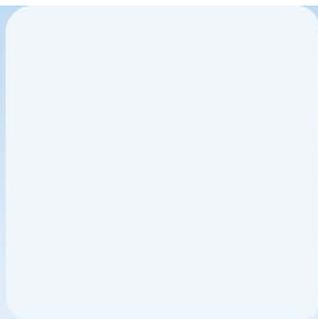
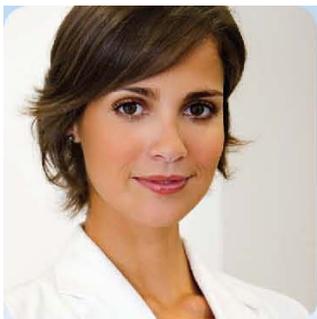


WELCOME!

Texas Board of Nursing Workshop
**Implementing the
Differentiated Essential
Competencies
(DECs)**



Texas Board of Nursing



The Focus on Competencies in Nursing

Nancy Spector, PhD, RN

Texas Board of Nursing

May 26, 2011



NCSBN

National Council of State Boards of Nursing



Objectives

- What is competence?
- How do we build competence?
- What are some examples?
- How do you assess competence?
- Future considerations?



Different Perspectives

Patricia Benner (Benner, 2004)

- 1-2 years in practice
- Experiential learning
- Develops unevenly
- Anxiety is tailored



Different Perspectives



Competence is a habit

- David Leach (Leach, 2002)



Different Perspectives

Complex combination of knowledge, skills, and values displayed in the context of task performance.

- Christine Tanner (2001)



Different Perspectives



NCSBN's transition study:

Clinical competency encompasses the ability to observe and gather information, recognize deviations from expected patterns, prioritize data, make sense of data, maintain a professional response demeanor, provide clear communication, execute effective interventions, perform nursing skills correctly, evaluate nursing interventions, and self reflect for performance improvement within a culture of safety.



Building Competency

Three principles:

1. We improve what we measure
2. Need flexibility to adapt to complex environments with constrained resources
3. Public needs assurance

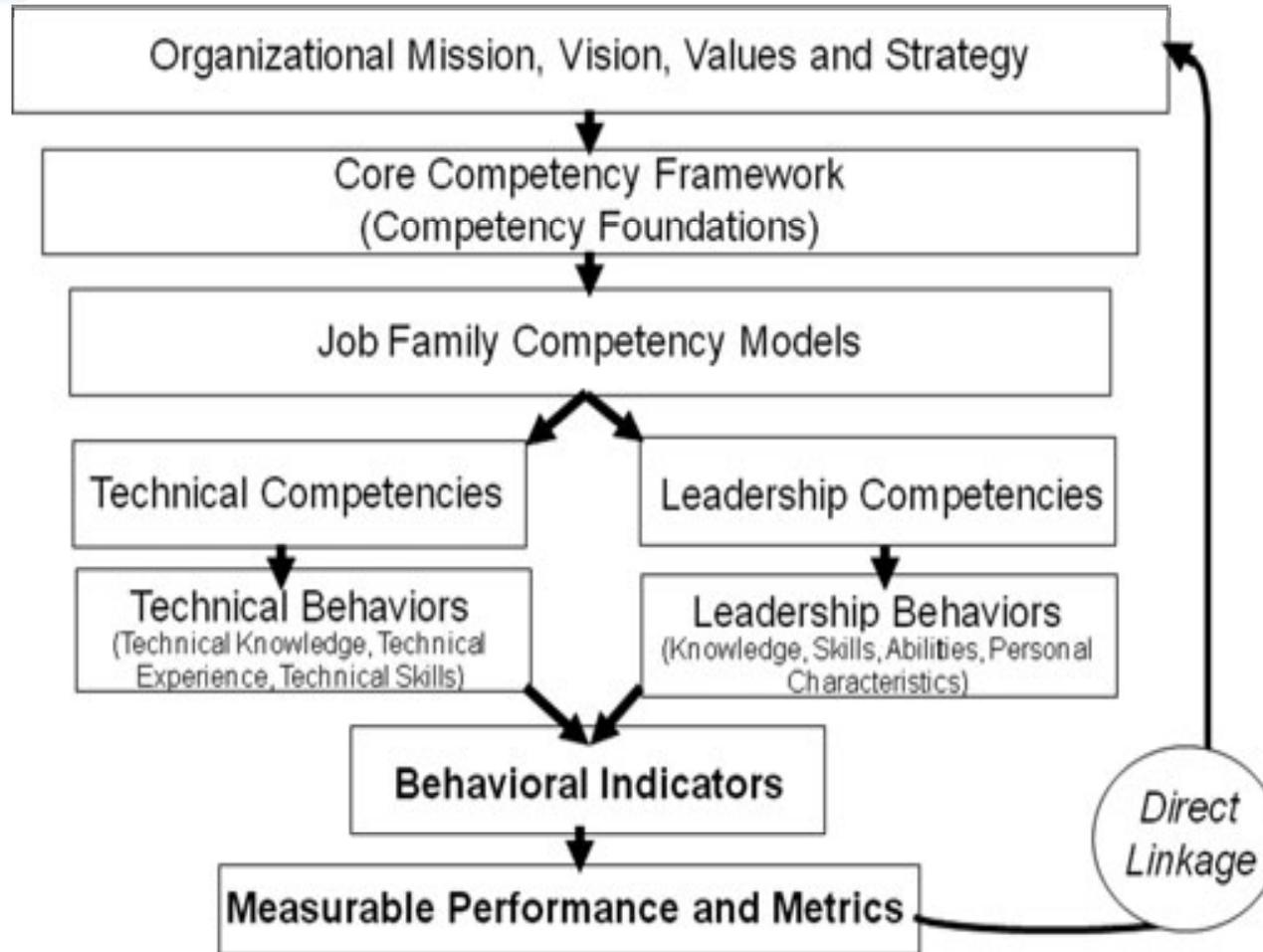
- Leach (2002)



Building Competency

Competency Models (Campion et al., 2011)

- Analyzing
- Organizing and presenting
- Using





Building Competency

Deliberate practice - Establish tasks that define the essence of the domain



- Ericsson, 2004



Examples of Competencies

Texas DECAs:

- Member of profession
- Provider of patient-centered care
- Patient safety advocate
- Member of the health care team



OCNE



- Ethical practice
- Self-directed learning
- Continually updated knowledge
- Sound clinical judgments
- Leadership and teamwork
- End-of-life and acute care
- Relationship-centered care
- Health promotion
- Chronic illness management
- EBP
- Population-based care





Western Governors University

Key Clinical Competencies:

- Safety
- Surveillance
- Patient Advocacy
- Communicate effectively
- Clinical decision making/clinical reasoning
- Utilize resources
- Professional behavior





Massachusetts

- Patient-centered care
- Professionalism
- Informatics and technology
- EBP
- Leadership
- Systems-based practice
- Safety
- Communication
- Teamwork and collaboration
- Quality improvement





ACGME

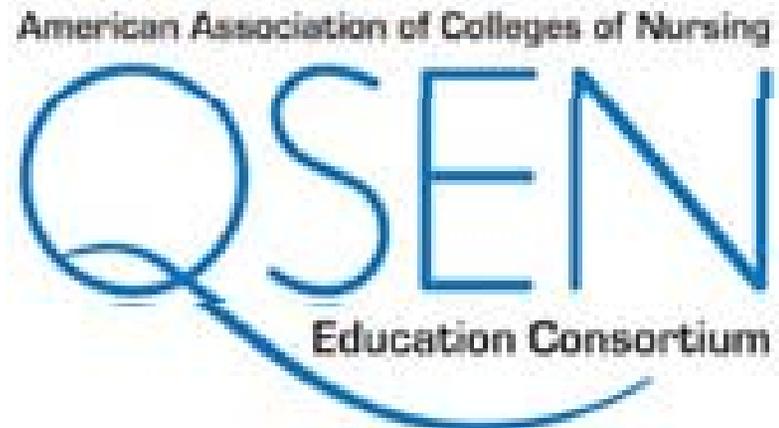
- Patient care
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice





QSEN, IOM, NCSBN's Transition Model

- Patient-centered care
- Communication and teamwork
- Evidence-based practice
- Quality improvement
- Informatics





Assessing Competency

David Leach, ACGME



“You tend to improve what you can measure.”



In Nursing?

Different model from medicine:

Deans and directors sign off that the student is competent enough clinically to take the NCLEX.



NCSBN's Transition to Practice Study: An Exemplar

Longitudinal, randomized, multi-site study comparing patient outcomes in organizations that use our transition model versus those that use their traditional method.



Research Advisory Panel Participants

1. Jane Barnsteiner, PhD, RN, FAAN – University of Pennsylvania
2. Mary Blegen, PhD, RN, FAAN – UCSF
3. Mary Lynn, PhD, RN – University of North Carolina, Chapel Hill
4. Elizabeth Ulrich, EdD, RN, FACHE, FAAN – Versant
5. Louis Fogg, PhD – Rush College of Nursing



Example of Competencies Measured in Transition Study

Adapted from:

- Nursing Executive Center's Critical Thinking Diagnostic (Berkow et al., 2008)
- QSEN survey
- NCSBN (2007) transition study



Advisory Board Study

Biggest Improvement Needed:

- Follow up
- Initiative
- Quality improvement
- Time management
- Tracking multiple responsibilities
- Conflict resolution
- Delegation



New Graduate Survey

Examples of questions with patient-centered care:

- Recognize changes
- Prioritize care for urgent patients
- Do what's right for your patients no matter what



New Graduate Survey

Examples of questions with communication and teamwork:

- Communicate when transferring patient care (handoffs)
- Delegate appropriately
- Recognize strengths and limitations as a team member



New Graduate Survey

Examples of questions with EBP:

- Develop plan that reflects current EBP
- Consult further resources
- Question rationale for care



New Graduate Survey

Examples of questions with quality improvement:

- Identify gaps between actual care and best practices
- Identify unit based improvement opportunities
- Evaluate effectiveness of QI methods



New Graduate Survey

Examples of questions with informatics:

- Use technology and information management tools to support safe processes of care.
- Document care on the EHR
- Use communication systems (computer, pager, mobile phone, etc.)



How Shall We Move Ahead?

Benner et al.'s (2010) three major findings:

- Programs are effective in forming professional identity and ethical comportment.
- Clinical practice experience provides powerful learning opportunities.
- **Weakness in nursing science**



“Think Like a Nurse”

- Benner et al., 2010

Question:



Should we be so worried about teaching clinical and theory?

Should we simply “teach nursing?”



What Do the Critics Say?

Competencies can be:

- Reductionistic
- Rigid
- Overly prescriptive

- Tanner, 2001



What Should we consider?

- What are the competency models?
- How have they been used in nursing?
- What tools are available for measurement? Valid? Reliable?
- What pedagogies support attainment of competencies?
- Where is the evidence?

- Tanner (2001)



The Future

Crosswalks comparing competencies have shown consistency.

Is it therefore time to move on?





“However beautiful the strategy,
you should occasionally look at
the results.”

-Winston Churchill





History of the DECcs

Elizabeth Poster, RN, PhD, FAAN

With thanks to Dr. Janice Hooper

Differentiated Entry Level Competencies (DELIC)

- Background

- 1988 – Legislative Mandate

- 1993 – NEAC

- 2002 – DELIC

- 2008 – BON Charge to Review and Revise DELIC

Purposes of DELC

- Guidance for programs in curriculum development and evaluation
- Expected standard for all approved programs
- Guidance for work settings in providing transition of new nurse into practice

NEAC Purposes

- To identify threads central to nursing that develop and become increasingly complex across LVN, diploma/ADN and BSN nursing education
- To identify the minimum performance expectation of graduates in Texas that may be tracked and leveled across the identified continuum of nursing education

DELC Survey

- To determine effectiveness of current DELC for program use
- 113 responses from all VN, ADN/Diploma and BSN programs
- Represented 54 schools
- 93.7% indicated their grads met the DELC outcomes completely or to high degree
- 6.3% indicated “to a moderate degree”

Review of Literature and Current Documents

- Benner, P., Carnegie Foundation Report
- ANA Position Statement on Role Competence
- Quality and Safety Curricula in Nursing Education (QSEN)
- Oregon Consortium for Nursing Education
- 2003 IOM Competencies

Continuing References:

- NCSBN Transition to Practice Study 2004
- AACN Essentials
- NAPNES Standards
- NLNAC Standards for Accreditation
- CCNE Standards for Accreditation
- BON Rule 217 and NPA
- JC Patient Safety Goals

Searching for the Meaning of Competency

- “Competence is the ability to develop habits of good practice.” (NCSBN)
- The acquisition of competence proceeds along a continuum and newly licensed nurses in transition are at various stages of the development of a habitual capability of applying knowledge and skills in practice. (NCSBN transition study)

The DELC should answer:

- What should we expect of our graduates?
- What is essential knowledge to include in the curriculum?

Current Status of Revised DELC

- DELC Work Group Appointed by ACE
- Represents Broad Constituent Groups
- Revised Draft Distributed to Programs
- Draft Discussion at Dean/Directors and TAVNE meetings in October
- Comments from Programs have been collated for discussion
- Meeting will be scheduled in January 2010

Acknowledgement

- Alicia Anger, MSN, RN (Diploma Programs)
- Frances Chatman, LVN (Licensed Vocational Nurses Association of Texas)
- Eileen Deges Curl, PhD, RN (Texas Association of Deans and Directors of Texas Professional Nursing Programs)
- Cathy Harris, BSN, RN (Texas Association of School Nurses)
- Bonnie Higgins, EdD, RN (Texas Organization for Associate Degree Nursing)

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- Nancy Maebius, PhD, RN (VN Career Colleges and Schools)
- Dianna Miller, EdD, MSN, RN (AD Education)
- Diane Moy, MSN, RN (Community Health)

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- April Schroer, MSN, RN (VN Education)
- Kendra Slatton, MSN, RN, CDE (TONE)
- Susan Sportsman, PhD, RN (Texas Nurses Association)

Questions?



Major Themes and Concepts in the DECs

**Susan Sportsman, RN, Ph.D.,
Dean, College of Health Sciences and
Human Services
Midwestern State University**

Objectives

- Discuss the focus of the four nursing roles in the DECAs
- Describe the relationship between knowledge, clinical judgments & behaviors and competency statements
- Define major concepts in the DECAs and their implication for differentiated competencies

DEC Framework

- **Nursing Roles (4)**
 - **Competencies (25)**
 - Knowledge
 - Clinical Judgment and Behaviors

Four Roles in the Context of Vocational Nursing, Diploma/Associate Degree and Baccalaureate Nursing Graduates

- Member of the Profession
- Provider of Patient-Centered Care
- Patient Safety Advocacy **(NEW)**
- Member of the Health Care Team

25 Competencies

- Definition: A competency is an expected level of performance that integrates knowledge, skills, abilities, and judgments (ANA, 2008)
- Competencies were designed to demonstrate progression of expectations across educational levels.
- These competencies are primarily reflective of “exit competencies” from an initial program of study. However, evaluation of some competencies at the time of graduation may be impossible
- New graduates have the background knowledge which they can use to grow from novice to expert.
- Competencies that will require practice are italicized and identified by an asterisk.

Scope of Practice = Level of Competence

- **Definition of patients**

- LVNs: individuals in the context of their families
- Diploma/ADNs: individuals and families
- BSNs: individuals, families, populations, and communities

- Rule 215: specific content to be included in BSN education
 - Research
 - Community
 - Leadership

Member of the Profession



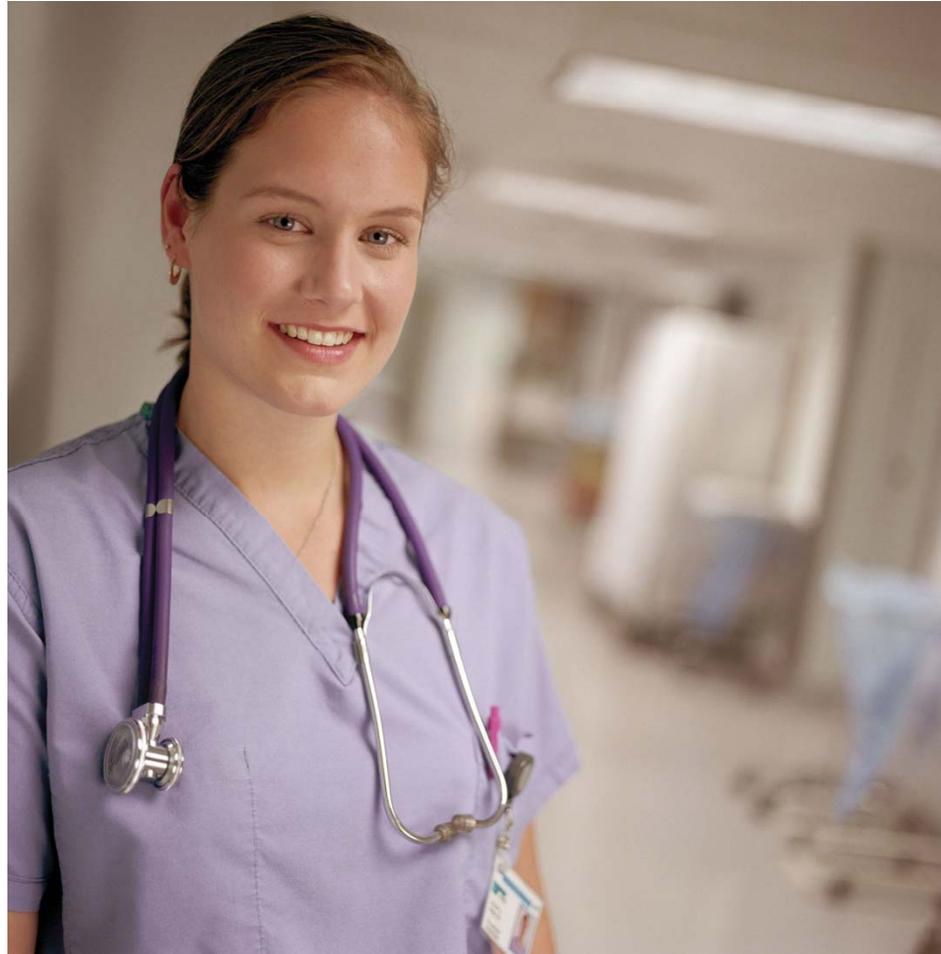
Competencies I. A, B, & D are similar for all levels of graduates

- Function within the legal scope of practice and in accordance with policies and procedures
- Assume responsibility and accountability (definition of patient varies)
- Demonstrate responsibility for continued competence
 - Reflection
 - Self analysis
 - Self care
 - Lifelong learning

Variation in Competency I. C.

- Contribute to activities that promote the development and practice of Vocational nursing. (LVN)
- Participate in activities that promote the development and practice of professional nursing. (Diploma/ADN)
- Promote the practice of professional nursing through leadership activities and advocacy. (BSN)

II. Provider of Patient-Centered Care



Topics included in Patient-Centered Care

- Clinical reasoning and evidence-based decision making
- Assessment of physical and mental health status, needs, and preferences of culturally, ethnically and socially diverse patients
- Use of assessment data
- Provision of safe, compassionate, comprehensive nursing care
- Implementation of plan of care
- Evaluation of plan of care
- Use of teaching plan
- Coordination of care

Competency II. A.

Use clinical reasoning and:

- Established evidence-based policies as the basis for decision making in nursing practice. (LVN)
- Knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision making in nursing practice. (ADN/Diploma)
- Knowledge based on the BSN program of study, evidence-based practice outcomes, and research studies as the basis for decision making and comprehensive patient care. (BSNs)

Competency II. D.

Provide safe, compassionate,
basic nursing care to:

- assigned patients with predictable health care needs through a supervised directed scope of practice. (LVNs)
- patients and their families through a broad array of health care services. (Diploma/ADNs)
- patients, families, populations and communities through a broad array of health care services. (BSNs)

Competency II. E.

- Implement aspects of the plan of care within legal, ethical and regulatory parameters and in consideration of patient factors. (LVNs)
- Implement plan of care for patients and families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness and promotion of healthy lifestyles. (Diploma/ADNs)
- Implement plan of care of patients, families, populations and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness and promotion of healthy lifestyles. (BSNs)

Competency II. G.

- Implement teaching plans for patients and their families with common health problems and well defined health learning needs. (LVNs)
- Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration. (Diploma/ADNs)
- Develop, implement and evaluate teaching plans for patients, families, populations and communities to address health promotion, maintenance, restoration, and population risk reduction (BSNs)

III. Patient Safety Advocate



Competency III A, B, C, D, E, & F

- All levels of education are the same:
 - Knowledge of Texas NPA and Rules
 - Measure to promote quality and a safe environment
 - Obtain instruction, supervision, or training as needed
 - Comply with mandatory reporting requirements of NPA
 - Accept and make assignments that take into consideration patient safety and organizational policy

Competency III. C.

- Assist in the formulation of goals and outcomes to reduce patient risks. (LVNs)
- Formulate goals and outcomes using evidence-based data to reduce patient risks. (Diploma/ADNs)
- Formulate goals and outcomes using an evidence-based and theoretical analysis of available data to reduce patient and community risks. (BSNs)

IV. Member of the Interdisciplinary Team



Topics in Member of Health Care Team

- Communication, collaboration, and coordination with:
 - Patients
 - Family
 - Interdisciplinary teams
- Patient Advocacy
- Continuity of Care
- Information Technology
- Assigning care to others
- Supervising others

Competency IV. A.

- Communicate and collaborate with patients, their families, and the interdisciplinary health care team to assist in the planning, delivery, and coordination of patient-centered care to assigned patients .(LVNs)
- Coordinate, collaborate, and communicate with patients, their families and the interdisciplinary health care team to plan, deliver and evaluate patient-centered care .(Diploma/ADNs)
- Coordinate, collaborate, and communicate with patients, families, population, communities, and the interdisciplinary health care team to plan deliver and evaluate care. (BSNs)

Competency IV E.

- Communicate patient data using technology to support decision making to improve patient care. (LVNs)
- Communicate and manage information using technology to support decision making to improve patient care. (Diploma/ADNs)
- Communicate and manage information using technology to support decision making to improve patient care and delivery systems. (BSNs)

Knowledge and Clinical Judgment & Behaviors

**Competency= Knowledge &
Clinical
Judgments/ Behaviors**

Use Clinical Reasoning and knowledge based educational program of study:

Knowledge

- **LVN:**
 - Systematic problem-solving process in the care of patients and their families
- **Diploma/ADN**
 - A Systematic problem-solving process in the care of patients and their families based on selected liberal arts and sciences and evidence-based practice outcomes
 - Conceptual frameworks of nursing practice as a means of planning care and solving clinical problems in care of patients and families

- **BSN**

- A systematic problems-solving process in the care of patients and families based on the liberal arts, sciences, and evidence-based practice outcomes and research studies.
- Conceptual frameworks of nursing practice as a means of planning care and solving clinical problems in care of patients and families
- Nursing frameworks, theories, and models that relate to managing and evaluating health care delivery with consideration of related costs in care of patients, families, populations and communities.

Clinical Judgments and Behaviors

- LVNs
 - Use problem-solving approach to make decision regarding care of assigned patients
- Diploma/ADNs
 - Use clinical reasoning and nursing science as a basis for decision making in nursing practice
- BSN
 - Use systematic approaches for clinical decision making, including nursing research, epidemiology, and political, social, ethical and legal processes.







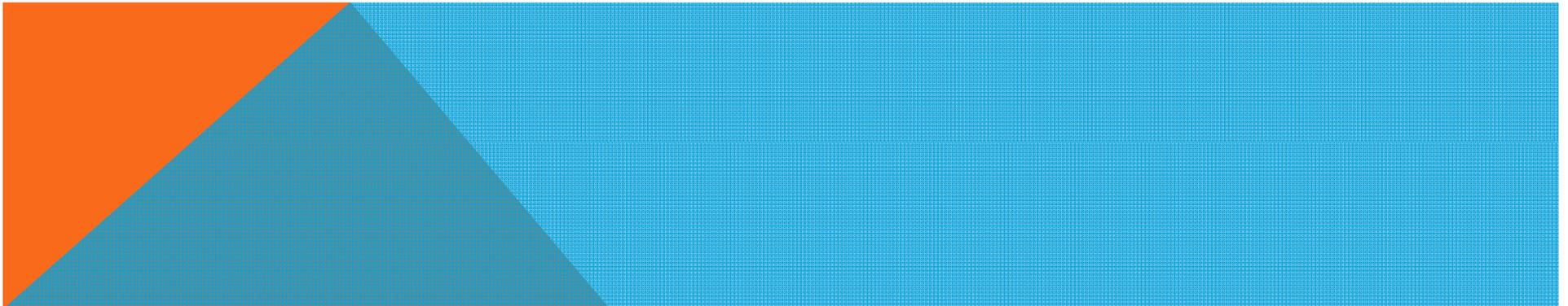
CURRICULUM REVIEW AND IMPLEMENTING THE DECS

APRIL ERNST, MSN, RN
MARTHA FESSLER SCHOOL OF NURSING

CURRICULUM DEVELOPMENT

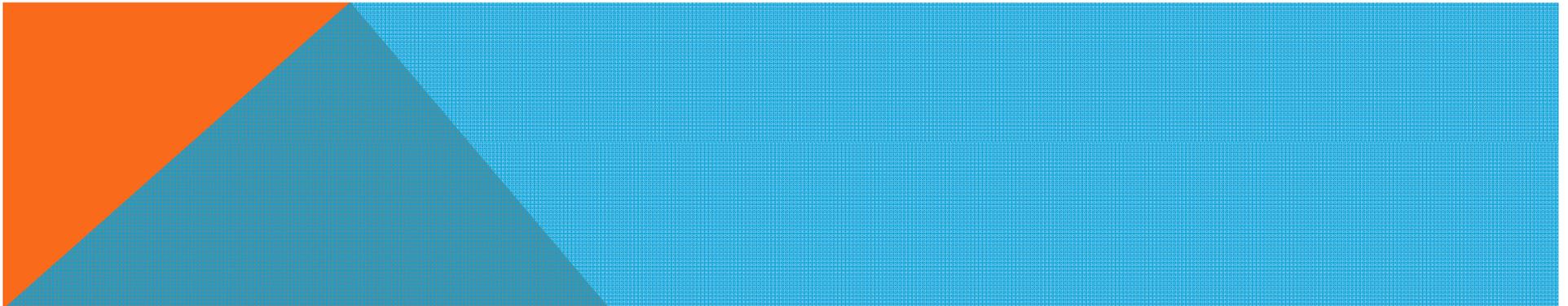
Important elements include:

- Institution's philosophy and mission statement
- Nursing program philosophy and mission
- Current nursing and health care trends
- Reflect the faculty's belief about nursing, health, illness, the patient, the environment, society
- May or may not be related to a specific nursing theorist



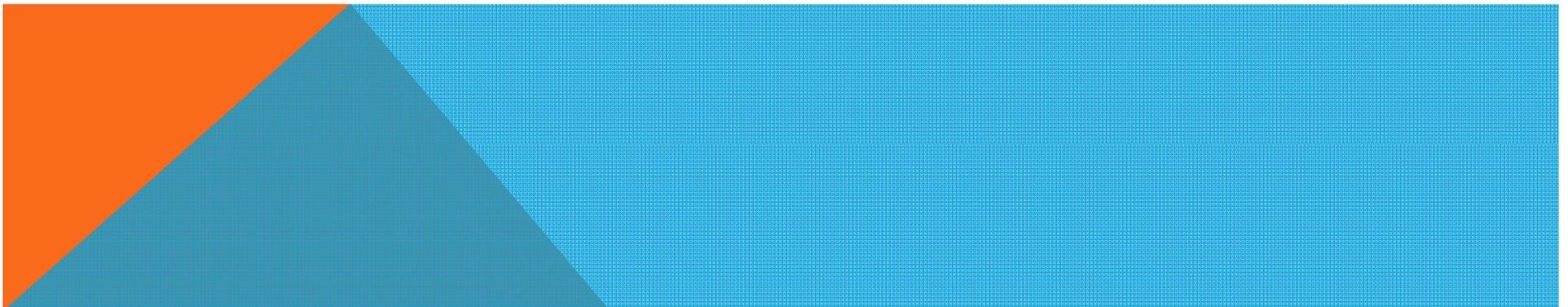
MAJOR COMPONENTS OF A CURRICULUM

- ✓ **Terminal competency statements of graduates, aka, program objectives or outcome statements**
- ✓ **Required courses in the nursing major as well as any general education courses**
- ✓ **Course content: course description and objectives of the course**
- ✓ **Curriculum threads: major concepts of the program**
- ✓ **Clinical objectives and clinical evaluation tools**
- ✓ **Clinical Learning Lab: may include skills and simulation**



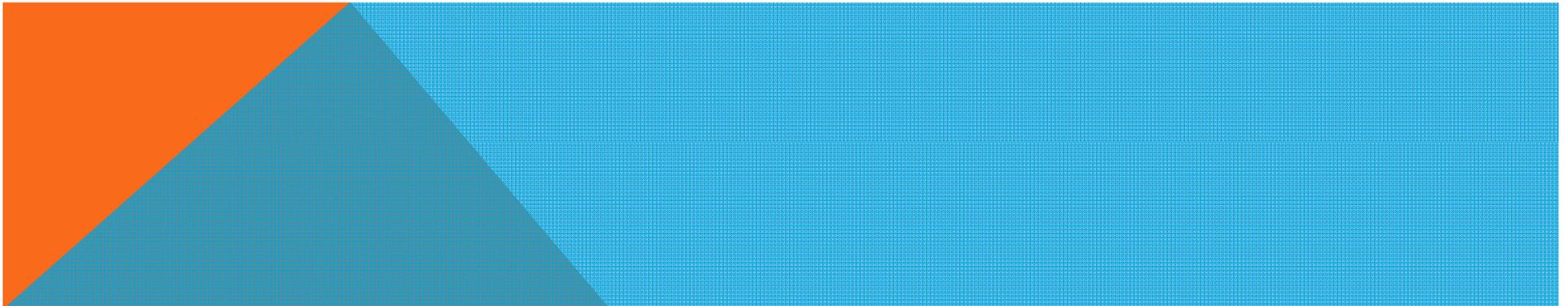
TRACING A CURRICULUM REVIEW

- 1. Values, Mission, Goals of Institution**
- 2. Purpose of Nursing Program**
- 3. Philosophy of Nursing Program**
- 4. Program Outcomes**
- 5. Course Descriptions**
- 6. Course Outcomes**
- 7. Course Competencies**
- 8. Clinical Evaluation Tools**



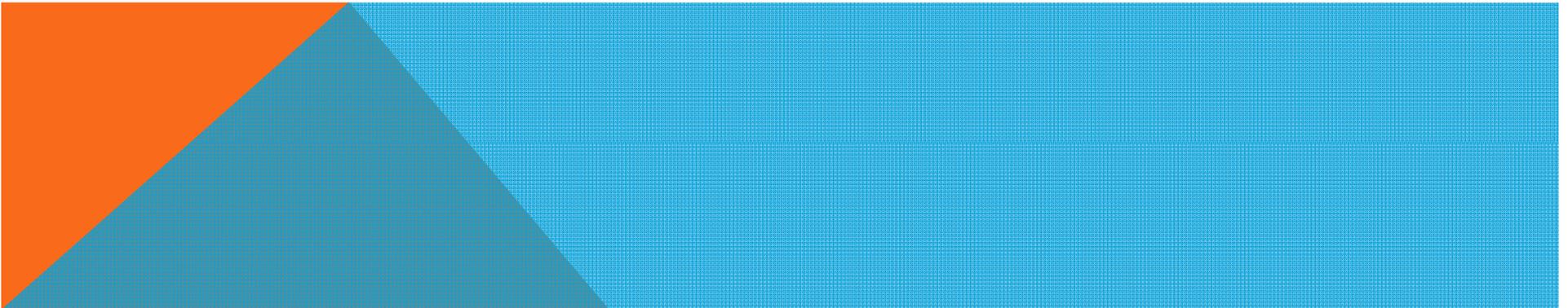
HOW TO INCLUDE DEC CONCEPTS IN YOUR CURRICULUM

- Terminal **Program Outcome Statements** reflect DEC concepts
- Complete a **Curriculum Analysis chart** for each knowledge and clinical behavior and judgment statement in the DEC document (see sample)
- Update each **Clinical Evaluation Tool** to reflect the four roles of the nurse (see sample)
- Review **textbooks** for DEC concepts
- Include DEC concepts in the **Total Program Evaluation** plan as a tool to assess your curriculum plan and program outcome statements (see sample)
- Include DEC concepts in course **papers, projects, case studies**
- Include DEC concepts in **clinical prep, assignments and learning activities**



WHAT IS THE VALUE?

This is the opportunity for the faculty to “own” the curriculum, to make major contributions to the revisions and implement creative ways to teach the concepts.





Differentiated Essential Competencies

**Implementation from the
Educators' Perspective**

- **Planning**
- **Early Interventions and Methods**
- **Faculty Involvement**
- **Challenges and Barriers**
- **Benefits from implementation**



Practice Nurses: Implications of the DEC's

*Texas BON Education Workshop: Implementing the Differentiated
Essential Competencies (DECs) in Nursing Programs*

at

Texas State University, Round Rock, TX

Cathy Harris, BSN, RN

Texas School Nurses Organization

Elizabeth Skelton, BSN, RN

Texas Department of Aging and Disabilities

Diane Faucher Moy, MSN, RN, PMHCNS-BC

University of Texas at Austin School of Nursing and LRA Consultant

Panel Moderator

May 2011

Objectives

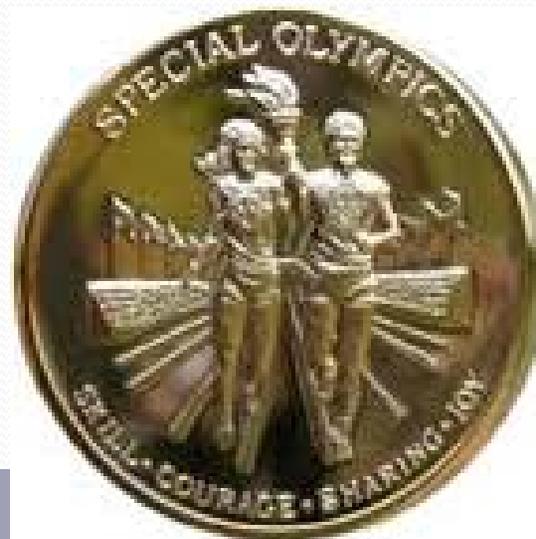
- Discuss the DEC's revision process from a practice perspective.
- Discuss the potential value of the DEC's in the practice setting.
- Describe the challenge of teaching others in the practice setting about the DEC's.
- Explain how the DEC's can serve as a bridge between education and practice.
- Provide a personal example of how the DEC's have influenced your practice in nursing.

Key Question

How was the DEC revision process influenced by your practice perspective?



Aging and Disabilities Perspective

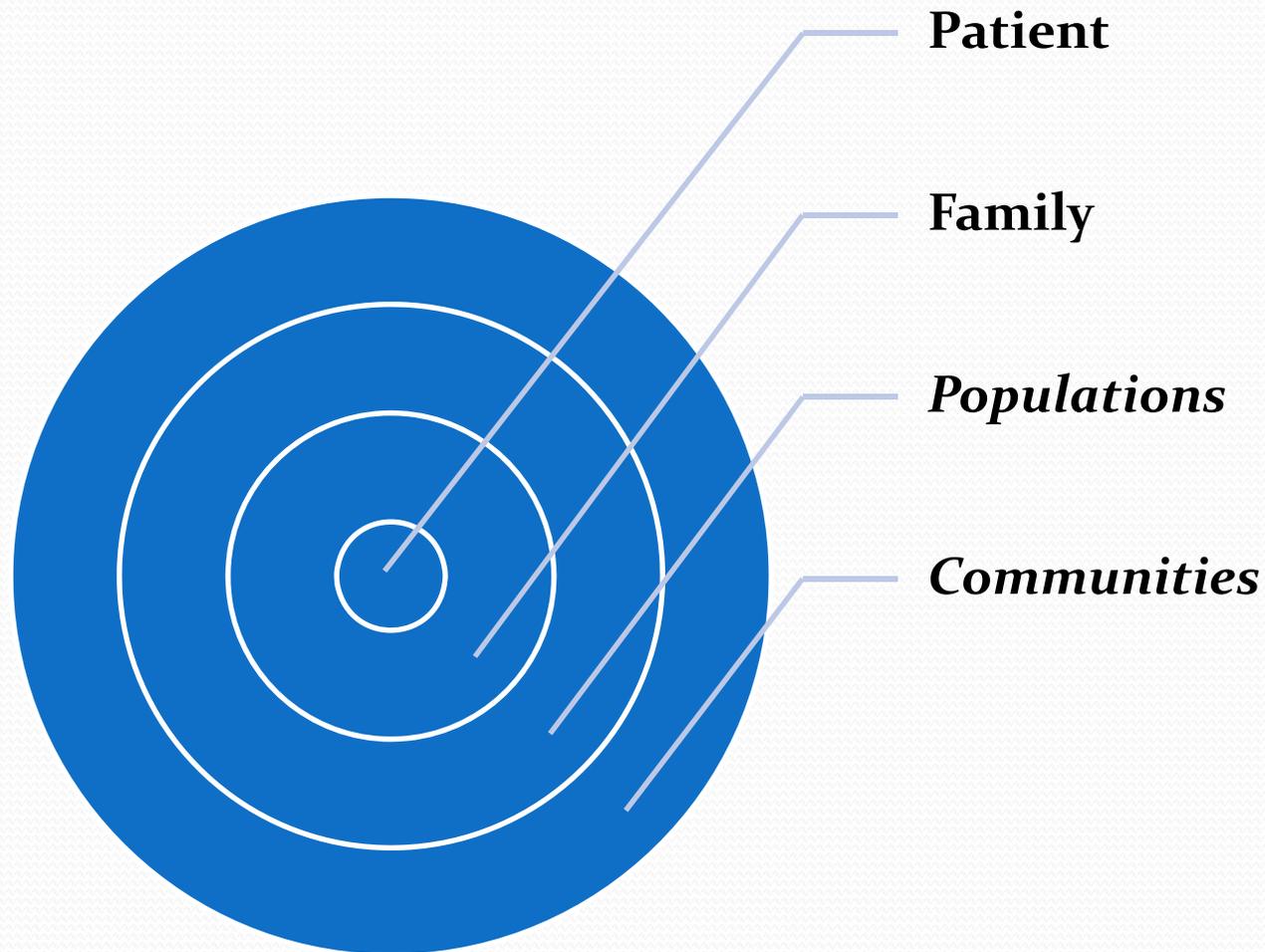


School Nursing Perspective

- “It was significant collaboration where educators of nurses as well as nurses in a variety of practice settings could update the content needed for nursing education to address the expanding challenges in providing quality care to all patients.”



Public Health and Psychiatric Mental Health Nursing Perspective



Public Health and Psychiatric Mental Health Nursing Perspective

- Wanted to **increase** emphasis on the role of nursing in both public health and psychiatric-mental health nursing settings.
- Key terms:
 - **Population**
 - DELC- appeared a total of **13** times.
 - DEC- appears a total of **113** times.
 - **Communities**
 - DELC- appeared a total of **8** times.
 - DEC- appears a total of **106** times.
 - **Disaster**
 - DELC- appeared a total of **0** times.
 - DEC- appears a total of **4** times.
 - **Mental Health/Mental Illness**
 - DELC- appeared a total of **1** time.
 - DEC- appears a total of **28** times.
 - **Psychiatric**
 - DELC- appeared a total of **0** times.
 - DEC- appears a total of **4** times.

Key Question

What is the potential value of the DEC's in the practice setting?



Value of DEC's in Aging and Disabilities Practice Settings



Value Of DEC's in School Nursing Settings

So now that you have explained to us about scope of practice, we understand why we need an RN at this Healthy ISD site....



101 Assessment:

http://txsno.org/files/nurse_poster.pdf

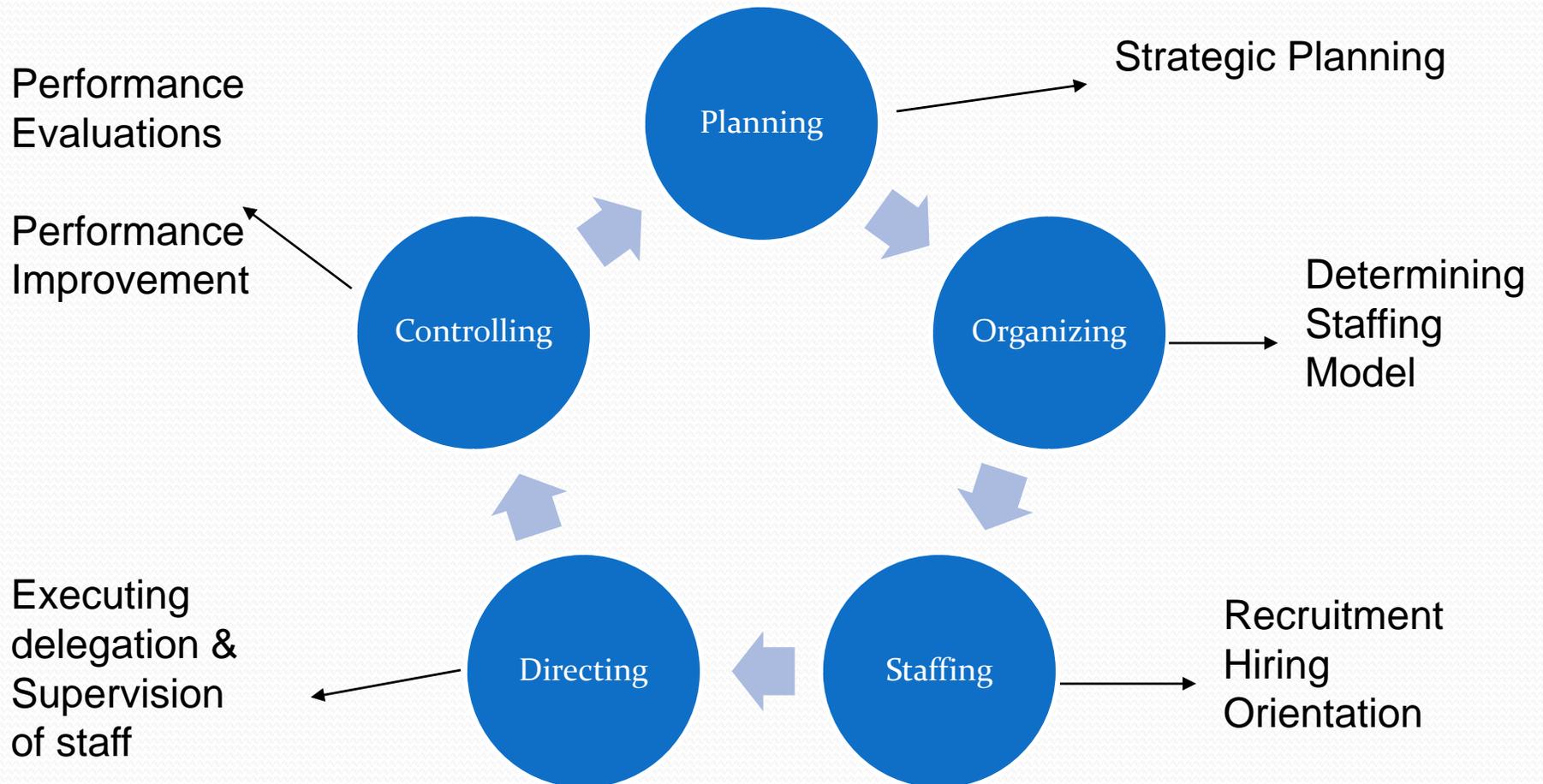


Value of DEC's in Public Health and Psychiatric Mental Health Settings

- Can be used to inform:
 - Areas of foci in new graduate nurse residency programs.
 - Nurse job descriptions.
 - Initial and periodic credentialing/competency assessment instruments.
 - Performance evaluations.
 - Areas of foci for planning CNE and in-service training for a mature nurse workforce, some segments of which may not have received formal education in specific knowledge, clinical behaviors, and judgments necessary to meet some of the new essential competencies.
 - Career ladders, compensation programs, and growth tracks.
 - Workforce planning and determining staffing needs.
 - Employee career counseling.
 - Strategic planning within the organization.
 - Performance improvement initiatives.
 - Interfaces with other professional groups within organization.
 - Community education.

Management Process and Practice

Applications of DEC's



Key Question

- **What are some of the challenges involved in teaching others in the practice setting about the DECs?**



Challenges in Teaching Others in Aging and Disabilities Service Settings



Challenges in Teaching Others in School Nursing Settings

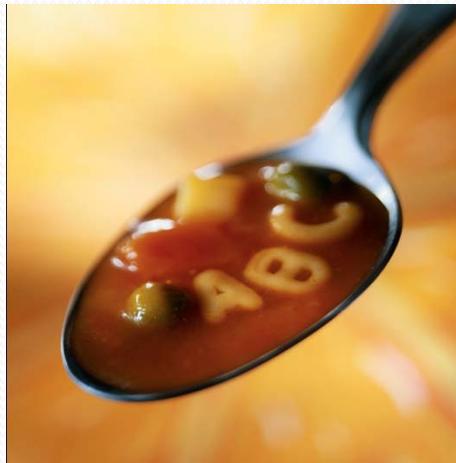
Please let me explain the competencies of different types of nurses in our ISD....



Challenges in Teaching Others in Public Health and Psychiatric-MH Settings

- Its complicated! Difficult to describe to the public and other professional groups.
 - Three routes of entry into practice but only two levels of licensure?
 - Add CNS, NP, Nurse Anesthetist, Nurse Midwife and DNP for a complex alphabet soup!

LVN RNG
CNS-BC



BSN ADN
NP

- Nurse workforce within organization may not have a consistent understanding of DEC's.

Challenges in Teaching Others in Public Health and Psychiatric-MH Settings

- Organizational attitudes that “*a nurse is a nurse is a nurse.*”



- Organizational, staffing, directing and control approaches that are outdated and difficult to change.
- Limited resources to recognize and compensate nursing education, expertise, and actual differentiated practice.

Challenges in Teaching Others in Public Health and Psychiatric-MH Settings

- *Do we really need to have a nurse do these things?*

(10 Essential Public Health Services)

- **Monitor** health status to identify community health problems.
- **Diagnose and investigate** health problems and health hazards in the community.
- **Inform, educate, and empower** people about health issues.
- **Mobilize** community partnerships to identify and solve health problems.
- **Develop policies and plans** that support individual and community health efforts.
- **Enforce** laws and regulations that protect health and ensure safety.
- **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
- **Assure** a competent public health and personal healthcare workforce.
- **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
- **Research** for new insights and innovative solutions to health problems.

<http://www.cdc.gov/nphpsp/essentialServices.html>

Key Question

How can the DECs serve as a bridge between education and practice settings?



DECs as a Bridge: Aging and Disabilities Perspective



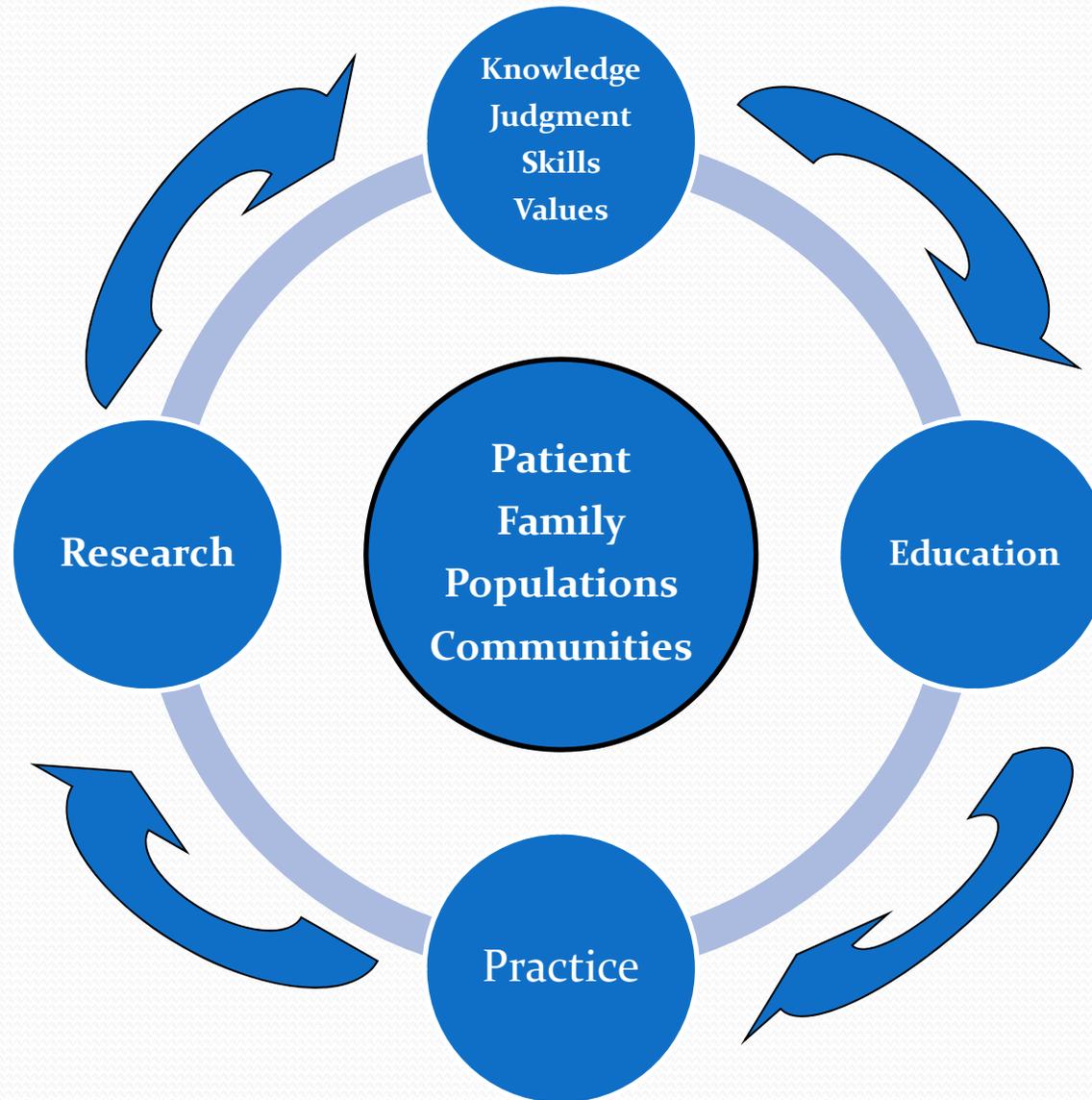
DECs as a Bridge:

School Nursing Perspective

- Graduate nurses can use DECS to reference the scope of practice and practice setting that the nursing education program where he or she graduated from has prepared them for.
- The individuals who hire nurses should use the DECS to determine if the nurses' credentials are appropriate for the job responsibilities for which they are hiring.



DECs as a Bridge: Public Health and Psychiatric Mental Health Nursing Perspective



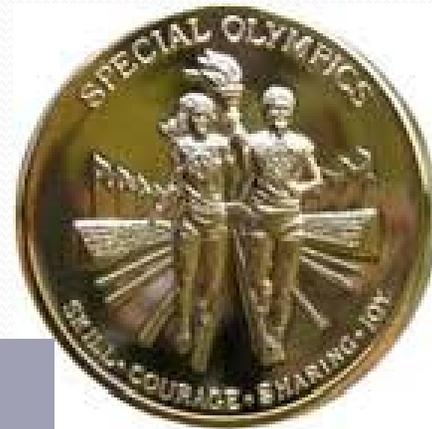


Key Question

Can you describe a personal example of how the DEC's have influenced your practice in nursing?

Aging and Disabilities Services

Personal Examples



School Nursing Setting Personal Examples: Even the Language is Confusing!

The first thing on the agenda of this ISD faculty meeting is to discuss scheduling of student assessments.



The first thing on the agenda of this ISD school nurse meeting is to discuss scheduling of student assessments.



Public Health and Psychiatric Mental Health Nursing Examples

- Developing Texas Administrative Code (TAC) content and public mental health system policies that take into consideration the essential competencies of registered nurses related to nursing assessments, e.g., community MH settings; manifest dangerousness reviews, etc.
- Some (not all) nursing position and job descriptions.
- Compensation plans.
 - SMHF have option of employing a compensation program which allows “step” compensation for BSN.

Questions?



References

- Poster E., Adams P., Clay C., Garcia B., Hallman A., Jackson B., Klotz L., Lumpkins R., Reid H., Sanford P., Slatton K., Yuill N. (2005). The Texas model of differentiated entry-level competencies of graduates of nursing programs. *Nursing Education Perspectives* 26 (1), 18-23.
- Texas Board of Nurse Examiners for the State of Texas and the Texas Board of Vocational Nurse Examiners (2002). Differentiated entry level competencies of graduates of Texas nursing programs.
- Texas Board of Nursing (2010). Differentiated essential competencies of graduates of Texas nursing programs evidenced by knowledge, clinical judgments and behaviors, and judgments.

Specific References Related to School Nursing

- Stories of school Nurses:
http://www.txsno.org/documents/tsno_school_health_situations%5B1%5D.pdf
- The Role of the School Nurse:
http://www.txsno.org/documents/07_role_school_nurse.pdf
- Nursing Assessment Poster:
http://txsno.org/files/nurse_poster.pdf



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and pick up your CNE certificate as you leave!

