

BOARD OF NURSING

Open Session Agenda

November 2, 2022
9:00 a.m.

MEETING NOTICE

This meeting will be held in at the Department of Health, 899 North Capitol Street, N.E. Washington DC. Room 216.

Information on how to access the on-line / public portion of the meeting is listed below:

Join by Web:

<https://dcnet.webex.com/dcnet/j.php?MTID=mcc28cf799c8f6eccc4f690b77e9e8b4b>

Join by Phone:

1-650-479-3208 (US/Canada)

Access Code:

172 969 3891

This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government at opengovoffice@dc.gov

Board of Nursing Mission Statement:

"The mission of the Board of Nursing is to safeguard the public's health and well-being by assuring safe quality care in the District of Columbia. This is achieved through the regulation of nursing practice and education programs; and by the licensure, registration and continuing education of nursing personnel."

BOARD MEETING PARTICIPANTS:

BOARD MEMBERS:

Meedie Bardonille, RN (MB)

Laverne Plater, RN (LP)

Rick Garcia, RN, PhD (RG)

Margaret Green, LPN (MG)

Michelle Clausen (MC)

Patricia Howard-Chittams (PHC)

BOARD STAFF:

Teresa Walsh, PhD, RN, NE-C

Bonita Jenkins EdD, RN, CNE

Cathy Borris-Hale MHA, RN

Concheeta Wright BSN, RN

Mark Donatelli, Investigator

Gregory Scurlock, Compliance Officer

Melondy Franklin, Supervisory Health Licensing Specialist

Matteo Lieb, Legislative Affairs Specialist

LEGAL STAFF:

Panravee Vongjaroenrat, Assistant General Counsel

CALL TO ORDER, APPROVAL OF AGENDA, MINUTES, AND STAFF REPORTS

OS-22- 11-01	<u>CALL TO ORDER</u>	Decision	
OS-22-11-02	<u>ROLL CALL OF BOARD MEMBERS AND STAFF</u>	Action	
OS-22-11-03	<u>Agenda Approval</u> Board Action: Consideration of the Open Session Agenda for today’s meeting, Nov. 2, 2022. <u>Decision</u>	Decision	
OS-22- 11-04	<u>Meeting Minutes Approval</u> Board Action: Consideration of the Open Session Minutes from Sept. 7, 2022 meeting. Decision:	Decision	
OS-22-11-05	<u>Meeting Minutes Approval</u> Board Action: Consideration of the Open Session Minutes from Oct. 19, 2022 meeting. Decision:	Decision	
OS-22- 11-06	<u>REPORTS</u> A. Board Chair Report B. Executive Director Report Census Data		Informational
	LICENSE TYPE	# OF ACTIVE LICENSEES (10/26/2022)	
	Certified Nurse Midwife	140	
	Clinical Nurse Specialist	35	
	Home Health Aide	7,591	
	Licensed Practical Nurse	1,752	
	Nurse Practitioner	2,920	
	Registered Nurse	27,296	

	Certified Registered Nurse Anesthetist	148	
	Trained Medication Employee	1,369	
	Certified Nursing Assistant	4,875	
	<i>Total</i>	<i>46,126</i>	
	C. Board Attorney Report D. Legislative Report E. Discipline Subcommittee F. Educational Subcommittee		Informational

MISC. ITEMS FOR DISCUSSION

	OPEN FORUM/PUBLIC COMMENTS	
OS-22-11-07	Board Action: • Open the floor to the public. Background: • Time permitted the Board Chair will open floor to the public to allow for the following: comments, questions, and/or concerns. Comments: • Public comment about CNMW and regulations regarding performing abortions.	

Public Attendees:

OS-22-11-08	<u>MOTION TO CLOSE</u> Board Action: To go into closed session to discuss confidential matters as permitted in DC Official Code § 2-575(b) Background: Pursuant to DC Official Code § 2-575(b), the Board will move into the Closed Executive Session portion of the meeting to discuss the following: 1. To consult with an attorney to obtain legal advice and to preserve the attorney-client privilege between an attorney and a public body, or to approve settlement agreements pursuant to § 2-575(b)(4)(a); 2. Preparation, administration, or grading of scholastic, licensing, or qualifying examinations pursuant to section § 2-575(b)(6); 3. To discuss disciplinary matters pursuant to section § 2-575(b)(9); To plan, discuss, or hear reports concerning ongoing or planned investigation of alleged criminal or civil misconduct or violations of law or regulations, if disclosure to the public would harm the investigation pursuant to section § 2-575(b)(14). Motion to close:	
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This ends the Open Session Agenda

BOARD OF NURSING

Open Session Minutes

September 07, 2022
9:00 a.m.

VIRTUAL MEETING NOTICE

Due to the COVID-19 pandemic, all board meetings will be held virtually during the declared public health emergency.

Information on how to access the public portion of the meeting is listed below:

Join by Web:

<https://dcnet.webex.com/dcnet/j.php?MTID=mcc28cf799c8f6eccc4f690b77e9e8b4b>

Join by Phone:

1-650-479-3208 (US/Canada)

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**The Open Session Agenda continues on the next page with the
'Board Meeting Participants'.**

BOARD MEETING PARTICIPANTS:

BOARD MEMBERS:	
Meedie Bardonille, RN (MB)	Present
Laverne Plater, RN (LP)	Present
Rick Garcia, RN, PhD (RG)	Present
Margaret Green, LPN (MG)	Present
Monica Goletiani, Consumer (MG)	Present
Michelle Clausen (MC)	Present
Patricia Howard-Chittams (PHC)	Present
BOARD STAFF:	
Teresa Walsh, PhD, RN, NE-C	Present
Bonita Jenkins EdD, RN, CNE	Present
Cathy Borris-Hale MHA, RN	Present
Concheeta Wright BSN, RN	Present
Mark Donatelli, Investigator	Absent
Gregory Scurlock, Compliance Officer	Present
Melondy Franklin, Supervisory Health Licensing Specialist	Present
Matteo Lieb, Legislative Affairs Specialist	Present
Terrell Hill, Licensing Specialist	Present
LEGAL STAFF:	
Panravee Vongjaroenrat, Assistant General Counsel	Present
Halley Holliday, Legal Advisor	Present

AGENDA

CALL TO ORDER, APPROVAL OF AGENDA, MINUTES, AND STAFF REPORTS		
OS-22- 09-01	<u>CALL TO ORDER</u>	9:04 a.m.
OS-22-09-02	<u>ROLL CALL OF BOARD MEMBERS AND STAFF</u>	
OS-22- 09-03	<u>AGENDA APPROVAL</u> Board Action: Consideration of the Open Session Agenda for today's meeting, September 07, 2022. Decision: Laverne Plater motion to approve; Rick Garcia seconded; Approval by Unanimous Consent	Approved
OS-22- 09-04	<u>MEETING MINUTES APPROVAL</u> Board Action: Consideration of the Open Session minutes from the July 6, 2022. Decision: Rick Garcia motion to approve with date and attendance corrections; Laverne Plater seconded; Approval by Unanimous Consent	Approved

OS-22- 09-05	<u>REPORTS</u> A. Presentation from DOH Community Health Administration (Continuing Education, COVID, Vaccinations, Community and Public Health – Dr. Sherrie Wallington, Jacqueline Campbell, and Heather Burst. • Dr. Wallington met with Dr. Jenkins and Dr. Walsh to discuss Continuing Education. • Dr. Wallington and her team have been developing a training “Improving COVID-19 vaccine completion in the District of Columbia.” • This project has been funded b CDC for the past year. • This training will soon be implemented in the District of Columbia as Continuing Education that aims to increase Health Care Providers confidence and knowledge of COVID -19 vaccination benefits, risk and recommendations • Completion of the training provides participants with strategies for improving vaccine confidence among patients. • This training has been vetted by CDC and recently, it was approved by the Board of Medicine. • The training consists of four modules and shall be submitted to CE Broker to request approval for units. • Anyone seeking more information about this training can contact Immunization@dc.gov under the title Peer to Peer training. B. Board Chair Report • Meedie Bardonille briefed BON on the NCSB Conference, which was attended by Meedie Bardonille, Teresa Walsh and Cathy Borris-Hale. The opening address focused on Nursing Mental Health, Shortages, Future of HCW and Active-Strategy- Vision. Key take aways: • Communication vs Inform	Informational
		Informational

	• Collaborate Must vs Want • Imitate vs Innovate • Leverage Technique • Past to Forward • Pandemic Trends • Do more than provide • Increase Influence • Opportunity vs Crisis • Live a life of significance, not just the life of success • BON will implement some of these lessons going forward • Ms. Borris-Hale commented on the 2nd guest speaker Quoted the 2nd guest speaker "Gucci. ": "I am glad to be here..." • Ms. Borris-Hale introduced the topic(s) of Unlicensed nursing personnel or states that so not regulate groups of HCW • Land Acknowledgement • Acknowledgement of Dr. Lewis as the current Acting Director of DOH • Meedie Bardonille acknowledged Ms. Borris-Hale's four years of service as a Board representative to NCSB. C. Executive Director Report • RN renewals are closed • Modify Website will be ongoing • Meetings will now be on-ground and virtual • Chapter 54 updates have been posted • Census Data	Informational
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	Name	Number of current (8/29/22) licensees/ BON	
	RN	25,349	
	APRN	2,722	
	HHA	7,349	
	LPN	1,706	
	TME	1,350	
	CRNA	141	
	CNMW	135	
	CNS	34	
	CNA*	4,767	
	Total	43,553	
	D. Board Attorney Report E. Legislative Updates F. Education Subcommittee Report Report – Dr. Garcia: August 22, 2022, the committee scheduled a virtual meeting with a particular educational program director. The individual was a no show. Dr. Jenkins: The removal of CG and specific language has been removed from the DCMRs. As a member of the National Association of Credential Evaluation Services, it is recommended BON seeks an educational evaluation for who obtained their professional training/ license in a country other than the United States. • Dr. Garcia - Motion to have professionals trained/ licensed in a country other than the United States must pass a Credential Evaluation Services. • Ms. Plater – 2nd the motion • Motion Passed unanimously • English Competency Evaluation have been removed from the DCMRs.		Decision

- Requested the Board adapts the same list of providers utilized by the Department of Health and Human Services to evaluate English proficiency.
- Dr Garcia motioned to utilize the list and reevaluate it every four years.
- Ms. Plater 2nd the motion.
- Motion passed unanimously

Informational

D. Discipline Subcommittee Report

- **Report :** Ms. Borris-Hale has received several calls from licensees to reprint their licenses to send to their employers to bring them a paper license. We need to remind providers that it is prudent to check our website to verify licenses.

MISC. ITEMS FOR DISCUSSION

		Informational
OPEN FORUM/PUBLIC COMMENTS Board Action: Open the floor to the public. Background: Time permitted the Board Chair will open floor to the public to allow for the following: comments, questions, and/or concerns. Comments: Judith Levy announced the Institute has been approved to a Geriatric Career. Folder apprenticeship program, which will be for HHAs and CNAs with plans to include Medication Aides. Susie Cato introduced the new University of the District of Columbia Nursing Education Director, Dr. Sharon F. Beasley. Dr. Sharon Beasley greeted the Board and thanked Dr. Jenkins for her support. Meedie Bardonille expressed she has received numerous questions about the Board's licensing process and the timeframe to complete the process.		

Public Attendees : Judy Levy, Susie Cato, Sharon Beasley

OS-22-09-07	<u>MOTION TO CLOSE</u> Board Action: To go into closed session to discuss confidential matters as permitted in DC Official Code § 2-575(b) Background: Pursuant to DC Official Code § 2-575(b), the Board will move into the Closed Executive Session portion of the meeting to discuss the following: 1. To consult with an attorney to obtain legal advice and to preserve the attorney-client privilege between an attorney and a public body, or to approve settlement agreements pursuant to § 2-575(b)(4)(a); 2. Preparation, administration, or grading of scholastic, licensing, or qualifying examinations pursuant to section § 2-575(b)(6); 3. To discuss disciplinary matters pursuant to section § 2-575(b)(9); To plan, discuss, or hear reports concerning ongoing or planned investigation of alleged criminal or civil misconduct or violations of law or regulations, if disclosure to the public would harm the investigation pursuant to section § 2-575(b)(14). Motion to close: Laverne Plater; Ms. Green seconded. Approved by Unanimous consent.	Approved 10:30am
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This ends the Open Session Agenda.

BOARD OF NURSING

Open Session (Special) Meeting Minutes

October 19, 2022

1:00 pm

Virtual Meeting Notice

Due to the COVID-19 pandemic, all board meetings will be held virtually during the declared public health emergency.

Information on how to access the public portion of the meeting is listed below:

Join by Web:

<https://dcnet.webex.com/dcnet/j.php?MTID=mbf3e5a774337cf52225daac978e000fa>

Join by Phone

Call in Number: 1-650-479-3208

Access Code:

172 214 7219

Board of Nursing Mission Statement:

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**The Executive Session Agenda continues on the next page with
‘Board Meeting Participants’.**

BOARD MEETING PARTICIPANTS:

BOARD MEMBERS:	
Meedie Bardonille, RN (MB), Chairperson	Present
Laverne Plater, RN (LP), Vice Chairperson	Present
Rick Garcia PhD, RN (RG)	Absent
Margaret Green, LPN (MG)	Present
Michelle Clausen (MC)	Present
Patricia Howard-Chittams (PHC)	Present
BOARD STAFF:	
Teresa Walsh, RN, PhD, NE-C, Executive Director	Present
Bonita Jenkins EdD, RN, CNE	Present
Cathy Borris-Hale MHA, RN	Present
Concheeta Wright BSN, RN	Excused
Mark Donatelli, Investigator	Present
Terrell Hill, Health Licensing Specialist	Present
Greg Scurlock, Compliance Officer	Absent
LEGAL STAFF:	
Panravee Vongjaroenrat, Assistant General Counsel	Present

AGENDA

OS-22-10-01	<u>CALL TO ORDER</u>	1:07pm																
OS-22-10-02	<u>ROLL CALL OF BOARD MEMBERS AND STAFF</u>																	
OS-22-10-03	<u>Special OPEN meeting action item</u> Board Action: Consideration of the Open Session Agenda for today’s meeting, October 19, 2022. Motion: Motion to approve agenda by Patricia Howard-Chittams; seconded by Margaret Green; Approved by unanimous consent	Decision																
OS-22-10-04	<u>REPORTS</u> A. Board Chair Report a. Nursing Shortage is ongoing. WHC / MEDSTAR received \$50, 000 grant to support Well Being Rounds for Nursing staff B. Executive Director Report a. Census <table><tr><td>LICENSE TYPE</td><td># OF ACTIVE LICENSEES (10/12/2022)</td></tr><tr><td>Certified Nurse Midwife</td><td>148</td></tr><tr><td>Clinical Nurse Specialist</td><td>35</td></tr><tr><td>Home Health Aide</td><td>7,511</td></tr><tr><td>Licensed Practical Nurse</td><td>1,749</td></tr><tr><td>Nurse Practitioner</td><td>2,899</td></tr><tr><td>Registered Nurse</td><td>27,129</td></tr><tr><td>Certified Registered Nurse Anesthetist</td><td>148</td></tr></table>	LICENSE TYPE	# OF ACTIVE LICENSEES (10/12/2022)	Certified Nurse Midwife	148	Clinical Nurse Specialist	35	Home Health Aide	7,511	Licensed Practical Nurse	1,749	Nurse Practitioner	2,899	Registered Nurse	27,129	Certified Registered Nurse Anesthetist	148	Informational
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Registered Nurse	27,129																	
Certified Registered Nurse Anesthetist	148																	

Trained Medication Employee	1,367
Certified Nursing Assistant	4,875
<i>Total</i>	<i>45,855</i>

- b. Oct. 18, 2022 was D.C. Dept of Health Strategic training day held at UDC.

C. Board Attorney Report

- a. No report

D. Legislative Report

Removing Barriers Legislation:

- Council passed the *HIV/AIDS Data Privacy Protection Amendment Act of 2021* ([B24-0207](#)). This legislation includes an amendment that increases the flexibility for DC Health Professional Boards to consider criminal history as part of the application process. It also repeals the ability for perspective applicants to receive a predetermination hearing from DC Health.
- The legislation was approved unanimously by Council on final reading on June 28 and went into effect on September 21, 2022.

Committee on Health Hearing:

- The Committee on Health hosted a hearing on four bills relating to DC Health on September 28th. Those bills are the *Protecting Health Professionals Providing Reproductive Health Care Amendment Act of 2022* ([B24-0830](#)), the *High Need Healthcare Career Scholarship and Health Professional Loan Repayment Program Amendment Act of 2022* ([B24-0943](#)), the *Consent for Vaccinations of Minors Emergency Amendment Act of 2022* ([B24-0890](#)), and the *Clinical Laboratory Practitioners Amendment Act of 2022* ([B24-0764](#)).
- Associate Director Nixon provided testimony on three out of those four pieces of legislation.

End of Council Period 24:

- Council Period 24 will conclude at the end of this calendar year. Any legislation that has not been passed by then will need to be reconsidered during Council Period 25.
- The Committee on Health will have new membership in the upcoming Council Period. OGR will be sure to

Informational

	provide updates on Committee makeup in January of 2023.	
	E. Discipline Report RN renewal period completed and CE's (24 required) will be audited for the persons who renewed their RN license; fines assessed if persons are not in compliance.	Informational
	F. Education Report (I) Education subcommittee met and discussed two RN programs, St. Michael's and UDC. Final recommendations to come to Board next month. (II) Policy clarification for End of Year annual reports for NAP programs. Due date for NAP annual reports is due Jan. 31, with a 15 day grace period. Late reports submitted during the period from Feb. 16 to March 31 will be assessed a late fee. No reports will be accepted after March 31 and those non-compliant schools will be closed. Motion to approve Policy Amendment with removal of dialysis techs in language by Laverne Plater; seconded by Patricia Howard-Chittam; approved by unanimous consent.	Informational Decision

Miscellaneous items and Public Comment

OS-22-10-05	<u>OPEN FORUM/PUBLIC COMMENTS</u> Board Action: Open the floor to the public. Background: Time permitted the Board Chair will open floor to the public to allow for the following: comments, questions, and/or concerns. <u>Public comment:</u> a) GW faculty and coordinators asked for reconsideration of allowing Military Trained personnel to be allowed expedited training and / or waivers to become PCT, or LPN. The National Council State Boards of Nursing resource document was shared regarding the guidelines for such training and its equivalency. See attached	
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	document from NCSBN. Specific targeted training as well as challenge exams are possible during Regulation revisions. b) HHA teaching program asked for consideration of leniency on instructor training, particularly regarding 3 years of Home Training. The Board may consider case by case exceptions, and consider such, as they seek fit; yet, the regulations are clear about the required training to be an instructor.	
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MOTION TO CLOSE

ES-22-10-09	<u>MOTION TO CLOSE</u>	Decision
	Board Action: To go into closed session to discuss confidential matters as permitted in DC Official Code § 2-575(b) Background: Pursuant to DC Official Code § 2-575(b), the Board will move into the Closed Executive Session portion of the meeting to discuss the following: 1. To consult with an attorney to obtain legal advice and to preserve the attorney-client privilege between an attorney and a public body, or to approve settlement agreements pursuant to § 2-575(b)(4)(a). 2. Preparation, administration, or grading of scholastic, licensing, or qualifying examinations pursuant to section § 2-575(b)(6). 3. To discuss disciplinary matters pursuant to section § 2-575(b)(9). To plan, discuss, or hear reports concerning ongoing or planned investigation of alleged criminal or civil misconduct or violations of law or regulations, if disclosure to the public would harm the investigation pursuant to section § 2-575(b) (14). <u>Motion</u> Motion to close the Open session and commence the Closed session by Laverne Plater. Seconded by Patricia Howard-Chittams. Approved by unanimous consent.	

Motion to Adjourn

OS-22-10-10	Board Action: To adjourn the meeting. Background: At the end of every meeting a motion to adjourn must be made in open session to close out the business of the Board. <u>Motion</u> Motion to end the meeting (Open and Closed) by Rick Garcia. Seconded by Patricia Howard-Chittams. Seconded by Margaret Greene. Approved by unanimous consent	Decision
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**DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION**

BOARD OF NURSING
AUTHORITY FOR GUIDANCE

October 19, 2022
DATE OF POLICY

22-002
POLICY NO.

POLICY STATEMENT
ANNUAL REVIEW AND APPROVAL PROCESS
FOR NURSING ASSISTIVE PERSONNEL TRAINING PROGRAMS

Pursuant to D.C. Official Code § 3-1202.04(b)(2), the Board of Nursing (Board) is entrusted with the oversight of nursing assistive personnel (NAP). In accordance with statutory authority, NAP are regulated in accordance with the following regulations, all of which are under Title 17 of the District of Columbia Municipal Regulations (DCMR): Chapter 93 (Home Health Aides), Chapter 95 (Medication Aides), Chapter 96 (Certified Nurse Aides), and Chapter 97 (Patient Care Technicians). The regulation of training programs is also contained in the same chapter regulating the workers.

In accordance with the relevant provisions in the above-mentioned regulations, NAP training programs are subject to annual reviews and may continue operation if annual approval is granted by the Board. As part of the annual review procedure, the training programs are required to submit an annual report for the year just concluded along with a filing fee to seek the Board's review and approval to continue operation.

Generally, an annual report and annual review fee are due by January 31 of each year. The Board has noted based on recent experience that some programs fail to submit their annual report within a reasonable time frame thus rendering the Board's review and approval process much delayed, thus affecting the maintenance of the quality and accountability of the programs.

Accordingly, the Board has resolved to impose the following requirements and time frame for the process:

1. All annual reports and review fees are due by January 31 of each year.
2. A training program that fails to submit the annual report and fee by January 31 is given a grace period of 15 days.
3. A training program that submits the annual report and fee between February 16 and March 31 of the year must pay a late fee.

A training program that fails to submit the annual report or review fee by March 31 will be deemed to have lost its approval (or conditional approval) status and must cease accepting new students. The program must immediately submit a list of existing students to the Board within

five (5) days. The program may continue to operate only to complete the education and training of students already admitted into the program but must cease operation when all the students have completed their education and training.

All inquiries pertaining to the practice of home health aides and certified nursing assistants may be directed to the Board's Executive Director, Dr. Teresa Walsh, at 202-724-8818 or teresa.walsh@dc.gov.

NCSBN ANALYSIS:

A Comparison of Selected Military Health Care Occupation Curricula
with a Standard Licensed Practical/Vocational Nurse Curriculum





Mission Statement

The National Council of State Boards of Nursing (NCSBN®) provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

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Acknowledgements

NCSBN gratefully acknowledges the following individuals who have provided assistance with this project.

- Patty Knecht, MS, RN, Director, Chester County Intermediate Unit Practical Nursing Program; Chair, NLN Practical Nurse Ad Hoc Committee
- Mitch Seal, EdD, MEd-IT, RN-BC, Commander, Nurse Corps, U.S. Navy, Navy Professor, Navy Researcher, Director of Performance Management Quality Improvement Medical Education & Training Campus
- Terri Kinsey, Commander, U.S. Navy
- Mary M. Whitehead, Colonel, U.S.A.F., NC, Associate Dean, Academic Support, Medical Education and Training Campus
- Suellyn Masek, MSN, RN, CNOR, Chair, Washington State Nursing Care Quality Assurance Commission
- Lois Hoell, MS, MBA, RN, Washington State Nursing Care Quality Assurance Commission
- Mary Jane Hamilton RN, PhD, Dean and Professor of Nursing, Texas A&M University-Corpus Christi
- Donald L. Parsons, Deputy Director, Department of Combat Medic Training, Medical Education and Training Campus
- Lisa Lutz, President, Solutions for Information Design, LLC
- Veera Pandey, Analyst, Solutions for Information Design, LLC
- Ed Davin, Principal Analyst, Solutions for Information Design, LLC

Introduction

The recently released White House report titled, *The Fast Track to Civilian Employment: Streamlining Credentialing and Licensing for Service Members, Veterans and Their Spouses*, encourages states to support legislative efforts that will transition veterans into the civilian workplace. The National Council of State Boards of Nursing (NCSBN®) wholeheartedly joins these efforts. We value the contributions veterans have made in the military and acknowledge their training and experience. Our goal is to assist U.S. boards of nursing (BONs) in making licensing decisions that will help veterans safely and competently enter civilian careers in nursing.

Some of the questions that have arisen out of the president's initiative to transition veterans to civilian careers pertain to the role of the licensed practical/vocational nurse (LPN/VN), including:

- Do Army health care specialists (medics), Navy corpsmen and Air Force airmen have the knowledge, skills and abilities to transition into a career as an LPN/VN directly from their military service?
- What are the differences between military training and LPN/VN education?
- Should veterans be given credit for some of their education and training that will allow them to accelerate through the LPN/VN program?

To assist in answering these questions, NCSBN staff, with consultation from leading experts in the areas of nursing and military education, conducted an in-depth analysis of the health care specialist (medic), corpsman and airman curricula, and compared these with a standard LPN/VN curriculum. The standard LPN/VN curriculum developed for this project is comparable to the LPN/VN curricula approved by U.S. BONs. In addition, NCSBN staff reviewed the Army LPN program and compared it with the standard LPN/VN curriculum; this analysis is provided within this report, along with recommendations and legislative talking points.

NCSBN welcomes any questions related to the information in this report. We are dedicated to assisting BONs in licensing decisions that will allow veterans to enter nursing competently and safely.

Development of the Standard LPN/VN Curriculum

A standard LPN/VN curriculum, comparable to those approved by U.S. BONs, was necessary for this review and analysis. NCSBN staff, with experience in curriculum development and LPN/VN nurse education, consulted a national expert in LPN/VN curriculum development and produced a standard LPN/VN curriculum to be used for these analyses. The consultant, Patty Knecht, MS, RN, is currently leading a national initiative to develop a core LPN/VN curriculum.

The elements of the standard LPN/VN curriculum developed for this project are considered minimal core requirements for an LPN/VN program. Although some variation exists across the country and some LPN/VN programs may integrate, present or outline the content differently (i.e., through laboratory exercises, simulation, lecture, etc.), this is a comprehensive standard curriculum that is representative of the minimum didactic and clinical requirements necessary for practical/vocational nursing education in the U.S.

The Standard LPN/VN Curriculum

The Standard LPN/VN Curriculum - Essential Content
Anatomy and Physiology
Chemistry of the body, electrolytes and body fluids
Structure and function of cells and tissues
Structure and function of the body systems
Common diseases affecting the body systems and drugs used for treatment
Pharmacology
Pharmacological calculations
Classification of medications
Pharmacokinetics and pharmacodynamics of medications
Nursing considerations in medication administration (six rights/critical thinking)
Nursing Fundamentals
Incidence/prevalence of disease and the health care system
Issues in health care
Therapeutic communication techniques
Cultural considerations in health/illness
Health promotion activities
Infectious process and infection control
Basic nursing care including nutrition (minimum of 35 hours of clinical and 27 hours of lab included in clinical hours total)
Nursing assessment (full vs. focused assessment)
Nursing process/critical thinking
Documentation
Medical-Surgical
IV fluids and calculations of rates and role of LPN/VN
Drug classifications
Understanding diagnostic studies and LPN/VN role
Care of the surgical patient
Care of the oncology patient (death and dying)
Bloodborne pathogens and standard precautions - integrated
Psychosocial, cultural, spiritual and ethnic considerations with patients - integrated
Community services - integrated
Provide safe and effective care
Physiological implications of disease process - integrated
Obtaining laboratory specimens/interpreting results
Nursing process - integrated
Role of LPN/VN in patient education - integrated
Informed consent - integrated
LPN/VN role in physical assessment - integrated
Care of the older patient - integrated
Care of patients with cardiovascular and peripheral vascular disorders
Care of patients with respiratory disorders
Care of patients with gastrointestinal disorders
Care of patients with endocrine disorders
Care of patients with immune disorders
Care of patients with skin disorders

The Standard LPN/VN Curriculum - Essential Content

Health promotion activities - integrated

Care of patients with blood and lymphatic disorders

Care of the patient with a reproductive disorder

Care of the patient with a musculoskeletal disorder

Care of the patient with a genitourinary disorder

Care of the patient with a sensory disorder (eye and ear)

Care of the patient with a neurological disorder

Care of the patient with a mental health disorder (could be separate or integrated)

Community health nursing

Gerontological nursing

Maternal and Child Health Nursing

Impact of family in maternal child health - integrated

Ethical issues in perinatal nursing - integrated

Physiological changes during the perinatal period - integrated

Health promotion in maternal child nursing - integrated

Cultural impact - integrated

Community resources - integrated

Normal growth and development

Providing safe patient care during prenatal/labor and delivery and postnatal

Introduction of maternal/child health with review of reproduction

Prenatal and complications

Providing safe patient care to pediatric patients

Labor and delivery

Postnatal with family; women's health care and care of newborn, including congenital anomalies

Normal infant, toddler, preschooler, school-aged and adolescent child

Care of the pediatric patient, including data collection and procedures

Care of child with fluid and electrolyte imbalances

Care of child with sensory or neurologic conditions

Care of child with musculoskeletal disorders

Care of child with respiratory disorders

Care of child with cardiovascular disorders

Care of child with blood, blood-forming organs or lymphatic disorders

Care of child with gastrointestinal disorders

Care of child with genitourinary disorders

Care of child with skin disorders

Care of child with endocrine conditions

Care of child with communicable disease

Care of child with psychosocial disorder

Issues in Nursing

Legal aspects of nursing

Ethical aspects of nursing

Military Health Care Occupations Examined in this Analysis: Role/Program Descriptions

The following are short descriptions of the military health care occupations that were analyzed and compared with the standard LPN/VN curriculum.

Basic Medical Technician Corpsman Program (Navy HM0000/Air Force BMTCP 4N0X1)

Description of Role: The Basic Medical Technician Corpsman Program prepares service members to function as entry-level medical technicians in fixed and nonfixed medical facilities, performing duties to provide quality emergency nursing and primary care procedures. Graduates demonstrate the ability to comprehend, evaluate and apply information relevant to the role of the basic medical technician; technical proficiency in entry-level skills required to fulfill the role of a basic medical technician; and personal and professional behavior consistent with the expectations of the basic medical technician.

Program Description: The Basic Medical Technician Corpsman Program provides the enlisted with basic knowledge of emergency medicine and nursing care. The program consists of lectures, group activities, demonstrations, hands-on instruction and clinical practice, and may include computer-based or blended learning activities.

Air Force BMTCP 4N031 (3 Skill Level)

Description of Role: This role builds on the skills acquired in BMTCP 4N0X1, which serves as a prerequisite.

Length of Program: Nine months, which consists of a total of 558 program hours.

Program Description: This program provides requisite knowledge, as well as simulated and clinical training in various aspects of emergency, nursing, and primary care. Subjects include medical terminology, anatomy and physiology, Basic Life Support (BLS), Emergency Medical Technician basic curricula, as well as various aspects of nursing and primary patient care. Outcome-based practice and safety techniques are emphasized throughout the program.

Program Prerequisites: Prior to enrollment in the program, the enlisted must complete Air Force BMTCP 4N0X1.

Air Force Independent Duty Medical Technician (IDMT 4N0X1C)

Description of Role: The Air Force independent duty medical technician is an advanced role and is trained to operate a medical aid station at a remote or isolated duty station, provide medical support to a nonmedical field unit or provide medical support to other government agencies and joint service missions. The training is specific to performing emergency medical, dental and surgical procedures to stabilize a patient's condition until evacuation for definitive care can occur.

Length of Program: Not specified, but approximately 13 weeks based on standard 8-hour training day and total program hours of 517.

Program Description: This program includes specialized training in the following area: obtaining medical histories; examining, assessing, treating and documenting patient care encounters in the absence of a physician; performing emergency medical, dental and surgical procedures to stabilize a patient's condition until evacuation for definitive care can occur; monitoring medical aspects of special interest programs and health promotions; advanced medication administration; low complexity laboratory procedures; and conducting preventive medicine and food safety inspection in lieu of public health and bioenvironmental health personnel.

Program Prerequisites: Prior to enrollment in this program, the enlisted must have completed Air Force BMTCP 4N0X1 and possess Primary Air Force Specialty Code (PAFSC) 4N051/71 and three years experience practicing as a 4N0XX with two years of direct patient care.

Army Health Care Specialist (68W Army Medic)

Description of Role: The Army health care specialist (medic) is trained to administer emergency care on the battlefield and may also administer limited primary care in battalion aide stations (BAS). Health care specialists (medics) are taught to do rapid assessments and quickly respond to acute injuries and other emergencies. They are experts in evacuation and acquire high level skills to administer care of the severely wounded. The civilian equivalent to this role is an emergency medical technician (EMT).

Length of Course: 16 weeks

Course Description: The Army Medic Course is taught in three distinct phases:

Phase I: Basic EMT Training

Focus is on immediate, emergency care. All participants must pass the National Registry Emergency Medical Technician-Basic (NREMT) examination.

Phase II: Limited Primary Care

This prepares the health care specialist (medic) for serving in a BAS. Coursework covers injuries, illnesses and procedures commonly seen in a BAS. Content covered includes basic physical assessment and history taking, abdominal primary care, basic wound care, eye, ear, nose and throat (EENT) primary care, infection asepsis, sterile technique, injections, medication administration, orthopedic primary care, respiratory primary care, pharmacology, medical documentation and venipuncture.

Phase III: Field Craft

This prepares the health care specialist (medic) for combat. Coursework includes battlefield medicine, combat casualty assessment, battlefield injuries and combat evacuation. Content includes management of shock, traumatic brain injuries, burns, ocular injuries, abdominal trauma, hemorrhage control and vascular access.

Summary of Skills

The 68W Army Health Care Specialist is a registered EMT. He/she has a wide range of skills that help them react to emergencies.

Strengths: physical assessment of acute injuries, limited primary care, advanced level skills from venipuncture to intraosseous fluid replacement and chest tube insertion. Some pharmacology and the principles of medication administration are integrated into the course. The health care specialist (medic) does learn about the care of the adult and child with cardiovascular, respiratory, gastrointestinal, endocrine (diabetic), skin, hemodynamic, musculoskeletal, neurological, sensory, and mental health disorder, but the emphasis is placed on emergency care. The goal of this course is passage of the EMT exam and learning to use these skills on the battlefield.

Army Practical Nurse Program (68WM6)

Description of Role: The Army practical nurse specialist supervises or performs preventive, therapeutic and emergency nursing care procedures under the supervision of a physician, nurse or noncommissioned officer. Program instruction includes advanced anatomy and physiology, pathophysiology and appropriate nursing care, expanded use of infection control principles, and pharmacokinetics and medication administration. The nursing process is integrated throughout the program. The clinical rotations include medical-surgical, pre- and post-operative, pediatrics, obstetrics, gerontology, emergency room, and critical care settings.

Length of Course: Phase 1 is 8 weeks; Phase 2 is 40 weeks.

Course Description: This is a two-phase course that provides skills and knowledge necessary to become a proficient entry level LPN/VN. Phase 1 is taught at the Academy of Health Sciences Fort Sam Houston and Phase 2 is taught at designated medical treatment facilities.

Course Prerequisites: Prior to enrollment in the course, a student must have a minimum of 24 months of experience as a 68W.

Air Force BMTCP 4N051 (5 Skill Level)

Description of Role: The Air Force corpsman can function independently as a front-line technician and initial trainer.

Length of Program: Approximately 2 ½ years.

Program Description: After completion of the initial (4N0X1) and 3 skill level (4N031) programs, the 5 skill level program consists of additional on-the-job training and completion of specific Career Development Courses.

Program Prerequisites: Prior to enrollment in the program, a student must complete Air Force BMTCP 4N0X1 and 4N031.

AN ANALYSIS OF MILITARY CURRICULA WITH THE STANDARD LPN/VN CURRICULUM

Key:

0 = Military curriculum does not meet requirement

1 = Military curriculum partially meets requirement

2 = Military curriculum meets requirement

Standard LPN/VN Curriculum - Essential Content	Military Occupations				
	Navy HM0000	Air Force BMTCP 4N0X1	Air Force 4N031 (3 Skill Level)	Air Force IDMT 4N0X1C	Army Medic 68W Healthcare Specialist
Anatomy and Physiology					
Chemistry of the body, electrolytes and body fluids	1	1	1	2	1
Structure and function of cells and tissues	1	1	1	2	1
Structure and function of the body systems	1	1	1	2	1
Common diseases affecting the body systems and drugs used for treatment	1	1	1	2	1
Pharmacology					
Pharmacological calculations	2	2	1	2	2
Classification of medications	2	2	1	2	1
Pharmacokinetics and pharmacodynamics of medications	0	0	1	1	1
Nursing considerations in medication administration (six rights/critical thinking)	1	1	1	2	1
Nursing Fundamentals					
Incidence/prevalence of disease and the health care system	0	0	2	1	0
Issues in health care	0	0	2	0	0
Therapeutic communication techniques	1	1	2	1	2
Cultural considerations in health/illness	1	1	1	1	2
Health promotion activities	1	0	2	0	0
Infectious process and infection control	1	1	1	1	2
Basic nursing care including nutrition (minimum of 35 hours of clinical and 27 hours of lab included in clinical hours total)	1	1	2	1	Assess skills
Nursing assessment (full vs. focused assessment)	1	1	2	1	1
Nursing process/critical thinking	1	1	2	1	0
Documentation	1	1	1	1	1
Medical-Surgical					
IV fluids and calculations of rates and role of LPN/VN	1	1	1	1	2
Drug classifications	2	2	1	2	1
Understanding diagnostic studies and LPN/VN role	1	1	2	1	1
Care of the surgical patient	1	1	1	1	1
Care of the oncology patient (death and dying)	1	1	1	1	0
Bloodborne pathogens and standard precautions - integrated	1	1	1	1	2
Psychosocial, cultural, spiritual and ethnic considerations with patients - integrated	1	1	2	1	1
Community services - integrated	0	0	2	0	0
Provide safe and effective care	2	2	2	2	2
Physiological implications of disease process - integrated	1	1	1	2	1
Obtaining laboratory specimens/interpreting results	1	1	1	1	2
Nursing process - integrated	0	0	2	0	0
Role of LPN/VN in patient education - integrated	0	0	2	0	0
Informed consent - integrated	2	2	1	2	0
LPN/VN role in physical assessment - integrated	1	1	2	1	2

AN ANALYSIS OF MILITARY CURRICULA WITH THE STANDARD LPN/VN CURRICULUM

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Standard LPN/VN Curriculum - Essential Content	Military Occupations				
	Navy HM0000	Air Force BMTCP 4N0X1	Air Force 4N031 (3 Skill Level)	Air Force IDMT 4N0X1C	Army Medic 68W Healthcare Specialist
Care of the older patient - integrated	1	1	1	1	0
Care of patients with cardiovascular and peripheral vascular disorders	1	1	2	2	1
Care of patients with respiratory disorders	1	1	2	2	1
Care of patients with gastrointestinal disorders	1	1	2	2	1
Care of patients with endocrine disorders	1	1	2	2	1
Care of patients with immune disorders	1	1	2	1	0
Care of patients with skin disorders	1	1	2	2	2
Health promotion activities - integrated	1	0	1	0	0
Care of patients with blood and lymphatic disorders	0	0	2	2	0
Care of the patient with a reproductive disorder	1	1	2	2	0
Care of the patient with a musculoskeletal disorder	1	1	2	2	1
Care of the patient with a genitourinary disorder	1	1	2	2	0
Care of the patient with a sensory disorder (eye and ear)	2	2	2	2	1
Care of the patient with a neurological disorder	1	1	2	2	1
Care of the patient with a mental health disorder (could be separate or integrated)	1	1	2	2	1
Community health nursing	0	0	2	0	0
Gerontological nursing	1	1	1	1	0
Maternal and Child Health Nursing					
Impact of family in maternal child health - integrated	0	0	2	0	0
Ethical issues in perinatal nursing - integrated	0	0	2	0	0
Physiological changes during the perinatal period - integrated	0	0	2	0	0
Health promotion in maternal child nursing - integrated	0	0	2	0	0
Cultural impact - integrated	0	0	2	0	0
Community resources - integrated	0	0	0	0	0
Normal growth and development	1	1	2	1	2
Providing safe patient care during prenatal/labor and delivery and postnatal	0	0	2	0	1
Introduction of maternal/child health with review of reproduction	0	0	2	0	0
Prenatal and complications	0	0	2	0	0
Providing safe patient care to pediatric patients	0	0	2	0	2
Labor and delivery	0	0	2	0	2
Postnatal with family; women's health care and care of newborn, including congenital anomalies	0	0	2	0	0
Normal infant, toddler, preschooler, school-aged and adolescent child	0	0	2	0	0
Care of the pediatric patient, including data collection and procedures	0	0	2	0	2
Care of child with fluid and electrolyte imbalances	0	0	0	0	1
Care of child with sensory or neurologic conditions	0	0	2	0	1
Care of child with musculoskeletal disorders	0	0	2	0	1
Care of child with respiratory disorders	0	0	2	0	1
Care of child with cardiovascular disorders	0	0	2	0	1

AN ANALYSIS OF MILITARY CURRICULA WITH THE STANDARD LPN/VN CURRICULUM

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Standard LPN/VN Curriculum - Essential Content	Military Occupations				
	Navy HM0000	Air Force BMTCP 4N0X1	Air Force 4N031 (3 Skill Level)	Air Force IDMT 4N0X1C	Army Medic 68W Healthcare Specialist
Care of child with blood, blood-forming organs or lymphatic disorders	0	0	2	0	0
Care of child with gastrointestinal disorders	0	0	2	0	1
Care of child with genitourinary disorders	0	0	2	0	0
Care of child with skin disorders	0	0	2	0	1
Care of child with endocrine conditions	0	0	2	0	1
Care of child with communicable disease	0	0	2	0	1
Care of child with psychosocial disorder	0	0	2	0	1
Issues in Nursing					
Legal aspects of nursing	1	1	2	1	0
Ethical aspects of nursing	1	1	2	1	0

AN ANALYSIS OF THE ARMY 68WM6 LPN PROGRAM WITH THE STANDARD LPN/VN CURRICULUM

Key:

0 = Military curriculum does not meet requirement

1 = Military curriculum partially meets requirement

2 = Military curriculum meets requirement

Standard LPN/VN Curriculum - Essential Content	Army 68WM6
Anatomy and Physiology	
Chemistry of the body, electrolytes and body fluids	2
Structure and function of cells and tissues	2
Structure and function of the body systems	2
Common diseases affecting the body systems and drugs used for treatment	2
Pharmacology	
Pharmacological calculations	2
Classification of medications	2
Pharmacokinetics and pharmacodynamics of medications	2
Nursing considerations in medication administration (six rights/critical thinking)	2
Nursing Fundamentals	
Incidence/prevalence of disease and the health care system	2
Issues in health care	2
Therapeutic communication techniques	2
Cultural considerations in health/illness	2
Health promotion activities	2
Infectious process and infection control	2
Basic nursing care including nutrition (minimum of 35 hours of clinical and 27 hours of lab included in clinical hours total)	2
Nursing assessment (full vs. focused assessment)	2
Nursing process/critical thinking	2
Documentation	2

AN ANALYSIS OF THE ARMY 68WM6 LPN PROGRAM WITH THE STANDARD LPN/VN CURRICULUM

Key:

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Standard LPN/VN Curriculum - Essential Content	Army 68WM6
Medical-Surgical	
IV fluids and calculations of rates and role of LPN/VN	2
Drug classifications	2
Understanding diagnostic studies and LPN/VN role	2
Care of the surgical patient	2
Care of the oncology patient (death and dying)	2
Bloodborne pathogens and standard precautions - integrated	2
Psychosocial, cultural, spiritual and ethnic considerations with patients - integrated	2
Community services - integrated	2
Provide safe and effective care	2
Physiological implications of disease process - integrated	2
Obtaining laboratory specimens/interpreting results	2
Nursing process - integrated	2
Role of LPN/VN in patient education - integrated	2
Informed consent - integrated	2
LPN/VN role in physical assessment - integrated	2
Care of the older patient - integrated	2
Care of patients with cardiovascular and peripheral vascular disorders	2
Care of patients with respiratory disorders	2
Care of patients with gastrointestinal disorders	2
Care of patients with endocrine disorders	2
Care of patients with immune disorders	2
Care of patients with skin disorders	2
Health promotion activities - integrated	2
Care of patients with blood and lymphatic disorders	2
Care of the patient with a reproductive disorder	2
Care of the patient with a musculoskeletal disorder	2
Care of the patient with a genitourinary disorder	2
Care of the patient with a sensory disorder (eye and ear)	2
Care of the patient with a neurological disorder	2
Care of the patient with a mental health disorder (could be separate or integrated)	2
Community health nursing	2
Gerontological nursing	2
Maternal and Child Health Nursing	
Impact of family in maternal child health - integrated	2
Ethical issues in perinatal nursing - integrated	2
Physiological changes during the perinatal period - integrated	2
Health promotion in maternal child nursing - integrated	2
Cultural impact - integrated	2
Community resources - integrated	2
Normal growth and development	2
Providing safe patient care during prenatal/labor and delivery and postnatal	2
Introduction of maternal/child health with review of reproduction	2

AN ANALYSIS OF THE ARMY 68WM6 LPN PROGRAM WITH THE STANDARD LPN/VN CURRICULUM

Key:

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Standard LPN/VN Curriculum - Essential Content	Army 68WM6
Prenatal and complications	2
Providing safe patient care to pediatric patients	2
Labor and delivery	2
Postnatal with family; women's health care and care of newborn, including congenital anomalies	2
Normal infant, toddler, preschooler, school-aged and adolescent child	2
Care of the pediatric patient, including data collection and procedures	2
Care of child with fluid and electrolyte imbalances	2
Care of child with sensory or neurologic conditions	2
Care of child with musculoskeletal disorders	2
Care of child with respiratory disorders	2
Care of child with cardiovascular disorders	2
Care of child with blood, blood-forming organs or lymphatic disorders	2
Care of child with gastrointestinal disorders	2
Care of child with genitourinary disorders	2
Care of child with skin disorders	2
Care of child with endocrine conditions	2
Care of child with communicable disease	2
Care of child with psychosocial disorder	2
Issues in Nursing	
Legal aspects of nursing	2
Ethical aspects of nursing	2

AN ANALYSIS OF THE AIR FORCE BMTCP 4N051 (5 SKILL LEVEL) WITH THE STANDARD LPN/VN CURRICULUM

Key:

- 0 = Military curriculum does not meet requirement
 1 = Military curriculum partially meets requirement
 2 = Military curriculum meets requirement

Standard LPN/VN Curriculum - Essential Content	Air Force BMTCP 4N051 (5 Skill Level)
Anatomy and Physiology	
Chemistry of the body, electrolytes and body fluids	2
Structure and function of cells and tissues	2
Structure and function of the body systems	2
Common diseases affecting the body systems and drugs used for treatment	2
Pharmacology	
Pharmacological calculations	2
Classification of medications	2
Pharmacokinetics and pharmacodynamics of medications	2
Nursing considerations in medication administration (six rights/critical thinking)	2
Nursing Fundamentals	
Incidence/prevalence of disease and the health care system	2
Issues in health care	2
Therapeutic communication techniques	2

AN ANALYSIS OF THE AIR FORCE BMTCP 4N051 (5 SKILL LEVEL) WITH THE STANDARD LPN/VN CURRICULUM

Key:

0 = Military curriculum does not meet requirement

1 = Military curriculum partially meets requirement

2 = Military curriculum meets requirement

Standard LPN/VN Curriculum - Essential Content	Air Force BMTCP 4N051 (5 Skill Level)
Cultural considerations in health/illness	2
Health promotion activities	2
Infectious process and infection control	2
Basic nursing care including nutrition (minimum of 35 hours of clinical and 27 hours of lab included in clinical hours total)	2
Nursing assessment (full vs. focused assessment)	2
Nursing process/critical thinking	2
Documentation	2
Medical-Surgical	
IV fluids and calculations of rates and role of LPN/VN	2
Drug classifications	2
Understanding diagnostic studies and LPN/VN role	2
Care of the surgical patient	2
Care of the oncology patient (death and dying)	2
Bloodborne pathogens and standard precautions - integrated	2
Psychosocial, cultural, spiritual and ethnic considerations with patients - integrated	2
Community services - integrated	2
Provide safe and effective care	2
Physiological implications of disease process - integrated	2
Obtaining laboratory specimens/interpreting results	2
Nursing process - integrated	2
Role of LPN/VN in patient education - integrated	2
Informed consent - integrated	2
LPN/VN role in physical assessment - integrated	2
Care of the older patient - integrated	2
Care of patients with cardiovascular and peripheral vascular disorders	2
Care of patients with respiratory disorders	2
Care of patients with gastrointestinal disorders	2
Care of patients with endocrine disorders	2
Care of patients with immune disorders	2
Care of patients with skin disorders	2
Health promotion activities - integrated	2
Care of patients with blood and lymphatic disorders	2
Care of the patient with a reproductive disorder	2
Care of the patient with a musculoskeletal disorder	2
Care of the patient with a genitourinary disorder	2
Care of the patient with a sensory disorder (eye and ear)	2
Care of the patient with a neurological disorder	2
Care of the patient with a mental health disorder (could be separate or integrated)	2
Community health nursing	2
Gerontological nursing	2

AN ANALYSIS OF THE AIR FORCE BMTCP 4N051 (5 SKILL LEVEL) WITH THE STANDARD LPN/VN CURRICULUM

Key:

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1 = Military curriculum partially meets requirement

2 = Military curriculum meets requirement

Standard LPN/VN Curriculum - Essential Content	Air Force BMTCP 4N051 (5 Skill Level)
Maternal and Child Health Nursing	
Impact of family in maternal child health - integrated	2
Ethical issues in perinatal nursing - integrated	2
Physiological changes during the perinatal period - integrated	2
Health promotion in maternal child nursing - integrated	2
Cultural impact - integrated	2
Community resources - integrated	2
Normal growth and development	2
Providing safe patient care during prenatal/labor and delivery and postnatal	2
Introduction of maternal/child health with review of reproduction	2
Prenatal and complications	2
Providing safe patient care to pediatric patients	2
Labor and delivery	2
Postnatal with family; women's health care and care of newborn, including congenital anomalies	2
Normal infant, toddler, preschooler, school-aged and adolescent child	2
Care of the pediatric patient, including data collection and procedures	2
Care of child with fluid and electrolyte imbalances	2
Care of child with sensory or neurologic conditions	2
Care of child with musculoskeletal disorders	2
Care of child with respiratory disorders	2
Care of child with cardiovascular disorders	2
Care of child with blood, blood-forming organs or lymphatic disorders	2
Care of child with gastrointestinal disorders	2
Care of child with genitourinary disorders	2
Care of child with skin disorders	2
Care of child with endocrine conditions	2
Care of child with communicable disease	2
Care of child with psychosocial disorder	2
Issues in Nursing	
Legal aspects of nursing	2
Ethical aspects of nursing	2

Summary and Recommendations

1. After an extensive review of health care specialist (medic), corpsman and airman curricula and comparing it with a standard LPN/VN curriculum, significant differences in content were identified. These differences preclude granting an LPN/VN license to veterans specialized in these areas without additional practical/vocational nurse coursework and clinical experience.
2. For veterans with training and experience as health care specialists (medics), corpsmen and airmen, civilian BON-approved LPN/VN programs should develop bridge programs that are based on individual assessments of each veteran and geared towards helping these individuals acquire the knowledge, skills and abilities needed to practice as an LPN/VN safely without repeating previously acquired content.
3. Each veteran will be leaving the military with varying levels of experience. Some have inserted chest tubes and performed other small surgical procedures, while others have little, if any, experience doing these procedures and instead had other types of responsibilities (nonhealth care related) during their military service. Therefore, it is recommended that the knowledge, skills and abilities of all veterans entering an LPN/VN program should be formally evaluated/assessed prior to beginning a program. If proficiency is demonstrated, this should be accounted for in the LPN/VN program to assist in accelerating the education process.
4. After successful completion and graduation from the LPN/VN program, the veteran must pass the NCLEX-PN® Examination prior to licensure as an LPN/VN.
5. While the courses offered in military programs are comprehensive and rigorous, a veteran who has been a health care specialist (medic), corpsman or airman must learn the role of the nurse, the nursing process and the science of nursing care. The veteran must learn the role of the LPN/VN, the scope of practice and the principles of delegation in order to practice competently and safely. This is acquired through formal education, both clinical and didactic, and must be integrated throughout the course of study.
6. The Army LPN Program is comparable to a standard LPN/VN program approved by BONs.
7. The Air Force BMTCP 4N051 (5 Skill Level) is comparable to a standard LPN/VN program approved by BONs.

Talking Points: Military Training Exception

NCSBN supports veterans entering the nursing profession. We would like these hard working individuals to succeed and experience long and rewarding careers in the field of nursing.

- **The roles and responsibilities of registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) are different from that of health care specialists (medics), corpsmen and airmen. Thus, the training for these military occupations is different from that of nursing education programs.**

Even within the military, RNs and LPNs have separate roles and responsibilities from health care specialists (medics), corpsmen or airmen. The military requires RNs working in military facilities to hold a bachelor's degree in nursing and meet all the requirements of a civilian nursing program approved by a board of nursing (BON). A health care specialist (medic) or corpsman can only become an RN in the military by completing an RN program. Educational exemptions are not offered based on experience or another type/level of training.

Currently, the Army and the Air Force are the only branches of service with an LPN occupational specialty. Certain MOS 68W soldiers (Army combat medics) and AFSC airmen can attend a course to become an entry level LPN. Students are required to sit for the NCLEX-PN® Examination and obtain licensure as an LVN. Thus, LPNs in the Army receive a substantial amount of additional education above and beyond training as a health care specialist (medic), corpsman or airman.

- **LPN/VN education is different than the training received by health care specialists (medics), corpsmen or airmen.**

After an extensive review of the health care specialist (medic), corpsman and airman curricula and comparing it with a standard LPN/VN curriculum, significant differences in content were identified. The military occupations lack content in the nursing process, health promotion and prevention, care of the pediatric patient, care of the obstetric patient, care of the older adult/geriatric patient, and chronic care management. In addition, the role of the LPN/VN is different from the military health care occupations cited in this report. The veteran needs time to learn a new scope of practice, acclimate to the role of an LPN/VN, and learn how to think and act like an LPN/VN. For those who have only worked on the battlefield, coursework will be needed on the health care delivery system, including hospital systems and long-term care. For a full listing of the educational differences, please review "NCSBN Analysis: A Comparison of Selected Military Health Care Occupation Curricula with a Standard Licensed Practical/Vocational Nurse Curriculum."

- **Allowing health care specialists (medics)/corpsmen/airmen to bypass educational requirements and sit unprepared for the NCLEX® is costly and can undermine test taker confidence.**
- **Graduation from a BON approved LPN/VN program is mandatory for all individuals wishing to be licensed as LPN/VNs; however, some LPN/VN content may overlap and be repetitive of the military occupation program content. NCSBN supports and encourages the development of LPN/VN bridge programs that allow health care specialists (medics), corpsmen and airmen credit for the knowledge, skills, and abilities they acquired in the military and focus content on gaps in knowledge, the nursing process and differences between the military and LPN/VN roles and scope of practice.**

The Army and the Air Force are the only branches of the military to offer an LPN program that provides the training necessary to be licensed as a practical/vocational nurse. NCSBN recommends the development of civilian LPN/VN bridge programs geared towards assisting veterans in mastering the knowledge, skills and abilities needed to practice safely without repeating previously acquired content.

NCSBN represents U.S. BONs and supports the initiative to transition veterans to careers in nursing. NCSBN is working with many groups to address different aspects of this project and should be involved in any discussions regarding this endeavor so that it can assist in assuring veterans have a safe and smooth transition into a career in nursing.