	Private schools accredited pursuant to §22.1-19 as administered by VCPE – only for field trips and other activities occurring outside the school day	Virginia Council for Private Education (VCPE)	Time varies based on MATY-M modules	November 2015
Manual for Training Public School Employees				
§§ 54.1-3408 D, 54.1-3408 N, 54.1-3408 O and 54.1-3005 (12)	Public schools under the Department of Education (DOE) Private schools accredited pursuant to §22.1-19 as administered by VCPE	DOE Guidance document: 90-36 Guidelines for Training of Public School Employees in the Administration of Insulin and Glucagon	4 hours minimum Annual refresher on insulin & glucagon Auto-injector of epinephrine for anaphylaxis added in 2012	July 1999; Revised 2003 and November 2012 November 2015
Training Public School Employees – Guidelines for Seizure Management				
§§ 54.1-3408 N and 54.1-3005 (21)	Public schools under the Department of Education (DOE)	DOE	Follow procedures established in Guidelines	Revised July 2010
Medication Administration Training for Child Care Providers, Epinephrine Auto Injector (MAT-EPI) Course				
§§ 54.1-3408 (O) and 54.1-3005 (19)	Child Day Care Programs Licensed by DSS	DSS	Adapted from MAT Training (2006, Revised 2014). Taught in modules based on individual needs. Time varies based on module taught. Includes annual refresher	3/25/16
Medication Administration Training for Child Care Providers, Epilepsy Curriculum (MAT-EPILEPSY)				
§§ 54.1-3408 (O) and 54.1-3005 (19)	Child Day Care Programs Licensed by DSS	DSS	The Medication Administration Training (MAT) in conjunction with the Epilepsy Foundation of Virginia has prepared an epilepsy curriculum (MAT-EPILEPSY) that expands the core MAT training to include knowledge, hands on training and skills demonstration for safe administration of medications for children with epilepsy in child day care programs.	4/7/17
Officer	Medication Training Course	VDOC		
§§ 54.1-3408 (L)	Department of Corrections	Virginia DOC	4 hour training for oversight of self administration of medications by correctional officers when nurses are not on duty or available.	11/114/17

Revised Sanctioning Reference Points Worksheet for LMTs

November 16, 2021

Prepared for:
Board of Health Professions
Board of Nursing

Neal Kauder
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SRP Worksheet Revision Status

Profession	Worksheet	Status
CNAs	Single	Adopted
Nurses	Inability to Safely Practice	Adopted
	Patient Care	Adopted
	Fraud	Adopted
RMAs	Single	Adopted
LMTs	Single	Available for Adoption

SRP Worksheet for CNAs Only

Adopted

This worksheet correctly predicts **80%** of cases

Case Type Score (score only one)	Points	Score
a. Abuse/Inappropriate Relationship	70	_____
b. Misappropriation of Patient Property	60	_____
c. Inability to Safely Practice	50	_____
d. Neglect	40	_____
e. Verbal Violations	30	_____
f. Abandonment/Standard of Care/Fraud	10	_____
Case Type Score		<input style="width: 50px; height: 20px;" type="text"/>

Offense and Respondent Score (score all that apply)	Points	Score
a. Act of commission	60	_____
b. Patient injury	50	_____
c. Impaired while practicing	45	_____
d. Respondent failed to initiate corrective action	40	_____
e. Any patient involvement	30	_____
Offense and Respondent Score		<input style="width: 50px; height: 20px;" type="text"/>

Total Worksheet Score (Case Type + Offense and Respondent)

Score	Sanctioning Recommendations
0-100	No Sanction Monetary Penalty Probation Take No Action Stayed Suspension Terms
101-149	Reprimand
150 and up	Revocation Suspension Surrender Finding of Abuse Finding of Neglect Finding of Misappropriation

SRP ISP Worksheet for Nurses Only

Adopted

This worksheet
correctly predicts
70% of cases

Case Type Score (score only one)	Points	Score
a. Inability to Safely Practice	40	_____
b. Drug Related with Patient Care	20	_____
c. Drug Related without Patient Care	10	_____
Case Type Score		<input type="text"/>

Offense and Respondent Score (score all that apply)	Points	Score
a. License ever taken away	50	_____
b. Case involved a mental health admission	40	_____
c. Act of commission	30	_____
d. Any prior Virginia Board violations	20	_____
e. Past difficulties (substances, mental/physical)	15	_____
f. Evidence of drug diversion	10	_____
g. Respondent failed to initiate corrective action	10	_____
h. Any action against the respondent (employer, criminal, civil)	10	_____
Offense and Respondent Score		<input type="text"/>

Total Worksheet Score
(Case Type + Offense and Respondent)

Score	Sanctioning Recommendations
0-20	No Sanction Monetary Penalty
21-60	Reprimand
61-140	Probation Stayed Suspension Terms
141 and up	Revocation Suspension Surrender



SRP Patient Care Worksheet for Nurses Only

Adopted

This worksheet correctly predicts **72%** of cases

Case Type Score (score only one)	Points	Score
a. Inappropriate Relationship	50	_____
b. Standard of Care	45	_____
c. Abuse/Abandonment/Neglect	30	_____
Case Type Score		<input type="text"/>

Offense and Respondent Score (score all that apply)	Points	Score
a. License ever taken away	40	_____
b. Act of commission	35	_____
c. Past difficulties (substances, mental/physical)	30	_____
d. Patient injury	25	_____
e. Evidence of drug diversion	20	_____
f. Any action against the respondent (employer, criminal, civil)	20	_____
g. Any prior Virginia Board violations	5	_____
h. Respondent failed to initiate corrective action	5	_____
Offense and Respondent Score		<input type="text"/>

Total Worksheet Score
(Case Type + Offense and Respondent)

Score	Sanctioning Recommendations
0-40	No Sanction Monetary Penalty
41-70	Reprimand
71-140	Probation Stayed Suspension Terms
141 and up	Revocation Suspension Surrender

SRP Fraud Worksheet for Nurses Only

Adopted

This worksheet
correctly predicts
71% of cases

Case Type Score (score only one)	Points	Score
a. Misappropriation of Patient Property	30	_____
b. Other Fraud	20	_____
Case Type Score		<input type="text"/>

Offense and Respondent Score (score all that apply)	Points	Score
a. Act of commission	40	_____
b. License ever taken away	35	_____
c. Any patient involvement	30	_____
d. Respondent failed to initiate corrective action	30	_____
e. Any action against the respondent (employer, criminal, civil)	25	_____
f. Any prior Virginia Board violations	25	_____
g. Patient especially vulnerable	10	_____
h. Evidence of drug diversion	10	_____
Offense and Respondent Score		<input type="text"/>

Total Worksheet Score
(Case Type + Offense and Respondent)

Score	Sanctioning Recommendations
0-50	No Sanction Monetary Penalty
51-85	Reprimand
86-135	Probation Stayed Suspension Terms
136 and up	Revocation Suspension Surrender

Proposed SRP Worksheet for RMAs Only

Adopted

This worksheet
correctly predicts
77% of cases

Case Type Score (score only one)	Points	Score
a. Inability to Safely Practice	50	_____
b. Physical Abuse	40	_____
c. Verbal Abuse/Neglect	25	_____
d. Standard of Care/Abandonment	15	_____
e. Unlicensed Activity	5	_____
Case Type Score		<input type="text"/>

Offense and Respondent Score (score all that apply)	Points	Score
a. Patient injury	40	_____
b. Evidence of drug diversion	25	_____
c. Any action against the respondent (employer, criminal, civil)	10	_____
d. Act of commission	10	_____
e. Any patient involvement	10	_____
f. Past difficulties (substances, mental/physical)	5	_____
g. Financial or material gain	5	_____
h. Respondent failed to initiate corrective action	5	_____
Offense and Respondent Score		<input type="text"/>

Total Worksheet Score
(Case Type + Offense and Respondent)

Score	Sanctioning Recommendations
0-15	No Sanction Monetary Penalty
16-50	Reprimand
51-70	Probation Stayed Suspension Terms
71 and up	Revocation Suspension Surrender

Proposed SRP Worksheet for LMTs Only

This worksheet correctly predicts **79%** of cases

This is a new worksheet for the board. Previously, LMTs were scored on a worksheet for Nurses.

Case Type Score (score only one)	Points	Score
a. Abuse/Inappropriate Relationship	50	_____
b. Inability to Safely Practice	35	_____
c. Fraud/Continuing Education	25	_____
d. Unlicensed Activity	10	_____

Case Type Score

Offense and Respondent Score (score all that apply)

a. Concurrent criminal conviction	40	_____
b. Past difficulties (substances, mental/physical)	30	_____
c. Case involved a mental health admission	25	_____
d. Concurrent action by employer	20	_____
e. Act of commission	15	_____
f. Respondent failed to initiate corrective action	15	_____
g. License ever taken away	10	_____
h. Financial or material gain	10	_____
i. Any prior Virginia Board violations	10	_____

Offense and Respondent Score

Total Worksheet Score
(Case Type + Offense and Respondent)

Score	Sanctioning Recommendations
0-50	No Sanction Reprimand Monetary Penalty
51-85	Probation Stayed Suspension Terms
86 and up	Refer to Formal Hearing Revocation Suspension Surrender

What's Next?

1. Crafting a new SRP manual for all new worksheets, instructions, case types, sanctioning recommendations and professions
2. Adoption of complete SRP manual by the BON
3. New manual out for public comment, 30 days
4. New manual published to the board's website, replacing the existing manual
5. Training for board members and all relevant staff

**VIRGINIA BOARD OF NURSING
EDUCATION SPECIAL CONFERENCE COMMITTEE
Wednesday, November 3, 2012**

Department of Health Professions – Perimeter Center
9960 Mayland Drive, Conference Center 201 – **Training Room 1**
Henrico, Virginia 23233

TIME AND PLACE: The meeting of the Education Special Conference Committee was convened at 9:15 a.m. in Suite 201, Department of Health Professions, 9960 Mayland Drive, Second Floor, Training Room 1, Henrico, Virginia.

MEMBERS PRESENT: Yvette Dorsey, DNP, RN, Chair
Brandon A. Jones, MSN, RN, CEN, NEA-BC

STAFF PRESENT: Jacquelyn Wilmoth, MSN, RN, Deputy Executive Director
Christine Smith, MSN, RN, Nurse Aide/RMA Education Program Manager
Beth Yates, Nursing and Nurse Aide Education Coordinator

PUBLIC COMMENT: There was no public comment.

REQUEST TO INCREASE ENROLLMENT **Bryant & Stratton, Hampton Campus – Baccalaureate Program US28500300**

Debi Erick, MSN, PHN, RN, CNE, Chair, Program Director and Jeff Thoroud, Campus President were present.

Mr. Jones moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 9:42 a.m. for the purpose of deliberation to reach a decision in the matter of Bryant & Stratton College, Hampton Campus, baccalaureate degree nursing education program. Additionally, Mr. Jones moved that, Ms. Wilmoth, Ms. Smith, and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 9:58 a.m.

Mr. Jones moved that the Education Informal Conference Committee of the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

ACTION: Mr. Jones moved to recommend to deny the request from Bryant & Stratton College, Hampton Campus to increase enrollment from 20 to 40 students every 15 weeks to begin with the cohort enrolled as of January 12, 2022.

This recommendation will be presented to the full Board on Tuesday, November 16, 2021

DISCUSSION

Guidance Document 90-21

Ms. Wilmoth explained that guidance documents are not regulation, they are meant to explain the language in regulation but cannot overreach the language in regulation.

Ms. Wilmoth advised the Education Committee that they could recommend to modify the Guidance Document to align regulation, repeal the Guidance Document and incorporate requirements in regulation, repeal the Guidance Document without changes to regulation.

The Committee reviewed and discussed the contents of the document to determine which above action was warranted for Guidance Document 90-21.

ACTION:

Mr. Jones moved to recommend to repeal Guidance Document 90-21 and provided suggested regulatory changes to include pertinent information from Guidance Document 90-21. Mr. Jones stated that repeal of the Guidance Document was warranted as its contents were either duplicative of regulation or provided additional regulatory requirements for programs to meet that are not included in 18VAC90-27-10 et seq.

The motion passed unanimously.

This recommendation will be presented to the full Board on Tuesday, November 16, 2021

EDUCATION PROGRAM UPDATES:

Ms. Wilmoth presented the data collected from the 2020 NCSBN Annual Report focusing on statistics of NCSBN quality indicators of nursing education programs and the impact of COVID-19 on programs. Ms. Wilmoth stated the Board could add questions to the report if additional information was desired.

ACTION:

Mr. Jones moved to recommend to participate in the 2021 NCSBN Annual Survey and for it to be distributed to the nursing education programs in January 2022. Additionally, Mr. Jones recommend that the full board have discussion to determine if additional information should be gathered as part of the 2021 NCSBN Annual Report.

The motion passed unanimously.

This recommendation will be presented to the full Board on Tuesday, November 16, 2021

Ms. Wilmoth presented Nursing Education Program Updates to include the NCLEX pass rates, number of faculty exception approvals since March 2021, status of program approvals, and attendance at educational seminars.

Ms. Smith presented Nurse Aide and Registered Medication Aide program updates to include the status of nurse aide education program approval, the number of

programs that have closed, the nurse aide education seminar held in October this year, and the number of survey visits scheduled for 2021 for nurse aide education programs. For medication aide training programs she presented an update on the ongoing attempt to verify the number of active medication aide training programs and testing pass rates.

Ms. Smith presented the status of the medication aide curriculum. A committee consisting of board members, program administrators and stakeholders have been revising the current board approved curriculum. The anticipated date of final review is January 2022 and presentation to the education committee in March 2022.

Meeting adjourned at 1:27 p.m.

Jacquelyn Wilmoth, MSN, RN
Deputy Executive Director

Virginia Board of Nursing

Guidance on Clinical Learning Experiences

Introduction/Background

This document provides information and guidance to schools of nursing (both PN and RN) in Virginia on the use of clinical learning experiences in the fulfillment of the clinical hour requirements for nursing education programs. As of April 2008, all RN nursing education programs approved in Virginia shall provide a minimum of 500 hours of direct client care supervised by qualified faculty, and all PN nursing education programs approved in Virginia shall provide a minimum of 400 hours of direct client care supervised by qualified faculty [18 VAC90-27-100.A]. These supervised clinical hours shall encompass the attainment and maintenance of physical and mental health and the prevention of illness for individuals and groups throughout the life cycle and in a variety of settings. The clinical settings include acute, non-acute, community based, and long term care clinical settings; with experiences to include adult medical/surgical nursing, geriatric nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, nursing fundamentals, and pediatric nursing. This document will outline the essential components and major concepts that are necessary when using clinical learning experiences, including roles and expectations for faculty, preceptors, nursing students, and clinical facilities. (Please see Guidance Document # 90-24 for additional requirements for the Use of Simulation in Lieu of Direct Client Care Clinical Learning Experiences).

Definitions of Terms

Nursing Faculty - a Registered Nurse who teaches the practice of nursing in nursing education programs meeting the criteria as defined in Virginia Board of Nursing Regulations Governing the Practice of Nursing [18VAC90-27-60]. Nursing faculty member maintains the ultimate responsibility for the student's learning in the clinical setting. The nursing faculty member may directly supervise the students in the clinical area, not to exceed a one to ten ratio (faculty/student) and the faculty shall be on site solely to supervise students.

Clinical Preceptor- A licensed nurse, licensed at or above the level for which the student is preparing. The clinical preceptor is a qualified licensed healthcare professional employed by the facility in which the clinical experience occurs and is **present** with the student during the student's clinical experience. He/She agrees to serve as a role model, resource person, and is present with the nursing student in that setting providing clinical supervision.

Nursing Student- An individual enrolled in an approved nursing education program. The nursing student may perform tasks that would constitute the practice of nursing [§ 54.1-3001(2)]. The student is self-directed; responsible to and supervised by the nursing faculty member/clinical preceptor to achieve the clinical objectives of the specific course and nursing education program.

Preceptorship- A clinical experience in which a nursing student is participating in the provision of care for one or more clients and a nursing faculty member is **not** providing direct supervision on site. A preceptorship agreement is required when nursing faculty are not providing direct supervision, as well as written objectives and an orientation program for faculty, preceptors, and students [18VAC90-27-110.C.D.E.F.&G].

Clinical Setting – Any location in which the clinical practice of nursing occurs as specified in an agreement between the cooperating agency and the school of nursing.

Cooperating Agency – Any location in which the clinical practice of nursing or observational experience occurs to provide learning experiences for a nursing education program as specified in a written agreement between the cooperating agency (clinical facility) and the school of nursing.

Statute and Regulations

§54.1-3001(2) of the Code of Virginia allows a nursing student, while enrolled in an approved nursing program, to perform tasks that would constitute the practice of nursing. The student shall be responsible and accountable for the safe performance of those direct patient care tasks to which he has been assigned. This statute requires that the nursing education program be approved, and as such, has requirements in regulation for the supervision of students by qualified faculty.

If the nursing education program chooses to provide clinical experiences outside of Virginia, the program is responsible for obtaining the permission or approval from that entity outside of Virginia (ie – other States or the District of Columbia, or foreign country).

Regulation 18VAC90-27-60. Faculty (see regulation for additional requirements by type of program)

A. Qualification.

1. Every member of the nursing faculty, including the program director, shall hold a current license or multistate licensure privilege to practice nursing in Virginia as a registered nurse without any disciplinary action that currently restricts practice and have at least two years of direct client care experience as a registered nurse prior to employment by the program. Persons providing instruction in topics other than nursing shall not be required to hold a license as a registered nurse.
2. Every member of a nursing faculty supervising the clinical practice of students shall meet the licensure requirements of the jurisdiction in which that practice occurs. Faculty shall provide evidence of education or experience in the specialty area in which they supervise students' clinical experience for quality and safety. Prior to supervision of students, the faculty providing supervision shall have completed a clinical orientation to the site in which supervision is being provided.
3. The program director and each member of the nursing faculty shall maintain documentation of professional competence through such activities as nursing practice, continuing education programs, conferences, workshops, seminars, academic courses, research projects and professional writing. Documentation of annual professional development shall be maintained in employee files for the director and each faculty member until the next survey visit and shall be available for board review.

B. Number.

1. The number of faculty shall be sufficient to prepare the students to achieve the objectives of the educational program and to ensure safety for patients to whom students provide care.

2. When students are giving direct care to patients, the ratio of students to faculty shall not exceed ten (10) students to one (1) faculty member, and the faculty shall be on site solely to supervise students.
3. When preceptors are utilized for specified learning experiences in clinical settings, the faculty member may supervise up to fifteen (15) students.

Regulation 18VAC 90-27-110. Preceptorships. (Excerpts related to clinical learning)

- C. Faculty members or preceptors providing on-site supervision in the clinical care of clients shall be responsible and accountable for the assignment of clients and tasks based on their assessment and evaluation of the student's clinical knowledge and skills. Supervisors shall also monitor clinical performance and intervene if necessary for the safety and protection of the clients.
- D. Clinical preceptors may be used to augment the faculty and enhance the clinical learning experience. Faculty shall be responsible for the designation of a preceptor for each student and shall communicate such assignment with the preceptor. A preceptor may not further delegate the duties of the preceptorship.
- E. Preceptors shall provide to the nursing education program evidence of competence to supervise students' clinical learning experience for quality and safety in each specialty area where they supervise students. The clinical preceptor shall be licensed at or above the level for which the student is preparing.
- F. 2. When preceptors are utilized for specific learning experiences in clinical settings, the faculty may supervise up to 15 students. In utilizing preceptors to supervise students in the clinical setting, the ratio shall not exceed two students to one preceptor at any given time. During the period in which students are in the clinical setting with a preceptor, the faculty member shall be available for communication and consultation with the preceptor.
- G. Prior to beginning any preceptorship, the following shall be required:
 1. Written objectives, methodology, and evaluation procedures for a specified period of time to include the dates of each experience;
 2. An orientation program for faculty, preceptors, and students;
 3. A skills checklist detailing the performance of skills for which the student has had faculty-supervised clinical and didactic preparation; and
 4. The overall coordination by faculty who assume ultimate responsibility for implementation, periodic monitoring, and evaluation.

Regulation 18VAC90-27-110 Clinical practice of students.

- A. In accordance with §54.1-3001 of the Code of Virginia, a nursing student, while enrolled in an approved nursing program, may perform tasks that would constitute the practice of nursing. The student shall be responsible and accountable for the safe performance of those direct patient care tasks to which he has been assigned.
- B. Faculty shall be responsible for ensuring that students perform only skills or services in direct client care for which they have received instruction and have been found proficient by the instructor. Skills checklists shall be maintained for each student.
- C. Faculty members or preceptors providing supervision in the clinical care of patients shall be responsible and accountable for the assignment of patients and tasks based on their assessment and evaluation of the student's clinical knowledge and skills. Supervisors shall

also monitor clinical performance and intervene if necessary for the safety and protection of the clients.

Regulation 18VAC90-27-80. Resources, facilities, publications and services. (Excerpts related to clinical learning)

- A. Classrooms, conference rooms, laboratories, clinical facilities, and offices shall be sufficient to meet the objectives of the nursing education program and the needs of the students, faculty, administration, and staff and shall include private areas for faculty-student conferences. Instructional technology and equipment needed for simulating client care.
- B. The program shall have learning resources that are current, pertinent and accessible to students and faculty, and sufficient to meet the needs of the students and faculty.
- C. 9. Curriculum plan to include course progression from admission to graduation, the name of each course, theory hours, skills lab hours, simulation hours (if used in lieu of direct client care hours) and clinical hours.
- D. Administrative support services shall be provided.
- E. There shall be written agreements with cooperating agencies that:
 1. Ensure full control of student education by the faculty of the nursing education program, including the selection and supervision of learning experiences to include the dismissal of students from the clinical site if client safety is or may be compromised by the acts of the student;
 2. Provide that faculty members or preceptors are present in the clinical setting when students are providing direct client care;
 3. Provide for cooperative planning with designated agency personnel to ensure safe client care;
 4. Provide that faculty be readily available to students and preceptors while students are involved in preceptorship experiences; and
 5. State the number of students allowed on each nursing unit from the nursing education program.
- F. Cooperating agencies shall be approved by the appropriate accreditation, evaluation, or licensing bodies, if such exist.

Key Components

The Board of Nursing envisions the nursing faculty member and clinical preceptor functioning in a role which enhances the nursing students' learning experiences. Nursing faculty members or clinical preceptors providing supervision in the clinical care of patients/clients shall be responsible and accountable for the assignment of care and tasks based on their assessment and evaluation of the student's clinical knowledge and skills.

Direct Care Clinical Components:

Partnerships between nursing education programs and clinical agencies are vital for providing nursing students the opportunity to practice nursing during their clinical experiences within a variety of settings with expert resources. Written agreements between the nursing education program and the cooperating agency shall be developed, maintained, and periodically reviewed.

The agreement shall meet the criteria as defined in Virginia Board of Nursing Regulations Governing the Practice of Nursing (as outlined in the above section)

18 VAC 90-27-110.C&F

When supervising nursing students giving direct care to clients, the ratio of students to faculty shall not exceed ten (10) students to one (1) faculty member, and the nursing faculty member shall be on site solely to supervise students in the clinical setting. Supervising faculty shall monitor the student's clinical performance and intervene if necessary for the safety and protection of the patients.

Preceptorship Components:

Precepted clinical experiences are planned experiences for a specific nursing course. The nursing faculty member becomes the facilitator of the total preceptor experience by planning, counseling, periodic monitoring, and evaluating the preceptorship throughout its entirety. Nursing faculty members are responsible for the designation of a clinical preceptor for each student and will communicate such assignment with the clinical preceptor in collaboration with the clinical facility. When nursing faculty are not on site to supervise students, clinical preceptors may be utilized for specific learning experiences in the clinical setting. During these occasions, the faculty member may supervise up to 15 students. Supervising preceptors shall monitor the student's clinical performance and intervene if necessary for the safety and protection of the patients.

Preceptorships shall include:

1. Written objectives, methodology, and evaluation procedures for a specified period of time;
2. An orientation program for faculty, preceptors, and students;
3. The performance of skills for which the student has had faculty-supervised clinical and didactic preparation.
4. Written agreements between the nursing education program and the affiliating agency shall be developed, maintained, and periodically reviewed. The agreement shall meet the criteria as defined in Virginia Board of Nursing Regulations Governing the Practice of Nursing [18VAC90-27-80.E].

Program/Faculty Responsibilities

1. Ensure that nursing faculty members and clinical preceptors meet qualifications as outlined in 18VAC90-27-60 and 18VAC90-27-110.
2. Ensure that there are written agreements which delineate the functions and responsibilities of the cooperating agency, clinical preceptor, and nursing program.
3. Ensure that the written agreements with cooperating agencies and the nursing education program are reviewed, signed, and current.
4. Ensure that clinical experiences using clinical preceptors occur only after the student has received applicable theory and clinical skills lab experiences necessary to safely provide care to clients, as appropriate.
5. Provide the clinical preceptor an orientation to the philosophy, curriculum, course, and clinical objectives of the nursing education program and course. Discuss student expectations, skills performance, and methods of evaluation.

6. Assume overall responsibility for teaching and evaluation of the nursing student.
7. Ensure student compliance with standards required by the facility/organization, including, but not limited to: immunization, screening, OSHA standards, CPR, and current liability insurance coverage, and other requirements as appropriate.
8. Selects clinical preceptor for nursing student.
9. Meets periodically with clinical preceptor and nursing student to determine student progress.
10. Be readily available via telephone for consultation when students are in the clinical area. The designated nursing faculty member shall be available to provide assistance or supervision of the student at the clinical site, should a problem arise that cannot be resolved by telephone.

Preceptor Responsibilities

1. Participate in a preceptor orientation facilitated by the nursing education program.
2. Facilitate clinical learning experiences for no more than two nursing students at a time.
3. Orient nursing student(s) to the clinical agency and its policies and procedures.
4. Guide and supervise the student's performance of skills and other nursing activities to ensure patient safety.
5. Provide feedback to the nursing faculty member, assigned to the student, regarding clinical experience for student and suggestions for program development.
6. Provide the nursing student with feedback on his/her progress, based on the clinical preceptor's observation of clinical performance, assessment of achievement of clinical competencies, and patient care documentation.
7. Retain ultimate responsibility for the care of the patients/clients. Fulfill nursing duties as determined by the clinical agency's policies and procedures.
8. A preceptor may not further delegate the duties of the preceptorship.
9. Contact nursing faculty member by telephone if faculty assistance is necessary.

Agency Responsibilities

Written agreements between the nursing program and cooperating agency (clinical facility) shall be developed, maintained and periodically reviewed for all clinical experiences, including observation, community, and global experiences. In addition to the written agreement, the cooperating agency (clinical facility) shall:

1. Ensure full control of student education by the **faculty** of the nursing education program, including the selection and supervision of learning experiences.
2. Ensure that the nursing education program is providing appropriate clinical supervision to the students, either by faculty or clinical preceptors, and is not relying on the cooperating agency (clinical facility) staff to provide supervision to the students.
3. Retain ultimate responsibility for the care of patients/clients.
4. Retain responsibility for the preceptor's salary, benefits, and liability.
5. Arrange for the Preceptor and nursing student to coordinate the times for the precepted clinical experience.

Student Responsibilities

1. Demonstrate self direction by actively seeking learning experiences and being prepared to accomplish the learning objectives for the clinical experience.
2. Maintain accountability for safe performance of those direct client care tasks to which the student has been assigned.
3. Prepare for each clinical experience as needed.
4. Provide safe nursing care at the highest level of the student's knowledge. Participate in direct client care as assigned by the clinical preceptor.
5. Respect the confidential nature of all information obtained during the clinical experience.
6. Contact nursing faculty by telephone if faculty assistance is necessary.
7. Maintain open communications with the preceptor and faculty.

Expectations for Using Preceptors in Nursing Education Programs

Preceptors may be used for supervision of nursing students only after students have demonstrated knowledge and skills that are required for the clinical situation. Nursing students must have successfully completed foundational nursing concepts, such as: anatomy and physiology, nutrition, growth and development, basic nursing care, ADLs, pharmacology, nursing process, promotion of a safe client environment, cultural values, physical assessment, and patient education, prior to being assigned to a clinical preceptor. Medication administration may be supervised by the clinical preceptor after the student has satisfactorily completed initial instruction and clinical skills practice with nursing faculty supervision.

When the preceptorship is provided in a setting in which the student is employed, the nursing faculty member must ensure that both the nursing student and clinical preceptor understand the difference in the student's role during the preceptorship experience versus their role while employed at the clinical agency.

When students are performing direct patient care, on site supervision of students by a nursing faculty member or preceptor is required at all times. Examples of types of clinical settings include, but are not limited to: physician offices, school nurse clinics and schools, ambulatory care settings, and in-patient facilities. These experiences can be counted toward the required supervised direct care clinical hours as defined in 18VAC90-27-100.A.

Exceptions to Direct, On-Site Supervision in Nursing Education Programs

The exceptions to direct, on-site supervision, are in the following areas:

1. The clinical experience is strictly observational.
 - a. The purpose of an observational experience is to allow the student to observe specialized or advanced areas of clinical care. In an observational experience, nursing students do not provide direct (hands-on) care.
 - b. Nursing students may be assigned at a clinical site for observational experiences without the supervision of a clinical preceptor, provided that such experiences meet the learning objectives as clearly defined. Nursing faculty remain responsible for the supervision of students involved in observational experiences (absent a preceptor) within the 10 to 1, student to faculty ratio. Examples of observational experiences include, but are not limited to: attendance at AA

- meetings, support groups, or birthing classes; and “shadowing” experiences where the student will observe a nurse perform his/her nursing care and provide no assistance.
- c. Observational clinical hours do not count toward the required supervised direct client care hours as defined in 18VAC90-27-100.A.
 - d. Observational objectives shall be available to students, the clinical unit, and the board.
2. The clinical experience is a community health experience meeting the following criteria:
- a. The nursing students have successfully completed foundational nursing concepts, as identified above, and basic medical-surgical nursing concepts prior to being assigned to a community based clinical experience.
 - b. There are established clinical objectives and an appropriate orientation to the setting.
 - c. The nursing care provided by the nursing student is limited to basic screening and data collection, health teaching, and assisting with low-risk, non-invasive nursing care (height/weight; vital signs, assessments, basic activities of daily living (ADLs)).
 - d. The nursing faculty member verifies the student’s competency in the care and/or other skills required for the clinical setting prior to the rotation.
 - e. The supervising nursing faculty member meets with the nursing students regularly to evaluate their progress toward meeting the objectives.
 - f. The supervising nursing faculty member is readily available by telephone to provide direct assistance, supervision, and evaluation as needed during the rotation.

Examples of community health experiences may include, but not limited to: Boys and Girls Club, Home Health, Health Department, Community Services Board, Child Care Centers, and Adult Day Care Centers. These experiences can be counted toward the required supervised direct care clinical hours as defined in 18VAC90-27-100.A.

3. The experience is a global/international community health experience meeting the following criteria:
- a. The nursing students have successfully completed foundational nursing concepts, as identified above, and basic medical-surgical nursing concepts prior to being assigned to a community based clinical experience.
 - b. There are established clinical objectives and an appropriate orientation to the setting.
 - c. The nursing care provided by the nursing student is limited to basic screening and data collection, health teaching, and assisting with low-risk nursing care non-invasive: height/weight; vital signs, assessments, basic activities of daily living (ADLs), and in accordance with the standards, guidelines and laws of the global location.
 - d. The nursing faculty member verifies the student’s competency in the care and/or other skills required for the clinical setting prior to the rotation.
 - e. The supervising nursing faculty member meets with the nursing students regularly to evaluate their progress toward meeting the objectives.

- f. The supervising nursing faculty member is readily available by telephone to provide direct assistance, supervision, and evaluation as needed during the rotation.
- g. Global/international community health experiences must have Board approval pursuant to 18VAC90-27-30.4.e.

Examples of global/international clinical experiences may include, but not limited to: Overseas Health Mission trips, Overseas Interdisciplinary Healthcare Team trips, Operation Smile, and Medishare.

These experiences can be counted toward the required supervised direct care clinical hours as defined in 18VAC90-27-100.A.