Letters to the Editor

Letters to the editor should be submitted via E-mail to jns@stti.org. Please include: (a) maximum 200-word comment on a recent *Journal of Nursing Scholarship* article, (b) author's name, location, and Sigma Theta Tau International chapter if applicable, and (c) statement of permission to print. Letters might be edited to fit available space.

Logsdon Acknowledges Co-Author's Contribution

With the June 2008 publication in JNS of our manuscript, "Testing A Bioecological Model to Examine Social Support in Postpartum Adolescents," I realized that an error was made concerning the order of the authors. Because extensive statistical analysis was involved, the research team decided that the data analyst for the study, Craig Ziegler, should be listed as the second author of the study. I would like to publicly acknowledge Mr. Ziegler's enormous contribution to the manuscript, and publicly state that the research team considers him to be the second author of the study.

Thank you for allowing me to make this correction.

M. Cynthia Logsdon, ARNP, DNS, FAAN,
Alpha & Iota Gamma
University of Louisville School of Nursing
Louisville, KY
mclogs01@gwise.louisville.edu

Clarification to Brush Article

I read with interest Barbara Brush's article entitled, "Global Nurse Migration Today," which appeared in the Journal of Nursing Scholarship, Volume 40, Number 1. However, I am writing to correct some inaccurate statements on page 21. The Massachusetts Board of Registration in Nursing (Board) has not waived the Commission on Graduates of Foreign Nursing Schools (CGFNS) qualifying examination as Ms. Brush indicates. Rather, the Board requires foreign-educated nurses to complete one of the following CGFNS programs as a prerequisite to writing the National Council Licensure Examination (NCLEX):

- CGFNS Qualifying Examination Certificate (applicable to RN licensure only); or
- VisaScreen™ Certificate (applicable to RN licensure only); or
- CGFNS Credentials Evaluation Report, including both the Nursing & Science Course-by-Course Report and License/Registration validation option (applicable to both RN and PN licensure.

Completion of this requirement allows the Board to determine whether a foreign-educated nurse is a graduate of a government-approved nurse education program that maintains standards substantially the same as those required of a Board-approved nurse education program located in Massachusetts.

The Board also requires all foreign-educated nurses to demonstrate English proficiency if the nurse is a graduate of a nurse education program in which the language of instruction, or textbooks, or both, is not English. The nurse must achieve a minimum score of 550 (paper-based examination) or 213 (computer-based examination) or 79/80 (internet-based examination) on the Test of English as a Foreign Language; or a passing score on the English portion of the CGFNS Qualifying Examination as evidenced by a CGFNS Qualifying Examination Certificate issued before July 15, 1998.

Graduation from an approved nurse education program, English proficiency, and achievement of an NCLEX pass score are among the conditions of Massachusetts nurse licensure established by state law for foreign-educated nurses. The Massachusetts nurse licensure laws do not require completion of a preliminary examination of nursing knowledge, such as the CGFNS qualifying examination, to predict the foreign-educated nurse's likelihood of passing the NCLEX. As an agency of state government, the Board's mission is to ensure that all nurses to whom it issues a license are qualified to provide the citizens of Massachusetts with safe and effective nursing care. The speed with which the immigration process occurs is irrelevant to the Board's public protection mission.

Judith Pelletier, RN, MSN
Nursing Education Coordinator
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
Board of Registration in Nursing
Boston, MA
Judith.Pelletier@state.ma.us

Brush Replies

Thank you for the clarification. I am aware of the state's practices and the paper should have more clearly stated that the criteria have shifted to more of an "either/or" model, which typifies other states as well. I appreciate your careful reading of the article and your interest in this subject.

Barbara L. Brush, RN, PhD, FAAN, *Xi & Rho*
University of Michigan School of Nursing
Ann Arbor, MI
brushb@umich.edu

Comments on von Krogh and Naden Article

Regarding the article "A Nursing-Specific Model of EPR Documentation: Organizational and Professional Requirements," by Gunn von Krogh and Dagfinn Naden, (First Quarter 2008) the strong support of a NANDA-, NIC-, and NOC-based nursing classification system for electronic health records seems to warrant the full disclosure that Gunn von Krogh is a member of the NANDA International Board of Directors.

I was disappointed to see the International Classification for Nursing Practice (ICNP®) described as lacking the capability for diagnosis, intervention, and outcome

statements. These statements have always been considered the means by which clinical nurses will use ICNP®. In addition, the International Council of Nurses (ICN) ICNP® Programme has aimed to develop ICNP® catalogues. These are subsets of the terminology presenting precoordinated and coded diagnosis, intervention, and outcome statements organized according to heath issues, specialties or settings, or phenomena sensitive to nursing interventions. Guidelines for Catalogue Development are available at http://www.icn.ch/icnp_Catalogue_Devlp.pdf and the first published catalogue (Partnering with Individuals and Families to Promote Adherence to Treatment) can be ordered from http://icn.ch/store/wwwbook/allpubs.html#ICNP At this time, three more catalogues are in various stages of development.

I strongly disagree with the authors' comment that ICNP® has "problems finding its place in the healthcare service and also will have no administrative significance as long as it remains unincorporated in a reference terminology." ICNP® is a reference terminology developed using web ontology language in Protégé software. It is a unified nursing language that allows other terminology to be mapped with ICNP®. ICNP® is used by nurses and health information system vendors worldwide and Version 2.0 will be launched at the ICN Congress in Durban, South Africa in June 2009.

Claudia Bartz, PhD, RN, FAAN
Coordinator, ICNP® Programme
International Council of Nurses
cbartz@uwm.edu

von Krogh Replies

The strong support of NANDA, NIC, and NOC terminologies is based on the fact that these terminologies were developed to obtain cognitive representations of nursing knowledge. Because each concept represents a body of knowledge, these terminologies are important tools in clinical reasoning, and when used as interface terminology they might support workflow.

Reference terminologies such as ICNP® are built as hierarchical semantic networks aimed at coding information. The modeling of statements is based on semantic relations and rules to make valid combinations of terms. Valid uses of ICNP® statements in clinical reasoning can depend on an individual nurse's former training in using terminologies developed as knowledge representations.

Reference terminologies' one area of use is mapping interface terminology into electronic information. The capacity of mapping depends upon how many semantic combinations the terminology processes. SNOMED CT is today recognized as a powerful reference terminology with the capacity to process information from interface terminologies that are important for healthcare institutions worldwide.

Gunn von Krogh, RN, MNSc
Assistant Professor at Oslo University College
The Faculty of Nursing
Oslo, Norway
gunnvon.krogh@su.hio.no