

Table of Contents

About this Module/Overview/Objectives.....	Page 3
Chapter 1.....	Pages 4-7
Transition to Practice	
Things to think/ask about during interview with potential employer	
Orientation	
Policies and procedures	
Rules for the entity	
How to access the rules	
Self-Empowerment	
Asking for a Preceptor/Mentor	
Chapter 2.....	Pages 8-9
Texas Administrative Code	
Chapter 3.....	Pages 10-11
State Operations Manual (SOM) Appendix PP	
Chapter 4.....	Pages 11-12
How to handle “I don’t know” situations:	
Catheters (if haven’t performed on live resident)	
Surveyors in building	
Don’t make up the answers	
Refer to other individual	
Get information and get back to person	
Chapter 5.....	Pages 12-14
Resources	
Texas Administrative Code	
CMS SOM Appendix PP	
Transition to Practice In-service	

About this module:

Newly graduated nurses have neither the practice expertise nor the confidence to navigate what has become a highly dynamic and intense clinical environment burdened by escalating levels of patient acuity and nursing workload. This module aims to assist newly graduated LVNs on their journey as they progress through at least the first year of practice, gaining the confidence and competence necessary to continue in the field. This module will also discuss self-empowerment, questions to ask a potential employer, and some of the basic regulatory standards by which the LVN will be required to practice in the nursing facility environment.

Overview:

In today's healthcare environment, nurses are able to take their licensure exam within only a few weeks of graduating from nursing school and enter into the field as a fully licensed nurse. The consequence of this, while unintended, is that these new nurses are being hired into care areas where they assume responsibilities potentially beyond their capabilities, ultimately leading to a decrease in the quality of care provided to long-term care residents. As more individuals receive care in the long-term care setting, the LVNs who care for these individuals need to be prepared for them, requiring some level of transition to practice. Unfortunately, transition to practice in the long-term care setting is not an idea that is widely accepted at this time. Nurses who aren't prepared for the environment in which they work find it challenging at the least, with many often leaving the long term care setting or the field of nursing altogether. Novice nurses need to be provided with the core competencies necessary to work in the long-term care environment, preparing them to provide the highest quality of care to the residents that they serve.

Objectives:

- a. Explain the importance of a transition to practice program.
- b. List at least 5 of the basic components of an orientation program.
- c. Define self-empowerment.
- d. Describe the role of a preceptor/mentor in a transition to practice program.
- e. Explain the importance of the SOM Appendix PP in a nursing facility.

Chapter 1:

Transition to Practice (TTP):

The main goal of this transition to practice program is to help nurses as they move on from school into employment, supporting the newly licensed vocational nurse (LVN) in his/her progression from education to practice as he/she transitions into the first professional nursing role. Currently, there is a gap between nursing education and the services that newly graduated nurses will provide to residents for whom they are caring. While there have been arguments about the need for TTP programs, with the ever-changing healthcare delivery system, the increasing complexity of the residents being cared for, evolving technology and a nationwide focus on resident safety, it is clear there are expectations that are not being fully met in the current nursing educational system.

The long-term care setting requires nurses to have highly developed critical thinking and problem-solving skills, the ability to exercise clinical judgment, and the know-how to practice from an evidence-based and outcome-driven perspective. Nurses in the long-term care setting must have the ability to develop effectively from a novice to an expert in competency. The long-term care industry, a primary employer of LVNs, should address this issue and assist in creating solutions that will provide newly graduated nurses a bridge from student to practicing nurse, ensuring they are able to practice a high level of quality of care.

Things to think/ask about during an interview with a potential employer: There are many questions that may cross the mind of the newly licensed LVN when sitting across from a potential new employer; however there are some questions that are more important than others. For example, the new LVN may want to know about the facility's nurse-resident ratio, how much turnover there is in the company, how is resident satisfaction measured, how schedules are developed, and how long the shifts are in the facility. These are all great questions to ask during an interview, and can help the LVN obtain some very basic information from the potential employer. There are a few questions however that are more important to address during the interview, including:

1. Orientation: this is the most important part of the educational framework presented to any new employee, whether he/she is a seasoned nurse who is new to long-term care or a newly graduated LVN. Questions regarding the facility's orientation that should be asked during the interview should include:
 - a. What is the level and depth of the orientation?
 - b. Will more orientation time be granted if I feel I need it?
 - c. Will my orientation take place during the shift that I will be working?
 - d. Is there a mentorship program?
 - e. What are your expectations of new hires during their first six months on the job?

New employees should be oriented not only to the work environment, but the current staff, the residents if possible, facility policies and procedures, rules and regulations, and the expectations of their position. Orientation is the time when the new employer can help the

employee feel like they belong within the organization, since adjusting to a new position can sometimes be challenging. The basic components of a new employee general orientation should include:

- a. history of the facility;
- b. familiarity with the facility layout;
- c. knowledge about the organizational mission, vision, core values, and its diversity;
- d. employee policies and procedures that the LVN is expected to follow;
- e. the facility's rules and regulations;
- f. an explanation of employee benefits and services;
- g. core facility trainings;
- h. an introduction to facility leadership and staff; and
- i. the employee's expectations of the employer.

The facility should provide the new employee with a folder or kit that includes all of the written materials that he/she will be responsible for during and after the orientation period. During the general orientation is a time when a mentor or preceptor should be assigned to the new employee. This should be a fun and welcoming way to bring new employees on board and can include elements such as a welcome lunch, incorporation of different learning styles, and the use of non-technical skills training.

The educational component of an orientation period is important as well, as it helps to stabilize staffing by:

- a. investing in the employee, which they appreciate;
- b. assisting staff in improving their skills and job performance;
- c. improving the work environment; and
- d. improving staff confidence and morale.

The general orientation period should generally last between 2 to 3 days, to ensure that the new employee has all of the needed information to be successful. The use of a new hire orientation checklist is also a beneficial tool that can be used to ensure the new LVN has received all the necessary materials and information. This checklist is a way for the new LVN to verify that they have obtained all the information needed to do their job. There should also be a time period that they spend with the preceptor. This too will help the new LVN transition into the clinical practice before having to work independently.

2. Policies and Procedures: It is important that a new hire know and understand all of the policies and procedures by which they are expected to practice in the facility. An LVN, whether newly graduated or seasoned should know the expectations of his/her licensure, based on the requirements of the Nursing Practice Act (NPA). However, there may be differences between what the NPA allows the LVN to do and what the nursing facility's policies and procedures allow. At the time of the interview, the LVN should inquire about the facility's policies and procedures for practice, which they will be expected to follow. If possible, a copy of those policies and procedures should be provided to the LVN so that they can be reviewed prior to accepting a position within the facility. The LVN should ensure the facility's policies and procedures fall within the LVN's scope of practice as determined by the NPA, and the Board of Nursing's Rules and Regulations. Issues can arise after the nurse

is hired if the facility requires a task to be performed by the LVN that is outside his/her scope of practice.

3. **Rules for the Entity:** During the interview process, the potential new hire should also inquire about the rules and regulations that the entity must abide by in order to remain in business. This includes state rules and regulations, as well as federal rules and regulations that the facility is required to follow in order to maintain their licensure and certification. During the interview, the LVN should ask where these documents are located and how they can be accessed when needed. The LVN must be familiar with these rules and regulations, as he/she will be held responsible for during a survey, as well as in everyday practice.

Self-Empowerment¹:

There are many reasons why nurses should be empowered. Powerless nurses are ineffective, less satisfied with their jobs, and are more susceptible to burnout and depersonalization. Self-empowerment is about looking at who you are and becoming more aware of one's self as a unique individual. It involves developing the confidence and strength to set realistic goals and fulfill one's potential. In self-empowerment, there are several dimensions of personal empowerment. These include:

1. **Self-Awareness:** This involves understanding one's individual character and how one is likely to respond to different situations. It enables one to build on his/her positive qualities and be aware of any negative traits that might help in decreasing one's effectiveness. A person who is self-aware will make conscious decisions to enhance their lives whenever possible, learning from past experience.
2. **Values:** Values are the opinions or beliefs that are important to us, although we are not always aware. They can be any kind of belief or perceived obligation, anything we prefer and for any reason. The reasons we may prefer one thing over another, or choose one course of action over another, may not always be obvious or known; there may be no apparent reason for our values, so we should critically examine them and accept that our values may be different from those of others.
3. **Skills:** An individual's skills are the main resource which enables a person to achieve their desired goals. Skills can be gained through experience, practice, education and training. It is only by developing such skills that individual values can be translated into action.
4. **Information:** Knowledge or information is necessary in the development of self-awareness and skills. It is an essential skill in itself to know where to find appropriate information. Information can help the individual determine if they should perform a specific skill or if they are correctly performing the skill. When should you the LVN say yes or no to an assignment?
5. **Goals:** Setting goals is a means by which an individual can take charge of his/her life. The process of setting a goal involves people thinking about their values and the direction that they would like their lives to follow. Choices made through reflection followed by action. Goals should always be both specific and realistic. Setting personal goals gives us a sense of direction in life, this direction is essential to self-empowerment.

¹ Personal Empowerment. <http://www.skillsyouneed.com/ps/personal-empowerment.html>.

We all have opportunities to explore and develop new skills. In order to become more empowered we should, in our interactions with others, aim for the following:

1. Develop trust: Developing trust can be a difficult and lengthy process. In order to develop trust with others one should aim to:
 - a. Be open: in the sharing of information, ideas, and thought. When appropriate also sharing emotions, feelings and reactions.
 - b. Share and cooperate: share resources and knowledge with others to help them to achieve their goals. Work together towards mutual goals.
 - c. Be trustworthy: when other people place their trust in you do your best to provide positive outcomes.
 - d. Be accepting: hold the values and view of others in high regard.
 - e. Be supportive: support others when necessary but also recognize their strengths – allowing them to work towards goals without your intervention as appropriate.
2. Understand your strengths, weaknesses, and limits: Becoming empowered includes knowing your own strengths and weaknesses, identifying these will enable you to work on improving your weaknesses and build on your strengths. In some situations you may feel that you face problems that are truly beyond your capabilities. In these situations, you should seek help. Those who are empowered know their own limits and have no problems with asking for help or guidance. The more empowered you become, the more you will be able to help others to become empowered.
3. Develop confidence: Confidence acts as one of the greatest motivators or most powerful limitations to anyone trying to change their behavior and become more empowered. Most people only undertake tasks that they feel capable of doing and it takes great effort to overcome a lack of confidence in one's capabilities. Self-empowerment involves people constantly challenging their own beliefs and what they are capable of undertaking.

Self-empowerment is not a static thing that one does once in their life. It should be viewed as on-going personal development. As circumstances change and develop and as we ourselves change and develop, so do our needs for development and empowerment.

Asking for a Preceptor/Mentor²:

No one can successfully get through life without the support and caring of others. The same is true for our careers. Nurse preceptors and mentors act as our personal guides, especially when we transition to new levels in our careers. A preceptor by definition is a teacher or instructor, however, the role of a nurse preceptor goes beyond that definition. The nurse preceptor serves two roles, that of a practitioner and an educator. This individual is instrumental in assisting the newly graduated nurse in successfully linking the theory that was learned in school to the application in the clinical setting. The preceptor and new LVN should, in the beginning of the preceptorship, work as one unit, with the new LVN carefully observing the preceptor in action and performing tasks under the preceptor's 'watchful eye.' As newly graduated LVNs enter the nursing workforce, it is important that they understand the role of the preceptor and, during the interview process inquire about whether the facility assigns a preceptor to the new hire, in order to ensure their success in the new environment.

² How to maximize your experience with your nurse mentors and preceptors. <http://www.nursetogether.com/how-maximize-your-experience-your-nurse-mentors-and-preceptors>.

A mentor³ on the other hand is defined as a counselor or guide. This individual has the job of helping others learn. The goal of the mentor-mentee is to promote the mentee's career development. It stretches beyond the tasks of nursing. Mentors assist new nurses in developing their career goals by providing them with needed resources, guiding them in recognizing their strengths and weaknesses, establishing goals to improve their performance, and evaluating their success in achieving their goals.

Chapter 2:

Texas Administrative Code (TAC):

There are many different statutes that the transitioning LVN should be aware of, including those that govern the LVN's scope of practice and the operations of a nursing facility. The following are TACs that the LVN should be the most familiar with (the LVN should note that changes can and are made to the BON rules and should be sure to keep updated on these changes):

1. TAC Title 22, Part 11, Chapter 217 Licensure, Peer Assistance and Practice: This TAC provides the rules relating to all of the LVNs practice. The rules that the LVN should be most familiar with include:
 - a. §217.11 Standards of Nursing Practice: The rule details the minimum acceptable level of nursing practice in any setting for each level of nursing licensure. Failure of the LVN to meet these standards may result in action against the nurse's license even if no actual patient injury resulted.
 - i. (1) Standards Applicable to All Nurses details what all nurses, regardless of licensure are required to do.
 - ii. (2) Standards Specific to Vocational Nurses dictates that the licensed vocational nurse practice is a directed scope of nursing practice under the supervision of a registered nurse, advanced practice registered nurse, physician's assistant, physician, podiatrist, or dentist. Supervision is the process of directing, guiding, and influencing the outcome of an individual's performance of an activity. The licensed vocational nurse shall assist in the determination of predictable healthcare needs of clients within healthcare settings, as well as many other tasks as detailed in items (A) – (C).
 - b. §217.12 Unprofessional Conduct: The unprofessional conduct rules are intended to protect clients and the public from incompetent, unethical, or illegal conduct of licensees. The purpose of these rules is to identify unprofessional or dishonorable behaviors of a nurse which the board believes are likely to deceive, defraud, or injure clients or the public. Actual injury to a client need not be established.

³ Changing Tides: Improving Outcomes Through Mentorship on All Levels of Nursing.
<http://www.nursingcenter.com/cearticle?tid=997576>.

- c. §217.16 Reporting of Minor Incidents: The Board believes protection of the public is not enhanced by the reporting of every minor incident that may be a violation of the Texas Nursing Practice Act or a board rule. This is particularly true when there are mechanisms in place in the nurse's practice setting to identify nursing errors, detect patterns of practice, and take corrective action to remediate deficits in a nurse's judgment, knowledge, training, or skill. This rule is intended to provide guidance to nurses, nursing peer review committees and others in determining whether a nurse has engaged in conduct that indicates the nurse's continued practice would pose a risk of harm to patients or others and should be reported to the board.
- d. §217.19 Incident-Based Nursing Peer Review and Whistleblower Protections & §217.20 Safe Harbor Peer Review for Nurses and Whistleblower Protections: Peer review is the evaluation of nursing services, the qualifications of a nurse, the quality of patient care rendered by nurses, the merits of a complaint concerning a nurse or nursing care, and a determination or recommendation regarding a complaint including:
 - i. the evaluation of the accuracy of a nursing assessment and observation and the appropriateness and quality of the care rendered by a nurse;
 - ii. a report made to a nursing peer review committee concerning an activity under the committee's review authority;
 - iii. a report made by a nursing peer review committee to another committee or to the Board as permitted or required by law; and
 - iv. implementation of a duty of a nursing peer review committee by a member, an agent, or an employee of the committee.

There are two different kinds of nursing peer review. They include:

- i. Incident-based (IBPR), in which case peer review is initiated by a facility, association, school, agency, or any other setting that utilizes the services of nurses; or
- ii. Safe Harbor (SHPR), which may be initiated by a LVN, RN or APRN prior to accepting an assignment or engaging in requested conduct that the nurse believes would place patients at risk of harm, thus potentially causing the nurse to violate his/her duty to the patient(s). Invoking safe harbor in accordance with Rule 217.20 protects the nurse from licensure action by the BON as well as from retaliatory action by the employer.

In an effort to ensure one's success in the nursing field, it is imperative that the newly graduated LVN fully understand all of the implications of practice on his/her ability to maintain a nursing license. The LVN should also be fully aware of what he/she is allowed to do in order to avoid performing outside of the regulated scope of practice. In order to view all of the statutes related to nursing practice, follow the link at:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=22&pt=11&ch=217&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=22&pt=11&ch=217&rl=Y).

In addition to the state statutes that govern the LVNs practice, he/she should be aware of the statutes that govern the nursing facility's requirements for licensure and Medicaid certification. TAC Title 40, Part 1, Chapter 19 holds all of the subchapters that dictate the different requirements that a nursing facility is required to operate under. Subchapter K is specific to Nursing Services, while Subchapters E-J detail different requirements related to the resident and the care that is provided to them. Although not every subchapter pertains to the nurse and the service that he/she is required to provide, it is important that the LVN understands all of the different requirements of the job that is being done. To find a list of these different subchapters, click on the link at:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=40&pt=1&ch=19](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=40&pt=1&ch=19).

Chapter 3:

State Operations Manual (SOM) Appendix PP⁴:

In addition to the state regulations that govern the LVN's practice and the facility's requirements for licensure and Medicaid certification, the LVN should also be aware of the Federal requirements. These requirements can be found in the Centers for Medicare and Medicaid Services (CMS) State Operations Manual (SOM) Appendix PP. These were last revised in November 2016 and include all of the rules related to long-term care. The guidance in the SOM Appendix PP includes not only the regulations, but the F-Tags by which the facility is surveyed for compliance. In addition to the F-Tags, the federal rules also provide interpretive guidance that provides information to a facility regarding determination of deficiencies during a survey. The following are the Federal regulations and the corresponding F-Tags that the LVN should be aware of:

1. §483.5 Definitions
 - a. F150 Definitions
2. §483.10 Resident Rights
 - a. F151 Exercise of Rights
 - b. F152 Right to designate a representative
 - c. F153 Right to access personal and medical records
 - d. F154 Informed of Health Status, and participate in care
 - e. F155 Right to Refuse/Advance Directives
 - f. F156 Right to be informed of professionals involved in care and of residents responsibilities and rights.
 - g. F157 Notification of Changes

⁴ CMS SOM Appendix PP: https://www.cms.gov/Regulations-and-Guidance/.../som107ap_pp_guidelines_ltcf.pdf

- h. F158 Right to manage financial affairs
 - i. F159 Depositing of personal funds with the facility
 - j. F160 Disposition upon Discharge, Eviction or Death
 - k. F163 Free Choice/Personal Attending Physician
 - l. F164 Personal Privacy & Confidentiality
 - m. F165 Voice Grievances
 - n. F166 Resolve Grievances
 - o. F167 Right to Examine survey results and Plan of correction
 - p. F170 Send & Promptly Receive Unopened Mail
 - q. F171 Access to Stationery
 - r. F172 Access/Visitation Rights
 - s. F174 Telephone
 - t. F175 Married Couples
 - u. F176 Self-Administration of Drugs
 - v. F221 & F222 Respect and Dignity (related to Abuse, Neglect and Exploitation)
 - w. F246 Respect and Dignity (related to accommodation of resident’s needs)
3. §483.12 Freedom from Abuse, Neglect, and Exploitation (ANE)
- a. F221 & F222 - Respect and Dignity- The Facility must ensure the resident is free from physical or chemical restraints
 - b. F223 - Right to be free from abuse, neglect, misappropriation of their property
 - c. F224 – Facility must not use verbal, mental sexual or physical abuse, corporal punishment, or involuntary seclusion
- The LVN should understand all the F-tags under this regulation, as in one way or another the LVN is responsible for ensuring the safety and prevention of ANE to the resident.
4. §483.24 Quality of Life (SQC)
- The LVN should understand all of the F-Tags under this regulation, as in one way or another, the LVN is responsible for most of the aspects related to the quality of care that is provided to the nursing facility’s residents.
5. §483.20 Resident Assessment
- a. F271 Admission orders
 - b. F272 Resident Assessment (Comprehensive)
 - c. F273 Timeline of Comprehensive Assessments
 - d. F274 Significant Change Assessment
 - e. F275 Annual Assessment – every 12 months
 - f. F276 Quarterly Review Assessment
 - g. F279 Care Planning
 - h. F280 Right to Participate in Care Planning
 - i. F281 & F 282 Comprehensive Care Plan Services
 - j. F284 Discharge Planning Process

- k. F285 Coordination, Preadmission Screening for MI/MR residents
 - l. F278 Accuracy of Assessment
 - m. F279 Comprehensive Care Plans
 - n. F280 Participation in Care Planning
 - o. F281 Services Meet Professional Standards
 - p. F282 Care provided by Qualified Persons
 - q. The LVN would be responsible for knowing all the regulations under this section as he/she is involved with the care of the resident in all of these areas, be it directly or indirectly. This covers F-Tags F309 – F315, F317 – F320, F322, F323, F325, F327 – F329, and F332 – F334.
6. §483.30 Physician Services
The LVN should know all of the F-Tags under this regulation. Even though they may not all apply to the LVN, it is important that he/she understands the implications for the regulation.
7. §483.35 Nursing Services
The LVN should know all of the F-Tags under this regulation. Even though they may not all apply to the LVN, it is important that he/she understands the implications for the regulation.
8. §483.40 Behavioral Health Services
The LVN should know all of the F-Tags under this regulation. Even though they may not all apply to the LVN, it is important that he/she understands the implications for the regulation.
9. §483.45 Pharmacy Services
- a. F425 Pharmacy Services
 - b. F428 Drug Regimen Review
 - c. F329 Unnecessary Drugs
 - d. F431 Service Consultation (Pharmacist)
 - e. F332 Medication Errors
10. §483.50 Laboratory, Radiology, and Other Diagnostic Services
The LVN should know all of the F-Tags under this regulation and should understand the implications for the regulation
11. §483.55 Dental Services
The LVN should know all of the F-Tags under this regulation and should understand the implications for the regulation
12. §483.60 Food and Nutrition Services
The LVN should know all of the F-Tags under this regulation and should understand the implications for the regulation
13. §483.80 Infection Control
- F334 Infection Control – Influenza and Pneumococcal Immunizations
 - F441 Infection Control – Establishment of an Infection Prevention and Control Program

The LVN should know and understand these as they are frequently cited.

It is of the utmost importance during an LVN's transition to practice that there is an understanding of all the regulations for the area in which he/she works. The LVN is required to practice within these regulations, just as the facility is and if the LVN doesn't understand all of these requirements, he/she could be the source of a deficiency.

Chapter 4:

How to handle "I don't know situations":

When an LVN begins his/her first year of practice, there may be many instances when the nurse feels like he/she doesn't know the answer to something. The one answer that is never acceptable is just "I don't know." Critical thinking is taught in nursing school and in general, a nurse should be able to answer most questions that they are asked. In the event that there is a question that the LVN is unable to answer, he/she should understand the importance of saying that he/she doesn't have the answer, but will work to get it and get back to the individual asking the question.

1. Urinary catheters (if haven't done one on a real patient): Urinary catheterization allows access to the bladder for the purpose of draining urine. This access is gained by inserting either a catheter through the urethra into the bladder. The LVN may have performed this task on a mannequin several times, even being signed off of the ability to perform the task. When it comes to actual practice though, the newly graduated LVN might feel as though he/she does not have the confidence necessary to actually perform the task on a resident as ordered. If the LVN lacks the confidence, it may be worthwhile to have him/her ask for the assistance of either another LVN or the RN supervisor. The LVN can use this time to observe the task being performed, or work on performing it with the guidance of a more seasoned nurse.
2. Surveyors in the building: The Department of Health and Human Services is responsible for conducting the federal surveys of the long term care facilities throughout the state of Texas. These individuals receive many months of training and are guided by the SOM Appendix PP in determining citations for deficient practices. As the state surveyors come in, the LVN should be prepared to answer any and all questions that the surveyor may ask. In the event that the LVN doesn't know the answer, it is okay for the LVN to state that he/she doesn't have the answer, but will find the answer and provide it to the surveyor. The LVN should never 'make up' an answer in an attempt to 'prove' to the surveyor that he/she possesses more knowledge than he/she actually does. If the LVN is unable to find the answer, he/she should refer the surveyor to another individual, generally the supervising RN.

Chapter 5:

Resources:

1. In order to be successful in transitioning from the role of student to the role of practicing LVN, he/she must fully understand the following state regulations:
 - a. Those governing the nurse's practice:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=22&pt=11&ch=217&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=22&pt=11&ch=217&rl=Y). Understanding these state regulations is one way to ensure that there will not be any errors in the care that is provided.
 - b. Those governing the facility's operational and resident care practices:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=40&pt=1&ch=19](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=40&pt=1&ch=19).
2. In addition to the state rules and regulations, the LVN must also know and understand the federal regulations. Failure to abide by these regulations can result in citations for deficient practice. The SOM Appendix PP can be found at:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=40&pt=1&ch=19](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=40&pt=1&ch=19).
3. Texas Board of Nursing Differentiated Essential Competencies: It is important that the newly graduated LVN understands the competencies by which the BON expects the LVN to be able to execute. To get more information related to these competencies, visit:
https://www.bon.texas.gov/.../differentiated_essential_competencies-2010.pdf
4. Transition to Practice: This information, as well as additional information is available through a PowerPoint in-service. This PowerPoint will be an additional document that can be accessed separately.