

Licensure

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One of the most active licensing boards in the state of Texas is the Texas Board of Nursing. It disciplines over hundred of nurses every year, including revoking quite many licenses. Moreover, there has been an increase in the number of disciplinary activities due to increase appropriations from the legislature, enabling the Board to considerably increase their enforcement as well as investigations staff (Thomas&Thomas,2018). Notably, any nurse, be it a ⁵ Certified Registered Nurse Anesthetist(CRNA), Nurse Practitioner (NP), or RN, facing a disciplinary matter or investigation before the Nursing Board would be advised to have a lawyer who is well experienced in administrative law and nursing very early in the process. Is the visionary Board, always right? Do they make mistakes? This paper will take a look at a disciplinary case against one nurse and discern if something went wrong.

The disciplinary process of a nurse starts when there has been a complaint filed with the Board. The complaint can come from a patient, physician, ex-spouse or even another nurse but most commonly are results of reports either the former or current employers of the nurse. Notably, self-reports by nurses who have a criminal history, mental health treatment or substance abuse or just another entity that is part of their normal renewal applications are other sources of the board investigation (Schoenly et al.,2017). The regime of fingerprinting that was initiated a number of years back by the Board has led to a substantial number of nurses getting letters in regarding ongoing or even past criminal history.

Nevertheless, an investigation letter explaining the allegations that have been raised and a request for a response is the first piece of writing a Texas nurse is expected to receive from the licensee. After their reply, the Board investigator will then go forward into gathering personal files, medical records as well as statements or just any other pieces of evidence proving the

allegations. The nurse will get a proposed settlement offer at the end of the investigation from the Board. The settlement can be as a type of warning or fine requesting the nurse to surrender their license voluntarily. With that the Board offers the most exacting order they think the allegations support and expect that the nurse will accept the disciplinary offer they propose having no resource or fighting means.

In 1998, Linda Sue Nolasco got employed as a registered nurse in a home health agency in Houston, Texas. She presented herself as a registered nurse signing RN on medical records after signing her name. The agency got a notice that Miss Nolasco was an LVN and not an RN. (https://dshs.texas.gov/counselor/lpc_enforce.shtm) After the agency contacted the Board and made sure that she was indeed not licensed to practice professional nursing in the state, Miss Nolasco was terminated from employment on her fifth month of work and her case was sent to the Board. The Board is pursuing legal action against the nurse through the Attorney's office of Harris County and the police department in Houston.

As much as what she did was wrong, the disciplinary situation went awry. This is so because Ms Nolasco applied for a job ⁴ as a registered nurse and was employed as a registered nurse where she worked for five months with the same title. The mistake lies in the agency; they failed to verify her credibility before they offered her the position. Notably, if she was handling situations as an RN, then there was no reason for her termination. I believe she should have been given a chance to explain herself and given a suspension while investigations were underway instead of a termination. She must have probably been doing excellent work in the agency.

The disciplinary Board would have handled Ms Nolasco's case with due diligence and gone through her records and analyses if she could indeed work as a registered nurse. An RN oversees the LVNs as well as other medical staff so Ms. Nolasco must have learnt the perks of

the RN. As an LVN, she must have participated in the accredited program in nursing for the amount of time that is required, completed her studies and passed the NCLEX-PN to be licensed as a vocational nurse. Maybe Ms Nolasco had been still taking one of the three main pathways of educations to become an RN from a prospective one.

The skills of LVNS include patients with primary care methods that is vital monitoring, record keeping, patient comfort as well as wound management and IV therapy. The only difference between the skills of an LVN and an RN is that the advanced IV therapy and instructions they give patients on verbal communication and their treatment methods (Jelly & Sharma,2017). It would be wise if the Nursing Board would allow the two parties to take the same classes together so that there can only be RNs. Additionally, health agencies should make sure that they verify all the credentials of the employees before offering employment to avoid such incidences to keep on recurring. Also, as long as the LVN is doing their job well, they should get a suspension for a while and be allowed to study for being an RN while still working as an LVN.

References

https://dshs.texas.gov/counselor/lpc_enforce.shtm

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