



**SC DEPARTMENT OF LABOR, LICENSING AND REGULATION  
 STATE BOARD OF NURSING FOR SOUTH CAROLINA  
 110 CENTERVIEW DRIVE, SUITE 202  
 COLUMBIA, SOUTH CAROLINA 29210**

**BOARD MEETING MINUTES – MARCH 25, 2004**

The March 25, 2004 State Board of Nursing for South Carolina meeting was held at 110 Centerview Dr., Columbia, S.C. In compliance with the S.C. Freedom of Information Act, public meeting notice was properly posted in the Kingtree Building lobby and provided to those requesting this notice. A quorum was present at all times.

**PLACE OF  
MEETING  
AND FOIA  
COMPLIANCE**

Dr. Whiting, Board President, called the meeting to order at 8:30 a.m. The Board mission was announced as follows: *The mission of the State Board of Nursing for South Carolina is the protection of public health, safety, and welfare by assuring safe and competent practice of nursing.*

**CALL TO  
ORDER**

- Sylvia Whiting, RN, PhD, CS, President  
 Congressional Dis. 1 ..... Present
- Suzanne White, RN, MN, FAAN, FCCM, CNAA, Vice-President  
 Congressional Dist. 4 ..... Present
- Brenda Martin, RNC, MN, CNAA. Secretary  
 Congressional Dist. 5 ..... Present
- Carrie Houser James, RN, MSN  
 Congressional District 6..... Excused Absence
- Mattie Jenkins, LPN  
 Region I, Congressional Dist. 1 ..... Present
- Rose Kearney-Nunnery, RN, PhD  
 Congressional Dist. 2 ..... Present
- C. Lynn Lewis, RN, EdD, MHS  
 Congressional Dist. 3 ..... Present
- Debra Newton, LPN  
 Region II, Congressional Dist.4..... Present
- James Rogers, Esquire  
 Public Member ..... Present

**BOARD  
MEMBERS  
PRESENT &  
VOTING**

- Martha Summer Bursinger, RN, MSN, MEd, Administrator
- Maggie Johnson, RN, Program Nurse Consultant-Practice
- Nancy Murphy, RN, MSN, Program Nurse Consultant-Education
- David Christian, Program Coordinator - Licensing
- Donald W. Hayden, Regulatory Compliance Manager
- Richard P. Wilson, Esq., Deputy General Counsel
- Adrienne R. Youmans, Esq. LLR Director
- Ruby B. McClain, Esq., Dep. Director-Office of Health/ Medically Related Professions
- Dottie Buchanan, Administrative Assistant

**BOARD & LLR  
STAFF  
MEMBERS  
PRESENT FOR  
CERTAIN  
AGENDA ITEMS**

The regular agenda for the March 25, 2004 meeting of the State Board of Nursing for South Carolina was presented for review and approval.

**APPROVAL OF  
AGENDA**

A motion was made to approve the regular March 25, 2004 Board Meeting agenda as presented. The motion received a second. The motion carried unanimously.

**MOTION**

The following items were adopted on the consent agenda:

**APPROVAL OF  
CONSENT  
AGENDA**

- 2.1a Restructuring of LLR Staff
- 2.2b Other Legislation Affecting Nursing
- 2.3 Information: Advisory Committee on Nursing Minutes
- 4.1 Recovering Professionals Program
- 8.1 For Info: NCLEX Fact Sheet
- 8.2 For Info: NCLEX Summary Statistics for 2003 – RN & PN
- 8.3 For Info: Schools with Deficient Pass Rate for Test Year 2003
- 8.5 For Info: Annual Report Ind. Study Refresher Course –S. Dakota State University
- 8.7 For Info: Chester County Career Center, Practical Nursing Program Closing
- 8.9a For Info: Response NCLEX Passing Rate Def. Cit. –Charleston Southern University
- 8.9a For Info: Response NCLEX Passing Rate Def. Cit. – Spartanburg Tech College
- 5.1 February 5, 2004 Disciplinary Review Committee Minutes
- 5.3 Unlicensed Practice
- 5.4 Information: Compliance Statistics
- 6.1 Information: Licensing Statistics
- 7.1 Summary Statistics on Advanced Practice
- 7.2 February 19, 2004 Nursing Practice and Standards Committee Meeting Minutes
- 7.3 January 23, 2004 Advanced Practice Committee Meeting Minutes

A motion was made to adopt the Consent Agenda with the removal of items 3.1 Mid Year Meeting and 5.2 January 20, 2004 Investigative Review Committee Minutes (IRC). The motion received a second. The motion carried unanimously.

**MOTION**

The minutes of the January 29-30, 2004 Board of Nursing Meeting were presented for the Board's review and approval.

**APPROVAL OF  
MINUTES**

A motion was made to approve the minutes of the January 29-30, 2004 Board of Nursing Meeting as presented. The motion received a second. The motion carried.

**MOTION**

### **ADMINISTRATOR'S REPORT**

Ms. Bursinger welcomed Health Sciences Students and their instructor from White Knoll High School. The student visited the meeting as part of their health sciences studies. Eight of these students will begin nursing school in the fall.

**WELCOME**

Ms. Bursinger reported that Carrie Houser James, RN, MSN had been appointed as registered nurse representative for Congressional District Six. Ms. James was unable to attend this meeting due to prior commitments.

**NEW BOARD  
MEMBER**

## LEGISLATION

### Nurse Practice Act Revision (S898)

The Nurse Practice Act (Senate Bill 898) passed favorably through the Senate Labor, Commerce and Industry Committee. The bill has been read for the third time on the Senate floor where it passed favorably and has now been sent to the House of Representatives. The Nurse Practice Act bill has been assigned to the House Military, Public and Municipal Affairs (3M) and will be taken up after a review of the fiscal impact statement. Ms. Martin stated that several people had asked her why the requirement for a Drug Enforcement Agency (DEA) number had been included in the advanced practice registered nurse (APRN) prescriptive authority section of this bill. This change was made and approved by the Board at the November 2003 Board Meeting. Ms. White recently spoke with Senator J. Verne Smith, Chairman, Senate Labor, Commerce and Industry Committee. Senator Smith reported to Ms. White that Board Administrator Martha Bursinger did a good job explaining the Nurse Practice Act bill to him. Ms. Bursinger acknowledged Maggie Johnson, Judy Thompson and Stephanie Burgess who have been very helpful and have done a wonderful job promoting this bill.

### Multi-State Nurse Licensure Compact (H4291)

The Multi-State Nurse Licensure Compact (House Bill 4291) passed out of the House of Representatives (House) Committee on Medical, Military, Public and Municipal Affairs with amendments. The amendments included changing the implementation date from March 1, 2005 to January 1, 2006 and correcting language that stated that a licensed practical nurse could practice registered nursing. The Multi-State Nurse Licensure Compact bill will now be enrolled for second and third readings on the House floor. After the final third reading and passage in the House the bill will be sent to the Senate and assigned to committee.

## PRESIDENT'S REPORT

President Whiting reported that there was a focus on globalization at the National Council of State Boards of Nursing (NSCBN) Mid-Year Meeting held on March 2-5, 2004 in Chicago, IL. Nurses are moving more often, moving out of country as well as in and out of nursing. There was also discussion about strategic initiative and governance. There are various models available. NSCBN is conducting more research on the international testing and the visa screening.

## MID YEAR MEETING

Ms. Bursinger reported that Commission on Graduates of Foreign Nursing Schools (CGFNS) is making changes in their leadership and staff.

The Board discussed items to be included on the agenda for their Strategic Planning Meeting to be held on Wednesday, May 19, 2004 before their regular meeting scheduled for May 20-21, 2004.

## STRATEGIC PLANNING RETREAT AGENDA

Discussions on the Board's strategic plan were postponed last year pending receipt of the Department of Labor, Licensing and Regulation (LLR) strategic plan. Mr. Wilson explained that the main focus for LLR leadership this year has been amendments to the "Engine Act," which has not been amended in approximately ten years.

Ms. White asked that nurse refresher courses be added to the Strategic Planning Meeting agenda for discussion. Other items also suggested for discussion at this meeting included: Policy vs. Management. The Board sets policy with management by LLR, staffing/overtime issues and board committees. Dr. Whiting has reviewed materials from the National Council of State Boards of Nursing (NSCBN) regarding how other boards of nursing use committees.

### **REPORTS/UPDATES**

Ms. Bursinger is working on an unlicensed assistive personnel (UAP) medication curriculum as her National Council of State Boards of Nursing (NSCBN) Annual Institute of Regulatory Excellence project. She is currently gathering data from several states as well as several other sources. Ms Bursinger anticipates presenting this curriculum to the Board before National Council of State Boards of Nursing Delegate Assembly scheduled for August 2004.

Board members asked about the status of approval of Board of Nursing UAP regulation. Governor Sanford is interested in less government regulation. Regulatory focus has been on the Nurse Practice Act legislation.

On February 10, 2004, Dr. Whiting, Dr. Kearney-Nunnery, Ms. White, Ms. Martin (via telephone), Ms. Bursinger, Ms. Johnson for the Nursing Practice and Standards Committee (NPSC) and Catherine Malone, Chair of the Advisory Committee on Nursing (ACON) met to review and discuss the policies, membership makeup, and interaction of the Board's three committees. Kathy Saunders of the Advances Practice Committee (APC) was not able to attend the meeting.

The Task Force recommended that members of all committees serve one-year terms and that the chair and vice chair of each committee should be appointed by the Board. Each committee would present curriculum vitae of two members from their committee for chair and vice chair for Board consideration and appointment.

The Task Force recommended that membership for the Nursing Practice and Standards Committee (NPSC) consist of a representative from each of the following practice categories: Acute Care Registered Nurse; Acute Care Licensed Practical Nurse; Critical Care; Long Term Care/Gerontology; Home Health/Hospice; Community health; Psychiatric/Mental health; Emergency Nursing/Urgent Care; Pediatrics; Maternal Child/Obstetrics; School Health: Department of Health and Environmental Control/Department of Education/State School Health Consultant; Advanced Practice representative; and as well as a Board Member to serve as an ex-officio non-voting member for a total NPSC membership of thirteen. Ms. Johnson would serve as a staff liaison instead of Chair of the NPSC.

The Task Force recommended that Advanced Practice Committee membership (APC) include four Certified Registered Nurse Anesthetists (CRNA); four Nurse Practitioners (NP) from various different specialties; one Certified Nurse Midwife (CNM); one

**SCHOOL  
NURSE TASK  
FORCE/ UAP  
MEDICATION  
CURRICULUM**

**BOARD  
COMMITTEE  
MEMBERSHIP  
REVIEW TASK  
FORCE**

Advanced Practice Registered Nurse (APRN) Educator; two Certified Nurse Specialists (CNS) to include a Psychiatric/Mental Health CNS; and a Board member to serve as a non-voting ex-officio member. Ms. Johnson would serve as a staff liaison to the APC.

The Task Force recommended no changes for the Advisory Committee on Nursing membership at this time.

## **PRACTICE**

### **New/Revised Advisory Opinions**

The Nursing Practice and Standards Committee (NPSC) reviewed and the following advisory opinions and made recommendations:

#### **Advisory Opinion #44**

This advisory opinion currently reads: Is it within the role and scope of practice for the registered nurse (RN) to insert Misoprostol into the vagina for cervical ripening or induction of labor with a viable fetus? Answer: The Board of Nursing has determined that it is NOT within the role and scope of practice for the RN to administer Misoprostol vaginally for cervical ripening or induction of labor with a viable fetus.

There was discussion at the January 2004 Board meeting regarding the use of brand names of medications in this advisory opinion. The NPSC discussed the Board's concerns but felt that nurses working in this area should know the difference between prostaglandin and a prostaglandin analog. Committee voted to specifically address Misoprostol leaving out prostaglandin analog. The NPSC recommends no changes to the question on Advisory Opinion #44.

A motion was made to approve Advisory Opinion #44 as amended and presented. The motion received a second. The motion carried unanimously.

#### **Advisory Opinion #50**

Advisory Opinion #50 is a new advisory opinion with the question: Is it within the role and scope of practice for the registered nurse (RN) to perform an OSHA Respiratory evaluation questionnaire and approve Respirator use? Answer: The Board of Nursing has determined that it is within the role and scope of practice of the licensed registered nurse (RN) to conduct the OSHA's mandatory questionnaire related to respirator use. The Board of Nursing supports the OSHA standard that the RN can complete the questionnaire and approve respirator use. Approval of a respirator is based upon negative responses to all questions on the OSHA questionnaire. If there is an initial positive response on the questionnaire, the RN will refer the employee to a licensed physician or advanced practice registered nurse (APRN). On subsequent evaluations, the RN will refer the employee to a licensed physician or APRN if there is not sufficient information to reach the necessary judgment of the employee's ability to safely use a respirator without limitations. The LPN cannot conduct the OSHA's mandatory questionnaire related to respirator use. The Board recommends the employer verify competency in the performance of this skill.

## **NURSING PRACTICE AND STANDARDS COMMITTEE**

## **MOTION**

At the January 2004 Board meeting there was discussion as to whether a nurse must refer an employee with a chronic illness back to the doctor each year at the required annual OSHA questionnaire for respirator use. The advisory opinion was sent back to NPSC for further review. After much discussion, as well as input from COHN guests, the recommendation for the answer to this advisory opinion should read: The Board of Nursing has determined that it is within the role and scope of practice of the licensed registered nurse (RN) to conduct the OSHA's mandatory questionnaire related to respirator use. The Board of Nursing supports the OSHA standard that the RN can complete the questionnaire and approve respirator use. Approval of a respirator is based upon negative responses to all questions on the OSHA questionnaire. If there is an initial positive response on the questionnaire, the RN will refer the employee to a licensed physician or advanced practice registered nurse (APRN). On subsequent evaluations, the RN will refer the employee to a licensed physician or APRN if there is not sufficient information to reach the necessary judgment of the employee's ability to safely use a respirator without limitations. The LPN cannot conduct the OSHA's mandatory questionnaire related to respirator use. The Board recommends the employer verify competency in the performance of this skill.

A motion was made to approve Advisory Opinion #50 as presented. The motion received a second. The motion carried unanimously.

**MOTION**

Advisory Opinion 51

This recommended new advisory opinion reads, "Is it within the scope of practice of a licensed registered nurse (RN) to remove trans-thoracic (epicardial) pacing wire following open heart surgery? Answer: The Board of Nursing acknowledges that it is within the role and scope of responsibilities of the RN to remove trans-thoracic (epicardial) pacing wires following open-heart surgery as ordered by the physician. The Board recognizes this responsibility is an additional act for the RN and requires the following guidelines: 1. Established agency policy and procedure are approved and signed by the nursing administrator and applicable medical director. Procedure is to include guidelines for patient monitoring and standing orders dealing with potential complications or emergency procedures. 2. The RN must complete an organized course of study relative to the removal of trans-thoracic (epicardial) pacing wires. The course is to include didactic classroom instruction followed by a period of supervised clinical instruction including return demonstrations. 3. The procedure is performed only in a medical facility where a cardiothoracic surgeon is present within the facility during the procedure and for one hour following the procedure should complications arise.

The NPSC has researched, reviewed and discussed this advisory opinion for more than a year.

A motion was made to approve Advisory Opinion #51 as presented. The motion received a second. The motion carried unanimously.

**MOTION**

Debra J. Mease, RN, FNP-C, WCC requested Board of Nursing approval to work under the direction and supervision of a podiatrist. Currently, advanced practice nurses are able work under physicians, doctors of osteopathy and dentists. The Nurse Practice Act and

**PRECEPTOR  
EXEPTION –  
PODIATRIST**

Regulations currently do not allow podiatrists to direct and supervise advanced practice registered nurses.

Katherine D. Saunders, RN, Chair, Advanced Practice Committee (APC) apologized for not being able to attend the February task force meeting to review and discuss the policies and membership makeup of the Board’s three committees. Ms Johnson explained Board’s concerns have about all three committees and the way the committees work and interact with each other. Ms. Saunders reported that the APC has expressed concerns about member terms being limited to only one year. The chair and vice chair would change each year and be in new leadership role while still learning about APC, how it relates to the Board and other committees. It was suggested that membership terms be two years with Board approval to serve an additional year.

**ADVANCED  
PRACTICE  
COMMITTEE &  
NURSING  
PRACTICE &  
STANDARDS  
COMMITTEE  
MEMBERSHIP**

A motion was made to: (A) approve committee members to serve two-year renewable terms; (B) that the membership of the Advanced Practice Committee consist of three Certified Registered Nurse Anesthetists (CRNA), one Certified Nurse Midwife (CNM), five Nurse Practitioners (NP) from different specialty areas, two Clinical Nurse Specialists (CNS), one Advanced Practice Registered Nurse (APRN) Educator as full members and serving as ex officio members one South Carolina Nurses’ Association (SCNA) Representative, one Board Member, one board staff liaison; and (C) that Nursing Practice and Standards Committee membership consist of representatives from the areas of 1) Acute Care Registered Nurse (RN), 2) Acute Care Licensed Practical Nurse (LPN), 3) Critical Care, 4) Long Term Care/Gerontology, 5) Home Health/Hospice, 6) Community Health, 7) Psychiatric/Mental Health, 8) Emergency Nursing/Urgent Care, 9) Pediatrics, 10) Maternal Child/ Obstetrics, 11) School Health: Department of Health and Environmental Control/Department of Education/State School Health Consultant, 12) Advanced Practice, and 13) a Board member serving as a non-voting officio member. The motion received a second. The motion carried unanimously.

**MOTION**

**REGULATORY COMPLIANCE**

The January 20, 2004 Investigative Review Committee (IRC) Minutes were provided and reviewed by the Board. The Board asked questions regarding cases in these minutes. The Board asked about the Recovering Professionals Program (RPP) not setting limits on administration of narcotics. There is concern that although an employer may not allow an RPP participant to administer narcotics in their facility, the participant feels they should be able to because the Board and RPP and have not restricted their practice in that area. There is also concern that even if one employer placed a restriction on a nurse for no narcotic administration in their facility, the nurse could go to another employer and work without restriction. Mr. Wilson will discuss this with the RPP staff. The Board also asked if RPP participant relapses could be reported to their employers. The Health Insurance Portability and Accountability Act (HIPPA) prevents the reporting of this information to anyone unless the participant signs a release agreement. Mr. Wilson will also discuss this issue with RPP staff. An agreement that would allow relapses to be reported to the employer will be reviewed. The RPP assesses as to whether a participant has only “slipped” or it is a true relapse.

**JANUARY 20,  
2004 IRC  
MINUTES**

Mr. Hayden will notify investigators and panel members that restriction of narcotic administration can be considered in cases. This restriction would mean a nurse could not administer narcotic or have access to narcotics including automated medication administration systems such as Pyxis.

Some Employee Assistance Programs (EAP) at facilities in South Carolina send their participants to the RPP. These voluntary referral cases are not reported to Board staff. If Board staff receives a complaint, the RPP will confirm if that nurse is currently in their program. If a volunteer participant does not successfully complete the program, it is then reported to Board staff. Temporary Suspensions may be issued when there is proof of danger or risk to the public.

In some cases the IRC minutes are using the following language, "RN supervision must remain onsite and on shift at all times: Sanctioned nurse may not work in an agency or in the capacity where home health visits are required." This language does not change the original intent of the Board. This language states the same thing as the approved language but adds more emphasis. Mr. Wilson will review this language.

A motion was made to approve the January 20, 2004 Investigative Review Committee (IRC) Minutes as presented. The motion received a second. The motion carried unanimously.

**MOTION**

The Board reviewed a case and recommendation from the hearing panel. Respondent was invited to appear before the Board to respond to questions. When contacted on the day of the hearing, the attorney for the Respondent stated he had not yet received official notification of the hearing.

**CERTIFIED**  
**PANEL**  
**REPORTS**

A motion was made to continue this hearing to the next meeting. The motion received a second. The motion carried unanimously.

**MOTION**

The Department of Labor, Licensing and Regulation General Counsel has requested that Board of Nursing hearing panels now consist of three members instead of just two members. In responding to this request, there is a need for more members from various areas of the state to be available to serve on panels and meet hearing needs. Curricula vitae were submitted for Patricia Gray Fuller, RN, BSN; Carolyn Miller Gilliam, RN, BSN; Linda S. Sherriff, RN, BSN; and Carole Siegfried, RN, MS, CNA for review and approval by the Board. The Board reviewed these curricula vitae and recommendations.

**MOTION**

A motion was made to approve Patricia Gray Fuller, RN, BSN; Carolyn Miller Gilliam, RN, BSN; Linda S. Sherriff, RN, BSN; and Carole Siegfried, RN, MS, CNA to serve as hearing panel members. The motion received a second. The motion carried unanimously.

### **EDUCATION**

South Carolina Board of Nursing Regulation 91-24 G. requires that a new nursing education program make application for full approval within six months following the

**FULL NURSING**  
**EDUCATION**

taking of the National Council Licensure Examination (NCLEX) by their first graduating class. A site survey must be conducted and a written report prepared for Board review to determine the approval status of the program. In March 2003, the Board approved accepting annual reports, NCLEX passing rates and for continued approval of accredited nursing education if there are no substantiated complaints in lieu of site surveys and to continue site surveys for non-accredited programs. Ms. Murphy proposed having a Board staff member attend the accreditation visit along with the accrediting team but not providing an additional report to the Board if the visit shows no problems with the program.

**PROGRAM  
APPROVAL  
PROCESS**

A motion was made that Board staff attend the accreditation visit along with the accrediting team with no requirement for an additional report. The motion received a second. The motion carried unanimously.

**MOTION**

Dr. Tom Mecca, Executive Vice President/Chief Education Officer; Becky King, Nursing Education Director; and Bennie Dietrichsen, Practical Nursing Program Coordinator of Piedmont Technical College appeared before the Board regarding their National Council Licensure Examination (NCLEX) deficiencies. Ms. King and Ms. Dietrichsen explained the changes made to correct past NCLEX-RN and NCLEX-PN deficiencies. Changes made include: strengthening admission criteria, remediation for students unsuccessful at mid-term, faculty development, having a consultant visit by July 2004 and increasing medication competencies. The 2003 passing rates for Piedmont Technical College have increased up to 84% on the NCLEX-RN and to 90% on the NCLEX-PN and are no longer deficient. Piedmont Technical College hopes to expand its program in January 2005. Plans are to bring this information before the Board in May 2004.

**PIEDMONT  
TECHNICAL  
COLLEGE -  
NCLEX  
DEFICIENCY**

A motion was made to approve the changes made by Piedmont Technical College to correct their NCLEX deficiencies. The motion received a second. The motion carried unanimously.

**MOTION**

Mary Anne Laney and Carolyn Stewart of York Technical College as well as Jim Love of Chester County Career Center appeared before the Board to request approval of a satellite site for their practical nursing program and approval for expansion of their enrollment by ten students for the fall 2004 enrollment.

**YORK  
TECHNICAL  
COLLEGE  
ADDITIONAL  
LOCATION &  
ENROLLMENT  
INCREASE**

**Satellite Practical Nursing Program**

York Technical College is requesting approval to offer their practical nursing program as a satellite program in Chester, South Carolina. The curriculum offered at this location would be the same as offered at their Lancaster, South Carolina location. The Chester site will have different faculty. The National League for Nursing Accrediting Commission (NLNAC) considers this as part of the same accreditation. York Technical College has received eight applications from qualified faculty for the ADN program. They have also received three that are not yet finished with their master's degree.

A motion was made to approve York Technical College expanding their practical nursing (PN) program to include the Chester County Career Center site. The motion received a second. The motion carried unanimously.

**MOTION**

Increase in Enrollment

York Technical College is requesting Board approval to increase enrollment by ten students (from 22 to 32) for fall 2004. These additional students would be entering from the University of South Carolina - Lancaster. This expansion has been requested to support the local needs of more nurses. Spring’s Memorial Hospital and the University of South Carolina - Lancaster are financially supportive of this request. Additional faculty will be hired and there are adequate clinical sites.

A motion was made to approve York Technical College’s request to increase enrollment from 22 to 32 with students coming from University of South Carolina – Lancaster. The motion received a second. The motion carried unanimously.

**MOTION**

Trudy Groves, Head of School of Nursing and Iris Walliser, ADN Program Coordinator of the University of South Carolina - Aiken appeared to discuss their plan to improve their National Council Licensure Examination (NCLEX) passing rate. The University of South Carolina – Aiken Associate Degree Program has been cited for deficiencies in 2001, 2002, and 2003. The 2003 NCLEX passing rate rose and is just under rate for deficiency. The program is closing and will admit their last class who will graduate in 2005. The University of South Carolina – Aiken engaged the services of a consultant and have instituted changes recommended to improve weaknesses.

**USC – AIKEN**  
**NCLEX**  
**DEFICIENCY**

A board staff member will attend the National League for Nursing Accrediting Commission (NLNAC) accreditation visit for the bachelors’ of nursing program at University of South Carolina – Aiken. If there are no problems, no further report will be required.

A motion was made to approve the University of South Carolina - Aiken plan to improve National Council Licensure Examination (NCLEX) passing rates. The motion received a second. The motion carried unanimously.

**MOTION**

The Excelsior College Nursing Education Program (Excelsior) is approved by the New York Board of Nursing and accredited by the National League for Nursing Accrediting Commission (NLNAC) as well as the Commission on Higher Education of the Middle States Association of Colleges and Schools. The New York Board of Nursing does not have a minimum clinical hour requirement. The New York Board of Nursing part of an umbrella agency of several professional licensing boards who rely on the national accrediting agency for specific requirements in each profession. It was reported that Excelsior has only 48-hours of clinical which is performed on mannequins. It was noted that it is difficult to find clinical sites. In December 2003, the California Board of Registered Nursing recently decided that Excelsior graduates (enrolled after December 2003) applying for licensure as a registered nurse (RN) in their state must be a licensed vocational nurse (LVN), have 8 units or 360 hours of supervised clinical experience through a California approved program, practicum may be provided through open university option throughout California and must comply with the LVN to RN requirements. The Georgia Board of Nursing will not allow Excelsior College graduates to apply for the NCLEX through their state due to their clinical hour requirement. The

**EXCELSIOR**  
**COLLEGE**  
**NURSING**  
**PROGRAM**

South Carolina Nurse Practice Act does not specify a requirement for the number of clinical hours. However, the Georgia Board of Nursing will endorse an Excelsior graduate's license after they have passed the National Council Licensure Examination (NCLEX). Several states are challenging NLNAC's accreditation of Excelsior College. So far, NLNAC has dismissed challenges regarding Excelsior College. It was noted that many of the Excelsior students are licensed practical nurses who have clinical work experience and are now seeking a registered nurse degree to further their careers.

The Board of Nursing is now accepting accreditation in lieu of site surveys after initial approval of nursing education programs. The Board looks at the quality of nursing education programs as a whole but does not set standards such as number of clinical hours. The number of clinical hours required vary from in the nursing programs approved by the Board.

A motion was made that a letter be sent from the Board to Excelsior expressing our concerns and desires regarding the clinical and competency portions of their program. The motion received a second. The motion carried unanimously.

**MOTION**

#### Master's in Nursing Programs

The Board has been requested to make decisions regarding the qualifications of faculty relative to clinical and educational backgrounds. The inquirers want written documentation from the Board. There is concern about the Board being involved hiring. There is great diversity in the types masters in nursing programs available. The clinical requirements for these programs varies.

**MASTER'S IN  
NURSING  
PROGRAMS**

Commission on Collegiate Nursing Education (CCNE) looks at sufficient numbers of master's prepared faculty with a mix of master's degrees in various areas and faculty experience. They look at how a nursing program director is utilizing faculty in the clinical and classroom areas. A faculty member may have a degree in nursing education but experience in the medical/surgical area. CCNE looks at whether masters programs are professionally accredited.

Schools must look at the faculty composition needed in their specific program. The Board should only be involved when there is a new program. Nursing education programs must make sure that their employees are qualified to work in certain areas just as other nursing employers do. It was noted that use and appointment of faculty is listed

*Regulation 91-29. Criteria for Approval of Basic Programs Preparing Registered Nurses. (4) The position responsibilities of the nursing education program administrator are congruent in scope, authority and accountability with other administrative positions of the same level and are consistent with general institutional policies. There is a written position description that reflects the authority and responsibility for: 5) Facilitation of faculty development and performance review; (6) Recommendation of faculty for appointment, promotion, tenure, and retention;*

There is a need for those concerned to address what current standards are and to provide guidance and assistance in the area of faculty qualifications. Deans & Directors should discuss this issue and given the faculty shortage assist each other in how they can meet

the needs of their program and students.

Education Committee

The Board discussed the need for a separate education committee. Currently the providing assistance and input in the regulation of nursing education and practice are part of the charges for the Advisory Committee on Nursing (ACON). Dr. Lewis is the ex officio member representing the Board on ACON. Most states that have a committee similar to ACON do not have a separate education committee. The states that currently have separate committees are combining those committees into one similar to ACON. Many of these committees are made up of mostly current board members. The Deans and Directors Council has been very positive and helpful and a valuable resource to the Board as Ms. Murphy has requested their input on various issues.

**LICENSING**

Candidates for the National Council Licensure Examination (NCLEX) for registered nurses appeared before the Board to respond to questions regarding reported criminal and/or disciplinary records.

**SPECIAL APPEARANCES**

Agenda Item #6.3a NCLEX-RN Candidate appeared without counsel to respond to questions from the Board.

A motion was made to allow Candidate to take the NCLEX-RN and upon successful completion be licensed as a registered nurse in South Carolina. The motion received a second. The motion carried unanimously.

**MOTION**

Agenda Item #6.3b NCLEX – RN Candidate appeared without counsel to respond to questions from the Board.

A motion was made to allow Candidate to take the NCLEX-RN and upon successful completion be licensed as a registered nurse in South Carolina. The motion received a second. The motion carried unanimously.

**MOTION**

A motion was made to adjourn the meeting at 3:35 p.m. on March 25, 2004. The motion received a second. The motion carried.

**ADJOURNMENT**

Respectfully Submitted,  
Dottie Buchanan, Administrative Assistant