



**CT Nurses for Reform**  
*Connecticut Nurses and State  
Affiliates Advocating Change*

<http://www.ctnursereform.org>

**CT Nurse Reform: Editorial Reply 6/7/08**

*Lisa Morell, LPN*

*administrator@ctnursereform.org*

## **Is Testing Out the Answer?** By: Tom Kerr, Editor

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<http://lpn.advanceweb.com/editorial/content/editorial.aspx?cc=116222>

*[What about advocating for expansion of scope, rallying to support LPN skills in all healthcare environments and lobbying for better LPN-to-RN articulation plans? These efforts seem more practical and would probably garner more backing from your RN colleagues as well as legislative leaders.]*

As I have no control over what was included / printed in this article as a result of my interview, advocating for better LPN-to-RN articulation plans and scope of practice expansion is exactly what this campaign is all about. Challenging the RN boards is a part of this proposal. This seems a perfectly logical proposal, considering LPNs can test out now through the College Network, after paying thousands of dollars and spending countless hours on studying useless prerequisites and repetitive nursing courses, most of which we are already getting paid to do!

As noted on our front page, and included in our petition (<http://ctnursereform.org>), these proposals, albeit, not spelled out in detail, are apparent. As this is obviously a work in progress, and I am, even more obviously, a novice at this, I most certainly most appreciative of the opportunity that this valuable publication, Advance Magazine, has given us to connect with both our LPN and RN colleagues! Also in progress is our White Paper, which will be posted in the next few weeks.

*[However, when it comes to allowing LPNs to challenge the boards to earn their RN, I disagree with her. The leap from LPN to RN requires the extra learning experience that can't be obtained on the job. Personally, I think this movement was born out of frustration. We all know the LPN role in healthcare is a vital one, yet not everyone in the healthcare profession realizes it. LPNs want the respect they deserve. I wonder how many LPN petition signers actually desire to become RNs? Or, are some just looking for the responsibility they should currently have as a practical nurse?]*

Challenging the RN boards is certainly not a new idea. We've all been reading these types of posts for years in this very forum, and others. The posts are always the same; many complaints from LPN's about this issue, but no action. The role of the LPN in health care is a vital one, and as there is a shortage of both RNs and LPN's. CT Nurse Reform believes challenging the RN boards is, in part, a perfectly logical solution.

It is difficult for LPN's to gain the respect they deserve, as you mention above, while they are being replaced by unlicensed personnel. How can your profession be respected when hospitals prefer unlicensed persons? Med Techs are hired for less money, perform the same duties in many cases, sometimes more, and are not limited by a "scope of practice", because they can work directly under the supervision of an M.D. Why not the outcry from the healthcare community and the general public about their limited education?

The leap, as you put it, from RN to LPN is a difficult one, as we all well know, and we believe this is what needs to be addressed. Education is essential, but requirements for these programs are like starting from scratch, and lend no credit for job experience. Impeding the qualified LPN from perusing an RN license are the numerous hurdles they face daily, and have been discussed over and over on these boards.....work, family, and money. The "extra learning experience that can't be obtained on the job", that you mention, is what is always brought up in these forums; although no one will say what they are.

The articulation curriculum for LPN to RN should be streamlined, and focus on the areas where our "scopes of practice" (the ultimate definition of semantics!) indentify that we are not qualified to perform; namely assessment, delegation, and critical thinking skills; after all, everyone reading this certainly knows we are already performing these duties daily, and getting paid for it.

Maybe we could learn a lesson from the Canadians, who realize the contribution their LPN's bring to the health care arena, and have put a lot of time and effort to help them utilize their skills and experience to their full potential.

[http://www.clpnns.ca/regulation/regulationPDFs/CLPNNS\\_Ethics\\_Standards.pdf](http://www.clpnns.ca/regulation/regulationPDFs/CLPNNS_Ethics_Standards.pdf)

<http://www.viha.ca/ppo/strategy/lpn/>

A scope that allows LPN's to work under their own license, not that of an RN; are able to advance their education through certification programs allowing them to perform to their full scope, and are responsible for maintaining them, and can work independently.

Recently, the National Council for State Nursing Boards has increased the requirements for even getting into an LPN program, and increased the passing score for licensure. While we have no issue with this decision, as it can only be beneficial to the student, their employers, and the public in general; having said that, what is the point of increased requirements without expanding scope of practice, and bringing the LPN back to the hospital setting, while juxtaposed with allowing the less educated Med Tech perform the same duties?

If solutions can be created like importing foreign nurses, of which hospitals pay upwards of 10,000 dollars for each, why is it not feasible for hospitals to instead spend this money to create mentor/preceptor programs to bring back the LPN to the acute care setting?

The system is broken; an LPN with 10-20-30 years of work experience in virtually every area of nursing is treated the same as a newly graduated LPN, the less educated Med Tech, and subordinate to the newly graduated RN with no experience.

*[No, you don't have the education and background to take on all RN duties, but most of you are perfectly capable of assuming responsibilities for which you were trained.]*

What I will interject here will more than likely be vigorously contested and ultimately rejected, but as I am not in the habit of always being politically correct. Working close to 30 years in this profession, it is more than obvious that the initials after your name do not automatically make you a competent or qualified nurse. Just take a look at your State regulatory action page. Just because our hospitals and regulators believe LPN's are not qualified to work in hospitals, the quality of care doesn't appear to have improved without them. This year in Connecticut alone, 13 hospitals, nursing homes, and acute care settings are under consent order as of this date, 6/7/08. There were 12 orders for the entire year of 2007.

[http://www.ct.gov/dph/cwp/view.asp?a=3120&q=387682&dphNav\\_GID=1601](http://www.ct.gov/dph/cwp/view.asp?a=3120&q=387682&dphNav_GID=1601)

A most common phrase in this debate, and if you are honest with yourselves; you know who you are; you will admit to having said it or thought it; "that LPN can run rings around that RN".

LPN's around the country are functioning in management positions, performing assessment, care planning and critical thinking, and certainly delegating duties. We are qualified to perform these duties, and furthermore, it is expected and required.

This is by no means meant to diminish the RN, who has worked hard and sacrificed much attaining a degree; the LPN who excels at what she does concedes that this is most definitely attributed to the RN's they have worked side by side with; who have been mentors, role models, and supporters.

Nor is this campaign in any way an attempt at a free pass for LPN's, but an avenue to gain access to a much more reasonable, cost effective, targeted, and unified articulation program for LPN-to-RN, for those who choose; where real credit is given for years of experience.

This campaign is an attempt to garner support for advancing our scope of practice, and to protest the unlicensed personnel who are allowed to perform the same duties.

This campaign is an effort to bring information to the public, that while we are Licensed Professional Nurses who have been contributing to the tax-base and health care system of our Country for years, we are being undermined and replaced by unlicensed persons.

*[Most of us are capable of performing the duties for which we were trained?]*

So true....and what about the duties we are performing that we supposedly were not trained for? So why are Med Techs performing the same duties without a license, and with less education? Why are we not working in the hospital? Why the double-speak with our scope of practice?

*Respectfully Submitted*

*Lisa Morell, LPN*

<http://www.ctnursereform.org>  
[administrator@ctnursereform.org](mailto:administrator@ctnursereform.org)