

Massachusetts Board of Registration in Nursing

Board News...

JULY 2012

VOLUME 7, NUMBER 1

Contact Us:
239 Causeway Street
Suite 500, 5th Floor
Boston, MA
02114

617-973-0800

www.mass.gov/dph/boards/rn

The mission of the Board of Registration in Nursing is to protect the health, safety and welfare of the citizens of the Commonwealth through the fair and consistent application of the statutes & regulations governing nursing practice and nursing education

Board Members

Sandra Kelly, RN
Chairperson
Katherine Gehly, RN
Vice-Chairperson
Margaret Beal, RN
Pat Gales, RN
Joan Killion, LPN
Barbara Levin, RN
Catherine Lundeen, RN
Ann-Marie Peckham, RN
E. Richard Rothmund,
Public Member
Mary Jean Roy, RN
Catherine Simonian, RPh
Christine Tebaldi, RN

Massachusetts Nurses Fiscal Year 2012

111,388 RNs
9,598 APRNs
o NAs (1,210)
o NMs (480)
o NPs (6,962)
o PCs (946)
20,787 LPNs
141,773 Total

Source: MA BORN

Use of Social and Electronic Media by Nurses

Web-based communication platforms and applications such as email, text messaging, personal blogs, online chat rooms, networking forums, and photo and video-sharing sites are playing an increasingly prominent role in health care (1, 2). Nurses and other health care providers as well as health care organizations and professional nursing associations use Facebook®, MySpace®, LinkedIn®, Twitter and other forms of social and electronic media to promote patient and consumer health and education, enhance communication with patients, foster collaborative relationships and facilitate continuing professional education (1, 2, 3 and 5).

Social and electronic media venues are also used by nurses to share challenging or emotional workplace experiences, to encourage and support colleagues, and to seek advice from what can ultimately be a wide ranging audience of Internet users (2). However, the inappropriate or malicious use of social and electronic media venues poses a risk to patient safety and can negatively impact the effectiveness of the health care team (1, 2, 6 and 7).

When using any type of social and electronic media, whether for a professional or personal purpose, every nurse licensed by the Massachusetts Board of Registration in Nursing (Board) must consider professional practice concepts that include, but are not limited to: privacy, confidentiality, dignity, respect, professional boundaries and trust of the profession. The Board reminds all licensed nurses that they should be aware of, and consider and comply with the Board's regulations whenever using social and electronic media. These regulations require a nurse to:

- o safeguard a patient's dignity and right to privacy (244 CMR 9.03 [17]: *Patient Dignity and Privacy*);
- o safeguard patient information from any person or entity, or both, not entitled to such information and to share appropriate information only as required by law or for the protection of the patient (244 CMR 9.03 [16]: *Patient Confidential Information*);
- o establish and observe professional boundaries with respect to any patient with whom he or she has a nurse/patient relationship and to continue to observe professional boundaries with his or her former patients who may be vulnerable by virtue of emotional status, age, illness, or cognitive ability (244 CMR 9.03 [24]: *Professional Boundaries*);
- o comply with M.G.L. c. 112, §§ 74 through 81C, as well as with any other laws and regulations related to licensure and practice. This includes the Health Insurance Portability and Accountability Act (HIPAA) and the Massachusetts Fair Information Practices Act (FIPA) and their corresponding regulations as applicable to health care providers and other federal and state laws concerning the protection of confidential or personal information (244 CMR 9.03 [6]: *Compliance with Laws and Regulations Related to Nursing*);
- o engage in the practice of nursing in accordance with accepted standards of practice (244 CMR 9.03 [5]: *Adherence to Standards of Nursing Practice*); and

- o be responsible and accountable for his or her nursing judgments, actions, and competency (244 CMR 9.03 [9]: *Responsibility and Accountability*).

In addition, other applicable Board regulations specify that a licensed nurse will not:

- o abuse, neglect, mistreat, abandon, or otherwise harm a patient (244 CMR 9.03 [15]: *Patient Abuse, Neglect, Mistreatment, Abandonment, or Other Harm*);
- o have sexual contact with any patient with whom he or she has a nurse/patient relationship or with any former patient who may be vulnerable by virtue of emotional status, age, illness, or cognitive ability (244 CMR 9.03 [23]: *Sexual Contact*); and
- o initiate or maintain a nurse/patient relationship that is likely to adversely affect the nurse's professional judgment (244 CMR 9.03 [25]: *Relationship Affecting Professional Judgment*).

To assist nurses in appropriately using social and electronic media, the National Council of State Boards of Nursing, in its *White Paper: A Nurse's Guide to the Use of Social Media* (2011), has identified the following guidelines:

- o First and foremost, nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- o Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- o Do not share, post or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.
- o Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- o Do not refer to patients in a disparaging manner, even if the patient is not identified.
- o Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer-provided devices.
- o Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.
- o Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- o Promptly report any identified breach of confidentiality or privacy.
- o Be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices and use of personal devices in the work place.
- o Do not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- o Do not post content or otherwise speak on behalf of the employer unless

authorized to do so and follow all applicable policies of the employer.
(Reprinted with permission from National Council of State Boards of Nursing.)

References:

1. Anderson, J., & Puckrin, K. (2011). Social network use: A test of self-regulation. *Journal of Nursing Regulation*, 2(1), 36-41.
2. Cronquist, R., & Spector, N. (2011). Nurses and social media: regulatory concerns and guidelines. *Journal of Nursing Regulation*, 2(3), 37-40.
3. Eysenbach, G. (2008). Medicine 2.0: Social networking, collaboration, participation, apomediation and openness. *Journal of Medical Internet Research*, 10(3), e22. Retrieved 10/17/11 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2626430>.
4. National Council of State Boards of Nursing. (2011). *White paper: A nurse's guide to the use of social media*. Retrieved 10/20/11 from https://www.ncsbn.org/Social_Media.pdf.
5. Prinz, A. (2011). Professional social networking for nurses. *American Nurse Today*, 6(7). Retrieved 10/21/11 from www.americannursetoday.com/article.aspx?id=8016&fid=7986.
6. Royal College of Nursing. (2009). Legal advice for RCN members using the Internet. Retrieved 10/21/11 from www.rcn.org.uk/_data/assets/pdf_file/0008/272195/003557.pdf.
7. Spector, N. (2010). Boundary violations via the Internet. *Leader to Leader*. Retrieved 10/21/11 from www.ncsbn.org/L2L_Spring_2010.pdf.

Board Members Elect Fiscal Year 2013 Officers

At their June 2012 meeting, Board members re-elected Chairperson, Sandra Kelly, RN/NP, and Vice-Chairperson, Katherine Gehly, RN/NP, as the Board's Fiscal Year 2013 officers.



Executive Director, Rula Harb (right), congratulates Sandra Kelly (center) and Katherine Gehly (left) on their re-election as Board Chairperson and Vice-Chairperson.

Ms. Kelly was appointed in 2008 by Governor Patrick to one of the Board's two Advanced Practice seats. She is a Nurse Practitioner at Brigham and Women's Hospital.

Ms. Gehly is the Assistant Division Dean for Nursing, Middlesex Community College. She was initially appointed by Governor Patrick in 2008 to the Board's Associate Degree educator seat; she was reappointed in 2010.

For a list of the Board's Fiscal Year 2013 meeting dates, visit our website at www.mass.gov/dph/boards/rn, click on "About the Board of Registration in Nursing" then click on the link to the Board calendar.

Board Welcomes New Members and Extends Its Appreciation to Outgoing Members

Governor Patrick recently appointed five new members to the Massachusetts Board of Registration in Nursing. The Board is pleased to welcome Margaret Beal, PhD, RN/NM (Educator/Baccalaureate and Higher Degree Registered Nurse Programs); Patricia Gales, MS, RN (Educator/Practical Nurse Program); Barbara Levin, BSN, RN (Direct Care RN); Ann-Marie Peckham, MSN/MBA, RN

(Administrator, Nursing Service); and Christine Tebaldi, MS, RN/NP (Advanced Practice RN).



New Board members (L to R) Christine Tebaldi, RN/NP, Ann-Marie Pecham, RN, Margaret Beal, RN/NM, and Pat Gales, RN.



The Board has also welcomed new member, Barbara Levin, BSN, RN.

The new members join Katherine Gehly, MSN, RN/NP; Sandra Kelly, RN/NP; Joan Killion, LPN; Catherine Lundeen, RN; E. Richard Rothmund; Jean Roy, MS, M.Ed., RN and Catherine Simonian, PharmD, RPh, bringing the total number of seated Board members to 12.

The Board also extends its sincere thanks and appreciation to outgoing members, Jennifer Dubose, LPN, Robert Smith, LPN, and Cilorene Weekes-Cabey, RN, for their service and exceptional volunteer commitment to the Board and its mission.

The composition of the 17-member Board is established at M.G.L., c. 13, s. 13 includes nine Registered Nurses, four Licensed Practical Nurses, one physician, one pharmacist and two public members. Open seats currently include: three LPNs, one physician and one public member.

If you are interested in applying for a gubernatorial appointment to one of these seats, visit the Board Appointment page on the Division of Health Professions Licensure website at www.mass.gov/dph/boards.

UPDATES: LAWS AND REGULATIONS GOVERNING NURSING

New Law Establishes Standards for Collaborative Practice Between Nurse-Midwives and Physicians

In February 2012, Governor Patrick signed Chapter 24 of the Acts of 2012: *An Act Enhancing the Practice of Nurse-Midwives* into law, replacing the current requirement that a nurse midwife develop practice guidelines with a

supervising physician for the ordering of tests and therapeutics, and the issuance of prescriptions, with language that reflects contemporary collaborative practice between midwives and physicians. The new law eliminates the requirement that nurse midwives practice as part of a team that includes a physician with admitting privileges to hospitals with maternity and newborn services. As a result of the new law, nurse midwives will be able to practice within a health care system and have clinical relationships with obstetrician-gynecologists who provide consultation, collaborative management or referral. Nurse midwifery care will be consistent with standards established by the American College of Nurse Midwives as well as order tests and therapeutics, and issue prescriptions in accordance with the Board's regulations and M.G.L. c. 94C. Necessary revisions to the Board's nurse midwifery practice regulations addressing the new statutory requirements are underway.

New Regulations Enable Nurse Anesthetist Prescriptive Practice

With the enactment of Chapter 191 of the Acts of 2010: *An Act Relative to Nurse Anesthetists* in July 2010, M.G.L. c. 112, s. 80H granted Board-authorized nurse anesthetists the authority to order tests and therapeutics as well as to prescribe medications for the "immediate peri-operative care" of a patient. The "immediate peri-operative care" of a patient is defined, according to the new law, as the period beginning the day before surgery and ending when the patient is discharged from post-anesthesia care. The new law also clarified that the administration of anesthesia by a nurse anesthetist directly to a patient does not require a written prescription.

Regulations have since been updated by the Boards of Nursing and Medicine, and the Massachusetts Drug Control Program (DCP). The Nursing Board's regulations at 244 CMR 4.00 now reflect the nurse anesthetist's authority to prescribe medications and order tests and therapeutics for immediate peri-operative care according to guidelines which have been developed and mutually agreed upon by the nurse anesthetist and a supervising physician. In action taken by the Board of Medicine in December 2011, a physician who complies with the regulations at 243 CMR 2.10 and who is not an anesthesiologist may supervise the nurse anesthetist's prescriptive practice.

In order to prescribe or issue a medication order for a controlled substance, the nurse anesthetist must hold current Board-authorization as a nurse anesthetist and current Massachusetts Controlled Substance registration issued by the DCP. Where appropriate, the nurse anesthetist must also hold current registration with the U.S. Drug Enforcement Administration.

New Expedited Partner Therapy Regulations

Chapter 131, s. 62 of the Acts of 2010 authorized clinicians including advanced practice registered nurses to prescribe or dispense antibiotics to treat Chlamydia infection in the sex partners of patients with Chlamydia infection. Expedited partner therapy (EPT) is the practice of treating the sex partners of people diagnosed with Chlamydia infection without first examining or testing the partner. The new regulations at 105 CMR 700.003(J) and 105 CMR 721.000 governing EPT in Massachusetts are available at <http://www.mass.gov/eohhs/docs/dph/regs/105cmr700.pdf> and <http://www.mass.gov/eohhs/docs/dph/regs/105cmr721.pdf>.

ENTRY-LEVEL NURSING EDUCATION

Recent Board Actions Related to Nursing Education Program Approval

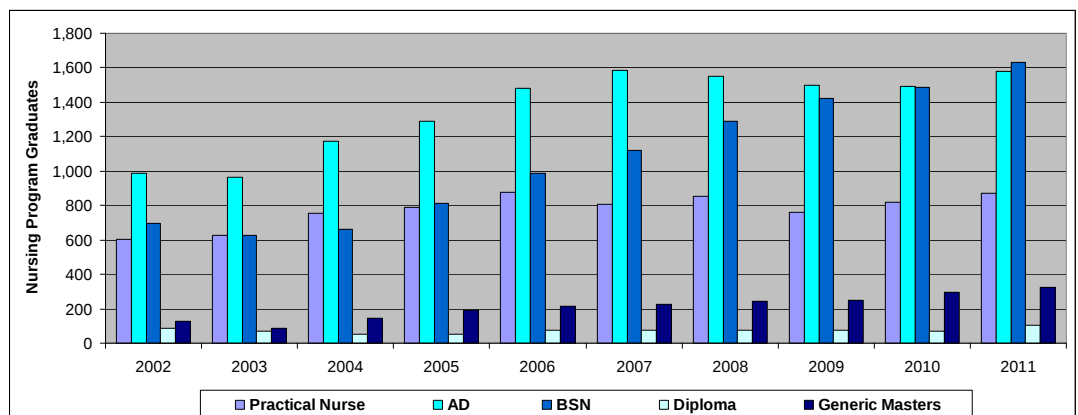
- Becker College, Worcester, has been approved to revise its nursing curriculum to also offer a pre-licensure Baccalaureate Degree nurse education program;
- Blackstone Valley Regional Vocational Technical School, Upton, has been granted Full Approval in the operation of its new Practical Nursing Program. Full Approval signifies this parent institution has provided satisfactory evidence of the program's continuous compliance with the Board's standards for nursing education program approval at 244 CMR 6.04.;
- Mildred Elley School, Pittsfield, and Bunker Hill Community College, Boston (Charlestown), were granted Pre-requisite Approval for the establishment of Practical Nurse education programs. Pre-requisite Approval indicates each parent institution provided satisfactory evidence of its potential to comply with the Board's standards for the operation of a basic nursing education program at 244 CMR 6.04; and
- Atlantic Union College, South Lancaster, Associate Degree Registered Nurse Program, approval withdrawn.

Board-Approved Nursing Education Programs

M.G.L. c. 112, s. 74 and 74A require graduation from a Board-approved nurse education program as a prerequisite to initial licensure as a Registered Nurse or Practical Nurse respectively. M.G.L. C. 112, S. 81 authorizes the Board to establish the regulatory standards which parent institutions and the nursing education programs they operate must comply with to qualify for and maintain the Board's approval to operate. During Fiscal Year 2012, the Board approved the operation of 74 RN and PN education programs:

- o 26 Practical Nurse Programs (Vocational [13], Community College [9] and Private [4]);
- o 20 RN – Associate Degree Programs (Community College [15] and Private [5]);
- o 20 RN – Baccalaureate Degree Programs (State Universities [4], UMass [4] and Private [12]);
- o 1 Hospital-based Diploma Program; and
- o 7 RN – Entry level Graduate Degree Programs (State University [1], UMass [1] and Private [5]).

Since 2002, the total number of RN and LPN graduates from Board-approved nursing education programs has increased steadily. Of particular note, the number of graduates in 2011 from pre-licensure Baccalaureate Degree nursing programs surpassed the number of graduates from Associate Degree programs for the first time.



Source: MA BORN

Board Revises English Proficiency Licensure Policy

Board regulations at 244 CMR 8.02(1)(c), 8.03(1)(c) and 8.04(1)(c), (2)(d) and (3)(d).require an applicant for nurse licensure whose language of nursing instruction or nursing textbooks, or both, was not in English to demonstrate English proficiency as a pre-requisite to nurse licensure. Board Licensure Policy 06-01: Board-Designated Tests of English Proficiency and Required Minimum Cut Scores, identifies the tests of English proficiency and their corresponding minimum cut score that the Board has designated as acceptable in fulfilling compliance with the English language proficiency requirement. The revised policy now recognizes the following English proficiency assessments and minimum cut scores in addition to the Test of English As A Foreign Language (TOEFL):

1. International English Language Testing System (IELTS) with a minimum overall band score of 6.5 with a minimum of 6.0 in all modules
2. Canadian English Language Benchmark Assessment for Nurses (CELBAN) with a minimum cut score of Speaking CLB 8, Listening CLB 9, Reading CLB 8 and Writing CLB 7.
3. Pearson Test of English Academic (PTE Academic) with a minimum cut score of 55 with no individual section below 50.

In addition, the revised policy also reflects the Board's decision to increase the TOEFL minimum cut scores: paper administration increased to 560; computer-based administration increased to 22; and internet-based administration increased to 83.

The revised policy became effective in November 2011 and is based on recommendations made by the National Council of State Boards of Nursing using industry accepted standard settings processes. English language proficiency establishes the ability of a nurse licensure applicant to use and comprehend spoken and written English at a sufficient level for safe entry-level practice.

Do Your Homework Before Going Back to Nursing School

Doing your homework before you select a program to begin or continue your nursing education may save you money, time, and heartache. Whether you are seeking initial education in nursing, progression to another level of licensure (for example, LPN to RN), or additional degrees for advanced practice, you may become a target for companies wanting to make a fast, easy buck. Although the majority of nursing programs maintain the highest educational standards, it is wise to stop and proceed with caution. New education programs are springing up rapidly via the Internet, blurring state, national, and international boundaries. Publishing companies are representing themselves as nursing programs. They contract with students for "study materials;" the students pay the company in addition to paying all the tuition and fees associated with the nursing program that the company is featuring. Promotional material for such programs identifies their multiple accreditations. Many of the "accreditors" require only an application and a payment.

To ensure that a nursing education program is going to legitimately meet your continuing education goals, you should ask the following questions:

- o Is the parent institution which offers the nursing program accredited by an accrediting body recognized by the U.S. Department of Education or the Council of Higher Education Accreditation?
- o Is the nursing program accredited by a nursing organization recognized by the U.S. Department of Education or the Council of Higher Education Accreditation? For example, the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC).

- o Will graduation from the nursing education program prepare you for practice in your desired role?
- o For a program leading to entry-level Practical Nurse and Registered Nurse licensure, is it approved by the Board of Nursing in the state where the program resides? Information on contacting a Board of Nursing can be found at: <https://www.ncsbn.org/contactbon.htm>. Massachusetts Board of Registration in Nursing regulations require applicants for initial nurse licensure by examination or by reciprocity provide proof satisfactory to the Board of graduation from a Board-approved nursing education program.

For help in evaluating programs, visit the following websites:

- o Massachusetts programs approved for initial licensure or which may be operating without Board approval: [Illegal Nursing Programs - Health and Human Services - Mass.Gov](#).
- o National Council of State Boards of Nursing: <http://ncsbn.org/>
- o The U.S. Department of Education: <http://ope.ed.gov/accreditation/>
- o The Council on Higher Education Accreditation: <http://www.chea.org/Directories/index.asp>

NURSING PRACTICE: RECENT BOARD ACTIONS

Standing Orders for Naloxone Administration

Board members, at their January 2012 meeting, determined that the administration of Naloxone by licensed nurses pursuant to the standing order of a duly authorized prescriber to an unspecified recipient who presents with specific symptoms of an opiate overdose is within the scope of nursing practice. In such instances, the standing order must include:

- the name(s) of the substance or activity to be administered;
- if the order includes substance administration, the route or method and dose to be administered;
- inclusion/exclusion criteria that the nurse will assess for before administering the substance or activity;
- specifics of patient presentation (subjective signs and symptoms);
- the signature or approval by a duly authorized prescriber either directly on the standing order or on file with the facility/agency/program employing the nurse;
- under what circumstances the activity is to be administered;
- specify circumstances under which the licensed nurse must seek emergent assistance for continued care (i.e., contact 911);
- provision for a manner of record keeping of accurate and detailed information regarding the encounter; and
- provision for a mechanism for regular review of the standing order to maintain currency.

Deep Sedation Inquiry

At its March 2012 meeting, the Board clarified its April 14, 2010, finding that organizational policies governing the qualified Registered Nurse's administration of appropriately prescribed medications which are intended to produce deep sedation in the non-intubated patient must require the presence of a provider trained in anesthesia or expert in airway management and whose sole responsibility is to manage the patient's airway by adding that such policies must include protocols which promote and manage the delivery of safe nursing care in accordance with accepted standards of nursing practice including those that assure uninterrupted monitoring of patient consciousness as well as the early detection of adverse signs of deep sedation. In taking this action, the Board also reaffirmed its April 14, 2010, findings that:

- o a Registered Nurse who is duly trained and qualified may receive, accept, and transcribe orders from duly authorized prescribers for medications capable of producing deep sedation; and

- o it is within the scope of practice for a Registered Nurse to administer medications intended for deep sedation when ordered by a duly authorized prescriber for deep sedation in a patient who is already intubated.

Medical Orders for Life-Sustaining Treatment Demonstration Program

Due to the absence of a standardized mechanism to communicate patient life-sustaining treatment preferences across settings, the Massachusetts Legislature, in 2008, established the Medical Orders for Life-Sustaining Treatment (MOLST) Demonstration Program. MOLST is both a process and a standardized tool used to translate the preferences of seriously ill patients regarding life-sustaining treatment into valid medical orders that can be honored across all healthcare settings. Using the MOLST form, clinicians including Nurse Practitioners can document patient preferences about life-sustaining treatment *after* discussing with patients their medical condition, prognosis, the potential burdens and benefits of any recommended treatments, and the patient's values and goals of care. The MOLST program is expected to be implemented statewide by Fiscal Year 2014. Visit the MOLST website at [MOLST web site](#) for details.

Board Issues Updated Advisory Ruling

The Board has updated Advisory Ruling 9301: Peripherally Inserted Central Catheters. This and all other Advisory Rulings are based on a systematic review of numerous sources of information and evidence-based standards of practice by the Board's Nursing Practice Advisory Panel. In each advisory, the Board affirms that the licensed nurse is responsible and accountable for acquiring and maintaining the knowledge, skills and abilities (i.e. competencies) necessary to practice in accordance with accepted standards. The Board's advisories can be found in the Nursing Practice section of the Board's website at www.mass.gov/dph/boards/rn.

Attention APRN Prescribers!

Massachusetts Online Prescription Monitoring Program

The [Massachusetts Online Prescription Monitoring Program](#) (MA Online PMP) is a secure website that supports safe prescribing and dispensing. A licensed prescriber or pharmacist may obtain authorization, through completion and submission of an enrollment form, to view the prescription history of a patient for the past year. The MA Online PMP also assists state and federal investigative agencies in addressing prescription drug diversion by supporting ongoing, specific controlled substances-related investigations.

As of January 1, 2011, pursuant to [M.G.L. 94C, S. 18\(e\)](#), the law that supports the MA Online PMP, all prescribers, upon initial application for MA Controlled Substance Registration (MCSR) and subsequently during each APRN license renewal period, must complete education relative to effective pain management, identification of patients at high risk for substance abuse, and counseling patients about the side effects, addictive nature and proper storage and disposal of prescription medications. Go to the [Board's website](#) for further information.

DCP Regulations Updated to Include Fluoride Varnish

The regulations that apply to prescribed substances that may be ordered by APRNs who have registered with the state Drug Control Program have been updated to include the administration of fluoride varnish or other approved fluoride agents by non-licensed individuals who have successfully completed a training program approved by the MA Department of Public Health. Fluoride administration must be done in accordance with the order from, as well as under the supervision of a registered individual practitioner. The supervision of a non-licensed person administering fluoride agents is an exception in the regulations at [105 CMR 700.00](#) and is the **ONLY** medication for which the

supervision of medication administration by an unlicensed person is allowed in non-school settings. Additional information can be obtained at the [Drug Control Program](#) website.

SUBSTANCE ABUSE REHABILITATION PROGRAM.

The Substance Abuse and Rehabilitation Program (SARP) was developed over 20 years ago to assist nurses whose competency has been impaired because of substance abuse disorders. A voluntary alternative to traditional disciplinary action, SARP is available to nurses who admit to having a substance abuse problem. Nurses requesting admission to the SARP should contact Douglas McLellan, the SARP Admissions Coordinator at 617-973-0931.

Volunteers are needed to join the SARP Substance Abuse Rehabilitation and Evaluation Committees (SAREC). Volunteers are a key part of SARP. Each committee consists of volunteers, appointed by the Board, who are knowledgeable in the field of substance abuse and/or mental health. There are four SAREC that meet once a month in Boston, Plymouth, Holyoke and Tewksbury. Each SAREC is comprised of two RNs, two LPNs, one nurse employed as a nursing service administrator, one RN or LPN that has recovered from drug or alcohol addiction and has been drug and alcohol free for a minimum of two years, and three representatives of the public.

Serving as a SAREC member offers nurses and members of the public an excellent opportunity to participate in an important and valuable rehabilitation program for nurses in recovery. The SAREC, with the assistance of the SARP Coordinators, assess, plan, implement, and evaluate the contracts of licensees participating in SARP. The SAREC also meet with nurses requesting admission to SARP and forward on to the Board their recommendations. The goal of the SAREC is to monitor the nurse while he/she actively engages in rehabilitation and the return to safe nursing practice.

Interested nurses and members of the public, who are experienced in the field of substance abuse and/or mental health disorders, are invited to serve as a SAREC member. A commitment to attend one meeting monthly is requested. Those interested in becoming a SAREC member are encouraged to contact the SARP Coordinators, Doug McLellan at 617-973-0931 or Valerie Iyawe at 617-973-0904.

CONTINUING EDUCATION REQUIREMENTS FOR LICENSE RENEWAL

Registered Nurses who hold Massachusetts licensure are required to successfully complete a total of fifteen (15) contact hours of continuing education during the two year period immediately preceding their birthday in even-numbered years while Licensed Practical Nurses are required to successfully complete fifteen (15) contacts hours during the two year period immediately preceding their birthday in odd-numbered years. It is the responsibility of each nurse licensee to maintain records of continuing education for two consecutive renewal periods and to submit such records when requested by the Board. However, nurse licensees, when renewing their Massachusetts license for the first time, are exempt from this requirement.

The Board's regulations at 244 CMR 5.04 provide guidelines to assist the licensed nurse in selecting continuing education programs that are appropriate to fulfilling this requirement. Among the guidelines, the Board recommends nurse licensees select a planned program of learning which directly contributes to the professional competence (defined at 244 CMR 9.02 as the application of knowledge and the use of affective, cognitive and psychomotor skills required for the role of the nurse and for the delivery of safe nursing care in accordance with accepted standards of practice) of the licensed nurse. For this reason,

the Board expects all Massachusetts nurses to maintain high standards in selecting quality continuing education programs. Examples of educational programs which would not fulfill the continuing education requirement for license renewal include new employee orientation and programs addressing an employing agency's standard operating procedures.

Continuing education providers must also adhere to the guidelines at 244 CMR 5.04 and maintain all required records for a period of four years. For additional information regarding the Board's regulations governing continuing education, visit the Board's website at www.mass.gov/dph/boards/rn.

THE BOARD ON THE WORLD WIDE WEB

Communication with and outreach to licensed nurses, employers, schools of nursing, other regulatory agencies, professional organizations and the public continues to be important Board priority. The Board's website at www.mass.gov/dph/boards/rn is a recognized source of up-to-date information about nurse licensure and advanced practice nursing authorization including primary source license verification along with answers to license renewal FAQ's, basic and continuing education, nursing practice, the complaint resolution process, the Substance Abuse Rehabilitation Program and the National Council Licensure Examination (NCLEX).

Would you like to be notified when new content is added to the Board's website? "Really Simple Syndication" (RSS) is an easy way for you to keep up with news and information published on the Board's website. Instead of searching for new information on the Board's website, you can receive new website content delivered directly to you. RSS feeds are web pages designed to be read by RSS readers. When you subscribe to a feed using a RSS reader, you will receive the information as soon as it is published, without having to visit the website you have taken the feed from. To subscribe: Click on the "Subscribe" link on the Board's home page (right side under "Select All") for the feed you want then select your feed reader from the list that appears. OR, if you see a page displaying XML code instead, copy the URL from the web address bar. Paste the URL into the "add subscription" option in your chosen feed reader.

INTERNS FROM MA NURSING GRADUATE PROGRAMS WELCOMED

The Board welcomed the following graduate and doctoral nursing student interns for the 2011-2012 academic year:

- Boston College Forensic Nursing Graduate Program students, Carrie Fisher, RN, and Julie Wang, RN, worked with the Board's Substance Abuse Rehabilitation Program (SARP) Coordinators, Doug McLellan, M.Ed., RN, and Valerie Iyawe, MBA, RN. Ms. Fisher assisted in the development and implementation of a tool for auditing SARP participant files. Ms. Wang prepared a review of recent literature related to Suboxone use; she also conducted a national survey of U.S. boards of nursing to describe the perspective of nurse regulators regarding Suboxone use.
- Kristine Ruggiero, MSN, RN/NP, a doctoral student in Nursing and Health Policy at the University of Massachusetts College of Nursing, continued her internship with the Board's Nursing Practice Coordinator, Laurie Talarico, MS, RN/NP, providing support to the Board's 244 CMR 3.05 Collaborative Task Force.

DIVISION OF HEALTH PROFESSIONS LICENSURE NEWS

The Board is one of nine boards including Community Health Workers, Dentistry, Genetic Counselors, Nursing Home Administrators, Perfusionists, Pharmacy, Physician Assistants and Respiratory Care that comprise the

Division of Health Professions Licensure in the Bureau of Health Care Safety and Quality, MA Department of Public Health.

License Information Protected Under State Law

In accordance with M.G.L. c. 66A s. 10(d), certain information associated with a nursing license that would normally be publicly available will be restricted on written request of an individual who is a victim of domestic violence, a victim of an adjudicated crime, or a person providing or training in family planning services. This information includes the licensee's home address, telephone number, place of employment, and place of education listed in the Division of Health Professions Licensure (DHPL) database.

Once restricted, applicable information will not be disclosed under s. 10(d) in response to a public records request, whether that request is made in writing, in person or by telephone. The restricted information will no longer be publicly available on the DHPL's Check-a-License online feature.

Under Massachusetts law, the DHPL is legally mandated to respond to a public records request with the non-exempt information in its licensure records (e.g., licensee name, license number, and license status). Certain information, including dates of birth and social security numbers, are kept confidential and are exempt from disclosure for all individuals.

Renew and Verify Nursing Licenses Online

Massachusetts nurses can renew their nursing license 24/7 using a secure internet connection (please note that the Google Chrome and Macintosh Safari browsers are not supported and will not operate on this website). The Board encourages nurses to use this online feature as payments can be made by VISA or MasterCard, or by electronic check. In addition, the renewed status of a nurse's license will immediately appear in the "Check-A-License" section of the Board's website. The DHPL considers this information to constitute primary source verification.

When renewing online, nurses will also complete the biennial Massachusetts Nurse Workforce Survey. A collaborative effort of the Massachusetts nursing community, the survey is designed to create an accurate picture of the Commonwealth's nurse workforce which is vital to the implementation of relevant, evidence-based health care policy making. Survey data will be available soon through the Board's website.

Curtis Jackson Appointed MPRS Coordinator

Curtis Jackson joined the Division of Health Professions Licensure (DHPL) staff in June as Coordinator of the Massachusetts Professionals Recovery System (MPRS). In this role, Mr. Jackson will also provide support to the Board's SARP. Mr. Jackson received his baccalaureate degree in Psychology and Black Studies from the University of Massachusetts/Boston. Most recently, Mr. Jackson was employed at Lemuel Shattuck Hospital.

The MPRS is a public-private partnership between the DHPL and various professional associations, designed to protect public safety by monitoring the substance abuse recovery of non-nurse licensed health care professionals.

NEWS FROM THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING

The National Council of State Boards of Nursing is a not-for-profit organization comprised of all boards of nursing in the United States, the District of Columbia and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also nine associate

members. Its mission is to provide education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

2012 Annual NCLEX® Conference In Boston

The National Council of State Boards of Nursing will present its annual NCLEX Conference on September 24, 2012, at the Boston Marriot Copley Place. For additional information, visit the NCSBN website at www.ncsbn.org.

NCLEX Candidate Rules and Confidentiality

To ensure the security of the NCLEX examination, the following rules are enforced at all Pearson VUE Professional Centers (PPC):

- o Cell phones may not be accessed at all during the exam appointment (including breaks);
- o Educational, test preparation or study materials are not allowed in the testing center.
- o The only material that can be written on during the NCLEX exam is the white board provided to the NCLEX candidate by the test center.
- o Any other materials brought to the test center (e.g. purses, wallets, food and drink, etc) can be stored in a locker accessed during breaks.

Visit the NCSBN website for the complete [NCLEX Candidate Rules](#).

Candidates should be aware of and understand that the disclosure of test questions before, during or after the examination is a violation of law. Violations of confidentiality and/or candidate rules can result in criminal prosecution or civil liability and/or disciplinary action. Candidates are advised to report any such compromise to the National Council of State Boards of Nursing and/or Pearson VUE at 1-866-496-2539 or at www.pearsonvue.com/contacts/security.

NATIONAL PERSPECTIVES

Future of Nursing Campaign for Action: The MA Action Coalition

A collaborative of Massachusetts nursing organizations, the MA Department of Higher Education and the MA Board of Registration in Nursing is among 48 states recognized by the Future of Nursing: *Campaign for Action* as an Action Coalition, an initiative to ensure that all Americans have access to high-quality, patient-centered health care.

The Action Coalitions are designed to identify best practices, determine research needs, track lessons learned and identify replicable models. Each works with the campaign to implement the recommendations of the landmark Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health (2010)*. The eight recommendations offered in the report are centered on four key messages:

1. Nurses should practice to the full extent of their education and training,
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
4. Effective workforce planning and policy-making require better data collecting and information infrastructure.

For more information: <http://thefutureofnursing.org/recommendations#> and <http://championnursing.org>.