



## Agenda Item 7.0

### **Report of the Nursing Practice Committee**

Nursing Practice Committee | April 18, 2024

# Nursing Practice Committee

## April 18, 2024

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## Agenda Item 7.2

### **Review and Vote on Whether to Approve Previous Meeting's Minutes**

Nursing Practice Committee | April 18, 2024

**STATE OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
BOARD OF REGISTERED NURSING  
NURSING PRACTICE COMMITTEE  
MINUTES**

**DRAFT**

**Date:** June 29, 2023

**Start Time:** 11:05 a.m.

**Location:** **NOTE:** Pursuant to the provisions of Government Code section 11133 a physical meeting location was not being provided.

**The Board of Registered Nursing held a public meeting via a teleconference platform.**

**Thursday, June 29, 2023 - 11:05 a.m. Nursing Practice Committee Meeting**

- |          |            |   |
|----------|------------|---|
| 11:05 am | <b>7.0</b> | <p><b>Call to Order/Roll Call/Establishment of a Quorum</b></p> <p>Dolores Trujillo, called the meeting to order at: 11:05 am. All members <u>present</u>. Mary Fagan is absent due to technical issues. Quorum was established at 11:06 a.m.</p> <p><b>Board Members:</b> Dolores Trujillo, RN<br/>Mary Fagan, PhD, RN, NEA-BC – <i>via phone after 7.2</i><br/>Jovita Dominguez, BSN, RN<br/>Vicki Granowitz</p> <p><b>BRN Staff:</b> Loretta (Lori) Melby, RN, MSN – Executive Officer<br/>Reza Pejuhesh – DCA Legal Attorney<br/>McCaulie Feusahrens-Licensing Chief, Staff Liaison</p> |
| 11:06 am | <b>7.1</b> | <p><b>Public Comment for Items Not on the Agenda; Items for Future Agendas</b></p> <p><b>Public Comment for Agenda Item 7.1:</b> No public comments.</p>  |
| 11:08 am | <b>7.2</b> | <p><b>Review and vote on whether to approve previous meeting's minutes:</b></p> <p><b>7.2.1</b> January 26, 2023</p> <p><b>Committee Discussion:</b> No comments or questions.</p>  |

**Motion:** Dolores Trujillo: Motioned to accept meeting minutes from January 26, 2023, and allow BRN Staff to make non-substantive changes to correct name misspellings and/or typos that may be discovered in the document.

**Second:** Vicki Granowitz

**Public Comment for Agenda Item 7.2:** No public comments.

**Vote:**

	<b>DT</b>	<b>MF</b>	<b>JD</b>	<b>VG</b>
Vote:	Y	AB	Y	Y
<u>Key:</u> Yes: Y   No: N   Abstain: A   Absent for Vote: AB				

**Motion Passed**

**\*Mary Fagan joined the meeting.**

11:36 am

**7.3**

**Information only:** Discussion of the request of certified 103 Nurse Practitioners to remove the 103-distinction due to employment issues

**Committee Discussion:**

Mary Fagan asked if any education has been offered for organizations to help guide them if they have a mixture of NPs. She said there has been confusion, at her organization in particular, on what it means for a hospital regarding NPs with standardized procedures.

Loretta Melby said a 103 NP can continue to work in a NP role with standardized procedures. A NP can continue to work in a traditional role. She said a lot of guidance has been provided. The presentation for the next agenda item will talk about employment of 103s. The presenter has been working with Loretta Melby and Garrett Chan to increase education and knowledge around what 103 NPs are.

Vicki Granowitz doesn't understand why organizations have a concern about it. What is the problem? Loretta Melby said this is brand new and unknown when you look large organizations that have policies and procedures outlined into what providers can do and then they designate who those providers are and how they operate but don't know how an independent practitioner functions in a role. Vicki Granowitz said it boils down to change, which is difficult, and a turf issue.

11:59 am

**Public Comment for Agenda Item 7.3:**

Monica Christine Nandwani: Asked if there is any guidance around corporate practice of medicine and how that might apply to what a 103 and 104 might be. Loretta Melby thinks there might be information in the upcoming presentation. Reza Pejushesh said this isn't on the agenda but could be proposed for a future agenda.

**Break for lunch at 12:06 pm return at 12:40 pm**  
**Meeting resumed at 12:40 pm, Quorum re-established at 12:41 pm**

12:40 pm

**7.4 Information only:** Presentation by Surani Kwan with Sutter Health on employment for Nurse Practitioners with the 103-distinction

**Committee Discussion:** Loretta Melby opened the agenda item and introduced Surani Hayre-Kwan, DNP, MBA, FNP-BC, FACHE, FAANP, Director, Professional Practice & Nursing Excellence with the Office of the Chief Nurse Officer at Sutter Health as the presenter of this agenda item.

Mary Fagan asked if NPs need to be re-privileged as a 103.

Surani Hayre-Kwan said the only reason would be if the NP was not previously privileged.

Mary Fagan said then nothing needs to be changed than the normal process with standardized procedures and privileging.

Vicki Granowitz asked what Surani thinks it will take to get the organizations to stop asking people to get rid of their 103 statuses.

Surani Hayre-Kwan said she doesn't know if it's political as much as it is power, controlling what happens to the patient is likely the basis of this. She said there is a misperception in the medical community that NPs who have 103 status can conduct surgery on a patient. The NP is not able to conduct surgery once they become a 103 NP. She was quite shocked when she was asked this question in a meeting with a physician executive group. She said there is a lot of confusing information being provided by the medical association.

Mary Fagan asked if some of the information presented by Surani can be added to the BRN website.

Loretta Melby said there is a lot of information on the website but information from today's agenda items will be added to the 890 information on the website.

Mary Fagan asked if Surani would be able to do presentations in the community on a broader scale.

Surani Hayre-Kwan said she is happy to do that, and her employer supports her doing it. She thinks it is very important as part of the professional association for NPs.

Vicki Granowitz asked if Surani could come back in two years to provide updates.

Surani Hayre-Kwan and Loretta Melby said that would work perfectly as it will be right before the 104 NP becomes active.

1:04 pm **Public Comment for Agenda Item 7.4:** Monica Christine Nandwani: Appreciates the information presented. She wanted to know about the corporate practice of medicine since there is some confusion from the California Medical Association (CMA) disseminated information. Surani said the information has been retracted since it is patently false. Reza is unaware of the CMA statement but said the legislative intent of AB 890 could not have been clearer as to the intent of getting 103 and 104 NPs free from standardized procedures in a process that could allow them to do so safely and competently.

Elissa Brown, CNS: Appreciates Surani's presentation and advocacy. Education is key to this. She thinks there has always been a power struggle and this gives physicians more things to question.

Carmen Comsti, CNA: Said they have NPs who have been trying to obtain 103 status where the employers have directed physicians not to sign the attestations. She appreciates the efforts of the BRN and board putting together clarifying information on the website.

Rubi Hickson, ICU NP at UCSF: She is concerned with the information in CCR 1487 saying the NP shall use the standardized phrase enferma especializada and has used the phrase enfermedad practicante which is a literal term of a nurse practitioner. She said enferma especializada is a specialized nurse which doesn't say you are a NP. She is working with the National Association of Hispanic Nursing to try and get common language to describe a nurse practitioner. Surani said she had a conversation about this last week with a patient and a translator based in Guadalajara Mexico who also said enferma especializada is not a NP. She would like to see a national standard for this. Loretta Melby explained the language in the statute is explicit and says "shall." Any change to the language must be made through the legislative process. She said NPs must use the term in statute, but you could add the additional language to further clarify but you must use the statutory language. Reza added his understanding of the statute and regulations regarding this phrase.

**7.5**

**Advisory committee updates – informational only**

- Nurse Practitioner Advisory Committee (NPAC)
- Nurse-Midwifery Advisory Committee (NMAC)
- Nursing Education and Workforce Advisory Committee (NEWAC)
- Clinical Nurse Specialist Advisory Committee (CNSAC)
- Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)

**Committee Discussion:** No comments or questions.

**Public Comment for Agenda Item 7.5:**

Elissa Brown, CNS: Thanked the committee for their work. She was at ANAC as a representative from California that also took up the issue of national nursing workforce center act addressing the nursing crisis understanding the value of nurses. She was proud to tell legislators that California is working on nursing workforce. She asked how many public members applied for the committees. Loretta Melby said there were two interested in CNSAC and zero for CRNAAC.

1:22 pm

**7.6**

**Adjourn**

- Mary Fagan, Chairperson, adjourned the meeting at 1:22 pm.

**Submitted by:**

**Accepted by:**

**Loretta Melby, MSN, RN**  
Executive Officer  
California Board of Registered Nursing

**Mary Fagan, PhD, RN, NEA-BC**  
Chairperson  
California Board of Registered Nursing





## Agenda Item 7.3

### **Information Only: Advisory Committee Updates**

Nursing Practice Committee | April 18, 2024

**BOARD OF REGISTERED NURSING**  
**Nursing Practice Committee Meeting**  
**Agenda Item Summary**

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**AGENDA ITEM: 7.3**  
**DATE: April 18, 2024**

**ACTION REQUESTED:**      **Information only:** Advisory committee updates

- Nurse Practitioner Advisory Committee (NPAC)
- Nurse-Midwifery Advisory Committee (NMAC)
- Clinical Nurse Specialist Advisory Committee (CNSAC)
- Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
- Nursing Education and Workforce Advisory Committee (NEWAC)

**REQUESTED BY:**              Loretta Melby, RN, MSN  
Executive Officer

**BACKGROUND:**

Loretta Melby, Executive Officer, will provide updates on the activities of the advisory committees.

**RESOURCES:**

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:**              None

**PERSON(S) TO CONTACT:**              McCaulie Feusahrens  
Chief of the Licensing Division  
California Board of Registered Nursing  
[McCaulie.feusahrens@dca.ca.gov](mailto:McCaulie.feusahrens@dca.ca.gov)



## Agenda Item 7.4

**Discussion and Possible Action:  
Regarding the NEWAC Recommendations on  
Proposed Draft Regulatory Language for Standards on  
Simulation in Clinical Education**

Nursing Practice Committee | April 18, 2024

**BOARD OF REGISTERED NURSING  
Nursing Practice Committee Meeting  
Agenda Item Summary**

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**AGENDA ITEM: 7.4  
DATE: April 18, 2024**

**ACTION REQUESTED:**           **Discussion and possible action:** Regarding the NEWAC recommendations on proposed draft regulatory language for standards on simulation in clinical education

**REQUESTED BY:**               Loretta Melby, RN, MSN  
Executive Officer

**BACKGROUND:**

On March 30, 2023, NEWAC approved the creation of a subcommittee to study and recommend standards for simulated clinical experiences. The subcommittee met with simulation experts from across California to evaluate the INACSL, NCSBN, and SSH standards. This information was first brought in front of NEWAC on Sept. 28, 2023, where the members voted to accept the simulation report and consider the regulations after discussing them more in the next NEWAC meeting.

On March 7, 2024, this subcommittee proposed regulatory language to the NEWAC. The committee motioned to move it forward to the Nursing Practice Committee as a starting point for further discussion and consideration. There was consensus that should the BRN create regulations, the regulations should be a modified version of the National Council of State Boards of Nursing Model Rules Language for Prelicensure RN Programs (2016).

The proposed regulatory language submitted by NEWAC is included on the following page.

**RESOURCES:**

NCSBN model rules can be found on page 10 of this document: [https://www.ncsbn.org/public-files/16\\_Simulation\\_Guidelines.pdf](https://www.ncsbn.org/public-files/16_Simulation_Guidelines.pdf)

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:**               None

**PERSON(S) TO CONTACT:**           McCaulie Feusahrens  
Chief of the Licensing Division  
California Board of Registered Nursing  
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**Section XXXX DEFINITIONS**

- (a) “Simulation” means a technique to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner. (Gaba, 2004)
- (b) “Prebriefing” means a process which involves preparation and briefing (INACSL, 2021)
- (c) “Debriefing” means an activity that follows a simulation experience, is led by a facilitator, encourages participant’s reflective thinking, and provides feedback regarding the participant’s performance.
- (d) “Psychological Safety” means a feeling (explicit or implicit) within a simulation-based activity that participants are comfortable participating, speaking up, sharing thoughts, and asking for help as needed without concern for retribution or embarrassment. (Lioce et al., 2020)

**Section XXXX SIMULATION IN PRELICENSURE NURSING EDUCATION**

- (a) A prelicensure nursing education program (“program”) may use simulation to meet the program objectives pursuant to the allowable hours defined in Business and Professions Code Section 2786. A program that uses simulation shall adhere to the standards set in this section.
- (b) If a program uses simulation, the program shall provide evidence of compliance to the Board of Nursing that these standards have been met.
  - (1) If the program has received endorsement from the International Nursing Association for Clinical Simulation and Learning, or successor organization or accreditation from the Society of Simulation in Healthcare, or successor organization, , the BRN shall accept, without requiring additional documentation or action, INACSL endorsement or SSH accreditation as meeting any simulation requirements set forth by the BRN.
  - (2) If the endorsement or accreditation lapses, or the program has not received endorsement or accreditation then the program must meet the requirements listed in subsections (c) through (l).
  - (c) The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.
  - (d) Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.
  - (e) There shall be a budget that will sustain the simulation activities and training of the faculty.
  - (f) The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.
  - (g) Faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation.
  - (h) Faculty involved in simulations, both didactic and clinical, shall engage in on-going professional development in the use of simulation.
  - (i) The program shall demonstrate that the simulation activities are linked to programmatic outcomes.
  - (j) The program shall have written policies and procedures on the following:
    - (1) Short-term and long-term plans for integrating simulation into the curriculum;
    - (2) Method of Prebriefing: Preparation and Briefing and debriefing each simulated activity;
    - (3) Establishing and maintaining psychological safety
    - (4) During and post-simulation processes for minimizing, mitigating, and intervening if strong negative emotional responses (e.g., post-traumatic stress and debilitating anxiety) occur; and
    - (5) Plan for orienting faculty to simulation.
  - (k) The program shall develop criteria to evaluate the simulation activities.
  - (l) Students shall evaluate the simulation experience on an ongoing basis.
    - (3) The nursing education consultants shall receive education on simulation that includes, but is not limited to, national or international simulation standards, evaluation of simulation programs, and current best practices on simulation as a pedagogy.



## Agenda Item 7.5

**Discussion and Possible Action:  
Regarding the NPAC and NMAC Recommendations on  
Proposed Draft Regulatory Language to Amend the  
Recommended Guidelines for Disciplinary Orders and  
Conditions of Probation**

Nursing Practice Committee | April 18, 2024

**BOARD OF REGISTERED NURSING**  
**Nursing Practice Committee Meeting**  
**Agenda Item Summary**

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**AGENDA ITEM: 7.5**  
**DATE: April 18, 2024**

**ACTION REQUESTED:**                    **Discussion and possible action:** Regarding the NPAC and NMAC recommendations on proposed draft regulatory language to amend the Recommended Guidelines for Disciplinary Orders and Conditions of Probation

**REQUESTED BY:**                        Loretta Melby, RN, MSN  
Executive Officer

**BACKGROUND:**

During the NMAC and NPAC meetings on March 26, 2024, the members discussed proposed regulation text to update Probation Condition #8 under the “Introductory Language and Standard Probation Conditions” section of the current [Disciplinary Guidelines](#) document.

During NMAC discussions, members requested clarifying supervision language for minimum, moderate, and maximum and using terminology that is used in practice. For example, direct supervising patient care would mean in room, present clinical setting would mean a broader location but not necessarily in the room, readily available could mean offsite, etc. NMAC also discussed, adding the financial relationship under the approval criteria when the language speaks to not having a personal or familial relationship and had a broader discussion regarding responsible party for payment of the monitor.

These recommendations/discussion topics were shared with the NPAC members during their meeting and NPAC agreed with the recommendations. Both committees voted to move the language forward to the Nursing Practice Committee, incorporate changes discussed as well as any changes recommended by the Nursing Practice Committee, and present the updated language at the next meeting for further review and discussion.

The proposed regulatory language presented to NMAC and NPAC is included after this AIS.

**RESOURCES:**

BRN Disciplinary Guidelines: <https://www.rn.ca.gov/pdfs/enforcement/discguide.pdf>

[https://govt.westlaw.com/calregs/Document/IF5EF36F34C8111EC89E5000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IF5EF36F34C8111EC89E5000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

**§ 1444.5. Disciplinary Guidelines.**

In reaching a decision on a disciplinary action under the administrative adjudication provisions of the Administrative Procedure Act (Government Code Section 11400 et seq.), the board shall consider the disciplinary guidelines entitled: “Recommended Guidelines for Disciplinary Orders and Conditions of Probation” (10/02), which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the board, in

its sole discretion, determines that the facts of the particular case warrant such a deviation--for example: the presence of mitigating factors; the age of the case; evidentiary problems.

Notwithstanding the disciplinary guidelines, any proposed decision issued in accordance with the procedures set forth in Chapter 5 (commencing with section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that contains any finding of fact that the licensee engaged in any acts of sexual contact, as defined in subdivision (c) of Section 729 of the Business and Professions Code, with a patient, or has committed an act or been convicted of a sex offense as defined in Section 44010 of the Education Code, shall contain an order revoking the license. The proposed decision shall not contain an order staying the revocation of the license.

Nursing Practice Act - Business and Professions Code (BPC), Division 2, Chapter 6:

[https://leginfo.legislature.ca.gov/faces/codes\\_displayexpandedbranch.xhtml?tocCode=BPC&division=2.&title=&part=&chapter=&article=&nodetreepath=4](https://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml?tocCode=BPC&division=2.&title=&part=&chapter=&article=&nodetreepath=4)

[https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=BPC&sectionNum=2837.102](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC&sectionNum=2837.102).

BPC 2837.102(a):

(a) The board shall establish a Nurse Practitioner Advisory Committee to advise and make recommendations to the board on all matters relating to nurse practitioners, including, but not limited to, education, appropriate standard of care, and other matters specified by the board. The committee shall provide recommendations or guidance to the board when the board is considering disciplinary action against a nurse practitioner.

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:** None

**PERSON(S) TO CONTACT:** McCaulie Feusahrens  
Chief of the Licensing Division  
California Board of Registered Nursing  
[mccaulie.feusahrens@dca.ca.gov](mailto:mccaulie.feusahrens@dca.ca.gov)



**Probation Condition #8 – Supervision**

[proposed added text is denoted in underline formatting at subdivision (e)](8) **SUPERVISION -**

Respondent shall obtain prior approval from the Board regarding respondent's level of supervision and/or collaboration before commencing or continuing any employment as a registered nurse, or education and training that includes patient care.

Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved.

Respondent's level of supervision and/or collaboration may include, but is not limited to the following:

(a) Maximum - The individual providing supervision and/or collaboration is present in the patient care area or in any other work setting at all times.

(b) Moderate - The individual providing supervision and/or collaboration is in the patient care unit or in any other work setting at least half the hours respondent works.

(c) Minimum - The individual providing supervision and/or collaboration has person-to-person communication with respondent at least twice during each shift worked.

(d) Home Health Care - If respondent is approved to work in the home health care setting, the individual providing supervision and/or collaboration shall have person-to-person communication with respondent as required by the Board each workday. Respondent shall maintain telephone or other telecommunication contact with the individual providing supervision and/or collaboration as required by the Board during each workday. The individual providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-site visits to patients' homes visited by the respondent with or without respondent present.

(e) Independent Practitioner - If the respondent is certified by the Board as an advanced practice registered nurse and authorized to practice without standardized procedures in an independent setting, the Board may, upon review of pertinent information, require the respondent, during probation, to establish a practice setting where a Board-approved advanced practice registered nurse or physician and surgeon can provide supervision to the respondent, as specified by the Board. The respondent shall not resume practice in an independent setting until the Board confirms in writing this requirement has been met.

In its approval of a supervising practitioner, the criteria considered by the Board may include, but is not limited to, the following:

1. The practitioner is trained in the same specialty or content area as the respondent.
2. The practitioner's license is in good standing (no current or pending discipline) with the issuing board.
3. The practitioner does not have a close personal or familial relationship with the licensee.

The respondent's level of supervision may include, but is not limited to the following:

1. Maximum - The individual providing supervision is present in the independent setting at all times.
2. Moderate - The individual providing supervision is present in the independent setting at least half the hours respondent works.
3. Minimum - The individual providing supervision has person-to-person communication with respondent at least twice during each shift worked.