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## Narrative Summary: Health Care Administration, Summer Session 1977

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JUSTIFICATION OF A CONTINUING  
EDUCATION OPPORTUNITY  
FOR  
LICENSED PERSONNEL WITHIN  
A HEALTH CARE FACILITY

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## TABLE OF CONTENTS

I.	INTRODUCTION . . . . .	1
II.	HISTORICAL BACKGROUND . . . . .	6
	Introduction . . . . .	6
	National Impacts . . . . .	6
	Local Impacts in Missouri . . . . .	12
III.	CURRENT STATUS . . . . .	15
	Introduction . . . . .	15
	A National Outlook . . . . .	16
	The Local Outlook . . . . .	17
IV.	THE EXPERIMENTAL SITUATION . . . . .	18
	Practicality . . . . .	19
	Purpose/Goal/Rationale/Advantages . . . . .	20
	Cost/Benefit Analysis . . . . .	23
	Explanation . . . . .	23
	Cost Analysis . . . . .	24
	Program Development . . . . .	35
	Introduction . . . . .	35
	Selection of Attendees . . . . .	38
	Selection of Facility . . . . .	39
	Content of Program . . . . .	40
	Speaker Selection . . . . .	41
	Application for Continuing Education Units . . . . .	42
	Program Presentation . . . . .	43
	Program Evaluation . . . . .	44
	Program Evaluation Review . . . . .	47
	Program Evaluation by Others . . . . .	47

V.	SUMMARY . . . . .	49
VI.	APPENDICES . . . . .	52
	#1 Where mandatory continuing education stands today (Jan. 1977) . . . . .	53
	#2 Revised Nursing Practice Act Senate Bill No. 108 . . . . .	54
	#3 Standards and Criteria for Continuing Education in Nursing (1975). . . . .	60
	#4 Final Diagnosis of Patients Admitted During 1976. Used as Input for Nursing Education Topics . . . . .	61
	#5 Sample Program of Staff Development Day . . . . .	62
	#6 Sample Program Evaluation form . . . . .	63
VII.	BIBLIOGRAPHY . . . . .	64

LIST OF TABLES

1.	Official Position of SNA's and State Boards of Nursing with Regard to Continuing Education, By State (Sept., 1973) . . . . .	11
2.	General Systems Model . . . . .	36



## I. INTRODUCTION

The purpose of this paper is to provide justification of a continuing education opportunity for the professional growth of licensed nursing employees within a health care facility that has the ability to meet established criteria.

Most educators of adult students recognize the difference between pedagogy and androgogy, then plan accordingly.<sup>1</sup> It is also usually recognized by adult educators that two of the major reasons that adults seek continuing education are to develop new employment skills or abilities, and to increase awareness of their environment.<sup>2</sup> In our present day industrial, urban and technological society there are rapid changes. These changes happen so quickly that former skills and knowledge can become obsolete. New knowledge creates new problems and increases the demand, desire and need for understanding and learning. Nurses have the same challenges as any other adult learners.

Changes in scientific knowledge and techniques are changing the delivery of health care by nurses. The definition of nursing has been modified and the role enlarged. Today's society shows many trends occurring which influence the role

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<sup>1</sup>Malcolm Knowles, Self-Directed Learning: Guide for Learners and Teachers (New York: Associated Press, 1975), p. 19.

<sup>2</sup>Ann Marriner, "Continuing Education in Nursing," Supervisor Nurse, June 1975, p. 20.

of nursing -- for example, trends in population composition and mobility. Legislation has also had an impact on nursing through extended health care programs such as Medicaid, Medicare, Health Maintenance Organizations and other community services.

Crisis often occurs for nursing and its education for several reasons. Continuing education for nurses has traditionally not received adequate financial support and nurses usually have to pay their own way. In addition, there is usually a limited amount of time between an identified educational need and the satisfying of the need via continuing education in the problem subject area. Frequently, nurses participating in continuing education are between the ages of twenty and sixty. The average age group seems to be about forty. Many of this age group are diploma school nurses. The interest level of these nurses varies depending on their educational exposures in the past. For example:

- A) The older nurse, trained in a diploma school, with no career objectives and working to put her children through school is often not stimulated to increase her knowledge.
- B) These nurses seldom have voluntarily done anything to further their knowledge academically, or clinically, due to lack of exposure to continuing education opportunities.

One way in which a nurse can continue her education is through independent study. By this I mean that a nurse may read library journals and nursing materials, participate in study groups as well as be active in professional organizations in order to keep pace with her profession. Clinical training for new procedures to experienced nursing professionals is



common. More formal opportunities include credit courses, non-credit courses, seminars, workshops, extension and even correspondence courses. These are all forms of continuing education.

A nurse must continue her education in order to keep up with the knowledge available and a changing society. She must be able to adapt to the changing role of nursing. She may extend her knowledge by both formal and informal means. One of the formal means is through a continuing education experience. The continuing education department is a fairly new concept in nursing. This educational department should be considered comparable with undergraduate and graduate education in nursing. Continuing education in nursing is vital to the future of nursing. "Lifelong learning for nurses is going to be required either by employers or re-credentialing agencies."<sup>3</sup> It is by using continuing education, inservice education and self-study that nurses can pull it all together. Also, the inevitable demands for Mandatory Continuing Education Units (MCEU's) for re-licensing of nurses makes it essential that nurses be informed of what is going on in the health care field.

The importance of providing Continuing Education Units (CEU's) credit opportunities to all licensed nursing personnel in order to meet needs, present and future, is vital in health care administration today. As previously stated, continuing education is an essential component in the upgrading of

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<sup>3</sup>Carrie B. Lenburg, "Quotable Notable," R.N., April 1976

professional nurses' skills. Continuing education should be a learning opportunity that brings a nurse into contact with new advances in the health care field.<sup>4</sup> For learning to be effective, in upgrading nursing skills, a professional nurse must be prepared to seek additional, continuous knowledge. She must recognize the value of the learning situation, as well as the outcome benefits. It is by being aware of this need that the nurse separates herself as a professional from non-professionals.

As professionals, nurses accept a personal commitment to their lifelong learning. In addition to this there remains a responsibility of professionals for teaching non-professionals as well as other nursing personnel. This teaching responsibility and the effectiveness of the instruction often reflects the learning of the nurse and it is depicted in the quality of care given to patients by other members of her staff.

While CEU's have not become mandatory in Missouri as yet, they have become part of other state relicensure laws. An appraisal of whether CEU should be a voluntary program or become mandatory is not the purpose of this paper. However, it is necessary to define the concept of continuing education and its effects on the maintenance of quality health care. This documentation, my culminating project, is a means in which a record of what has and is happening to CEU training programs locally and nationally is summarized. It is evidence

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<sup>4</sup>Ruth Hislop and Alice L. Vallar, "Continuing Education Revisited," Supervisor Nurse, July 1976, p. 33.

of the validity and the need for CEU's that can be obtained at the local level. Hopefully this type of program will gain the approval of any hospital administration for continuation or activation of "in-house" continuing education as a permanent, on-going project.

The American Society of Hospital Administration (ASHA) was organized in 1954. From its inception it has been involved in the development of standards for nursing. ASHA's Nursing Association (ASHA's) and other groups of nursing have generally accepted the role of promoting the acceptance of ASHA standards.

The ASHA has always recognized that a hospital that gives college credit and academic programs is a means of improving competency in nursing practice. Standards for these programs have been in existence for a long period of time. The recognition of the concept of approved continuing education is a more recent idea. In 1967, the ASHA stated that education for nurses could be a continuous process. Since 1967, nationally, the National Continuing Professional Education for Nurses (NCPEN) has developed local particularly with educational needs. The ASHA's

National Reports

During 1968, a "National Planning Conference" was held by the National University Extension Association, the American Association of College-Bound Engineers and Auxiliary Officers, the U.S. Civil Service Commission



## II. HISTORICAL BACKGROUND

### Introduction

The American Nurses' Association (ANA) was started in 1896. From its beginning it has been involved in the development of standards for nursing. State Nurses' Associations (SNA's) and state boards of nursing have gradually assumed the role of promoting the acceptance of ANA standards.

The ANA has always recognized that programs that grant college credit and academic degrees are a means of improving competency in nursing practice. Standards for these programs have been in existence for a long period of time. The introduction of the concept of non-credit continuing education is a much newer idea. In 1967, the ANA stated that education for nurses must be a continuous process. Since 1967, regionally, the Midwest Continuing Professional Education for Nurses (MCPEN) has concerned itself particularly with educational needs of the mid-west.

### National Impacts

During 1968, a "National Planning Conference" (sponsored by the National University Extension Association, the American Association of Collegiate Registrars and Admissions Officers, the U.S. Civil Service Commission and

the U.S. Office of Education) evaluated the need for a uniform measurement for continuing education. The Planning Conference created a "National Task Force" to develop a standardized criteria for measurement uniformity. After deliberation, which took two years, the CEU was defined and tested in a twelve month pilot project that involved fourteen universities.<sup>5</sup> It was during the 1972 ANA convention that a proposal of standards for continuing education for nurses was brought forth to ANA members.

A "Statement of Interpretation and Clarification in the Use of CEU" was issued in May, 1973. This statement was sent in the form of a letter, from the ANA to all SNA's, state boards of nursing, and to members of the ANA Council on Continuing Education for Nursing. The letter defined a CEU as a "unit of measurement and recording for organized educational offering(s) only."<sup>6</sup> Based upon the "National Task Force" definition, the letter of ANA stated that continuing education for the purpose of CEU's was planned to include all institutional and organizational experiences in organized formats that give non-credit education to post-secondary level learners. This report also set some basic

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<sup>5</sup>Keith E. Glancy and Margaret E. Courtney, "Making Sense out of the CEU", R.N., October 1974, p. 34.

<sup>6</sup>Interim Executive Committee for A.N.A. Council on Continuing Education for Nursing, "Use of CEU", Kansas City, Missouri: May 1973.



criteria for the learning experience.<sup>7</sup>

In 1974, the ANA letter and additional pamphlets on the concept of CEU's were incorporated into a booklet.<sup>8</sup> This booklet set forth guidelines developed by the Ad Hoc Committee based on a review of a "Model Practice Act." The booklet was approved by the Congress for Nursing Practice and the Commission on Nursing Education.

In essence, this publication states:

- 1) that continuing education is essential to continued competence;
- 2) that continued competence in practice is an individual responsibility;
- 3) that the public holds the nursing profession accountable for the competency of its practitioners;
- 4) that the profession carries responsibility for establishing standards for continuing education activities in which the practitioners of that profession participate, and
- 5) for establishing a climate and the mechanisms to facilitate continued learning.

The publication continues with an outline of responsibilities of the SNA's. It encourages nursing employers to provide meaningful inservice education/staff development programs as well as containing many other suggestions and

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<sup>7</sup>William L. Turner, The Continuing Education Unit: An Interim Statement of the National Task Force -- To Study the Feasibility and Implementation of a Uniform Unit for the Measurement of Non-Credit Continuing Education Programs (Raleigh, North Carolina: National University Extension Association, 1970), p. 4.

<sup>8</sup>Continuing Education Guidelines for State Nurses' Associations (Kansas City, Missouri: A.N.A., 1974).

guidelines for development of Continuing Education Recognition Programs (CERP). The booklet also contains a definition of various terms that it suggests be accepted by all. These include: "Inservice Education/Staff Development -- an educational program planned by an agency to assist employees in becoming increasingly knowledgeable and competent in fulfilling role expectations within that specific agency." (The terms Inservice Education and Staff Development are often used interchangeably but staff development usually includes activities that are held outside the employing agency.)

In November 1973, a preliminary report from the Statistics Department for ANA about continuing education was published. This report highlighted the results of a questionnaire survey that was distributed among all SNA's requesting information about their state programs for CEU's. At that time there were four states (California, Colorado, New Hampshire, and South Dakota) that had a provision in their Nurse Practice Act that required evidence of continuing education for relicensure of nurses. In Colorado and South Dakota, the Nurse Practice Acts contained a provision requiring the development of regulations suggesting evidence of CEU for relicensure be maintained by all nurses. In New Hampshire the continuing education requirement applied only to advanced Registered Nurse Practitioners. Maine, Minnesota, Mississippi and New York had laws which required continuing education for relicensure in some fields other than nursing.

By 1973, the SNA's and state boards of nursing were found to have varying policies. There were four SNA's and two boards of nursing which endorsed mandatory continuing education. Thirty-two SNA's and twenty-four boards of nursing recommended voluntary continuing education. One state, New Hampshire, endorsed mandatory continuing education for advanced R. N. Practitioners and voluntary continuing education for other R. N.'s. The remainder of the other reporting SNA's and boards of nursing had no official position regarding this matter (see Table 1).

Today there is still conflict and indecision among the SNA's as to the determination of their policies. As of January 1977, there were five states that planned Mandatory Continuing Education (MCE) for R. N. relicensure. Even these five are not unified in the selection of the date of enforcement of MCE. The five states and the dates now set for MCE are:

- 1) California, by July 1978
- 2) Colorado, in 1980
- 3) Kansas, in 1978
- 4) Florida, in 1980
- 5) Minnesota, "probably in 1980"

(See Appendix #1.)



TABLE 1

Official Position of SNAs and State Boards of  
Nursing with Regard to Continuing Education, By State

State	SNA Position			State Board of Nursing Position		
	Mandatory	Voluntary	Other	Mandatory	Voluntary	Other
TOTAL.....	5	32	3	3	24	13
Alabama.....	...	x	...	...	x	...
Alaska.....	...	x	...	...	x	...
Arizona.....	...	x	...	...	x	...
Arkansas.....	...	x	...	...	x	...
California <sup>1</sup> .....	...	...	...	...	...	...
Colorado.....	x	...	...	x	...	...
Connecticut.....	...	x	...	...	...	x <sup>2</sup>
Delaware.....	...	x	...	...	...	x <sup>3</sup>
District of Columbia <sup>1</sup> .....	...	...	...	...	...	x <sup>3</sup>
Florida.....	...	x	...	...	x	...
Georgia.....	...	...	x <sup>2</sup>	...	...	x <sup>2</sup>
Guam <sup>1</sup> .....	...	...	...	...	...	x <sup>2</sup>
Hawaii.....	...	...	x <sup>2</sup>	...	...	x <sup>2</sup>
Idaho.....	...	x	...	...	x	...
Illinois.....	...	...	...	...	...	x <sup>2</sup>
Indiana.....	...	x	...	...	x	...
Iowa.....	...	x	...	...	x	...
Kansas.....	...	x	...	...	x	...
Kentucky.....	...	x	...	...	x	...
Louisiana.....	...	x	...	...	x	...
Maine.....	...	x	...	...	x	...
Maryland <sup>1</sup> .....	...	...	...	...	x	...
Massachusetts.....	...	x <sup>4</sup>	...	...	...	x <sup>2</sup>
Michigan.....	...	x	...	...	...	...
Minnesota.....	x	...	...	...	...	x <sup>4</sup>
Mississippi.....	...	x	...	...	x	...
Missouri.....	...	x	...	...	x	...
Montana.....	...	x	...	...	x	...
Nebraska.....	x	...	...	...	...	x <sup>8</sup>
Nevada.....	...	x	...	...	x	...
New Hampshire.....	x <sup>5</sup>	x <sup>6</sup>	...	x <sup>5</sup>	x <sup>6</sup>	...
New Jersey.....	...	x	...	...	x	...
New Mexico.....	...	x	...	x	...	...
New York <sup>1</sup> .....	...	...	...	...	...	...
North Carolina.....	...	x	...	...	x	...
North Dakota.....	...	x	...	...	x	...
Ohio.....	...	x	...	...	x	...
Oklahoma <sup>1</sup> .....	...	...	...	...	...	...
Oregon <sup>1</sup> .....	...	...	...	...	...	...
Pennsylvania <sup>1</sup> .....	...	...	...	...	...	...
Rhode Island.....	...	x	...	...	x	...
South Carolina.....	...	x	...	...	x	...
South Dakota.....	...	...	x <sup>2</sup>	...	...	x <sup>2</sup>
Tennessee <sup>1</sup> .....	...	...	...	...	...	...
Texas.....	...	x	...	...	...	x <sup>2</sup>
Utah <sup>1</sup> .....	...	...	...	...	...	...
Vermont.....	...	x	...	...	x	...
Virgin Islands <sup>1</sup> .....	...	...	...	...	...	...
Virginia <sup>1</sup> .....	...	...	...	...	...	...
Washington.....	x	...	...	...	...	x <sup>7</sup>
West Virginia.....	...	x	...	...	...	x <sup>2</sup>
Wisconsin.....	...	x	...	...	...	x <sup>2</sup>
Wyoming <sup>1</sup> .....	...	...	...	...	...	...

- 1 No report received
- 2 No official position
- 3 Refresher course for anyone not active in nursing in five years.
- 4 Unofficial position
- 5 For advanced R.N. Practitioner
- 6 For "regular" R.N.
- 7 Under study
- 8 Unknown

## Local Impacts in Missouri

On September 21, 1972, the Missouri Nurse Association (MoNA), in order to support changes in the Nursing Practice Act under consideration and to promote continuing education activities within the state, appointed an "Ad Hoc Committee on Continuing Education." This "Ad Hoc Committee" was given the responsibility of establishing criteria for voluntary continuing education and for establishing the criteria for development of continuing education units in Missouri.<sup>9</sup>

In February 1975 MoNA published a statement which defined their position. MoNA endorsed the concept of voluntary participation in continuing education, as approved at the MoNA Convention of October 17, 1973. MoNA stated that it did not endorse the concept of relicensure contingent upon mandatory participation in continuing education for the following reasons:

- 1) Relicensure based upon evidence of CEU participation would not be enough to insure competency to the public or the profession;
- 2) That inability to document CEU participation would imply incompetency, and at the same time documented participation would imply the reverse;
- 3) It would be difficult to delineate learning needs of each individual nurse because nurses function in many areas and levels of health care; it would also be exceedingly difficult to insure access to appropriate CEU offerings;
- 4) Due to limitation of resources (monies, personnel and materials), mandatory continuing education could spur development of uncoordinated programs.

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<sup>9</sup>Continuing Education Recognition Program (Jefferson City, MO: Missouri Nurse Association, Report by MoNA, 1975)



A recommendation was made that continued emphasis be placed on the development of quality continuing education programs and the investment of energy toward professional competency through promotion of self-directed learning. It was further recommended that individual accountability for practice be promoted with support for the development of peer review.<sup>10</sup>

This position was based on the ANA resolutions of February 1974. These resolutions included the statement that appropriate continuing education opportunities are not readily available or accessible throughout the country at this time, therefore be it resolved:

that at this time the ANA go on record as supporting the concept of voluntary continuing education recognition programs, and be it further resolved that the ANA strongly urges all states to move forward to develop continuing education recognition programs (CERP) according to ANA guidelines.<sup>11</sup>

As stated earlier, MoNA followed the above guidelines and in 1975 there was voluntary CEU participation in Missouri. MoNA also initiated a CERP program by which there was a record to be kept by each individual R.N. and a one year summary of activities mailed to MoNA.

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<sup>10</sup>Position Statement on Continuing Education (Jefferson City, Missouri: MoNA, February 1975), p. 6.

<sup>11</sup>Continuing Education Guidelines for State Nurses' Associations (Kansas City, Missouri: A.N.A., 1974), p. 5.

In a number of states the issue of mandatory continuing education for relicensure has been heatedly debated. Missouri is no exception. In Missouri, the mandatory requirement lost by a very small margin in 1976. During 1976, a Revised Nursing Practice Act (see Appendix #2) was enacted by the Missouri General Assembly. Portions of the new Nursing Practice Act include recommendations for continuing education programs to be evaluated for their program objectives and content. This evaluation is designed to insure the goal of the learning experience is attained and also to aid in future program development for continuing education.



### III. CURRENT STATUS

#### Introduction

It is predicted that during the years of 1977 through 1979 one out of every five nurses will have to acquire continuing education units in order to keep licensure active.<sup>12</sup> In fact, during this year, 1977, more than one out of every five Registered Nurses in the United States will be required to earn "Mandatory Continuing Education" (MCE) if they expect to continue to practice nursing. Nurses in California, Colorado, Florida and Kansas already are aware that they can no longer renew their licenses just by sending relicensure fees to their state boards of nursing. Instead, proof of continuing education is also required. Minnesota nurses probably will find that they will have MCE operating in 1978 if current trends continue.<sup>13</sup> State legislatures in the aforementioned states have already passed bills making it mandatory for Registered Nurses to prove they have completed a specified number of CEU courses, within a specified period of time, before they can be relicensed.

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<sup>12</sup>D. Heidi Wolf, "Mandatory CE: It's Time to Keep Up or Get Out", R.N., January 1977, p. 40.

<sup>13</sup>Ibid., p. 43.

## A National Outlook

For many Registered Nurses MCE will be personally demanding. It will cost in terms of money and time, as well as possibly requiring travel to distant places. In addition, it may affect marriage and household responsibilities. Patients (or clients) will benefit if MCE does, in fact, enable an R.N. to become a better nurse. However, some SNA's believe that CEU's can accomplish the same objective without causing a hardship. Few disagree with the basic objective of increased or continued learning.

As of January 1977 sixteen states have enacted, or have seriously considered MCE for R.N. relicensure. Although the majority of R.N.'s seem to think this isn't really a possibility, they may easily be proven wrong. The best example of this is in New Mexico which was the first state to enforce MCE for physicians. It has been reported that there have been fifty doctors that have had their licenses revoked because they did not meet relicensure requirements.<sup>14</sup> For nurses ANA's current position is that each state's nurses' association should determine whether MCE is appropriate.

The steps that are followed, as a rule, for CEU's to become MCE's are:

- 1) the state nurses' association establishes an official policy favoring MCE for R.N. relicensure;

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<sup>14</sup>Ibid., p. 41.

- 2) the state nurses' association then draws up a proposal that is introduced in the state legislature;
- 3) if the proposal passes and is signed by the governor, it becomes law;
- 4) the state board of nursing, for that state, then establishes the MCE regulations and rules. These regulations and rules would include the number of CEU's that will be required, and would state the time allowed within which to meet the requirements.<sup>15</sup>

#### The Local Outlook

Missouri nurses are affected by the passage of MCE in other states because the passage of MCE elsewhere shows the possibility that in the near future MCE will also come to pass in this state. Missouri's State Board of Nursing presented a proposal to the state legislature when the new Nurse Practice Act was passed in 1976. As stated before, MCE lost by a small margin. It is estimated that the MCE requirement will probably pass within the next five years. The argument against MCE in Missouri was apparently based on the number of rural hospitals in the state that did not have access to learning centers that had resources sufficient to fill the MCE needs and on the fact that many of the states requiring MCE have had many varying complications in MCE follow-up and/or recording.

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<sup>15</sup>Ibid., p. 40.



#### IV. THE EXPERIMENTAL SITUATION

Staff Development can be defined as an educational program planned by an agency to assist employees in becoming increasingly knowledgeable and competent in fulfillment of role expectations. This type of program provides CEU opportunities. A CEU is defined as ten hours of participation in an organized continuing education experience under responsible sponsorship, capable direction, and qualified instruction. An understanding of these terms allows an in-depth look at the continuing education status currently in the St. Louis area.

Traditionally Nursing Education has been responsible for inservice education within a hospital. In St. Louis there are two large medical (allopathic) teaching hospitals affiliated with universities. Through the use of the medical facilities available to them, St. Louis University and Washington University nursing educators are able to plan and obtain accreditation for programs for nursing CEU's. Invitations to attend these programs are routinely sent to licensed personnel in the Midwest Region. In some rare instances the programs cost as little as \$30.00 for eight hours of didactic teaching. This in turn grants a participant .7 of a CEU credit. However, besides paying the \$30.00, the participant must take eight hours of time away from a job. This of course creates a decrease in a paycheck. Transporta-

tion and parking are rarely included in the \$30.00 fee. There are some programs that cost much more than \$30.00. The cost to the participant can increase to an astronomical amount depending upon the program content, guest speakers, hand-out materials, and length of time needed for the program.

### Practicality

To examine the practicality of an "inhouse" continuing education program, and in lieu of current trends for mandatory CEU's for licensure, an analysis of an educational program presented by Normandy Osteopathic Hospital -- North has been selected as a subject for review.

Given that the Normandy Osteopathic Hospital -- North (NOH-N) is a teaching hospital for osteopathic physicians, with basic resources available for continuing education for the employees of the hospital, and with attention toward CEU's, the Nursing Service of the hospital decided to investigate obtaining accreditation for programs sponsored by the hospital. (For accreditation criteria, see Appendix #3.) Until this idea was conceived, the Nursing Education Department had been presenting numerous inservice programs to the licensed nursing staff. The programs had been of varying quality with an assortment of speakers and with a great deal of success. The only limitation was the fact that attendance at these programs could not be predicted, due to unexpected floor procedures and demands. This meant that many nurses involved in direct patient



care did not receive the information that they needed for continuing education and improved patient care. Frequently, the people who did receive the information were nurses that had little patient contact, such as supervisors, coordinators, etc. This became a justifiable reason to propose "Staff Development Days."

#### Purpose/Goal/Rationale/Advantages

The purpose of Staff Development Days is to provide for a planned high quality, low cost educational experience designed to meet the needs of our hospital's licensed nursing staff.

With the thought in mind that staff development is the highest type of staff education available, and that it is education that is continual, goals for this continuing educational program were established by the Nursing Education Department. The goals included the following criteria:

- 1) to introduce information and materials that will reinforce skills and knowledge;
- 2) motivation of all personnel assigned to nursing service to expand their knowledge, to help them develop new skills and techniques, and to assist them in the acquisition of more education for purposes of self-growth and development;
- 3) to provide an atmosphere by which nursing service personnel can help to define their educational needs and through open communication express their willingness and desire to become involved, directly or indirectly;
- 4) to recognize and be able to teach nursing service personnel how to focus upon and meet biophysical, psychological, social and spiritual needs of patients.

The rationale for this concept was that:

- 1) Outside sources of educational materials or programs may or may not meet our needs because:
  - a) of the expenses due to travel, need for meals, and amount of traveling costs or distances;
  - b) curriculum not always directed toward patients in our home hospital;
  - c) information obtained by one person and not dispersed to others;
  - d) limited enrollments of outside programs.
- 2) Our programs would better meet our hospital needs because:
  - a) there would be no extreme expense other than salary costs to the hospital;
  - b) no travel time or additional meal costs;
  - c) a curriculum that would be clinically applicable;
  - d) enrollment open only to our hospital employees;
  - e) increased dispersement of knowledge among employees.

The Staff Development Days would also have the added advantages of:

- 1) offering fringe benefits to prospective employees;
- 2) being an inducement to stay for older employees;
- 3) allowing the staff physicians to know and appreciate the educational needs of the nursing staff;
- 4) allowing the nurses to appreciate the expertise of the staff physicians and allied health personnel;
- 5) assisting in opening lines of communication between various professions and skill levels;



- 6) permitting the scheduling of evening and night shift personnel to attend so that the alienation of these shifts from the main-stream of hospital life could become less marked.

In order to accomplish the above, the following program procedures were outlined:

- 1) Full time licensed nursing staff personnel would be invited to attend an eight hour seminar or workshop held outside the hospital premises, on hospital paid time. This would afford the space facilities necessary and eliminate distractions from floor interactions.
- 2) Staff physicians would be asked to volunteer their services.
- 3) Since we are a non-profit hospital, attendees would be asked to pay a minimal amount, such as \$2.00, to cover the cost of hand-out copies or movie rentals.
- 4) Staff coverage for patient care would be assured by careful distribution of staff between the workshop and floor duties. No more than one person scheduled on duty from each nursing unit, per shift, would be included in each program. However, anyone off duty would be invited to attend.
- 5) Through oral communication and the use of questionnaires, topics of interest and identifiable needs would be determined.
- 6) Evaluation of the programs would help determine how the programs met the educational needs of the staff and also if improvement in patient care was achieved.
- 7) These programs would be repeated on varying topics until all licensed personnel had been provided with at least one opportunity per year for attendance.
- 8) This in turn would free Nursing Education to conduct ongoing courses in specialty areas such as critical care nursing, cardiac monitoring, and new product information. The hope and intent would be to cut down single, sporadic, one-hour inservices that are occasionally poorly attended and reduce financial cost to the hospital for continuing education programs attended by NOH-N employees.

## Cost/Benefit Analysis

Once the educational needs and benefits of the Staff Development Day were outlined and a broad statement of program procedure was formulated, it became necessary to justify the financial cost of such an educational endeavor to the hospital administrative staff.

Explanation

According to the American Hospital Association's 1969 statement on financial requirements of health care institutions and services, the net cost of medical, nursing and other related education should be an allowable cost.<sup>16</sup>

The federal government has agreed with this philosophy by stating that an appropriate part of the net cost of educational activities is a justifiable cost. Educational activities recognized by the federal government include training programs conducted by professional and technical societies and associations that are approved by the Social Security Administration. (The net educational cost refers to the stipends of trainees, teacher salaries and any other costs, less reimbursements from grants, tuitions, or directed donations.)<sup>17</sup>

Education is an expense item in hospitals that varies with the size of the hospital and the services it offers.

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<sup>16</sup>Howard J. Berman and Lewis E. Weeks, The Financial Management of Hospitals, 3rd edition (Ann Arbor: Health Administration Press, 1976), p. 69.

<sup>17</sup>Ibid., p. 184.



Large university teaching hospitals have training expenses for medical interns, residents and nurses. (An excellent example is St. Louis University.) These costs must also include continuing education for the professionals. This is one of the purposes of the reimbursement formulas described by the federal government when it delineates "reasonable net costs" that are allowed for approved patient-related educational purposes.<sup>18</sup>

These programs can and should be offered within the hospital when financially feasible. Often they do not create any additional cost to the hospital, as statistically outlined in the following cost-analysis of a Staff Development Day for Normandy Osteopathic Hospital — North.

#### Cost Analysis

In summary, an approximation of a Staff Development Day cost, based on 25 licensed Nursing Service participant attendees:

Dollar amounts based on \$3.50 per hour average for Nursing Education Secretary

Dollar amounts based on \$6.50 per hour average for Nursing Education Instructor

Dollar amounts based on \$5.50 per hour average for licensed participant

Salary (by time spent) of Nursing Education = \$ 263.50  
Time spent = 53 hours 0 minutes.

Materials used, hand-outs, etc. 27.65

Salaries of licensed participant attendees = 1100.00

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<sup>18</sup>Ibid., p. 69.

Fringe benefits paid as accrual:		
for vacation hours		8.50
for sick leave benefit		<u>9.25</u>
Experiment's Total Cost		\$1408.90
Fee of \$2.00 per attendee	-	<u>50.00</u>
Paid by hospital		\$1368.90

The total of \$1368.90 divided by the 25 who attended in the Staff Development Day would show an expenditure of \$54.76 per person. These figures are the actual dollar cost to the hospital. They do not reflect in any way the advantages of increased knowledge and skills that can be put to use after a learning experience. These must be considered intangibles and were determined to be non-measurable based on a final evaluation of the program. Another unlisted factor that must be considered is morale. With the advent of a hospital-sponsored CEU program employee morale has shown a marked improvement. (For example: following this program a questionnaire was circulated to determine employee interest in such an educational opportunity. The results indicated a 92% positive and an 8% negative response for the continuing of such a hospital sponsored offering.)

Instructors from both the Nursing Education Department and the Medical Staff are employed by the hospital and paid for the purpose of training hospital personnel and therefore create no additional cost to the hospital.

Facilities outside of the hospital can be provided by the community and therefore create no financial burden upon the hospital.

In explanation of figures arrived at in the following summation of expenses accrued during the Staff Development Day:

There were approximately 553 xeroxed copies of material dispensed during this experiment, costing \$27.65. This cost was arrived at by conferring with the hospital purchasing department. The purchasing agent informed Nursing Education that it cost the hospital \$1.57 per ream of paper. Contact with the hospital comptroller was also made, and at his suggestion it was decided to use five cents per copy as a cost figure.

Included in this justification are the fringe benefits paid to our employees in order to provide a more accurate cost analysis. In explanation of this it must be stated that vacation or annual leave is accrued at the rate of .04231 hours for every hour worked. Therefore,

.04231	for every hour worked
	(or participating)
x 8	hours spent at the workshop
_____	program
= .34	for the eight hours
x 25	participants
= \$8.50	total annual leave benefits paid.

On the other hand, sick leave benefits accrue at the rate of .04615 hours for every hour worked. Therefore,

.04615	for every hour worked (or participating)
x 8	hours spent at the workshop program
= \$9.25	total sick leave benefits paid.



Holiday time is accrued at 0.2308 per hour; life insurance, workmen's compensation and other fringe benefits are computed at 14% of base pay on a yearly basis and were considered to be minimal in cost and therefore not included in the study.

Excluded items for taxes  
to be included starting this  
year. 14 percent on health  
plan. 5 percent on dental  
plan. 1 percent on life  
insurance.

Cost of night provisions  
included only program for  
dinner and coffee breaks.  
Lunch. Non-union provided.

Fees included from July 1974  
to June 1975 for payment of  
insurance. 14 percent on  
base pay.

Personnel included:  
General and 1000 full-time  
employees. 1000 part-time  
employees. 1000 contract  
employees and part-time  
employees.

Number of working employees  
start  
1974-1975  
1976-1977  
1978-1979  
1980-1981  
1982-1983  
1984-1985  
1986-1987  
1988-1989  
1990-1991  
1992-1993  
1994-1995  
1996-1997  
1998-1999  
2000-2001  
2002-2003  
2004-2005  
2006-2007  
2008-2009  
2010-2011  
2012-2013  
2014-2015  
2016-2017  
2018-2019  
2020-2021  
2022-2023  
2024-2025

Working time by all elements  
working completed.

Working included for production.

Working included for working.

COST OF A STAFF DEVELOPMENT DAY

ACTION	PROCESS	TIME and COSTS	
		Minutes	Dollars
Meeting of Nursing Education Staff	Decisions made for topics to be covered during the year. (A one-time meeting per year.) Eight topics decided upon.	240	\$26.00
Determination of topics through use of information obtained through use of surveys and input from other departments.		240	\$14.00
Letters sent to all licensed nursing personnel	List of eight presentations planned and request for selection of three preferences. Form letter prepared.	60	\$ 3.50
Letters analyzed for preferences.	Form devised from staffing pattern for placement of personnel to attend workshops.	120	\$ 7.00
Names selected for workshop	Personnel list checked. Kardex and file folders set up to contain pertinent information such as name of workshop and personnel attending.	60	\$ 3.50
Choice of facility	Telephone calls and letters to ascertain availability of free facilities, date and time	120	\$ 7.00



ACTION	PROCESS	TIME and COSTS	
		Minutes	Dollars
Overview of program is made	Objectives of workshop outlined	180	\$19.50
Outline of specific program is made	Obtain data pertaining to workshop dependent on subject.	180	\$19.50
	Research and preview available films or slides to be used		
	Discussion of possible speakers		
	Pick up needed equipment if necessary		
Speakers or instructors selected	Telephone calls and personal contact made dependent on topic.	60	\$ 6.50
	Request for resumes made.		
Mock-up (trial) brochure made	Sent to Director of Nursing Service. Approval requested.	60	\$ 3.50
	Corrections made and finalized.	60	\$ 6.50

ACTION	PROCESS	TIME and COSTS	
		Minutes	Dollars
Scheduling of personnel for attendance	Letter sent to all Head Nurses, Director of Nursing Service, Staffing Coordinator and all others involved in scheduling with list of personnel who will be attending.	60	\$ 3.50
Confirmation letters to speakers, faculty and invited guests	Informing them of program and place. Reminding them of selected topic. A copy of the finalized program and parking stickers if needed.  Letters to Medical Director and Hospital Administrator, with copy of planned program.	90	\$ 5.25
Meeting of Nursing Education personnel	Preparation for a presentation and equipment for workshop when they are among the speakers.	360	\$39.00

ACTION	PROCESS	TIME and COSTS	
		Minutes	Dollars
Credits for CEU's applied for	Make out form to "Incur Hospital Expenses" and obtain all needed signatures (Nursing Education Coordinator, Medical Director, Director of Nursing Service, and Administrator).	30	\$ 1.75
	Give form to Accounts Payable for check to be sent with program copies for MoNA.	30	\$ 1.75
	Prepare forms in proper format. Obtain Director of Nursing signature for approval.	90	\$ 5.25
Finalized Program	Copies made and placed on the time cards of specified personnel with map of location and parking permits if needed.	30	\$ 1.75
Monies and Receipts	Collect \$2.00 from each participant for cost of copies of material. Give receipt for monies.	60	\$ 3.50



ACTION	PROCESS	TIME and COSTS	
		Minutes	Dollars
Handout materials	Copies made of needed material and evaluation form copies prepared.	120	\$ 7.00
Letter sent to Dietary	To obtain coffee, tea, sugar, etc.	30	\$ 1.75
	Arrange for refreshments for break time.	30	\$ 1.75
Prepare equipment and supplies	Paper, pencils, chalk, soft-ware and hard-ware.	30	\$ 1.75
Prepare conference room	Set up to receive participants. Have appropriate sign-in sheet ready for A.M. and P.M. meeting.	60	\$ 3.50
	Collect any outstanding monies and give receipts.	30	\$ 1.75
Present program	Dependent upon actual teaching involvement and topic being given. May just be introduction or much more involved.	60	\$ 6.50

ACTION	PROCESS	TIME and COSTS	
		Minutes	Dollars
Evaluation of program on the location	Interaction during program Collection of written evaluations for later tabulation.	120	\$13.00
Return to NOH for conclusion	Return used equipment and unused supplies.  File information obtained.	60	\$ 3.50
Final evaluation and reports prepared	All evaluations reviewed, summarized and typed.  Reports of evaluations sent to proper departments.	120  60	\$13.00  \$ 3.50
Upon receiving CEU accreditation	Notification and thank you letters sent to speakers and others involved in program.  Prepare gold certificates (type and obtain proper signatures).  Copy filed with individual file folders in Nursing Education.	60  30  60	\$ 3.50  \$ 1.75  \$ 3.50

## ACTION

## PROCESS

## TIME and COSTS

		TIME and COSTS	
		Minutes	Dollars
Obtain any uncollected fees from participants	Note attached to time card	30	\$ 1.75
Check names of personnel attended with Kardex	If unavoidable absence, then basic fee must be returned to those who were unable to attend.	30	\$ 1.75
	Kardex must be marked with date when personnel did attend to avoid duplication of scheduling.	30	\$ 1.75
		<u>TOTAL TIME</u>	<u>DOLLAR COST</u>
		53 Hours 0 Minutes	\$263.50



## Program Development

Introduction

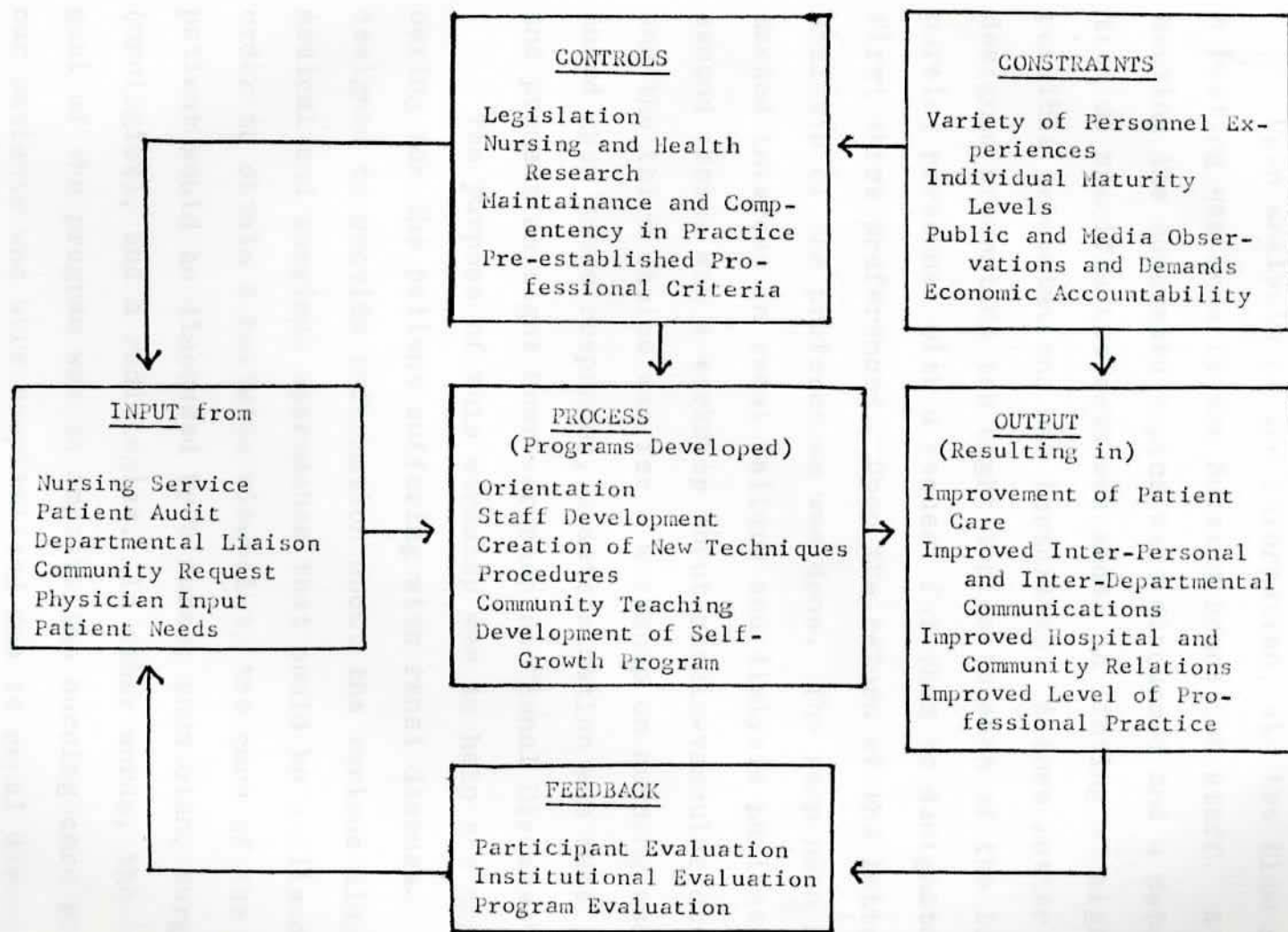
Learning needs and continuing education activities of professional nurses vary according to the type of position the nurse holds, whether she works full time or part time, and the type of clinical area in which she is employed. Program development in our situation was based upon a determination of needs decided partially by the use of a flow chart, as below:

NURSING EDUCATION FLOW CHART		
INPUT FROM	PROGRAMS DEVELOPED	RESULTING IN IMPROVEMENT
Nursing Service	Orientation	of patient care
Patient Audit	Staff Development	
Departmental Liaison	Creation of New Techniques	in inter-personal and inter-departmental communications
Community Request	Procedures	
Physician Input	Community Teaching	
Patient Needs	Development of Self Growth Program	in hospital and community relations
		in level of professional practice

(See General Systems Model, Table 2.)

The Medical Records Department supplied a breakdown of admissions and the Social Worker was also contacted to provide input that helped in deciding upon possible topics for workshops (see Appendix #4). Questionnaires were distributed and meetings held with the licensed personnel

TABLE 2



General Systems Model

on all three shifts. These also helped to provide input on subject matter for our programs.

Upon analysis of the information, via the flow chart, a meeting was held by the Nursing Education staff. At this meeting the suggested topics were discussed and a determination of specific subjects was made. A listing of eight possible presentations was formulated. A form letter was designed presenting the eight topics to each of the licensed nursing personnel with a request for them to designate their first three preferences. Upon the return of the letters an analysis of the preferences was done. The responses showed marked interest in renal failure and dialysis patients. The second choice was a workshop about cardio-vascular diseases and the third choice was for a workshop on nursing assessment. Based upon these responses, a determination was made to prepare and present an eight hour workshop on "Renal Disease."

The purpose of this workshop was to help the nurse in caring for the patient suffering with renal disease. It was designed to provide information about the various diagnostic, medical and surgical approaches that could be utilized. In order to obtain a holistic viewpoint, the care of the renal patient would be discussed by a nurse, physician, surgeon (urologist), and a radiologist. In other words, the outcome goal of the program was to improve the nursing care given to our patients who were hospitalized due to renal disease, with emphasis placed on nursing assessment, and to help provide realistic discharge planning.



At the completion of this eight hour workshop, the learners were expected to:

- 1) demonstrate an understanding of the anatomy and physiology of the urinary system;
- 2) demonstrate an understanding of the relation of electrolyte balance, acid base disturbances and blood pressure regulation on homeostasis; show an awareness of the catastrophe of renal failure;
- 3) identify common diseases of the ureters, bladder, kidney and urethra, due to either mechanical (obstructive) or infectious processes;
- 4) be aware of the common radiologic diagnostic tests and their implications;
- 5) identify surgical interventions and the nursing care entailed;
- 6) demonstrate an understanding of the physical, psychological and social problems of the dialyzed patient, his needs and methods of coping.

#### Selection of Attendees

The master staffing plan for the entire nursing service staff was used to determine the selection of personnel from the various nursing units and shifts that would be able to attend the program. This was done primarily by licensure status. It was necessary to use this method to prevent the selection of all scheduled working Registered Nurses from a unit because this would create a patient care problem. For example, R.N. professional nursing care is required by Missouri state law for intravenous therapy as well as for the administration of other specific medications. It is also a hospital

accreditation requirement that an R.N. be on duty in order to prevent a possible patient care hazard, and in order to maintain the proper number of nursing care hours of 5.0 per patient as determined by our hospital. Naturally, this had to be maintained without excessive overtime pay used to provide the necessary nurse coverage.

### Selection of Facility

The next step was to obtain a facility for the workshop. As has been explained earlier it had been decided that an "out-of-house" area would best serve our needs and promote a better learning environment. There are usually several facilities available to a community hospital, such as shopping center auditoriums or meeting rooms. Our preference, in this case, was the Florissant Community College. Our choice was based in part upon the fact that our hospital has an affiliation with the Florissant Valley nursing school and that the nursing educators of the school expressed an interest in our project.

The Florissant Valley Community College is located near a major highway and easily accessible to our employees. The room that was offered for our use was more than ample in size and had visual aid materials that we decided might be of value to our program and speakers. The room was versatile. It could be set up for panel discussion, round table, or in a lecture format. We hoped to take advantage of all of these abilities for structured and unstructured teaching. The environment was conducive to the proposed learning experience.



Content of Program

The program started with a review of the anatomy and physiology of the renal system. This was followed by a description of the physiology of the renal system with discussion of the regulation of fluids necessary to have proper electrolyte balance, regulation of Acid-Base, and the regulation of blood pressure as affected by the kidney. There was then a discussion of the pathophysiology of the renal system. This was in reference to diseases of the ureters and bladder due to infections, antigen-antibody reactions, vascular difficulties and obstructions. The program continued with comments about the diagnostic radiology tests that are available to assist in the determination of renal diseases, such as malformations of kidneys or ureters. These radiological examinations include Intra-venous Pyleogram (IVP), Kidney-Ureter-Bladder (KUB), Pyleogram and Cystogram X-rays. This then led into the presentation concerning indications for surgery and the definitions of the various surgical procedures that could be performed. Included in this discussion was the description of procedures such as Cystoscopy, Nephrectomy, Nephroplasty, Nephrostomy, Ureterostomy, Ureteral Reimplantation, Ileal Conduit and Prostatic surgery. After this there was discussion of the acute and chronic renal failure patient, methods of nursing assessment and care of the renal patient. The treatment of renal failure patients by conservative means as well as treatment by dialysis was thoroughly examined. A question and answer period was incorporated in the program to enable all



present to clarify or request additional information about the subject. (See Appendix #5.)

#### Speaker Selection

The selection of knowledgeable speakers was a vital aspect of the program development planning.

Ms. Joan Harrington, R.N. was selected to be the nurse on our program because of her vast experience with renal patients. Ms. Harrington is a graduate of the St. John's Hospital School of Nursing in Cleveland, Ohio. She received her B.S. from St. Louis University and her M.A. from Teachers College, Columbia University. She has served as an Assistant Professor of Nursing at St. Louis University and as a Nursing Instructor at SIU. She is the author of "Patient Care in Renal Failure," published in Nursing Clinics of North America, 1973. Ms. Harrington's presentation was directed toward a review of the anatomy and physiology of the renal system. Ms. Harrington was also asked to help conclude the program at the end of the day by speaking of the treatment of acute and chronic renal patients by use of conservative measures, and of the dialysis of renal patients. This presentation also included an explanation of the principles of dialysis, peritoneal dialysis and hemodialysis, as well as the nursing care of dialysis patients.

One of the physicians selected was Dr. Richard L. Theriault. Dr. Theriault obtained his B.S. from Northeast Missouri State College and graduated from the Kirksville Missouri College of Osteopathic Medicine. He served his internship at Normandy

Osteopathic Hospital and at the time of this program was in his second year of a three year residency in Internal Medicine. Dr. Theriault spoke about pathophysiology of the renal system.

Our speaker in reference to diagnostic testing was Dr. Sandler. Dr. Sandler graduated from Northeast Missouri State College with B.S. and M.A. degrees. He also graduated from Kirksville College of Osteopathic Medicine and did his internship at Normandy Osteopathic Hospital. He then served as the Emergency Room Physician at Normandy Osteopathic Hospital from 1971 until 1973. At the time of this program he was in his third year of residency in Radiology at Normandy Osteopathic Hospital.

The surgeon we asked to speak was Dr. John Olson. This physician graduated from Kirksville College of Osteopathic Medicine in 1939. He completed his preceptorship in General Surgery in 1951 and was certified in General Surgery in 1960 by the American College of Osteopathic Surgeons. He is also past Chairman of the Department of Surgery at Normandy Osteopathic Hospital, and specializes in the field of Urology.

#### Application for Continuing Education Units

Once the content of the program and the speakers were decided upon and confirmed, an application for CEU's was made to MoNA. The request for CEU's was honored and they were awarded. The application was for a single offering approval and was sent with the necessary monies to cover postage and handling.



The application included:

- 1) the names of the planning committee members and a resume of the experience and educational preparation of each member;
- 2) the names of the instructional staff, the experience of each member of the faculty and the educational qualifications of each member of the faculty;
- 3) a formulation of the objectives of the workshop, in terms of the expected behavior of the learners;
- 4) an overview of the program, its purpose, an outline of its content, methods of instruction and target learners;
- 5) an outline of instructional time in hours and minutes, exclusive of coffee breaks and mealtime;
- 6) an explanation of how the offering related to the educational needs of the professional nurse as well as to the health care needs of a client;
- 7) an identification of the principles of adult learning used in the workshop and how they were to be implemented;
- 8) a description of the method of the offering of the program and its content evaluation, and a copy of the evaluation tool that was planned to be used; and
- 9) a description of the methods to be used for recording and maintaining attendance records.

It was after receipt of the application and a review of its contents that MoNA granted 0.65 CEU's for the program.

#### Program Presentation

The program "Renal Disease" was presented on February 4, 1976 at the Florissant Valley Community College, in Room IR 112, from 8:00 A.M. until 4:30 P.M. There were 25 attendees. This did not include the speakers or the Nursing Education



Department staff that participated with a welcoming speech and introduction.

The atmosphere of the entire day seemed to be one of willing participation and there was a definite desire for the information that was being presented. This was readily apparent from the questions and interest shown throughout the program. (See sample of the program, Appendix #5.)

#### Program Evaluation

In order to evaluate the effectiveness of the program each attendee was asked to submit an evaluation form at the end of the workshop day, or within twenty-four hours. (See sample form, Appendix #6.)

The questions asked, and some of the responses were as follows:

1) Did the information meet your expectations? Explain.

a) exceeded 22      b) met 3      c) failed 0

"Covered more material and more thoroughly than I expected."

"The information that was given was excellent and explained well."

"I have said 'exceeded' not so much to super knowledge obtained, but to the high degree of interest and variety that was presented."

"The information that was given was presented in a useful manner."

2) Did you feel enough time was given to each subject presented? If not, why?

a) yes 21      b) no 4

"To the degree that it was presented."

"Covered much material without enough time for certain subjects."

"Surgeries and post-operative care were well covered."

3) Rate the program from the following perspectives:

a) content            b) method presented            c) interpersonal relationship.

"The content on the whole was excellent. I enjoyed the free aspect of being able to ask questions as they arose."

"The doctors and lectures were very good and full of depth."

"No one gave the impression of talking 'at' you; all talked 'to' us."

"Good material, good presentation."

"Speakers presented material well. Interpersonal relationships were received well."

"Speakers were easy to talk with and willing to answer questions."

4) What was the "high point" of the program?

"Enjoyed Dr. Theriault on diseases and Ms. Harrington on dialysis."

"Nursing care and electrolytes."

"Nursing care of CPR renal failure."

"All speakers gave their presentations clearly and well."

"Dr. Theriault's message."

"Dr. Theriault's presentation."

"Ms. Harrington was an excellent speaker; was well worth the \$2.00."

5) What did you least like about the program?

"All most interesting."

"Nothing."

"I think we need a break every hour."

"Dr. Sandler's lecture was not as good as it could have been because of need for X-ray reading light."

"Length."

6) Suggestions for future programs:

"Cardiac-Lung-Surgery -- various equipment operations and functions."

"Endocrine system."

"G.I. patients; orthopedic patients with Hager pins and hip replacements."

"Blood abnormalities."

"Anemia, EKG interpretations with cardiac diseases."

7) Use additional space for any suggestions or comments.

"Time well spent! Good mental stimulation."

"Keep using well informed nurses to present experience and teaching. It's great."

"Provide soda for non-coffee drinkers, or tea."

"Enjoyed it very much."

All of the evaluations were read and summarized by the Nursing Education Department staff. A condensed report of all comments was prepared and sent to each of the speakers, the Director of Nursing Service, the Medical Director and the Hospital Administrator. The comments, as noted above, were highly favorable and most enthusiastic. The success of the program helped to encourage formulation of additional workshops that could be presented.



### Program Evaluation Review

After all participant evaluations were received and catalogued, the Nursing Education Department met for a review of the program and the evaluations received. From them it was decided that the program had resulted in:

- 1) individualized stimulation for additional formal and informal study as verbalized by the general nursing staff;
- 2) community involvement via guest speakers (requested and responded) in the area of technological renal advancements; and
- 3) ward conferences, individually initiated by participants.

### Program Evaluation by Others

In order to obtain feedback from the hospital organization, other departments were asked for input in an attempt to evaluate the program from an institutional point of view.

Some of the responses were as follows:

Medical Staff Office . . . "An opportunity for the Nursing Staff to avail itself of the Medical Staff was well used."

Director of Nursing . . . "Thanks to this program there is better communication between the various departments and improved patient care."

Head Nurses . . . "There has been increased awareness shown as to the necessity for understanding and acting upon accurate intake and output recordings."

In addition to these evaluations others were accomplished through the use of on-the-job observations done by the Nursing Clinical Coordinators who stated that the nursing personnel showed improvement in the areas discussed in the program and that there was a sharing of ideas brought from the program that

had not been shown prior to this type of staff development day.

The program that we held was an exciting personal experience for the instructional staff as well as for the attendees. A notable benefit to the hospital was widespread distribution throughout the hospital of requested knowledge. This particular aspect had frequently been lacking when a person had been sent to an independent, individual outside program. More simply stated, the educational input reached far more employees than had previously been touched when it was left up to individual employees to obtain information from an outside workshop and they were asked to bring information back to other hospital employees.

The program was held on the premises of the hospital and was designed to be a relatively inexpensive way of providing staff development. It was held in a relatively small room for only a few hours. The program was held in a room that was not used for other purposes and was held during a time when the room was not needed for other purposes.

The program was held in a room that was not used for other purposes and was held during a time when the room was not needed for other purposes. The program was held in a room that was not used for other purposes and was held during a time when the room was not needed for other purposes.

- 1) as a possible legal requirement for education in the field;
- 2) for the maintenance of good standing in a professional organization or society; and
- 3) for recognition of a staff member's continuing education for individual and organizational growth.

The program was held in a room that was not used for other purposes and was held during a time when the room was not needed for other purposes. The program was held in a room that was not used for other purposes and was held during a time when the room was not needed for other purposes.

## V. SUMMARY

Policies related to voluntary versus mandatory education must be clearly stated by state nurse associations. In a hospital these policies must also include references to voluntary versus mandatory attendance because of compensation in money or by repayment of time, and what is expected in relation to continuing education activities outside the agency. These factors are becoming more and more important during 1977. The emphasis on continuing education in professional nursing has motivated nurses to seek additional learning opportunities. Unfortunately, the recurrent question of many nurses is that of who is to pay for this education. An employing agency has a definite responsibility to assist personnel to maintain competence in fulfilling their role expectations.<sup>19</sup>

It must be remembered that planned continuing education is a relatively new concept for many professions. There is a defined and recognized need for it in at least three basic ways. These three basics are:

- 1) as a probable legal requirement for relicensure in Missouri;
- 2) for the maintenance of good standing in a professional organization or society; and
- 3) for recognition of voluntary participation in continuing education for individual and professional growth.

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<sup>19</sup>Standards for Continuing Education in Nursing (Kansas City, Missouri: A.N.A., 1975), p. 5.



All professional nurses and health care facilities should recognize the essential role of continuing education in contributing to the quality of nursing practice. By improving the quality of nursing practice the ultimate result will be the improvement of patient care. The responsibility for maintaining a professional nurse's competence in practice is a shared responsibility of the individual, the employer, and the professional's association. Nursing, like all other human service professions, requires that the practitioner keep her skills and competencies current with the knowledge available.

A justification of a continuing education program within any small health care agency has best been described in the Reagan Report on Nursing Law.<sup>20</sup> Every hospital has a continuing education obligation to make certain that its nurses are kept abreast of the constant changes in techniques of patient care. By the same token every registered professional nurse should participate in continuing education programs. Legally, she must keep herself competent and alert to the ever-evolving changes in patient care. The hospital should initiate and maintain a quality continuing education program to insure that nurse employees engaged in providing patient care service are doing so in both a skillful and efficient manner. A hospital is courting legal liability if its continuing education

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<sup>20</sup>William Andrew Reagan, The Reagan Report on Nursing Law Vol. 17, No. 6 (Providence, Rhode Island: MEDICA Press, November 1976), p. 1.

program is less than adequate. The practice of professional nursing is a science that is constantly changing to accommodate changes in medical science and allied health sciences. Nurses should be involved in continuing education to adapt to scientific advances.

In conclusion, a hospital holds a legal responsibility that goes beyond that of occasionally providing key nursing service personnel with an opportunity to attend and participate in technical training courses outside the facility. Logically and economically it is almost impossible to make outside instructional conferences, programs or workshops available to all nursing service personnel. Every hospital has a duty to its patients, its Medical Staff and to its nursing service personnel to provide continuing education opportunities.

The type of program described in this paper can be used to fulfill this duty, even in a small community hospital. Although this hospital is a teaching hospital for physicians, any hospital can draw upon its doctors for teaching purposes and for the benefit of its personnel and patients.

Where mandatory  
continuing education  
stands today








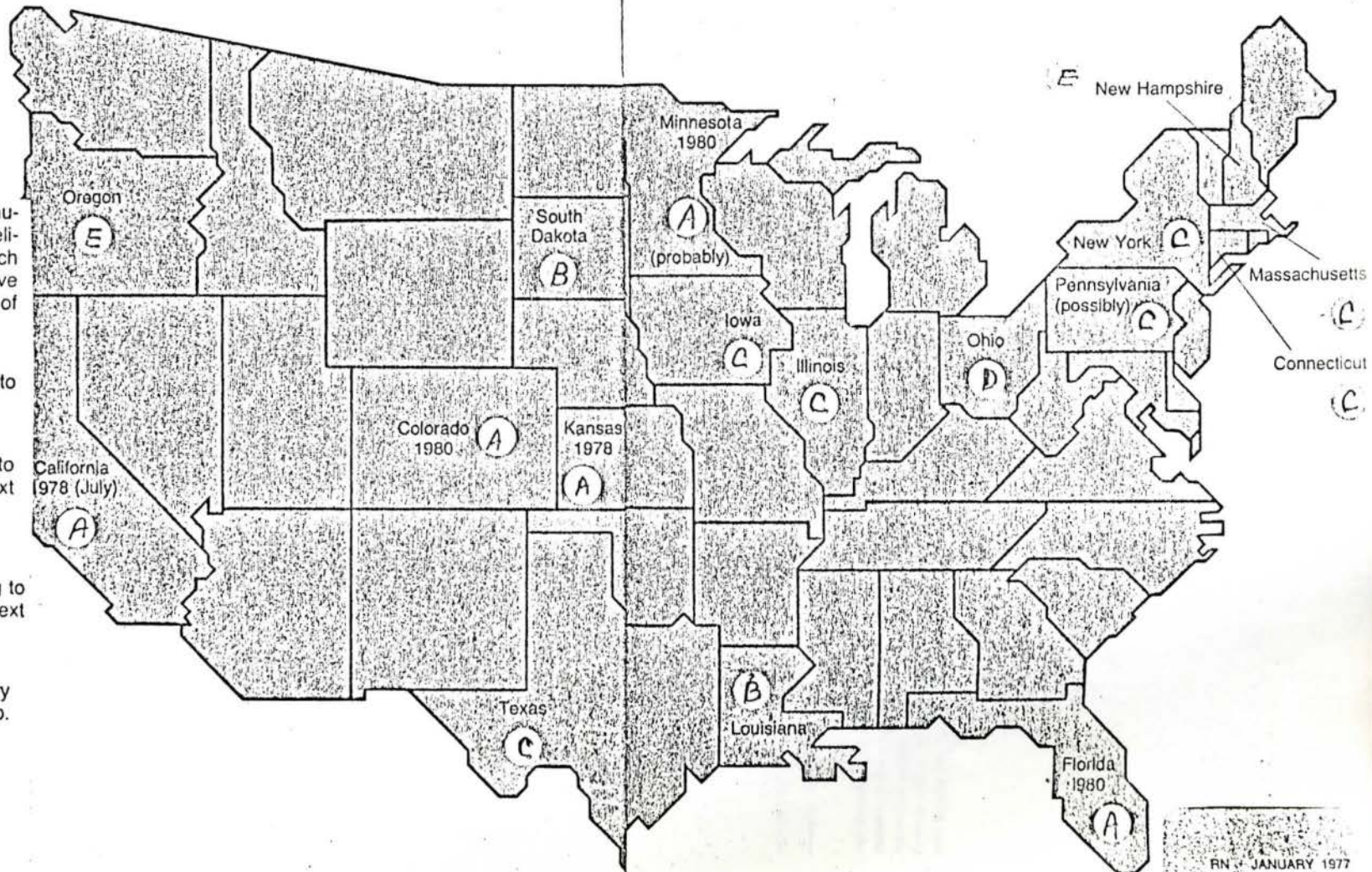
VI. APPENDICES

Under the provisions of the Act, the Commission shall...  
The Commission shall...  
The Commission shall...  
The Commission shall...  
The Commission shall...



# Where mandatory continuing education stands today

-  States requiring mandatory continuing education (MCE) for R.N. relicensure, and the dates by which R.N.s in those states must have completed a specified number of MCE hours.
- A**
-  States having legislative authority to require MCE "as advisable"
- B**
-  State nurses' association planning to propose MCE legislation in the next few years.
- C**
-  State nurses' associations planning to propose MCE legislation in the next few years.
- D**
-  States with modified mandatory continuing education (see box p. 42).
- E**





**REVISED NURSING PRACTICE ACT  
SENATE BILL NO. 108**

*Enacted by the Missouri General Assembly  
on January 21, 1976*

This document was prepared by Missouri Nurses Association Council on Nursing Practice.

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The current law controlling the practice of nursing in the State of Missouri is the newly revised Nursing Practice Act. EXPLANATORY STATEMENTS and RECOMMENDATIONS pertaining to this Act have been developed and approved by the Missouri Nurses' Association to assist nurses and other citizens of this state to be informed of the implications of nursing practice within the scope and limitation of the Act. The category designated as RECOMMENDATIONS is included to provide direction for nurses, individually and collectively. Nurses are expected to use these RECOMMENDATIONS to improve their level of competency in meeting the intent of this law. Future health-related legislation and legal decisions may change the interpretation and application of this Nursing Practice Act, causing changes in the EXPLANATORY STATEMENTS and RECOMMENDATIONS.

NEW LAW	EXPLANATORY STATEMENTS	RECOMMENDATIONS
<b>SECTION 1.</b> This act may be known as "The Nursing Practice Act."	<i>Self Explanatory</i>	
<b>SECTION 2.</b> As used in this act, unless the context clearly requires otherwise, the following words and terms shall have the meanings indicated:	<i>Self Explanatory</i>	
(1) A "registered professional nurse" or "registered nurse" is one licensed under the provisions of this act to engage in the practice of professional nursing.	<b>INCLUDED TO:</b> <b>New:</b> <i>Designate a specific category of nurses to be controlled by this Act and to provide consistency in the language used throughout the Act.</i>	
(2) A "licensed practical nurse" or "practical nurse" is one licensed under the provisions of this act to engage in the practice of practical nursing.	<b>New:</b> <i>Designate a specific category of nurses to be controlled by this Act and to provide consistency in the language used throughout the Act.</i>	
(3) "Professional nursing" is the performance for compensation of any act which requires substantial specialized education, judgment and skill based on knowledge and application of principles derived from the biological, physical, social and nursing sciences, including...	<b>New:</b> <i>Clarify the scope and functions of those licensed to practice professional nursing. With the inclusion of the term "... substantial specialized education, judgement and skill..." reference is made to the education required of all persons licensed by this Act.</i>	Basic nursing education programs and continuing education programs should be evaluated so that their objectives and content meet the intent.
... but not limited to:	<b>New:</b> <i>Permit the expansion of nursing practice without amending the law when changes occur.</i>	A continual review should be made of changing roles and responsibilities of registered professional nurses.
<b>SECTION 2.3(a) through (e)</b> defines the practice of the registered professional nurse.		
(a) <b>Responsibility for the teaching of health care and the prevention of illness to the patient and his family:</b>	<b>New:</b> <i>Responsibility for teaching of health care and the prevention of illness by registered professional nurses is a major function. This teaching is designed to meet the individual needs of persons, families and groups.</i>	In their formal education, some nurses have not had sufficient content or experience in teaching to assure competency in this area of responsibility. Nurses who have had a limited exposure to this area of responsibility should initiate their own participation in some form of continuing education directly related to the teaching of health care and the prevention of illness. In the development of quality assurance* programs, criteria and evaluation tools should be developed to assure the inclusion of effective health teaching.

\* indicates that the word or term can be found in the GLOSSARY

(b) **Assessment, nursing diagnosis, nursing care, and counsel** of persons who are ill, injured or experiencing alterations in normal health processes, or

(c) **The administration of medications and treatments as prescribed** by a person licensed in this state to prescribe such medications and treatments; or

(d) **The coordination and assistance** in the delivery of a plan of health care with all members of the health team;

(e) **The teaching and supervision** of other persons in the performance of any of the foregoing.

(4) **"Practical nursing"** is the performance for compensation of selected acts for the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in normal health processes. Such performance requires substantial specialized skill, judgment and knowledge. All such nursing care shall be given under the direction of a person licensed in this state to prescribe medications and treatment or under the direction of a registered professional nurse;

(5) **"Board"** or **"state board,"** the state board of nursing;

(6) **"Accredited,"** recognized by the board as meeting or maintaining state board of nursing standards for the educational preparation of professional or practical nurses;

\*Indicates that the word or term can be found in the GLOSSARY

**New:** *The registered professional nurse licensed under this Act must be prepared to utilize the full scope of the nursing process\* in the care of individuals, families and groups.*

**New:** *Registered professional nurses who are engaged in the administration and/or adjustment of prescription drugs and treatments\* must do so under legal prescriptions of individuals duly licensed in this State to prescribe. This applies to registered professional nurses practicing in any setting whether or not the prescribing individual is in the immediate geographical vicinity or not.*

**New:** *The registered professional nurse is responsible for the development of a plan of care based on the needs of each individual client. A registered professional nurse is responsible for coordinating or assisting in the planning and delivery of health care\* with other members of the health team including the client and his family. In some instances, the registered professional nurse may assume or be designated as the leader of the health team.\* This leadership role may evolve as an outgrowth of the composition of the health team\* and/or the goals to be achieved. All team members assist one another in carrying out plans to achieve the goals of the patient/client or groups receiving health care.\**

**New:** *The registered professional nurse has the responsibility to identify learning needs, and to teach and to supervise persons assisting with nursing practice as defined in Section 2.3(a) through 2.3(d). Criteria should be established by registered professional nurse for delineating the scope and functions of all categories of persons providing or assisting with nursing care.\* Institutions, agencies and organizations should insure the implementations of these criteria.*

**New:** *Clarify the scope and functions of those licensed to engage in practical nursing. In this clarification, reference is made to the education required of all persons being licensed as practical nurses. Significant in the definition is the term "...selected acts..." This Act clearly states that this practice must be under the direction of a person licensed in this state to prescribe medications and treatments or a registered professional nurse.*

*Self Explanatory*

*Self Explanatory*

Employing agencies should develop guidelines to determine the competencies of nurses employed by them in effectively utilizing the nursing process. Nurses who have not previously been educated in the components of the nursing process should take the initiative to make up deficiencies. Agencies should share the responsibility for making necessary educational experiences available.

The legal implications of administering medications and treatments\* require nurses to be current in the knowledge and skills needed to safely carry out these functions.

Emphasis should be placed on group dynamics, role differentiation, cooperative relationships and techniques of leadership in all basic nursing programs and programs for continuing education in nursing.

Basic and continuing education programs should provide sufficient content in their programs for nurses to achieve a defined level of competency in this area of nursing responsibility.

Licensed practical nursing programs and continuing education programs should be evaluated so that their objectives and content meet the intent of the revised law.



## NEW LAW

(7) "Licensure," the issuing of a license to practice professional or practical nursing to candidates who have met the specified requirements and the recording of the names of those persons as holders of a license to practice professional or practical nursing.

(8) "Executive director," a qualified registered professional nurse employed by the board as executive secretary or otherwise to implement the provisions of the nursing practice act under its direction, who shall not be a member of the board:

(9) "Inactive nurse," as defined in section 11.

**SECTION 3. 1.** "The Missouri State Board of Nursing" is hereby established. The members of the Missouri nursing board as constituted under prior law shall on the effective date of this act become the members of the Missouri state board of nursing established by this section and shall continue to serve on the board until the end of the terms to which they were appointed.

2. The board shall consist of seven members, five of whom must be registered professional nurses. The other two members of the board must be licensed practical nurses. **Two of the five registered professional nurses shall hold a graduate degree in nursing, and at least one of the professional nurse members shall represent nursing practice.** Any person appointed to the board as hereinafter provided shall be a citizen of the United States and a resident of this state, a licensed nurse in this state, and shall have been actively engaged in nursing for at least three years immediately preceding the appointment or reappointment. Membership on the board shall include representatives with expertise in each level of educational programs the graduates of which are eligible to apply for licensure such as practical, diploma, associate degree, and baccalaureate.

3. The governor shall appoint members to the board by and with the advice and consent of the senate when a vacancy thereon occurs either by the expiration of a term or otherwise; provided, however, that any board member shall serve until his successor is appointed and qualified. Every appointee except to fulfill an unexpired term shall be for a term of four years, but no person shall be appointed to more than two consecutive terms.

## EXPLANATORY STATEMENTS

*Self Explanatory*

**New:** *Reflect more accurately the responsibilities of the Executive Officer of the Missouri State Board of Nursing*

**New:** *Describe a specific category. As defined in Section 11, an inactive nurse is, "Any licensee who allows his license to lapse by failing to renew the license as provided in this Act..."*

**INCLUDED TO:**

**New:** *Provide for a State Board of Nursing without disruption with the passage of new legislation.*

**New:** *Describe composition of the Board. The size of the Board remains the same as in the previous law; however, the composition changes. The current law provides for:*

1. Seven members:
  - a. 5 registered professional nurses
  - b. 2 licensed practical nurses
2. Of the five registered professional nurses:
  - a. 2 must have a graduate degree (Masters Degree)
  - b. At least one representing nursing practice (this implies that employment not be in nursing education)
3. All members be actively engaged in nursing for at least three years immediately preceding the appointment or re-appointment to the Board.
4. The composition of the Board must include presentation from each level of basic nursing education:
  - a. Licensed Practical Nursing
  - b. Registered Professional Nursing
    1. Associate Degree
    2. Diploma
    3. Baccalaureate

*Self Explanatory*

**New:** *Limits number of years any individual may serve as board member.*

## RECOMMENDATIONS

A review by official groups should be made to determine how nurses should be utilized or regulated prior to receiving a current Missouri License. Categories which should be assessed in this review are: 1) new graduates who have not had sufficient time to take the State licensing examinations before employment; 2) nurses moving into the state from other states or countries; 3) nurses who have been inactive for a sufficient time to be either uninformed of current nursing practice; and 4) nurses whose basic nursing programs and continuing education programs lacked required aspects of current practice.

Director, Deans or other Administrative persons responsible for validating the credentials of nurses for employment should ascertain that any nurse employed has an active license to practice in the State of Missouri. After employment, the validation of current licenses must be an annual procedure.

Guidelines and a specific procedure should be developed for securing the names of candidates to be submitted to the Governor for his consideration in making appointments to the Missouri State Board of Nursing. This should be a systematic procedure whereby the intent of the law is met.

4. At least ninety days before the expiration of a term of a board member, and as soon as feasible after the occurrence of a vacancy on the board for reasons other than the expiration of a term, a list of three licensed and qualified nurses shall be submitted to the director of the department of consumer affairs, regulation and licensing. The list shall be submitted by the Missouri Nurses' Association if the vacancy is for a registered professional nurse, and by the Missouri State Association of Licensed Practical Nurses if the vacancy is for a licensed practical nurse. The governor may appoint a board member to fill the vacancy from the list submitted, or may appoint some other qualified licensed nurse.

**SECTION 4.1.** Before entering upon their duties, members of the board shall make and file with the secretary of state the oath of office required by Article VII, Section 11 of the Constitution for all civil officers of this state.

2. Any member of the board may be removed by the governor for misconduct, incompetency or neglect of duty. Before any member may be so removed, he shall be given a hearing and may appear in his own behalf, may be represented by counsel, and may present witness or other evidence. Any person aggrieved by the action of the governor after the hearing may appeal as provided in chapter 536, RSMo.

3. The board shall meet at least once each year as determined by the board. The board may hold such additional meetings during the year as may be deemed necessary to perform its duties. A majority of the board, including at least one officer, shall constitute a quorum for the conducting of business.

4. Each member of the board shall receive the sum of twenty-five dollars for each day actually engaged in the performance of his official duties and shall be reimbursed for his actual and necessary expenses incurred in the performance of his official duty, to be paid out of the state treasury.

**SECTION 5.** Members of the board shall not be personally liable either jointly or separately for any act or acts committed in the performance of their official duties as board members.

**SECTION 6.1.** The board shall:

(1) At its annual meeting beginning in 1976, elect for a one year term a president and a secretary, who shall also be treasurer, and the board shall appoint, employ and fix the compensation of an executive officer, and may appoint, employ and fix the compensation of a legal counsel and such other employees as are necessary to administer the provisions of this act.

(2) Adopt and revise such rules and regulations as may be necessary to enable it to carry into effect the provisions of this act.

(3) Prescribe minimum standards for educational programs preparing persons for licensure under the provisions of this act.

(4) Provide for surveys of such programs every five years and in addition at such times as it may deem necessary;

*Provide a procedure for the appointment of qualified nurses to the State Board of Nursing.*

**INCLUDED TO:**

*Establish a procedure for the appointment, removal, frequency of meetings and the compensation of Board members as in Section 4.1 through 4.4.*

**INCLUDED TO:**

*New: Provide protection for Board members. Liability of the Board member is limited as in other statutory law regulating the licensure of persons rendering services to the citizens of the State of Missouri.*

*Self Explanatory*

*Self Explanatory*

*Self Explanatory*

*Self Explanatory*

All nurses should identify nursing leaders who are competent and are concerned about providing quality health care for the citizens of Missouri. These names should be sent to the Associations preparing the list of names to be submitted to the Governor.



## NEW LAW

## EXPLANATORY STATEMENTS

## RECOMMENDATIONS

(5) Designate as "accredited" such programs as meet the requirements of this act and the rules and regulations enacted pursuant hereto; and the board shall annually publish a list of such programs:

*Self Explanatory*

(6) Deny or withdraw accreditation from educational programs for failure to meet prescribed minimum standards.

*Self Explanatory*

(7) Examine, license, and renew the licenses of duly qualified applicants:

*Self Explanatory*

(8) Cause the prosecution of all persons violating provisions of this act and may incur such necessary expenses therefor:

*Self Explanatory*

(9) Keep a record of all the proceedings; and make an annual report to the governor and to the director of the department of consumer affairs, regulation and licensing

*Self Explanatory*

2. All fees received by the board under the provisions of this act shall be deposited in the state treasury and be placed to the credit of the state board of nursing fund. All administrative costs and expenses of the board shall be paid from appropriations made for those purposes.

**INCLUDED TO:**

*Describe the procedures for funding the Missouri State Board of Nursing. Fees received from nurses and nursing programs are received in the office of the Missouri State Board of Nursing. These fees are required to be deposited to the State Treasury. An annual appropriation is made by the General Assembly for the operation of the Missouri State Board of Nursing.*

The appropriation by the General Assembly is less than the fees collected by the Board to be deposited in the State Treasury. When notification is forthcoming from the Board of insufficient funds to carry out its responsibilities and functions, nurses should contact the appropriate committee of the General Assembly and request a supplemental allocation be made.

**SECTION 7.** Any person holding a valid license to practice in this state as a licensed practical nurse, a registered professional nurse, or an obstetrical nurse on the effective date of this act shall continue to be licensed under the provisions of this act and, upon expiration of their license, shall be entitled to renewal under the conditions and standards prescribed by this act.

*Provided that any persons currently licensed at the time the revised law was enacted may apply for renewal of their license under this new Act.*

**SECTION 8.1.** An applicant for a license to practice as registered professional nurse shall submit to the board a written application on forms prescribed and furnished by the board. The original application shall contain the applicant's statements made under oath showing the applicant's education and other such pertinent information as the board may require. The applicant shall be at least nineteen years of age, of good moral character and have completed at least the high school course of study, or the equivalent thereof as determined by the state board of education, and have successfully completed the basic professional curriculum in an accredited school of nursing. Applicants from non-English speaking lands may be required to submit evidence of proficiency in the English language. The applicant, if approved by the board, shall be required to pass a written examination in such subjects as the board may determine. Each written examination may be supplemented by an oral or practical examination. Upon successfully passing the examination the board shall issue to the applicant a license valid for one year to practice nursing as a registered professional nurse. The applicant for a license to practice registered professional nursing shall pay a license fee in such amount as set by the board, but shall be not less than twenty-five dollars. The fee shall be uniform for all applicants.

*Self Explanatory*

**New:** *Protect the Public. The Board may exercise the right to test the English language skills of any applicant from a non-English speaking country.*

The option for the Board to test the English proficiency of applicants from non-English speaking countries should be supported and encouraged by all nurses.



2. An applicant for license to practice as a licensed practical nurse shall submit to the board a written application on forms prescribed and furnished by the board. The original application shall contain the applicant's statements made under oath showing the applicant's education and other such pertinent information as the board may require. Such applicant must be at least eighteen years of age, shall be of good moral character, and have completed at least two years of high school, or its equivalent as established by the state board of education, and have successfully completed a basic prescribed curriculum in a state accredited school of practical nursing or a comparable period of training as determined by the board. Applicants from non-English speaking countries may be required to submit evidence of their proficiency in the English language. The applicant, if approved by the board, shall be required to pass a written examination in such subjects as the board may determine. Each written examination may be supplemented by an oral or practical examination. Upon successfully passing the examination, the board shall issue to the applicant a license valid for one year to practice as a licensed practical nurse. The applicant for a license to practice licensed practical nursing shall pay a fee in such amount as may be set by the board, but not less than twenty dollars. The fee shall be uniform for all applicants.

3. Upon refusal of the board to allow any applicant to sit for either the registered professional nurses' examination or the licensed practical nurses' examination as the case may be, the board shall comply with the provisions of section 161.302, RSMo, and advise the applicant of his right to have a hearing before the administrative hearing commission. The administrative hearing commission's power of review on complaints taken pursuant to section 161.302, RSMo, and this section is limited to the scope of review as provided for in section 536.140, RSMo.

4. The board shall not deny a license because of sex, religion, race, ethnic origin, age or political affiliation.

**SECTION 9.1.** The board may issue a license to practice nursing as either a registered professional nurse or a licensed practical nurse without examination to an applicant who has duly become licensed as a registered nurse or licensed practical nurse under the laws of another state, territory or foreign country, if, in the opinion of the board, the applicant meets the qualifications required of registered nurses or licensed practical nurses in this state at the time the applicant was originally licensed in the other state, territory or foreign country.

2. Pending issuance of a license, the board, at its discretion, may issue a temporary permit without examination to practice nursing as a registered professional nurse or as a licensed practical nurse for one year to an applicant who has been duly licensed under the laws of another state, territory, or foreign country.

*Self Explanatory*

**INCLUDED TO:**

*New: Protect the Public. The Board may exercise the right to test the English language skills of any applicant from a non-English speaking country*

*Describe the appeal process if an applicant is refused seating to write the licensing examination. Anyone who is refused on any grounds the right to sit for the writing of the licensure examination or any applicant who has been refused licensure has the right to an administrative hearing under the regulatory provisions of the Missouri statutes, 161.302 RSMo, and 536.140 RSMo.*

*Assure civil rights and anti-discriminatory practices. However, a minimal age is specified in Section 8.1.*

**INCLUDED TO:**

*Facilitate the licensure of nurses coming to Missouri from other states, countries and territories. The Board may grant a license without re-examination if sufficient evidence is present that the applicant's qualifications for the original license are consistent with the qualifications required of persons being licensed in Missouri at the time of the original license.*

*Clarify the category of nurses eligible to receive temporary permit.*

The option for the Board to test the English proficiency of applicants from non-English speaking countries should be supported and encouraged by all nurses.

Since some problems exist at the National level in the administration of licensing examinations, nurses should be apprised of policies regulating the utilization and administration of State Board examinations as they are influenced by National policies.

**SECTION 10.** The license of every person licensed under the provisions of this act shall annually be renewed except as otherwise provided. By May first of each year, the board shall mail an application for renewal of license to every person to whom a license was issued or renewed during the current year. The applicant shall complete the application and return it to the board by June thirtieth with a renewal fee in an amount to be set by the board, but not less than five dollars. The fee shall be uniform for all applicants. Upon receipt of the application and fee, the board shall verify the accuracy of the application, and issue to the eligible applicant a certificate of renewal for the current year beginning July first and expiring June thirtieth of the following year. The certificates of renewal shall render the holder thereof a legal practitioner of nursing for the period stated in the certificate of renewal. **Any person who practices nursing as a registered professional nurse or as a licensed practical nurse during the time his license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of the provisions of this act.**

**SECTION 11.** Any licensee who allows his license to lapse by failing to renew the license as provided in this act may be reinstated at the discretion of the board upon satisfactory explanation of such failure to renew his license. The board may by rule and regulation provide for an inactive license status. In the event the board shall refuse to renew the license under one of the provisions of this section, the individual may appeal to the administrative hearing commission pursuant to the provisions of section 161.302, RSMo.

**SECTION 12. 1.** The board may, on its own motion or on complaint of any person, refuse to issue or renew or may suspend or revoke any license or certificate issued under the provisions of this act, or may censor the holder of any such license or certificate upon proof that the person:

- (1) Is guilty of fraud, deceit, or misrepresentation of any material fact in procuring a license or certificate;
- (2) Has been convicted in a court of this state, or of any other state, or of the United States, of any crime involving moral turpitude, or for any violation of this act;
- (3) Is guilty of unprofessional conduct, or any act derogatory to the morals or standing of those engaged in the care of the sick;
- (4) Is unfit or incompetent by reason of negligence, lack of professional skill or otherwise;
- (5) Is habitually intemperate in the use of alcohol or is habitually intemperate in the use of any habit forming drug;
- (6) Is mentally incompetent;
- (7) Has willfully or repeatedly violated any of the provisions of this act or any rule or regulation promulgated hereunder; or
- (8) Has had his license as a registered professional nurse, a licensed practical nurse, or an obstetrical nurse suspended or revoked in another state for an activity which if committed in this state would have constituted grounds for suspension or revocation.

**INCLUDED TO:**

*Provide a procedure for the renewal of licenses. Significant areas of this procedure include:*

1. All licenses must be renewed annually, (prior to July 1, each year).
2. A fee is required to accompany the application for renewal.
3. Persons who allow their licenses to lapse and are engaged in the active practice of nursing are in violation of the law.

**INCLUDED TO:**

*Establish a procedure by which a nurse whose license has lapsed may apply for re-licensure.*

**INCLUDED TO:**

*Describe reasons for the refusal of issuing or renewing, suspending or revoking a license. A procedure is provided by law for appealing a Board decision. For the appeal procedure refer to Section 8.3 and Section 11. The law provides for reporting to the Missouri State Board of Nursing any nurse or person who is negligent, incompetent to provide safe nursing care or who is engaged in the practice of nursing outside the domain of this law.*

Directors, Deans and other designated nurses who are responsible for nursing within an institution or agency should verify annually that all nurses are properly licensed.

All nurses should keep apprised of the types of actual cases involving nurses where licenses are not renewed, suspended or revoked. This knowledge provides a basis for recognizing infractions of the law. Where infractions of the law are identified, controls need to be implemented which limits or prohibits the re-occurrence of the infractions and protects the citizens of Missouri more fully. When nurses or persons are identified as to being in violation of this law, it is the responsibility of the person identifying the act or acts in violation, to report the individual to the Board. Careful documentation or substantial evidence of the act or acts should either accompany the report or be available upon request.



2. No license or certificate of registration shall be revoked or suspended, nor shall the board refuse to license or renew the license of any person or censor any person until the person accused has been afforded an opportunity for hearing after notice as provided in section 161.252 to 161.342, RSMo.

3. An individual whose license has been revoked may be relicensed at the discretion of the board after compliance with all the requirements of this act relative to the licensing of an applicant for the first time.

4. The board may notify the proper licensing authority of any other state in which the person whose license was suspended or revoked was also licensed of the suspension or revocation.

**SECTION 13. 1. Any institution desiring to conduct an accredited educational program of professional nursing or of practical nursing shall apply to the board and submit evidence that it is prepared to meet standards established by this law and the board.**

2. The board, through its executive officer or other authorized representatives, shall initially survey a nursing education program. A written report of the survey shall be submitted to the board. If the board determines that the requirements for an accredited nursing education program are met, such program shall be accredited as a nursing education program for professional or for practical nurses upon payment of a fee in an amount to be set by the board, but not less than twenty-five dollars.

3. The board, through its executive officer or other authorized representatives, shall periodically survey all nursing education programs in the state. Written reports of such surveys shall be submitted to the board. If the board determines that any accredited nursing education program is not maintaining the standards required by this law and by the board, notice thereof in writing specifying the defect or defects shall be immediately given to the institution conducting the program. A program which fails to correct these conditions to the satisfaction of the board within a reasonable time shall, after notice and hearing by the board, be removed from the board's listing of accredited programs. All hearings shall be conducted in accordance with sections 536.070 to 536.080, RSMo. Any person aggrieved by the decision of the board after the hearing may appeal as provided in chapter 536, RSMo.

4. All such accredited programs shall pay an annual registration fee in an amount to be determined by the board, but not less than fifty dollars.

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**INCLUDED TO:**

*Provide for the survey of nursing education programs. (Section 6-4 has relationship to Section 13.) Requirements of the survey are:*

1. *Written report by the site visitors to the Board.*
2. *Written report to the institution being surveyed.*
3. *Defects being specified within a reasonable time table being set for the correction of the defects.*
4. *Statement of an appeal procedure.*

*Self Explanatory*



## NEW LAW

## EXPLANATORY STATEMENTS

## RECOMMENDATIONS

**SECTION 14. 1.** Any person who holds a license to practice professional nursing in this state may use the title "registered professional nurse" and the abbreviation "R.N." No other person may use the title "registered professional nurse" or the abbreviation "R.N." No other person shall assume any title or use any abbreviation or any other words, letters, signs or devices to indicate that the person using the same is a registered professional nurse.

2. Any person who holds a license to practice practical nursing in this state may use the title "licensed practical nurse" and the abbreviation "L.P.N." No other person may use the title "licensed practical nurse" or the abbreviation "L.P.N." No other person shall assume any title or use any abbreviation or any other words, letters, signs or devices to indicate that the person using the same is a licensed practical nurse.

3. No person shall practice or offer to practice professional nursing or practical nursing in this state for compensation or use any title, sign, abbreviation, card, or device to indicate that such person is a practicing professional nurse or practical nurse unless he has been duly licensed under the provisions of this act.

**SECTION 15.** So long as the person involved does not represent or hold himself out as a nurse licensed to practice in this state, no provision of this act shall be construed as prohibiting:

(1) The practice of any profession for which a license is required and issued under the laws of this state by a person duly licensed to practice that profession;

(2) The services rendered by technicians, attendants, nurses aides, ward helpers or other auxiliary workers employed in public or private hospitals;

(3) The providing of nursing care by friends or members of the family of the person receiving such care;

(4) The incidental care of the sick, aged, or infirm by domestic servants or persons primarily employed as housekeepers;

(5) The furnishing of nursing assistance in the case of an emergency situation;

(6) The practice of nursing under proper supervision as a part of the course of study by students enrolled in accredited schools of professional nursing or in schools of practical nursing or by graduates of such schools or courses pending the results of the first licensing examination scheduled by the board following such graduation;

(7) The practice of nursing in this state by any legally qualified nurse duly licensed to practice in another state whose engagement requires him to accompany and care for a patient temporarily residing in this state for a period not to exceed six months;

## INCLUDED TO:

*Prohibit any person who represents himself as a nurse or to use any title, sign, abbreviation, card or device to indicate that he practices nursing unless properly licensed under the provisions of this Act.*

## INCLUDED TO:

*Provide for persons to perform activities related to health care if they do not indicate that they are nurses licensed under the provisions set forth in this Act.*

*Self Explanatory*

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*Self Explanatory*

*Self Explanatory*

*Self Explanatory*

*Self Explanatory*

*Self Explanatory*

A weakness of this Act is that some persons continue to perform functions defined in this Act who are not licensed. These functions are defined in Section 2.3(a) through (e), and Section 2.4. Although in most instances they perform these functions in marginal ways, they are either required to perform them because of the expectations of the employer or they have a personal need to be helpful or recognized as a nurse. They continue to function without being monitored because sufficient standards and criteria have not been established by which they can be regulated. Nurses need to assess how these people should be utilized and then when later revisions of the Nursing Practice Act, amendments should be introduced to define and monitor their activities. At the time of employment and annually, nurses should be required to provide an active license or temporary permit.

(8) The practice of any legally qualified nurse who is employed by the government of the United States or any bureau, division or agency thereof, while in the discharge of his official duties or to the practice of any legally qualified nurse serving in the armed forces of the United States while stationed within this state.

(9) Non-medical nursing care of the sick with or without compensation when done in connection with the practice of the religious tenets of any church by adherents thereof, as long as they do not engage in the practice of nursing as defined in this act.

**SECTION 16.** No person, firm, corporation or association shall:

(1) Sell or attempt to sell or fraudulently obtain or furnish or attempt to furnish any nursing diploma, license, renewal or record or aid or abet therein;

(2) Practice professional or practical nursing as defined by this act under cover of any diploma, license, or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation;

(3) Practice professional nursing or practical nursing as defined by this act unless duly licensed to do so under the provisions of this act;

(4) Use in connection with his name any designation tending to imply that he is a licensed registered professional nurse or a licensed practical nurse unless duly licensed so to practice under the provisions of this act;

(5) Practice professional nursing or practical nursing during the time his license issued under the provisions of this act shall be suspended or revoked; or

(6) Conduct a nursing education program for the preparation of professional or practical nurses unless the program has been accredited by the board.

**SECTION 17.** Other provisions of the law to the contrary notwithstanding, **the board in its discretion may refuse to divulge such information** other than the identity, registration, and currency of license, **it considers personal to any licensee.** This section shall not be construed to either prohibit the production or the admissibility of such information or records in a court of law.

**SECTION 18.** Any person who violates any of the provisions of this act is guilty of a misdemeanor and, upon conviction, shall be punished as provided by law.

*Self Explanatory*

*Self Explanatory*

**INCLUDED TO:**

*Prohibit persons, firms, corporations or Associations to see or fraudulently obtain items which can be illegally used by persons or agencies not duly licensed under the provisions of this Act. Furthermore, it limits the establishment and operation of any nursing education program that has not been accredited by the Board.*

*Self Explanatory*

*Self Explanatory*

*Self Explanatory*

**INCLUDED TO:**

*Provide for the confidentiality of personal information of licensed nurses; however, it cannot be withheld from a court of law if requested.*

*Self Explanatory*

Directors, Deans and other designated nurses who are responsible for nursing within an institution or agency should screen all applicants for employment very carefully as to authentic credentials and eligibility for employment. Furthermore, an ongoing procedure should be in operation to verify annually that all nurses should take the initiative to report anything to the Board which appears to be in violation of this Act, e.g. unaccredited schools opening, companies making pins for schools not carefully controlling their distribution, etc.

Nurses should review current legislation pertinent to the confidentiality or disclosure of personal record and reports; the right of appeal; and the issue of "open meetings."

## GLOSSARY

- Assessment** — Systematic gathering of information regarding the client's family conditions and the analysis of data gathered.
- Health Care** — The complete range of professional and technical services designed to prevent or treat illness and to promote health.
- Health Team** — All individuals working together to provide health care. A group of persons in the health occupation who work together to deliver health service to the client or community.
- Nursing Care** — Activities utilized by the nurse which are directed to meet specific objectives and are based on currently accepted theories and principles. Such activities are designed to effect a solution to the identified nursing problem. Assisting clients to cope with the problems of illness.



5. **Nursing Diagnosis** — The judgment or conclusion that occurs as a result of nursing assessment. A statement of the client's nursing problems including his physiologic and psychosocial status.
6. **Nursing Process** — The nursing process is an orderly, systematic manner of determining the client's problems, making plans to solve them, initiating the plan or assigning others to implement it, and evaluating the extent to which the plan was effective in resolving the problems identified. It involves five (5) steps — assessment, diagnosis, planning, implementation and education.  
Yura, Helen and Mary B. Walsh, *The Nursing Process*, Second Edition, New York: Appleton Century Crofts, 1973, p. 23.
7. **Nursing Team** — A group of nursing personnel: R.N., L.P.N., Aides, Technicians, etc., working as a group to provide health services to the client or community.
8. **Peer Review** — A process or technique by which peers secure observations associated the behaviors of equals.  
**A Plan for Implementation of the Students of Nursing Practice**. A report of the Congress for Nursing Practice of the American Nurses' Association, Kansas City, Mo., 1975, p. 29.
9. **Quality Assurance** — A program . . . to make . . . certain the excellence of health care . . . The program must have . . . (1) the securing of measurements and ascertaining of the degree to which stated standards are met; (2) the introduction of changes based on information supplied by the measurements . . .  
**A Plan for Implementation of the Standards of Nursing Practice**. A report of the Congress for Nursing Practice of the American Nurses' Association, Kansas City, 1975, p. 30.
10. **Substantial Specialized Education** — Graduate of ADN, Diploma, and Baccalaureate based on the curriculum as prescribed by the Missouri State Board of Nursing for professional nursing programs.
11. **Substantial Specialized skill, judgment and knowledge** — Based on the curriculum as prescribed by the Missouri State Board of Nursing for practical nursing programs.
12. **Treatment** — Treatment is within the control of any profession when it is directed specifically toward care of a condition within the diagnostic domain of that profession. So a treatment is "medical" when it is directed to the treatment of a medically diagnosable illness, as breathing exercises following pulmonary surgery. A treatment is "nursing" when it is directed to the treatment of a nursing diagnosis, as breathing exercises for any bed confined patient.

## ATTORNEY GENERAL'S OPINION REQUESTED

*The Attorney General of Missouri, Jefferson City, Mo., on June 11, 1976, was asked to issue an opinion on the following question:*

*" . . . . is a licensed practical nurse now authorized by law to administer fluids intravenously on the order of a physician?"*

You have noted in your request that Senate Bill No. 108, 78th General Assembly, has supplanted Chapter 335, RSMo 1969, and that under the previous law governing the practice of nursing this office has issued Opinion Letter No. 25, Reardon, 1963 (attached hereto), answering substantially the same question in the negative.

One issue, therefore, is whether Senate Bill No. 108 has created new definitions of the practices of registered professional nursing and licensed practical nursing so as to justify the opposite conclusion at this time.

The statutory definitions of the nursing professions regulated by Senate Bill No. 108 do not specifically delegate the function in question to the practical nurse; therefore, there is no explicit directive from the General Assembly which would require the alteration of our earlier opinion.

Moreover, Section 2 of Senate Bill No. 108 contains the following pertinent language:

"(3) 'Professional nursing' is the performance for compensation of any act which requires substantial specialized education, judgment and skill based on knowledge and application of principles derived from the biological, physical, social and nursing sciences, including, but not limited to:

(c) The administration of medications and treatments as prescribed by a person licensed in this state to prescribe such medications and treatments; . . ."

We conclude that the administration of intravenous fluid falls within the scope of the foregoing function. Practical nursing is defined as:

"(4) . . . the performance for compensation of selected acts for the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in normal health processes. Such performance requires substantial specialized skill, judgment and knowledge. All such nursing care shall be given under the direction of a person licensed in this state to prescribe medications and treatments or under the direction of a registered professional nurse."

We also observe that Section 2(3) lists several specific functions, in addition to that above quoted, which constitute the practice of professional nursing.

It is our view that where the General Assembly has chosen to define professional nursing in terms of particular duties, which duties are deemed to require scientific skill and knowledge, a distinction must be drawn between those duties and others which may be permitted the practical nurse.

In addition, we take note of the fact that the administration of intravenous fluids requires a knowledge of the biological sciences which would enable the nurse to determine the location of veins in the patient's body and properly insert the apparatus which transmits the fluid.

We thus believe that the requirement for such specialized knowledge falls squarely within the above-quoted definition of the registered professional nurse and is not permitted to a practical nurse whose training results in "substantial specialized skill, judgment and knowledge" but is not defined in terms of specific scientific principles.

John C. Danforth  
Attorney General



### APPENDIX 3

#### STANDARDS AND CRITERIA FOR CONTINUING EDUCATION IN NURSING

1. The continuing education program is consistent with the overall goals and objectives of the sponsoring organization. Each specific continuing education activity should be designed to implement these objectives.
2. The program of continuing education is relevant to both educational needs of learners and health needs of consumers. Program planners, learners, educators, and consumers of health services participate in identifying these needs.
3. Learning and/or behavioral objectives are defined for each continuing education activity and are used as a basis for determining content and learning experiences, and for evaluating effectiveness.
4. Continuing education programs are designed to assist nursing personnel to:
  - a. Acquire and update knowledge and skills.
  - b. Prepare for reentry into practice.
  - c. Make a transition from one area of practice to another.
  - d. Acquire greater depth of knowledge and skills in one particular area of nursing.
  - e. Enhance professional attitudes and values.
  - f. Become knowledgeable and sensitive to the health care needs of different populations within the society.
  - g. Implement concepts of change both within the individual's own practice and throughout the health care delivery system.
  - h. Assume responsibility for personal and professional development.
  - i. Improve the quality of the service provided by other health care workers.
  - j. Promote and support innovation and creativity in health services.
5. An interdisciplinary approach to sponsoring, planning, and implementing continuing education activities is used when appropriate.
6. Innovative approaches are used in planning, conducting, and evaluating continuing education activities.
7. Continuing education activities are implemented through a variety of formats and teaching methodologies to achieve objectives.

(From Standards for Continuing Education in Nursing  
American Nurses' Association, 1975.)

## APPENDIX 4

FINAL DIAGNOSIS EXPLAINING ADMISSION  
(Number of Patients for each division - Year 1976)

<u>DIAGNOSIS</u>	<u>CODE</u>	<u>NUMBER OF PATIENTS</u>
Infective	(001-136)	230
Malignant Neoplasm	(140-209)	285
Other Neoplasm	(210-239)	160
Diabetes mellitus	( 250)	155
Other endocrine	(240-246;251-258)	65
Nutritional,metabolic	(260-279)	43
Hematologic	(280-289)	69
Mental	(290-319)	197
Other nervous system	(320-358)	126
Eye	(360-378)	36
Ear	(380-389)	32
Hypertension	(400-405)	119
Acute myocardial infarction	( 410)	69
Other heart	(390-398;411-429)	472
Cerebrovascular	(430-438)	154
Other vascular	(440-458)	280
Acute URI	(460-465)	91
Pneumonia	(480-486)	208
Bronchitis, emphys,asthma	(489-493)	211
Hypertroph of T & A	500)	115
Other resp	(470;494-496;501-519)	253
Dental	(520-526)	16
Peptic ulcer	(531-534)	76
Other upper GI	(527-530;535-537)	342
Appendix	(540-543)	58
Hernia	(550-553)	179
Biliary tract dx.	(574-576)	182
Other GI	(560-573;577)	390
Urinary	(580-599)	346
Male genital	(600-607)	119
Breast	(610-611)	51
Female genital	(612-629)	382
Comp of Pregnancy	(631-639)	14
Abortion	(640-646)	39
Normal Delivery	( 650)	-
Comp. delivery	(651-664)	1
Comp. of puerperium	(670-678)	2
Skin &	(680-709)	119
Musculosketetal	(710-739)	733
Congenital anomaly	(740-759)	28
Dx of infancy	(760-768)	2
Symptoms, signs	(770-796)	454
Fracture	(800-829)	239
Other trauma	(830-959)	447
Adverse effects	(960-999)	133
Special conditions	(Y00-Y19;Y50-Y86)	119
Newborn	(Y20-Y29)	2

" RENAL DISEASE "

This one day workshop is planned for registered nurses and licensed practical nurses to increase their awareness and understanding of patients with renal disease.

This workshop is jointly sponsored by Nursing Education of NOH-N and NOH-S.

It is suggested that all participants review the anatomy of the Renal system prior to the workshop.

\* \* \* \*

2.00 charge payable before January 30, 1976 to Nursing Education.

\* \* \* \*

arking permits will be issued upon receipt of payment for workshop.

\* \* \* \*

7:45am - Registration

8:00am - Introduction

8:05am - Review of Anatomy and Physiology of the Renal system - Ms. Joan Harrington, RN

Structure of Kidney and Urinary system

Physiology

Regulation of Fluids and Electrolytes

Regulation of Acid-Base

Regulation of Blood pressure

9:00am - Pathophysiology

Dr. Richard L. Theriault

Diseases of the ureters and bladder

Infection

Obstruction

Malignancy

Diseases of the Kidney

Infections

Antigen-antibody

Vascular

Obstructions

Other

Urinalysis

10:00am - Mental break - coffee

10:15am - Diagnostic tests

Dr. Sandler

IVP

KUB

Pyelogram

Cystogram

Definitions of Surgical Procedures

Dr. J.C. Olson

Cystoscopy

Nephrectomy

Nephroplasty

Nephrostomy

Ureterostomy

Ureteral Reimplant

Ileal conduit

Prostatic surgery

12:00 Noon - Lunch

1:00pm - Renal Failure

Ms. Joan Harrington, RN

Acute

Chronic

Assessing the patient

Nursing care of the patient

2:00pm - Treatment

Ms. Joan Harrington, RN

Conservative

Dialysis

Principles of dialysis

Peritoneal dialysis

Hemodialysis

Nursing care of the patient

3:45pm - Mental break - coffee

4:00pm - Questions and discussion

\* \* \* \* \*

LUNCH - ON YOUR OWN

List attached of available eating places and locations.



APPENDIX 6

PROGRAM EVALUATION

1. Did the information meet your expectations? Explain.  
a. exceeded                      b. met                      c. failed
  
2. Did you feel enough time was given to each subject presented?  
If not, why?  
a. yes                      b. no
  
3. Rate the seminar from the following perspectives:  
a. content                      b. method presented                      c. interpersonal relationships
  
4. What was the "high point" of the seminar?
  
5. What did you like least about the seminar?
  
6. Suggestions for future seminars.
  
7. Use additional space for any suggestions or comments.

APPENDIX

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