

Nebraska Nursing NEWS

Volume 23 • Number 2 / Spring 2006

**The Role of
the Nurse in
Genetic
Counseling**

**Mandatory
Reporting
Accountability
for Public
Protection**

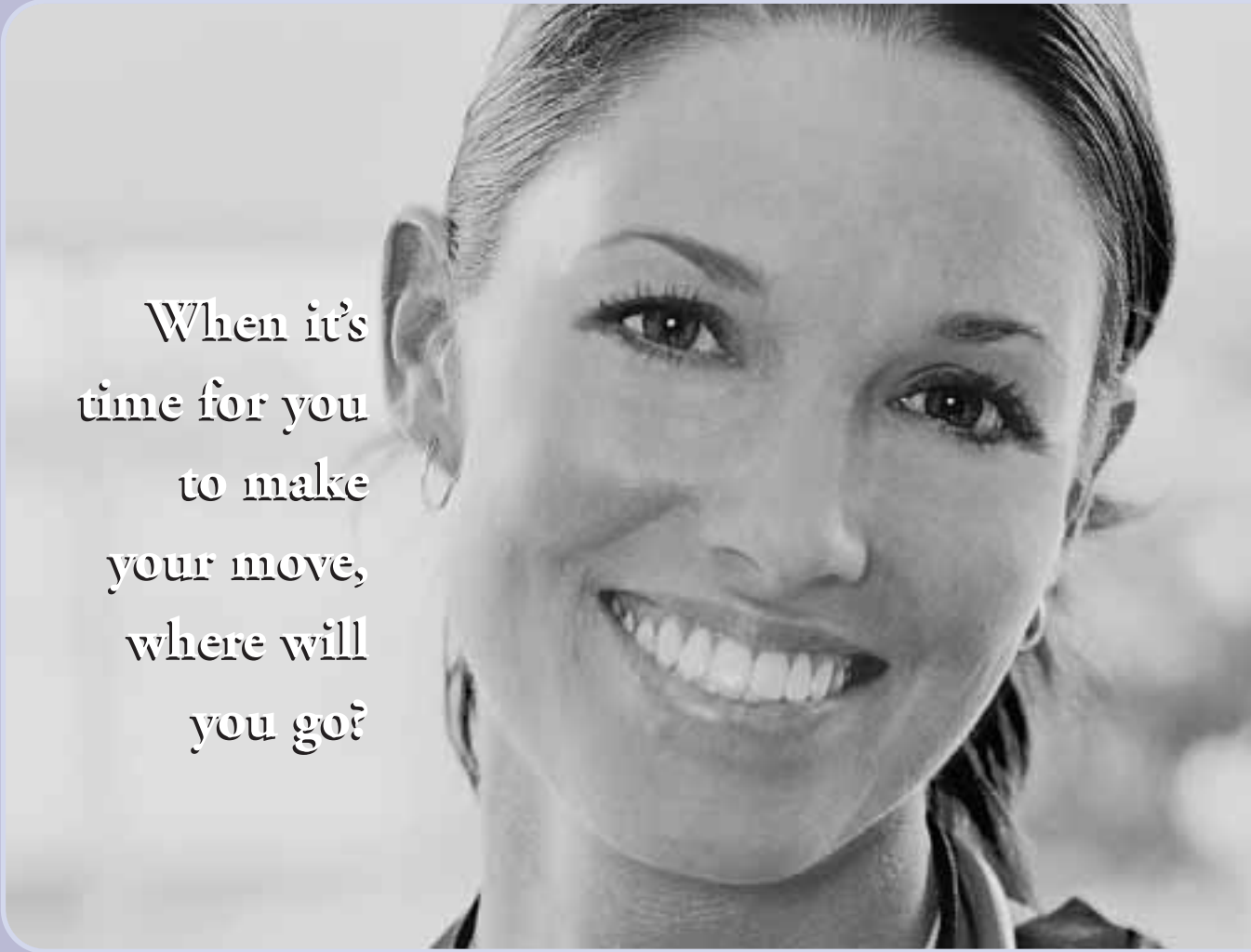
**Debunking
Myths
Surrounding
the NCLEX®**



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PUBLISHED BY THE NEBRASKA
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Nebraska Nursing News is published
quarterly by the
Nebraska Board of Nursing
301 Centennial Mall South
Lincoln, NE68509
402.471.4376 • fax 402.471.1066
[http://www.hhss.ne.gov/crl/nursing/
Nursingindex.htm](http://www.hhss.ne.gov/crl/nursing/Nursingindex.htm)

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edition 8

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on the
COVER

Beth Conover, MS, APRN, CGC, and Susan Tinley,
MS, CGC, RN, are two of the most experienced
certified genetic counselors in the state.



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Executive Director's Message



There's an elephant in the room The idiom that there is an elephant in the room is used to denote issues that, even though perfectly obvious, are rarely talked about. The use of the expression refers to a topic that cannot be avoided, much like an elephant in the room, but often is. Mental illness among nurses is one of those elephants.

Mental illness is a common disorder. One in four adults suffer from a diagnosable mental disorder in a given year. People feel uncomfortable about mental illness. It is viewed differently than other illnesses such as diabetes, cancer or heart disease. Misconceptions lead people to believe that a person with a mental illness is dangerous and cannot be trusted. The link in the public mind between mental illness and "dangerousness" fuels the age-old stigma associated with these conditions. We all have some neurotic mannerisms or behaviors that we must learn to control or deal with. Mental illness is more often a difference in degree of behavior rather than a distinct difference in type of behavior. The majority of the public is unaware of how many mentally ill people they know and encounter every day.

So what does all of this have to do with nursing licensure and regulation? The department fairly frequently receives reports from nurses reporting another nurse's mental illness, even when there are no identifiable changes in the nurse's behavior. This is that stigma of dangerousness associated with mental health rearing its ugly head. Neb. Rev. Stat. § 71-147 sets forth the grounds for denial, refused renewal, limitation revocation or suspension of a license. One of those grounds is "practice of the profession while the ability to practice is impaired by alcohol, controlled substances, narcotic drugs, physical disability, mental disability, or emotional disability." Note that the violation is *practice while the ability is impaired*. Being diagnosed with a mental illness or being treated for a mental illness, including taking medications prescribed for a mental illness, is not grounds for discipline. Mental illnesses should not be viewed differently than physical illnesses. If a coworker or employee has a physical illness requiring treatment and/or medications, our typical approach is to express interest in the individual's condition, demonstrate empathy, offer to help, provide emotional support, acknowledge problems that we observe the person experiencing and help the person problem-solve how to cope with the condition and/or the treatments. But when we learn that a person has a mental illness we avoid the subject in our conversations with them, we withhold the empathy and emotional support that the person needs. We treat them like an elephant in the room.

Under the mandatory reporting requirements nurses are required to report first-hand knowledge that another nurse is practicing while impaired by alcohol/drugs or physical, mental or emotional disability. Nurses who manage their mental illness with treatment, medications and removing themselves from the practice setting when they cannot practice safely are no larger threat to public safety than a nurse with diabetes who is compliant with his/her treatment regimen. In either instance, only when the ability to practice is impaired, as evidenced by unsafe practice behaviors, do we need to intervene to ensure that patient safety is maintained and report the nurse's behavior to the department.

As nurses we have a responsibility to model fair and equitable treatment of our coworkers and employees regardless of their illnesses or disabilities. We need to keep the elephants out of the room.

Charlene Kelly

President's Message



Saying "good-bye" has always been difficult for me. While I welcome new people who enter my life, I greatly miss those who leave. This holds true for colleagues with whom I have served on the Board of Nursing. New individuals who have recently started their Board appointments include Julie Brauer, Crystal Higgins and Dawn Nickel. I welcome these new members and look forward to each of their unique contributions. Individuals who have left the Board this year are Laura Stanek, Judy Balka, Iris Winkelhake, and Valerie Fredericksen.

Each of the departing members has made valuable contributions to nursing regulation during their tenure on the Board. My relationship with Laura Stanek goes back to 1990. We met at Central Community College in Grand Island when she was a student in the first psychiatric nursing course that I taught. The transition from student to licensed professional nurse and then to member of the Board was a logical progression for Laura given her natural leadership skills.

I became acquainted with the other departing members through our associations while serving on the Board. Judy Balka modeled skills of thoughtful reflection and careful articulation during Board deliberations. Valerie Fredericksen brought to the table her knowledge and active practice experience in the critical care setting in central Nebraska. An experienced nurse educator, Iris Winkelhake served as a mentor for new Board members and nurtured us with many gifts including her wonderful sense of humor.

In my struggle to understand the necessary losses of individuals who enter into and then exit from our lives, I find it useful to reflect on something from nature. Several years ago, I stumbled upon valuable lessons learned from observing flight patterns of migrating geese.

By flying together in a "V" formation, the flock can fly farther than any individual bird. Similarly, when Board members move in the same direction and function as a unified team, our work is accomplished more efficiently.

Geese rotate leaders--when the lead goose gets tired, he falls back into a less demanding position in the formation while another takes the lead. Similarly, Board members share leadership responsibilities. Members have opportunities to develop and strengthen their leadership skills in local, state and national arenas.

While flying, geese honk to encourage each other. Board members encourage each other both privately and publicly in terms of supportive comments, validation, and appreciation expressed for the hard work that we do.

A sick, tired, or injured goose that drops out of formation is joined by at least two others who protect him and remain with him until he dies or is able to fly again. Similarly, I've witnessed the camaraderie and support extended among Board members during challenging times in their lives. So now, instead of saying "good-bye," I will say farewell and Godspeed. . . until our paths (or flight plans) cross again.

Marcy Echnacht

Marcy Echnacht

Nebraska Board of Nursing 2006 Meeting Schedule

Meetings of the Nebraska Board of Nursing convene at 8:30 a.m.; however, the board immediately goes into closed session to review investigative reports. Members of the public may not be present during closed session. The board typically returns to open session after 11:30 a.m. The agendas for the meetings are posted on our Web site at <http://www.hhs.state.ne.us/crl/brdmtgs.htm#Nursing> or you may obtain an agenda by phoning (402) 471-4376

Day/Date	Time	Meetings	Location
Thursday, May 18	8:30 a.m.	Board of Nursing	Board Room Mary Lanning Hospital Hastings, NE
Thursday, June 15	8:30 a.m.	Board of Nursing (Disciplinary Case Review Meeting – Most of meeting in closed session)	Southeast Community College Continuing Education Center Room 304
Wednesday, July 12	1:30 p.m.	Board of Nursing Issues Discussion	Southeast Community College Continuing Education Center Room 405
Thursday, July 13	8:30 a.m.	Board of Nursing	Southeast Community College Continuing Education Center Room 405
Tuesday, August 1- Friday, August 4		NCSBN Annual Meeting	Salt Lake City, UT
Thursday, August 17	8:30 a.m.	Board of Nursing	Staybridge Suites
Thursday, September 21	8:30 a.m.	Board of Nursing	Omaha, site TBA
Wednesday, October 18	1:30 p.m.	Board of Nursing Issues Discussion	Staybridge Suites
Thursday, October 19	8:30 a.m.	Board of Nursing	Staybridge Suites
Thursday, November 16	8:30 a.m.	Board of Nursing	Southeast Community College Continuing Education Center Room 304
Thursday, December 21	8:30 a.m.	Board of Nursing	Staybridge Suites

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Nebraska Licensee Assistance Program (NE LAP) <http://www.lapne.org/>

Funded by a portion of the fee for each license issued, renewed, or reinstated, the Nebraska Licensee Assistance Program (NE LAP) is available to health care professionals. At the heart of the NE LAP program is help for eligible individuals with substance abuse and addiction problems. In addition to providing an opportunity for individuals seeking confidential evaluation and assessment, NE LAP offers educational programs that may be customized to differing audiences. Following is a partial list of presentation topics and their potential audiences: Introduction to the Licensee Assistance Program and Other Peer Assistance Programs (targeted to employers, human resource specialists, students, and supervisors); Chemical Dependency and the Health Care Professional (targeted for students, health care professionals and administrators); Intervention for the Chemically Dependent Health Care Professional (targeted for administrators and supervisors).

2006 Nebraska Licensee Assistance Program Annual Workshop, Alcohol/Drug Addiction and the Health Service Professional, Relapse Prevention will be held on Friday, May 19, 2006, from 8:30 – 4:00 p.m. at the W.H. Thompson Alumni Center, (on the UNO campus), 6705 Dodge Street, Omaha, NE. Brochures are being mailed to all licensed nurses.

Registration is available online at [lapne.org](http://www.lapne.org) Web site.

Whether desiring to arrange for an individual contact or making arrangements for an educational program, NE LAP may be reached at (402) 354-8055 or (800) 851-2336. Judi Leibrock MHR, LPC, LADC,

licensee assistance coordinator, may be reached by e-mail at: jleibro@bestcareep.org.

If you would like information about how to locate a 12-step support group meeting or a support group for health care professionals in recovery meeting in your community, contact Judi Leibrock.

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PRACTICE ANALYSIS SURVEY

The National Council of State Boards of Nursing (NCSBN) began mailing a practice analysis survey to 20,000 randomly selected RNs beginning in January 2006. The results of the survey will be used to describe the practice activities of experienced nurses in order to investigate whether there is a core set of nursing competencies for all RNs. The Board of Nursing encourages all selected nurses to participate. This is your opportunity to impact RN practice.

The Role of the Nurse in Genetic Counseling

By Joyce Davis Bunker

So often we hear, “He has his mother’s blue eyes!” “She is built just like her Aunt Mary!” But we inherit so much more from our parents than physical characteristics. We inherit our entire genetic make-up—our predisposition to breast cancer, diabetes, heart disease and even psychiatric disorders.

The understanding of genetics has evolved from “interesting to know” to being a critical part of a nurse’s education.

There are only seven certified genetic counselors in Nebraska. Two of the most experienced certified genetic counselors in the state are Beth Conover, MS, APRN, CGC, with the Munroe-Meyer Institute located on the campus of the University of Nebraska Medical Center and Susan Tinley, MS, CGC, RN, an assistant professor at the Creighton University School of Nursing.

Both nurses became interested in genetics over 25 years ago.

Susan Tinley’s interest in genetics is a very personal one. In 1969, her daughter Rose Marie was born with severe birth defects and died at birth. Her doctors told her it was rare and not to worry about having future children. No one had a reason why Rose Marie died until almost twelve years later. Sue was attending a conference discussing genetics—and it struck her that a genetic disorder was what was wrong with her baby. She was pregnant at the time and panicked that this baby could also have a genetic disorder. (By the way, she is the mother of six healthy children!) Thus began her journey to learn more about genetics. She had been a psychiatric nurse and quickly changed her focus to genetics, working under geneticist Bill Kimberling at Boys Town National Research Hospital.

Beth Conover was a labor and delivery nurse. She watched as babies were born with birth defects or died after birth; families had many questions about what caused the problems to occur, but frequently there were no answers. Beth’s search for answers led her to genetics.



Beth Conover and Susan Tinley

Much has changed in twenty-five years. In the beginning, genetic services were a rare commodity. And, most geneticists focused on pregnant or pediatric clients. The diagnostic tools were limited to family/pregnancy/developmental history, and a specialized physical exam. Sometimes chromosome studies or metabolic testing was offered, but gene testing for most conditions did not exist. In the beginning, only pregnant women, babies and children received genetic services.

“It was like putting together a giant puzzle,” said Tinley. “We learned all we could about the patient and the family and came up with a diagnosis based on that information and the limited testing that was available.”

Today, genetics is known to be a contributing factor in all kinds of health issues. The Human Genome Project has successfully mapped many human genes that cause disease, and has resulted in the technology that is critical to developing tests that are clinically avail-

able to the general population. This testing can be used to help confirm a diagnosis of a genetic disease, or can be used to detect genes that predispose individuals to diseases such as cancer. Both Tinley and Conover agree that an introduction to genetics needs to be part of a registered nurse’s education.

“Through an understanding of genetics, we have the capability to identify problems before they occur and provide effective intervention,” said Tinley. Conover sees patients in the hospital and at outpatient genetics clinics, and also coordinates the Nebraska Teratology Information Service, a hotline that provides information to health providers on medications and other exposures to pregnant and breastfeeding women. She is based at Munroe Meyer Institute in Omaha, a facility that provides a wide variety of services to children with disabilities. Conover also spends a portion of her time providing seminars for nurses, doctors, students, and the general public. Her goal is to give them as much information as possible on genetic conditions, and also to suggest resources that they can use to better meet the needs of genetics patients.

“The care involved in genetics patients



is very nursing-oriented," shared Conover. "We nurses are very comfortable with assessing and responding to the needs of patients with chronic illness, and most genetic conditions share a great deal of similarity with chronic illness. Nurses recognize the need to understand why something happens, how to best handle it, and the necessity of supporting the whole family, not just the individual patient."

Conover sees patients in the hospital and at outpatient genetics clinics, and also coordinates the Nebraska Teratology Information Service, a hotline that provides information to health providers on medications and other exposures to pregnant and breastfeeding women. Nebraska has only seven geneticists who are physicians. Geneticists review the chromosomes and other tests and make the diagnosis. From there genetic counselors generally work with the families.

"Genetics is really a 'nursing thing'," shared Conover. "Nurses have the need to understand why something happens, how to fix it and how to provide support and care for not just the patient but the extended family."

A great deal of research is being done on genetics. We know that certain drugs may or may not be effective based on a

person's genetic makeup. By studying the genetic makeup of a tumor, oncologists are more successful at treating it.

Is there a downside to knowing too much about your genetic make-up? Both Tinley and Conover agree that it is important to know as much as you can. By understanding an individual's genetics, more effective and compatible drug therapy can be used. In the cases of children, individual education plans can be developed and implemented to help the child succeed to his potential. Appropriate health supervision can also be implemented. Parents often wonder if this condition will recur in future offspring, or their grandchildren, and the diagnosis helps with an accurate recurrence risk. The diagnosis can also facilitate the grieving process.

Most genetic services are based in Omaha, with the exception of a geneticist located in Lincoln. In an effort to extend genetic services to patients throughout Nebraska, UNMC offers out-state genetics clinics in Kearney and Scottsbluff, as well as Rapid City and Pierre, South Dakota. Carol Florang is a pediatric nurse with the Kearney clinic who coordinates the genetics clinic which meets there four times a year. She and her counterpart, Jeannette McFeeley, a home health nurse in

Scottsbluff, are the contact persons for physicians, schools, and patients who want referrals into these out-state clinics.

Four times a year, Florang and McFeeley coordinate two-day clinics where geneticists and genetic counselors often meet with as many as 40 patients and their families. Patients' test results are discussed and health care plans are recommended. Parents usually want to know three things: 1) What are the risks to my other children? 2) Will it reoccur? and 3) What will the future hold? These clinics are free and provided as a service by the University of Nebraska Medical Center.

"For rare conditions, it often takes several years for a firm diagnosis to be made," Florang said. "On those occasions, parents feel relief. They have an understanding of what the future may hold for their child or loved one."

Nurses don't need to know everything about genetics. But they do need to know what genetic resources and services are available. Carol Florang summed it up best,

"People expect nurses to know the answers. Their questions are filled with uncertainty and pain. It is up to us, as nurses, to point them into the right directions to better serve the patient."

Databases of Genetic Links

<http://www.genome.gov/Health/GARD/>

The Genetic and Rare Diseases Information Center (GARD) employs experienced information specialists to answer questions in English and Spanish from the general public, including patients and their families, health care professionals and biomedical researchers. It was established by the National Human Genome Research Institute (NHGRI) and the Office of Rare Diseases (ORD).

<http://www.kumc.edu/gec/geneinfo.html>

Contains links to clinical, research, and educational resources for genetic counselors, clinical geneticists, and medical geneticists, but includes many useful links for the non-genetics health care professional. There is a link at the bottom of the Home page to the KUMC site for teachers

<http://www.gemdatabase.org/GEMDatabase/index.asp>

The Genetic Education Materials (GEM) Database is a searchable listing of public health genetics policy documents and clinical genetics educational materials. It is a project of the National Newborn Screening and Genetics Resource Center (**NNS-GRC**). Funding is provided by the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (**MCHB**).

<http://www.ghr.nlm.nih.gov/info=basics/s/how/overview>

Genetics Home Reference from National Library of Medicine. This section includes parts of the cell, chromosomes, DNA, genes, how genes make proteins, cell division and DNA etc.

Other Web sites to consult:

<http://www.genetests.org/>

<http://www.otispregnancy.org/>

<http://www.kumc.edu/gec/support/>

<http://www3.ncbi.nlm.nih.gov/entrez/query.fcgi?db=OMIM>

http://www.marchofdimes.com/professionals/681_1116.asp

<http://www.ghr.nlm.nih.gov/ghr/glossary/Glossary>

http://www.nigms.nih.gov/news/science_ed/genetics/glossary.html

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Joyce Davis Bunker is Assistant Dean, Creighton University School of Nursing, and Public member on the Board of Nursing.

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National Council Launches New Course

The National Council of State Boards of Nursing (NCSBN) has announced the launch of a new online course, *Acclimation of International Nurses Into U.S. Nursing Practice*. This course is designed for international nurses and students already practicing or preparing to practice in the U.S. The course helps facilitate a successful professional and personal acclimation by providing key information and by directing learners to additional resources for a more in-depth understanding of the various aspects of transitioning into the U.S. The content covers:

- Nursing practice regulation - including the role of Boards of Nursing and nurse practice acts
- Health care regulation, standards, and accreditations - including OSHA, JCAHO, and HIPAA
- Professional nursing practice - including the role and accountability of the nurse on the health care team
- Common personal challenges to acclimating into the U.S. - including physical and psychosocial needs and the importance of building a support network and finding resources for a successful acclimation

This course was developed by NCSBN Learning Extension based on content written by Paulette Rollant, RN, PhD, MSN, and Debi St. Godard Gamble, RN, MA, MSN. It is worth 6.6 contact hours and costs \$40 for 3 weeks of access.

NCSBN offers many online courses. Some of the courses include *Advanced Assessment Strategies for Nursing Educators*, *Confronting Colleague Chemical Dependency*, *End of Life Care and Pain Management*, *Diversity*, *Professional Boundaries*, *NCLEX Review* and many more. All of these courses can be accessed at www.learningext.com.

Nebraska Nursing NEWS

is the official publication of the Nebraska Board of Nursing and is addressed and mailed to all 26,000 nurses and dialysis technicians in the state of Nebraska.

Publication Schedule for 2006-2007:

July 20, 2006

October 20, 2006

January 20, 2007

April 20, 2007

Copy and space reservations due at least 15 days before publication dates.

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Mandatory Reporting: Accountability for Public Protection

By Charlene Kelly, Ph.D., R.N.

Since 1994 Nebraska has had a mandatory reporting law that requires licensed individuals, health facilities, peer review organizations, professional associations, insurers, and the Clerk of a County or District Court to report specified violations by credentialed individuals to the Department of Health and Human Services Regulation and Licensure. This law was put into place to support protection of the public from incompetent and unsafe health care practitioners.

It is important to keep in mind the mandatory reporting law only specifies the type of violations and the conditions under which those violations MUST be reported. Mandatory reporting laws do not prevent an individual or facility from filing a report – even though the report may not be mandatory – on the basis of ethical accountability.

Example 1: A nurse is hired by a Facility A. After several weeks it becomes apparent that the nurse lacks the basic competencies to provide safe nursing care. Rather than terminate the nurse's employment, the nurse is allowed to resign. Since Facility A did not terminate the nurse's employment, it is not mandatory for them to report the nurse to the department and they do not do so. (If the facility manager/supervisor who accepted the nurse's resignation is a licensed nurse, he/she is required to report the nurse for unprofessional conduct.)

The nurse applies for employment at Facility B. The nurse does not disclose the competency issues to Facility B. When Facility B checks the nurse's record, no disciplinary action is found. Facility B hires the nurse and potentially places the facility's patients at risk.

Example 2: A nurse is hired by Facility C. After several weeks it becomes apparent that the nurse lacks the basic competencies to provide safe nursing care. Facility C assesses the nurse's level of competency, identifies those competencies that need improvement and institutes a remedial plan to develop/strengthen the nurse's competencies. Following completion of a planned program of remediation, the nurse's performance did not improve and Facility C must make a decision to terminate the nurse or allow the nurse to resign. Regardless of which option Facility C chooses they report the nurse's competency issues to the department. The department investigates the matter and places the nurse's license on probation. When the nurse applies for employment at Facility B the facility checks the nurse's record and learns that the nurse is on probation. Facility B makes a hiring decision with full knowledge of the nurse's competency issues. If Facility B hires the nurse they know that there is a need to monitor the nurse's competency and develop a plan for continued competency improvement. Facility B's patients are not placed at risk.

Even though Facility A was not mandatorily required to report, there was still an ethical responsibility on the part of the facility to take steps to protect the public from an incompetent practitioner by reporting the nurse's competency issues that resulted in the resignation.

When reporting competency issues to the department it is helpful if a facility provides specific examples of the nurse's failure to meet competency standards and relates the failed competencies to one of the following unprofessional conduct regulations:

- Failure to utilize appropriate judgement in administering safe nursing practice

based upon the level of nursing for which the individual is licensed;

- Failure to exercise technical competence based upon the level of nursing for which the individual is licensed in carrying out nursing care;
- Failure to follow policies or procedures implemented in the practice situation to safeguard patient care;
- Failure to safeguard the patient's dignity or right to privacy;
- Violating the confidentiality of information or knowledge concerning the patient;
- Verbally or physically abusing patients;
- Falsification or intentional unauthorized destruction of patient records;
- Failure to maintain an accurate patient record;
- Misappropriating medications, supplies or personal items of a patient or agency;
- Committing any act which endangers patient safety or welfare;
- Delegating and/or assigning nursing interventions contrary to the standards set forth in 172 NAC 99;
- Failure to exercise supervision as set forth in 172 NAC 99 over persons who are authorized to practice only under the direction of the licensed professional;
- Leaving a patient care nursing assignment without notifying personnel so that reasonable arrangements for continuation of care can be made;
- Failure to seek consultation, collaboration, or direction from another licensed health care provider when warranted by patient condition;
- Accepting an assignment when he/she does not have the competence to safely perform the intervention required by the assignment.



From 12/01/05 to 02/28/06, the following nurse aides have become ineligible for employment in long-term care facilities and/or intermediate care facilities for persons with mental retardation:

Name	Nurse Aide Registry #	Action	Date Entered
Delaney, Abigail	58330	Finding of Conviction	02/07/06
Dunn, Yvette	20119	Finding of Conviction	12/13/05
Dunovsky, Michele	28973	Finding of Conviction	01/30/06
Elsen, Kristan	51914	Finding of Abuse	12/27/05
Fisher, Ashley	65983	Finding of Conviction Finding of Misappropriation	12/05/05 01/23/06
Harris, Melanie	46902	Finding of Conviction	02/08/06
Hodges, Stephanie	42263	Finding of Conviction	12/05/05
Lomeli, Trijidia	29897	Finding of Conviction	12/06/05
Mbilain, Pascal	62586	Finding of Conviction	01/30/06
McCown, Helen	45130	Finding of Conviction	02/08/06
Milke, Crystal	55592	Finding of Conviction	12/05/05
Nelson, Otretha	5613	Finding of Neglect	12/29/05
Shields, Cindy	67420	Finding of Conviction	01/17/06
Shields, Tonya	53815	Finding of Conviction	01/11/06
Stevens, Annette	32456	Finding of Conviction	12/27/06
Tackett, Cynthia	41182	Finding of Neglect	01/30/06
White, Julie	58961	Finding of Neglect	01/27/06

Registry Action on Nurse Aides & Medication Aides

From 12/01/05 to 02/28/06, the following medication aides have been removed from the medication aide registry:

Name	Medication Aide Reg #	Action	Date Entered
Brabec, Laci	49837	Moral Character	01/18/06
Dunovsky, Michele	53057	Moral Character	01/30/06
Elsen, Kristan	50692	Competency Violation	02/10/06
Harris, Melanie	46797	Moral Character	02/08/06
Hart, Monett	52052	Moral Character	01/30/06
Lomeli, Trijidia	47180	Moral Character	12/06/05
Milke, Crystal	50152	Moral Character	12/05/05
Nickolite, Katherine	49553	Moral Character	02/08/06
Paulsen-Ahlers, RoJean	54707	Failure to pay Fees	12/06/05
Schwartz, Gloria	48633	Moral Character	01/17/06
Simodynes, Kyle	50734	Moral Character	01/17/06

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 or email: pduncan@hamiltonomaha.edu
 or send resume to Hamilton College via fax: (402) 408-1909
 or mail to: Hamilton College
 3350 N. 90th St.
 Omaha, NE 68134
 attention: Patty Duncan



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Debunking Myths Surrounding What's the "Real Scoop" About the

Question #1—Computers make me nervous. Can I take a paper and pencil test?

Answer: No, the only method for administration of the NCLEX™ is by computer.

Question #2—How long is the test?

Answer: The length of the test is determined by the candidate's performance. All RN candidates get from 75 to 265 items. PN candidates get from 85 to 205 questions. The RN test is limited to six hours and the PN test is limited to five hours.

Question #3—Is the length of my test determined by random or by the testing station that I am assigned?

Answer: Neither. The length of the test is determined by the candidate's performance. At the time the computer determines either 1) that the candidate is consistently performing at or above the difficulty level required to pass the test, the test is ended and the candidate passes, or 2) that the candidate is consistently performing below the difficulty level required to pass the test, the test is ended and the candidate fails. Either of these actions can occur at any point between the minimum and maximum number of items.

Question #4—Is it better to have a longer or shorter test?

Answer: One is not better than the other. The length is not related to pass or fail. One can pass or fail at any point between the minimum and maximum number of items.

Question #5—Will all the items on the test be used to determine if I pass or fail?

Answer: No, there are pretest items (15 on the RN test and 25 on the PN test) that are not scored and will not influence the outcome of the test. Candidates do not know which of the questions are pre-test items.

Question #6—Once I pass the test, I will automatically be licensed, right?

Answer: No, not necessarily. Passing the exam is only one requirement for licensure. There are other requirements such as having a good moral character that also have to be met in order to be licensed.

Question #7—Why do I have to wait 45 days to retake the exam if I fail it the first time?

Answer: The items that were used in the first test will not be used in any subsequent tests for that candidate. The pool of items that are drawn from to construct each individual exam must have enough items to test all of the test plan categories at all levels of difficulty and therefore to prevent possible depletion of the pool the waiting time is required. It is also a good time to review and prepare for taking the test another time.

Question #8—If I fail the test three times do I have to go back to school?

Answer: Not in Nebraska. Some states have this requirement, but Nebraska does not. Nebraska does not have a limit on how many times you can take the exam.

Question #9—Are all of the items 'four-item multiple choice' questions?

Answer: No, beginning in April of 2003, alternate item format questions were introduced into the examination. These types of items include: 1) multiple-response items where the candidate is to answer with one or more responses, 2) fill-in-the-blank where the candidate has to type in a number(s) for a calculation item, 3) hot-spot where the candidate is to identify an area on a picture or graphic, 4) chart/exhibit format where the candidate has to read some information on a chart or exhibit to answer the item, 5) drag-and-drop where the candidate has to rank order or move options in order to answer the item.

Question #10—Why were alternate item format questions added to the exam?

the NCLEX[®]:

NCLEX[®] Examinations?

Answer: As a better way to assess the entry-level competency of the candidates.

Question #11—Is there partial credit given for this type of item?

Answer: No, the question is either right or wrong. Partial credit is not given.

Question #12—How many alternate format questions will be on the exam?

Answer: For a minimum length examination, probably only one to three. For more information on the alternate item type questions go to www.ncsbn.org and click on 'testing services' on the right hand index and then click on 2006 NCLEX Alternate Item Format Frequently Asked Questions.



If you BELIEVE in solving the problems/needs of the Hispanic/Latino/ community, Please JOIN US, in starting the first Nebraska chapter, of the National Association of Hispanic Nurses.

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You do not have to be a nurse or Hispanic/Latino/to join



FREMONT AREA

Less than 30 miles from Omaha, Fremont Area Medical Center offers the latest medical technology delivered in a friendly rural setting. The 262-bed, nonprofit, healthcare facility is county owned, but provides services through its own operation and finances, using no county or taxpayer funds.

As a 2004 Edgerton Quality Award winner, FAMC's dedication to the patients and residents it serves is evident. The staff takes a lot of pride in the service they provide and are passionate about what they do, and the level of technology offered allows people to stay close to home for a service rather than travel to a larger city.

The Technology at FAMC

Since 2000, FAMC has expanded and added many services, including a state-of-the-art Surgical Department,

Heart Catheterization Lab, and Joint Center. In 2003, the new Emergency Department and Health Park Plaza, housing FAMC's Cancer Services and Health Education area, was completed.

Other advances include acquisition of a new multi-slice CT scanner, providing images with amazing clarity and speed, and the Picture Archiving Communication Systems (PACS) software system, which electronically gathers, stores and allows rapid access of images and reports from multiple sites for radiology imaging.

FAMC is one of only five hospitals in Nebraska to have a daVinci® Surgical System, the state-of-the-art laparoscopic surgical robotic device that enables ultra-precise, minimally invasive techniques. And The Prostate Center at FAMC is the leading prostate program in Nebraska.

FAMC is also enhancing patient safety and improving the coordination of care through the use of healthcare information technology. This three-year, \$7 million effort to bring information from many different areas of FAMC into a single integrated database is expected to streamline operations, coordinate care between disciplines and help physicians make more informed decisions at the bedside.

These technological advances are necessary to provide more treatment options with the best patient outcomes, but the dedicated board-certified physicians, superbly trained nurses and expert staff provide the compassionate, personal care, in a team approach.



MEDICAL CENTER

FAMC's Continuum of Care

Fremont Area Medical Center's team approach brings together primary care physicians, certified case managers and surgeons for better diagnosis and treatment. This fosters and promotes a comprehensive, cohesive, and coordinated approach to patient and resident care.

FAMC provides everything from 24-hour emergency room care to the full range of diagnostic, surgical, and patient care services—outpatient, inpatient, and after discharge.

FAMC's post-acute services, such as **Home Health Care**, **Hospice Care**, and **A. J. Merrick Manor**, a licensed 162-bed skilled-care facility, ensures a consistency of quality and caring throughout the continuum of care.



FAMC

Fremont Area Medical Center

Nursing at FAMC

The nursing staff at FAMC consistently receives high marks in patient satisfaction surveys—and their experience is one reason why. Many of the nurses have over 20 years of tenure and a lengthy list of medical and educational certifications.

FAMC provides a high nurse-to-patient ratio because it translates to high-quality, individualized care. Patient care managers act as liaisons between the physician and all others providing care to the patient. Resident care supervisors fill a similar role at A. J. Merrick Manor.

FAMC encourages and supports the growth and empowerment of nurses through various initiatives like The Nursing Leadership Academy, leading to improved quality of patient care and safety, as well as nurse satisfaction.



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at **FAMC**
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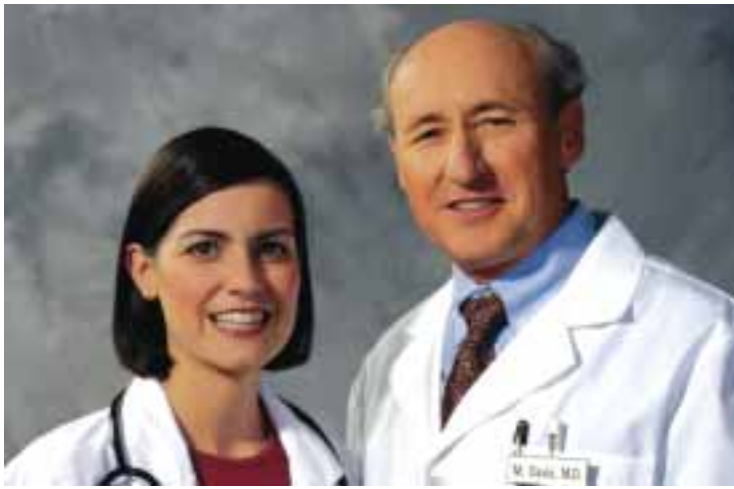
and Cryosurgery for prostate cancer, and Greenlight PVP or Holmium Laser and Microwave Thermocoagulation for treatment of benign prostate problems — the most advanced options for prostate treatment.

Licensure Actions

The following is a list of licensure actions taken between December 1, 2005 and January 31, 2006. Additional information on any of these actions is available by calling (402) 471-4923.

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Janice Bergren RN	12/02/05	Probation	Unprofessional Conduct-Failure to conform to standards of acceptable and prevailing practice of nursing.
Roxanne Wynne LPN	12/05/05	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Leaving a patient care nursing assignment without notifying personnel so that reasonable arrangements for continuation of care can be made.
Louise Lebow LPN	12/15/05	Suspension	Habitual intoxication or dependence.
Judith Koch LPN	12/27/05	Suspension	Unprofessional Conduct-Committing any act which endangers patient safety or welfare; Falsification of material facts in a material document connected with the practice of nursing. Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Cheryl Ruhter LPN	12/27/05	Suspension	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice setting to safeguard patient care; Falsification of material facts in a material document connected with the practice of nursing.
Carrie Sheppard LPN	12/27/05	Censure	Unprofessional Conduct-Practice of the profession beyond its authorized scope.
John Boehme RN Compact Privilege	12/27/05	Revoke NE Compact Privilege to Practice	Habitual intoxication or dependence. Failure to comply with treatment program recommendations entered into under the NE Licensee Assistance Program. Violation of the Uniform Controlled Substances Act.
Steven Courson RN Compact Privilege	12/27/05	Probation	Habitual intoxication or dependence. Unprofessional Conduct-Misappropriation of medication of a patient or agency. Violation of the Uniform Controlled Substances Act.
Carol Iltzsch RN	12/27/05	Censure, Civil Penalty, Probation	Conviction of a misdemeanor which has a rational connection with fitness or capacity to practice the profession. Failure to comply with the state mandatory reporting law by failing to report misdemeanor conviction.
Debra Kurlmel RN	12/27/05	Probation	Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession or the ethics of the profession by reporting to work under the influence of alcohol.
John Wipfler RN	12/27/05	Suspension	Unprofessional Conduct-Departure from or failure to conform to standards of acceptable and prevailing practice; Failure to utilize appropriate judgement in administering safe nursing practice based upon level of licensure. Violation of previously imposed terms and conditions of licensure probation.
Cynthia Daniels RN	12/27/05	Suspension followed by Probation	Unprofessional Conduct-Departing from or failure to conform to the standard of acceptable and prevailing practice of the profession; Committing any act which endangers patient safety or welfare. Failure to comply with the state mandatory reporting law by failing to report employment termination for alleged unprofessional conduct.
Paul Hopwood RN	12/27/05	Voluntary Surrender in Lieu of Discipline	
Lucile Forey LPN	12/27/05	Suspension	Unprofessional Conduct-Failure to keep and maintain adequate records of treatment or service; Failure to utilize appropriate judgement in administering safe nursing practice based upon level of licensure. Failure to comply with the state mandatory reporting law by failing to report employment termination for alleged unprofessional conduct.
Shirley Sladek LPN	12/27/05	Revocation	Violation of previously imposed terms and conditions of licensure probation.
Amanda Hull RN	01/03/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to maintain an accurate patient record.
Sandra Malin RN	01/03/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct- Failure to maintain an accurate patient record. Failure to comply with the state mandatory reporting law by failing to report employment termination for alleged unprofessional conduct.

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
JHaley Wiedel LPN	01/08/06	Non-disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report employment termination for alleged unprofessional conduct.
Jill (Pelan) Payne RN	01/09/06	Non-disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report misdemeanor conviction.
Sherrill Baumfalk RN	01/17/06	Censure	Unprofessional Conduct-Failure to follow policies and procedures implemented in the practice situation to safeguard patient care; Committing any act which endangers patient safety or welfare; Practice beyond authorized scope.
Janelle Peters RN	01/17/06	Probation	Unprofessional Conduct-Falsification or misrepresentation of material facts in attempting to procure nursing employment. Failure to comply with the state mandatory reporting law by failing to report employment termination for alleged unprofessional conduct.
Lola Lamson RN	01/17/06	Revocation	Habitual intoxication or dependence. Unprofessional Conduct-Practicing while impaired; committing any act that endangers patient safety or welfare. Failure to comply with the state mandatory reporting law by failing to report employment termination for alleged unprofessional conduct and voluntary surrender of license in another state.
Carol Slama APRN	01/24/06	Censure	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of advanced practice nursing.
Christine Heins LPN	01/24/06	Suspension	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care; Practice of the profession beyond authorized scope. Misdemeanor convictions having a rational connection with fitness to practice. Failure to comply with the state mandatory reporting law by failing to report misdemeanor convictions.
Immaculate Kponee LPN	01/24/06	Suspension	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing. Failure to comply with the state mandatory reporting law by failing to report employment termination for alleged unprofessional conduct.
Dorothy Andersen RN	01/24/06	Permanent and Voluntary Surrender in Lieu of Discipline	
Paul Gordier RN	01/24/06	Suspension	Violation of previously imposed terms and conditions of licensure probation.
Stephan Grey RN	01/24/06	Suspension followed by probation	Unprofessional Conduct-Falsification of patient records; failure to utilize appropriate judgement in administering safe nursing practice based upon the level of nursing for which licensed.
Geralynn Schafer RN Compact Privilege	01/24/06	Revoke NE Compact Privilege to Practice	Fraud, forgery or misrepresentation of material facts in attempting to procure a license. Conviction of a misdemeanor which has a rational connection with fitness or capacity to practice. Failure to comply with the state mandatory reporting law by failing to report misdemeanor conviction.
Ronda Booth LPN	01/24/06	Suspension for 30 days, Civil Penalty	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care; Violating the confidentiality of information or knowledge concerning the patient; Misappropriating medications, supplies of a patient or agency. Failure to comply with the state mandatory reporting law by failing to report employment termination for alleged unprofessional conduct.
Christin Benson RN	01/25/06	License Reinstated on Probation	Previous Discipline
Patricia Edwards LPN	01/31/06	License Reinstated on Probation	Previous Discipline
Rhonda Wagaman LPN	01/31/06	Revocation	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice based upon level for which licensed; Failure to maintain an accurate patient record; Committing any act which endangers patient safety or welfare; Falsification or misrepresentation of material facts in attempting to procure nursing employment. Failure to comply with the state mandatory reporting law by failing to report employment termination for alleged unprofessional conduct.
Jody Streiff RN	01/31/06	License Reinstated on Probation	Previous Discipline



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Rob Kuhl	(402) 884-1055	920 S 107th Ave #304	Omaha	rkuhl@farmersagent.com
Pat Lemmers	(402) 493-3033	11720 W Dodge Rd	Omaha	plemmers@farmersagent.com
Mick Manley	(402) 391-1656	9001 Arbor St #110	Omaha	mmanley@farmersagent.com
Bill Parsons	(402) 597-2371	11329 P St #105	Omaha	bparsons@farmersagent.com
Gerene Ridpath	(402) 895-0885	4848 S 120th St#210	Omaha	gridpath@farmersagent.com
Vern Schmidt	(402) 332-3300	602 N Hwy 6	Gretna	vschmidt@farmersagent.com
Ron Sladek	(402) 330-8911	2722 S 148th Ave Cir	Omaha	rsladek@farmersagent.com
Mary Sladek	(402) 991-9229	5332 S 138th St #203	Omaha	msladek@farmersagent.com
Jerry Stone	(402) 333-9090	2707 S 134th Ave #2	Omaha	jstone@farmersagent.com
David Strunc	(402) 330-3333	2707 S 134th Ave #2	Omaha	dstrunc@farmersagent.com
Kevin Sulley	(402) 697-1010	2608 S 158th Plz	Omaha	ksulley@farmersagent.com
Angela Vinduska	(402) 423-3114	7160 S 29th St Ste F	Lincoln	avinduska@farmersagent.com
Carla Cosier	(402) 423-3114	7160 S 29th St Ste F	Lincoln	ccosier@farmersagent.com
Mike Landerfield	(402) 488-5277	916 N 70th St	Lincoln	mlanderfield@farmersagent.com
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Licenses Lapsed Following Audit

The following LPN and LPN-C licenses have been lapsed for failure to comply with the audit of license renewal requirements. As of the date this information was submitted for publication these licensees have not applied for license reinstatement or reissuance. If the license has been reinstated, the license will be listed as active on the Web site. <http://www.nebraska.gov/LISSearch/search.cgi>

LPN-C	543	Pursche, Loretta Ann
LPN-C	724	Gillett, Cynthia M
LPN-C	837	War Bonnet, Lori
LPN	6150	Titman, Donna Louise
LPN	12791	King, Karon Anne
LPN	14429	Sypal, Debra
LPN	14621	Hochstetler, Michelle Marie
LPN	14868	Mazanec, Kathy
LPN	15123	Harris, Belinda Jean
LPN	17067	Ford, Marinda Kay
LPN	19117	Fritchie, Patricia Rene
LPN	19242	Reiher, Jill Marie
LPN	19387	Campbell, Pamela Kay
LPN	19660	Roberts, Carol Ann

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Funding Approved for Faculty Student Loan Program

By Charlene Kelly, Ph.D., R.N.

Nebraska has a shortage of qualified nursing faculty. Many current faculty will reach retirement age in the next ten years. In addition many recent graduates of masters and doctoral programs have chosen to pursue a nurse practitioner role instead of teaching in a nursing education program. To address the faculty shortage the Legislature created the Nursing Faculty Student Loan Act in 2005. The 2006 Legislature passed LB 962 which provided funding to implement the loan act. Both the bill that created the loan act and the funding bill were introduced by Senator Marian Price. The funding bill, LB 962, was her priority bill this year.

The \$150,000 appropriated in LB 962 will be used to provide loans to Nebraska resident nurses enrolled in accredited masters or doctoral nursing programs in Nebraska. Each recipient must agree to teach nursing in an approved Nebraska nursing program for two years for each year the loan was received. When the recipient fulfills this commitment, the loan will be forgiven. If the recipient mis-

uses the loan funds, does not graduate from the program, or fails to fulfill the teaching commitment he/she must repay the loan with interest and, in some instances, an additional penalty.

The regulations to implement the loan act are currently awaiting approval by the governor. The funding approved by the legislature will become available in July 2006. Provided the regulations have been signed; work will begin to seek applications from individuals who wish obtain a loan.

Loans will be issued for \$5,000 per academic year for up to three years to select applicants. Information on the availability of loan funds will be sent to each educational institution in Nebraska with an accredited masters or doctoral nursing program. Loans will be allocated to the programs based on enrollment as reported to the Department for 2005. Each program will be asked to submit a list of students recommended to receive a loan.

In addition to the \$150,000 appropriated by the legislature, each RN and LPN will be assessed a one-time one dollar fee on his/her license renewal application in 2006

or 2007 to provide additional funding for the program. The appropriation and the fee assessment will garner approximately \$170,000 for the fund. Senator Price and the Center for Nursing have pledged to continue their efforts to obtain additional funding for loans from private sources. \$15,000 must be available in the fund for each loan recipient selected. This means that funding will be available for eleven loan recipients. If a recipient does not use the full \$15,000, the remaining funds can be used to fund additional loan recipients. At first glance eleven recipients does not seem like it will make much of an impact on the shortage of qualified faculty. However, most directors of nursing education programs will admit that adding eleven persons to the pool of qualified applicants for faculty positions in Nebraska is significant.

If you are interested in obtaining more information on the Nursing Faculty Student Loan Program, contact the financial aide office at the educational programs where you are enrolled or are planning to enroll after July 1, 2006.

NCSBN NEEDS YOU!

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Appointments to the New Board of Advanced Practice Registered Nurses

Due to the passage of [Legislative Bill 256](#) during the 2005 Nebraska Legislative Session the composition of the Board of Advanced Practice Registered Nurses will change on July 1, 2007.

Statutes do provide for the current members on the Board to continue to serve in their capacity on the Board until June 30, 2007.

The Board of Health will make appointments to the nine new positions on this Board at their March 2007 meeting. This is being done so that the new members are ready to start conducting business on July 1, 2007, when the statutory authorization for these positions becomes effective.

The new positions and requirements to qualify for each are:

- One Certified Nurse Midwife Member
 - Certified as a Nurse Midwife in Nebraska
- One Certified Registered Nurse Anesthetist Member
 - Certified as a Nurse Anesthetist in Nebraska
- One Clinical Nurse Specialist Member

- Certified as a Clinical Nurse Specialist in Nebraska (the initial member must be practicing as such prior to July 1, 2007)

One Nurse Practitioner Member

- Certified as a Nurse Practitioner in Nebraska (the initial member must be licensed as an advanced practice registered nurse prior to July 1, 2007)

Three Physician Members

- Licensed as a Physician in Nebraska
- NOTE: Of the three physicians on this board, one shall have a professional relationship with a nurse practitioner, one shall have a professional relationship with a certified nurse midwife, and one shall have a professional relationship with a certified registered nurse anesthetist.

Two Public Members

- A resident of Nebraska
- Voting age
- SHALL NOT be a present or former member of a health care profession credentialed by the Nebraska Department of Health & Human Services Regulation & Licensure, or another state or territory of the United States, or the District of Columbia
- SHALL NOT be an employee of a

member of a credentialed profession

- SHALL NOT be an immediate family or household member of any person presently regulated by this Board
- www.hhs.state.ne.us/crl/crlindex.htm –

Provides information relating to Board Membership and Responsibilities, Board Meetings, Board Minutes, Board Members, and Board Vacancies.

- Beginning November 15, 2006, the application documents for the APRN Board appointments will be available online at the [MARCH 2007 STATE BOARD OF HEALTH APPOINTMENTS](#) link. The deadline for submission of applications is **December 29, 2006**.

If you are interested in serving on this board, please contact the following and provide your name and address together with the name of the board and position of interest. You will then be notified when a vacancy occurs.

Department of HHS Regulation and Licensure
Credentialing Division
PO Box 94986
Lincoln, NE 68509-4986
Phone: (402) 471-0182
E-Mail: joyce.novak@hhs.ne.gov



Appointments to the Board of Nursing

The Board of Health will make three appointments to the Board of Nursing at their November 2006 meeting. These appointments will be to fill vacancies due to term expirations. Requirements to qualify for these positions are:

Baccalaureate Nurse Educator Member:

- Licensed as a Registered Nurse in Nebraska
- Graduate with a master's degree in nursing
- Minimum of five years experience in administration, teaching, or consultation in nursing education
- Employed as a baccalaureate nurse educator (current employment means having practiced no less than two thousand hours in the last two years)

Practical Nurse Member:

- Completed four years of high school study
- Licensed as a Practical Nurse in Nebraska
- Obtained a certificate or diploma from a state-approved practical nursing program
- Actively engaged in practical nursing for the past five years
- Employed in the provision of patient care services (current employment means having practiced no less than two-thousand hours in the last two years)

Staff Nurse Member:

- Licensed as a Registered Nurse in Nebraska
- Minimum of five years experience in nursing
- Employed as a staff nurse in the provision of patient care services (current employment means having practiced no less than two thousand hours in the last two years)

ADDITIONAL MEMBERSHIP REQUIREMENTS

1) All congressional districts shall be

equally represented on the board, and each member shall have been a resident of the congressional district from which he or she is appointed for the past year.

2) Nursing service administrators, staff nurses, and licensed practical nurses on the board shall be equally representative of acute care, long-

term care, and community-based care.

• Beginning May 1, 2006, application documents for Board of Nursing appointments will be available online at the [NOVEMBER 2006 STATE BOARD OF HEALTH APPOINTMENTS](#) link. The deadline for submission of applications is **August 1, 2006**.

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Update on the Nurse Licensure Compact

There are twenty states currently in the Nurse Licensure Compact (NLC). Nebraska has been a part of the compact since 2001. Nurses who are licensed in Nebraska and reside in Nebraska are issued a multi-state (compact) license. As a member of the NLC, nurses with a multi-state

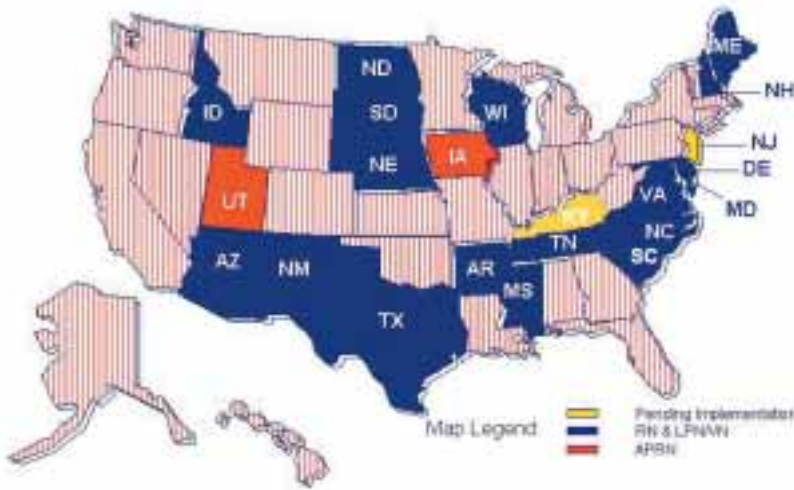
license can practice in any of other compact states under their multi-state license.

You must hold a license in your primary state of residence. So, if you move to another compact state and that is your new primary state of residence you need to apply for a license in that state. You can

work for up to 30 days on your compact license from another state while waiting for your new license.

On April 25, 2005, the states of Iowa and Utah agreed to mutually recognize APRN licenses. At this time no date has been set for the implementation of the APRN Compact.

Below are the states currently in the compact. There are more states scheduled to join the compact this next year. You can access up-to-date information on NLC from the National Council of State Boards of Nursing web site, ncsbn.org.



NLC STATES

- | | |
|---------------|----------------|
| Arizona | New Mexico |
| Arkansas | North Carolina |
| Delaware | North Dakota |
| Idaho | South Carolina |
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Practice Advisory Opinions

The statutes and regulations provide general guidelines regarding a nurse's scope of practice. Occasionally the Board of Nursing will receive a request to issue an opinion on a specific procedure, whether it is within the scope of practice for an RN and/or LPN. Advisory Opinions are a "statement or judgment regarding nursing practice issues given by the Board based upon their belief and knowledge."

Advisory Opinions are printed in the nursing regulation book and on the web site. You can access the web site at www.hhs.state.ne.us/crl/nursing/nursingindex.htm.

The Board has recently approved three new or revised Advisory Opinions. Those opinions are Dermabond® and Other Topical Skin Adhesives, Tube Replacements, and Peripherally Inserted Central Catheters (PICC lines). Below is a list of current Advisory Opinions.

- Abandonment
- Accountability for Professional Conduct
- Analgesia/Moderate Sedation
- Arterial Lines
- Cardioversion
- Casting
- Chest Tube Removal
- Chronic Ambulatory Peritoneal Dialysis (CAPD)
- Collagen Injections
- Cortisone Injections
- Delegation/Assignment &/or Direction Within the Outpatient Dialysis Unit
- Epicardial Pacing Wires
- Gastroenterology
- Gastrostomy/Suprapubic/Jejunostomy Tube Replacement
- Intraosseous Cannulation
- Internal Fetal Scalp Electrodes
- Intra-Uterine Pressure Catheters
- LPN and Gynecological Services
- LPN and Laboring Obstetrical Patients
- LPN and Respiratory Care
- Obtaining Blood Specimens
- OB Patients Receiving Analgesia/Anesthesia by Catheter Post-Anesthesia Management by CRNA
- Peripherally-Inserted Central Catheters (PICC)
- Pronouncement of Death
- Provision of Medication When Pharmacy is Closed
- RNs and Airway Management
- RN First Assistants
- Sclerotherapy
- Umbilical Catheters
- Unna Boot
- Verbal and Telephone Orders
- Wound Debridement
- Wound Drains

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Nursing History

by Charlene Kelly, Ph.D., R.N.

This issue I am sharing some interested tidbits from the minutes of the first years meetings of the Board of Nursing.

The first Board of Nursing was a board on the move – literally. There was no administrative or clerical staff to support

the work of the board so much of their meeting time was spent doing that type of work. The minutes of the October 21, 1910 meeting describe the meeting, which began at 9:00 a.m., as follows:

“Visited Dr. Carr’s office at his request to receive mail and correspondence accumulated for nurses’ Board. Received one application with fee

and one with which no fee was enclosed from Dr. Carr. Deposited fees at bank. Visited the State House. Governor’s secretary and Superintendent of Public Instruction Bishop were informed of their support and approval of the curriculum. Selected card section of filing case, desk chair, etc. Met in the afternoon at the Orthopedic Hospital. Answered correspondence, addressed stamped and mailed 67 diplomas of registrations and filed papers for same. Sent down to business college for printing of names, sixty-nine diplomas. Meeting adjourned at 9:00 p.m.”

The minutes of the first years of the Board of Nursing are filled with references to preparing documents, signing and mailing certificates, filing, paying bills and writing reports - much different from today’s board role of discussion, recommendation, decision and advice.

In December of 1910 the three board members divided up the exam sections and each was assigned to write the questions for the next year’s exam for their sections. The first record of a licensing examination being administered is in 1911 when examinations were administered May 16-17 in Omaha and May 18-20 in Lincoln. How different from today’s national computer-adaptive examination that is offered five to six days a week. Notice was given that beginning May 1, 1914, an applicant for state board examination must have completed her time in the hospital and her course of training before taking the examination. This requirement is still in place today. The May 1915 examinations were cancelled because a new board had not been appointed.

The November 1913 minutes note that “certificates were duplicated for the three nurses from the Methodist Hospital in Omaha whose certificates were lost in the tornado.” This is a reference to the Easter Sunday tornado that hit Omaha on March 23, 1913, killing 140 and injuring 400 people.

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Practice FAQs



Tammy, a nurse in Omaha, asks the following question; "I am going to be taking the American Nurses Credentialing Center certification exam, Gerontological Nurse. Once I receive my certificate do I need to send a copy to the Board of Nursing?"



No. You are required by statute to have a nursing license to practice nursing in Nebraska. Certifications, however, are voluntary and are not required by statute or by the Board.

There are many different certifications available. A nurse may wish to pursue certification in their area of practice to enhance their practice and meet professional goals. But the Board does not require that you obtain certification or that you provide us with a copy of your certification. The Board does not keep certification information.

You can use your certification to meet the continued competence requirement for license renewal. If your renewal is audited, then you will need to submit a copy of your certification to the department.

For additional information on the Nurse Licensure Compact, you can go to www.ncsbn.org (National Council of State Boards of Nursing) or the Nebraska Board of Nursing site www.hhs.state.ne.us/crl/nursing/rn-lpn/compact.htm.

For More Information...

Visit our Web site at: <http://www.hhs.state.ne.us>

If you do not have access to the Internet, please contact the Credentialing Division for information or questions concerning:

Nursing and Nursing Support

General Issues

Charlene Kelly, R.N., Ph.D.
Section Administrator
(402) 471-0317
charlene.kelly@hhs.ne.gov

Advanced Practice Nursing

(CRNA, CNM, APRN)

Initial Licensure

Licensure by Endorsement

Reinstatement of Licensure Staff

Renewal/Audit Questions

Kathy Anderson
(402) 471-2666
kathy.anderson@hhs.ne.gov

Nursing Practice Issues

Karen Bowen, R.N., M.S.
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karen.bowen@hhs.ne.gov

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Licensure Based on Examination (NCLEX®)

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maryann.moore@hhs.ne.gov

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kathy.anderson@hhs.ne.gov

Licensed Practical Nurse

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Certification by Examination

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Foreign Educated Nurses

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Nursing Statutes

Rules and Regulations

Charlene Kelly, R.N., Ph.D.
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charlene.kelly@hhs.ne.gov

Scope of Practice and Practice Standards

Karen Bowen, R.N., M.S.,
(402) 471-4376
karen.bowen@hhs.ne.gov

Education Issues, Curriculum Revisions and

Nursing Program Surveys

Sheila Exstrom, R.N., Ph.D.
(402) 471-4917
sheila.exstrom@hhs.ne.gov

Refresher Course/Designing Own Review Course

of Study

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(402) 471-4917
Sheila.Exstrom@hhs.ne.gov

Renewal Requirements

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(402) 471-4376

Name and/or Address Change

(Please provide your name and social security number)

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(402) 471-2666
kathy.anderson@hhs.ne.gov

Nursing Student Loan Program

Shirley Nave
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ruth.schuldt@hhs.ne.gov

Complaint Filing

Investigations Division
(402) 471-0175

Medication Aide

Medication Aide Role and Practice Standards

Nancy Holmgren, R.N., B.S.N., Program Manager
(402) 471-4969
nancy.holmgren@hhs.ne.gov

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Ty Baskin
(402) 471-4910
tyrone.baskin@hhs.ne.gov

Medication Aide Registry and Applications

Ty Baskin
(402) 471-4910
tyrone.baskin@hhs.ne.gov

Medication Aide Testing

Kathy Eberly
(402) 471-4364
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Nurse Aide

Nurse Aide Role and Practice Standards

Nancy Holmgren, R.N., B.S.N.
Nancy.holmgren@hhs.ne.gov

Nurse Aide Registry

Wanda Wiese
(402) 471-0537
wanda.wiese@hhs.ne.gov

Name and/or Address Change

(Please provide your name and social security number)

Wanda Wiese at (402) 471-0537
wanda.wiese@hhs.ne.gov

Questions Related to: Interstate Endorsements, Nursing Students, Military Training, Foreign Trained Nurses

Nancy Stava
(402) 471-4971
e-mail: nancy.stava@hhs.ne.gov

Nurse Aide Testing

Kathy Eberly
(402) 471-4364
kathy.eberly@hhs.ne.gov

General

Mailing Labels

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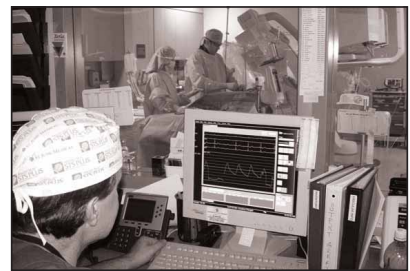


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