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SUMMER 2008

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Edition 17

on the COVER
Virginia Tilden, RN, DNSc, FAAN
Dean, UNMC College of Nursing and
Eleanor Howell, PhD, RN
Dean, Creighton University School of Nursing
Last month’s message drew more comments from readers than any previous message I had written. I received verbal comments, e-mails and notes on get-well cards expressing agreement with my concerns from the patient perspective about the shift in nursing care from comfort measures to technological interventions and the effect of 12-hour shifts on patient safety and retention of experienced nurses. I welcome your comments to any of my messages.

This month’s feature article spotlights nursing education and the critical need for educational preparation for nursing educators to fill the shortage of educators and enable the educational programs to expand their enrollment. Prior to accepting my current position as Executive Director for the Board of Nursing, I spent seventeen years as a nursing educator. Following my graduation with a BSN from UNMC College of Nursing, I worked for a short time as a staff nurse on a Medical Surgical floor before accepting a position as a pediatric clinical instructor in a hospital-based diploma program, eventually becoming coordinator of the course. I also enrolled in a graduate program in Maternal Child Nursing. The program closed four years later, at which time I took a part-time position in an Associate Degree Program. By this time, we had our first child, and I was enrolled full-time in the graduate program. When I finished my master’s degree, I returned to full-time status and became course coordinator. Over the next years, I performed in a variety of roles including advising students and coordinating off-site weekend programs. The program added an RN to BSN option. Ten years after completion of my master’s degree, I completed my doctorate and was named Program Chair.

This is the time of the year when new graduates finish their programs and enter the workforce. It is a challenging time for the new graduates and the mentors they are assigned to.

Do you remember how you felt as a new graduate? So much to learn and so much to remember. Fear that you will make a mistake or ask a stupid question and be chided by more experienced staff. All of these feelings contribute to feelings of inadequacy and over time can result in the new graduate leaving nursing. The new graduate and the experienced nursing mentor have the responsibility to prevent this from occurring. New graduates need to realize that they are not expected to know everything when they graduate. Nursing education is designed to teach students basic principles of nursing, critical thinking and the tools to find the answers to what they don’t know. The graduate also needs to realize that it will take them much longer to perform skills and complete new activities. The graduate needs to be patient as does the mentor to develop a relationship that will foster learning and support retention on the part of the graduate and satisfaction on the part of the mentor.

Not every experienced nurse will make a good mentor. A mentor needs to enjoy working with new graduates. The mentor role requires patience and appreciation of the satisfaction derived from seeing the new graduate grow and mature. Who knows, success as a mentor might be a stepping stone to a career in nursing education.

Charlene Kelly
President’s Message

Nursing colleagues comment from time to time about a topic covered in the “President’s Message,” however, I was impressed at the overwhelming number of unsolicited responses following publication of the January issue of Nursing News. Apparently the message of the need for balance and the importance of recognizing what we can and cannot do resonated strongly with many of you. Several individuals related their all too familiar experiences of taking on way too much and discovering they were not able to truly enjoy any aspect of those promising opportunities.

One acquaintance spoke candidly about her journey towards her acceptance of not filling every waking hour with meaningful projects and activities. She reflected on dealing with and eventually overcoming guilty feelings associated with not overbooking herself and her children. She discovered that being overly involved in worthwhile pursuits was overwhelming and resulted in physical and emotional health concerns.

Minivans were not designed as dressing rooms for kids to quickly change from school clothes into athletic uniforms between piano lessons and games—nor were they designed to replace the family’s kitchen table. Yet, I wonder how many meals were eaten in vehicles throughout our state this past week?

When life gets out of balance, what can be done to restore necessary equilibrium? We all know the importance of a healthy diet, regular exercise, and adequate sleep. We need to figure out what really matters and eliminate things that are not important. Most of us know how to work hard—but have we forgotten how to play? As children, most of us mastered the art of playing with total attention given to the act of playing itself. As adults, we need to rediscover that skill and regularly engage in activities to totally capture our attention of the present moment.

Present moment activities help restore balance. Consider making time to totally lose yourself by reading just for fun, going to a concert, playing a musical instrument, smelling the roses, crunching leaves, completing a crossword puzzle, sewing, quilting, painting, golfing, gardening, playing cards or walking the dog. Losing yourself in these activities will restore that balance and give new life to one’s true self.

Marcy Echternacht
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.dhhs.ne.gov/crl/brdmtgs.htm, or you may obtain agenda by phoning (402) 471-4376.

<table>
<thead>
<tr>
<th>Day/Date</th>
<th>Time</th>
<th>Meetings</th>
<th>Location</th>
</tr>
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<tr>
<td>Tuesday, August 5-</td>
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<td></td>
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<tr>
<td>Friday, August 8</td>
<td></td>
<td>NCSBN Annual Meeting</td>
<td>Nashville, TN</td>
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<tr>
<td>Thursday, August 21</td>
<td>8:30 a.m.</td>
<td>Board of Nursing</td>
<td>Gold’s Room 534</td>
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<td>(Disciplinary Case Review Meeting – Most of meeting in closed session)</td>
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<td></td>
<td>2:00 p.m.</td>
<td>Education Committee</td>
<td>Gold’s Room 530</td>
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<td></td>
<td>2:00 p.m.</td>
<td>Practice Committee</td>
<td>Gold’s Room 534</td>
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<tr>
<td>Thursday, September 18</td>
<td>8:30 a.m.</td>
<td>Board of Nursing</td>
<td>Gold’s Room 534</td>
</tr>
<tr>
<td>Wednesday, October 15</td>
<td>1:30 p.m.</td>
<td>Board of Nursing</td>
<td>Gold’s Room 534</td>
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<td>Issues Discussion</td>
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<td>Thursday, October 16</td>
<td>8:30 a.m.</td>
<td>Board of Nursing</td>
<td>Gold’s Room 534</td>
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<td>Gold’s Room 534</td>
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<td>Thursday, November 20</td>
<td>8:30 a.m.</td>
<td>Board of Nursing</td>
<td>Gold’s Room 534</td>
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<tr>
<td>Thursday, December 18</td>
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Clinical Nurse Specialist License Renewal

We have had many calls regarding the requirements for renewal of the Clinical Nurse Specialists (CNS) licenses, since this is the first renewal for CNS. The CNS license will renew every two years, in the same years as the RN license (even years). So, for those of you that now hold a CNS license, this year you will be required to renew your license.

As part of the renewal requirements, the CNS will be required to meet the Continuing Competency requirements in the regulations. The following is a summary of the continuing competency requirements:

- National certification (one of the approved certifying examinations accepted for licensure) or documentation of an alternative method of competency assessment.
- A minimum of 2080 hours of practice as a CNS within the previous five years.
  - Hours spent by faculty in a graduate-level clinical nurse specialist program in the supervision of students in the clinical area may apply toward the 2080 hours.
  - Applicants who have been licensed less than five years will not be required to meet the practice requirement for license renewal.
- Forty hours of continuing education in the clinical specialty area within the previous two years.
  - Applicants who have been licensed less than two years will not be required to meet the continuing education for license renewal.
- A workgroup of the APRN Board has been developing criteria for the alternative methods of determining competency that will be accepted for continuing competency for those CNSs licensed before September 1, 2007, that do not have national certification. The APRN Board is required to approve the alternative methods of determining competency and will review the criteria the workgroup has developed for approval.
  After the board’s approval, the criteria will be available on our Web site, www.dhhs.ne.gov/ctl/nursing/nursing-index.htm.

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All Registered Nurses licensed in Nebraska will be required to renew their licenses prior to November 1, 2008, which is the date that their current licenses will expire. Renewal notices will be sent in August. Some hints for renewal:

Be prepared—have proof of your continued competence (practice hours and continuing education hours) available so that you can attest that you have completed them as required. Do not attest to having completed either practice hours or continuing education hours that you plan to complete prior to the renewal date but have not completed by the date that you attest they have been completed.

Renew online—if you take advantage of renewing online, the turnaround time is shorter and therefore you will get your renewed license more quickly.

Renew early—if you renew as quickly as you receive the notice, you will not run the risk of forgetting to do so, nor will your renewal need to be processed along with the many nurses who will wait until the last minute to renew. Beat the crowd—renew early. Reduce your stress—renew early.

You can renew by meeting the competencies in one of six different ways—please refer to the article in the last Nursing News (spring of 2008). You are to indicate which of the methods you are attesting to when you renew.

What are nursing practice hours—Practicing as a nurse includes a variety of roles and activities including, but not limited to, direct patient care, providing education or consultation to patients, families, or other health care providers, administrating, supervising or managing patient care or nursing staff, and conducting research. Please refer to the Nurse Practice Act 71-1,132.05. Position descriptions that require a nursing license or positions that require the use of nursing knowledge would qualify as nursing practice hours.

Nursing practice hours may be either compensated hours or voluntary hours.

What is acceptable continuing education—Acceptable continuing education must be related to nursing practice. If the education is designed for consumers rather than nurses, then it is not nursing continuing education. If the education is outside of the scope of nursing, then it is not nursing education. No more than four hours can be used for CPR and/or BLS classes. Orientation to facilities, policies, procedures, forms, equipment, etc., is not nursing continuing education.

For license renewal, twenty hours of continuing education is required to be completed within the last two years (since the last renewal). All twenty of the hours must be related to nursing practice, and ten of them must be peer reviewed and approved as nursing continuing education. Ten of the twenty do not have to be approved as nursing continuing education but could still be used for nursing renewal as long as the content is related to nursing practice. Sometimes offerings that have been approved for other professionals are also related to nursing practice and even though they have not been approved as nursing continuing education could be used for non approved nursing continuing education. Likewise, some offerings may be planned specifically for nursing but approval has not been sought, these then would qualify as non peer reviewed continuing education for nurses.

If the continuing education is an academic course related to nursing practice, or if it has been approved by a national nursing organization, a state nurses association, another state board of nursing, or an approved provider of nursing continuing education, then it is peer reviewed and accepted as peer reviewed continuing education for license renewal. The certificate of completion or attendance will indicate if it has been approved as nursing continuing education and by whom. Please refer to the regulations governing the practice of nursing (101-004.03B) for acceptable continuing education for license renewal, and to 101-004.04 for what is not accepted as continuing education for license renewal.

Statutes and regulations are available at www.dhhs.ne.gov/crl/nursing/rn-lpn/rules.htm.
The Board of Nursing has approved the following revised advisory opinion, Intraosseous Cannulation. All of the board’s advisory opinions can be found on our Web site, http://www.hhs.state.ne.us/crl/nursing/Rn-Lpn/advisory.htm. Be sure to bookmark the site for easy reference.

INTRAOSSEOUS CANNULATION

It is within the scope of practice of a Registered Nurse (RN) to place intraosseous devices if the following requirements are met:

I. General Requirements

a. Written policies and procedures are maintained by the agency/employer. Appropriate policies, procedures, and standing orders should be developed which specify qualifications, special education and training to include didactic and clinical competency verification components, and emergent conditions/patient situations wherein the RN is authorized to administer intraosseous therapy.

b. Only RNs who have satisfactorily completed an instructional program and have had supervised clinical practice are allowed to insert intraosseous devices.

c. Documentation of satisfactory completion of an instructional program, supervised clinical practice, and clinical competency verification is on file with the employer.

II. Course of instruction is to include but not be limited to:

a. Anatomy and physiology of the bone and circulation

b. Indications and contraindications for the procedure

c. Complications and management techniques to include potential adverse reactions

d. Selection of appropriate site and preparation of site

e. Technique of intraosseous device insertion and removal

f. Nursing responsibilities

RATIONALE

The guiding principle for this opinion is that Intraosseous Cannulation insertion/removal can be safely performed by a registered nurse with specialized training, skills, and knowledge.

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Some Changes Coming---

On December 1, 2008, the Uniform Credentialing Act (UCA) becomes effective and replaces the current Uniform Licensing Law (ULL).

With this change, applicants for new licenses to be issued on or after December 1, 2008, will be required to be one of the following: (1) a citizen of the United States, (2) an alien lawfully admitted into the United States for permanent residence under the Immigration and Naturalization Act (INA) and who is eligible for a credential under the Uniform Credentialing Act, or (3) a non-immigrant whose visa for entry, or application for visa for entry, is related to employment in the United States. Evidence of citizenship and/or Immigration status may include:

1. A U.S. Passport (unexpired or expired)
2. An original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
3. An American Indian Card (I-872)
4. A Certificate of Naturalization (N-550 or N-570)
5. A Certificate of Citizenship (N-560 or N-561)
8. Certification of Birth Abroad (FS-545 or DS-1350)
9. A United States Citizen Identification Card (I-197 or I-179)
10. A Northern Mariana Card (I-873)
11. An Alien Registration Receipt Card (Form I-551), otherwise known as a “Green Card”
12. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport
13. An Alien Registration Number (“A#”) or
14. A Form I-94 (Arrival-Departure Record) number

The current (ULL) statutes and the new (UCA) statutes which become effective on December 1, 2008, are on the Web site at http://www.dhhs.ne.gov/crl/statutes/statutes.htm.
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Ann Hippe wanted to become a teacher. But in the early 70s, there were oodles of teachers. She pondered nursing. She even took a course at UNMC on the “history of nursing.” It changed her mind. After nursing for a few years, she saw a help wanted ad looking for someone to teach in the practical nursing program. She has been teaching and nursing ever since. The best of both worlds, according to Hippe!

“The best of both worlds!” is how everyone interviewed described their nursing roles—they are the deans and directors of Nebraska’s nursing schools. It is a message we hope will entice nurses to consider a career in education … and soon!

Nursing schools throughout the nation need faculty members. Without faculty, nursing schools are unable to meet the large demand of prospective nursing students. Nebraska is feeling the pinch, too. The deans and directors are coming up with creative ways to entice nurses to consider joining the academic ranks.

Nursing News
Nurses in Faculty Positions

Task Force of Nebraska Nursing Leadership Coalition, , left side, MJ Petersen, Nebraska Assembly of Nursing Deans and Directors, Marcy Echternacht, Nebraska Board of Nursing, Nancy Hanson, Nebraska Nurses Association, Cynthia Leich-Basse, Nebraska Organization of Nurse Leaders; right side, Cindy Zimmer, Nebraska Nurses Association, Maxine Guy, Nebraska LPN Association, (not visible) Connie Wagner, Nebraska Healthcare Association and Nebraska LPN Association
According to a position paper presented by the Nebraska Center for Nursing, the average age of nursing faculty at retirement is 62.5 years, and the average age currently of doctorally-prepared faculty is 53.5 years (Berlin and Sechrist, 2002). In Nebraska, the average age of nurses with a doctorate is 53, almost the same as nationally, and the average age of nurses with a master’s as their highest degree is 47 (Nebraska Center for Nursing, 2003). Particularly troubling is the fact that between 1993 and 2002, there was an 18.1 percent decrease in the number of doctorally prepared faculty between the ages of 36 and 45.

Creighton University Dean Eleanor Howell is the chair of the Nebraska Assembly of Nursing Deans and Directors. The faculty shortage continues to be a high priority on their agendas.

“(UNMC Dean) Virginia Tilden and I have traveled to Washington, D.C., to visit with the Nebraska delegation and have been successful in convincing them that the nursing faculty shortage is a very serious problem,” she said.

As a result, funds have been allocated to help recruit nursing faculty. In addition, Senator Ben Nelson helped Nebraska secure funding to support the accelerated nursing programs. Other initiatives have spurred more accessible nursing programming in out state Nebraska.

As chair of the Nebraska State Board of Nursing, Marcy Echternacht reminds us that the bottom line for any nurse, regardless of their role, is to provide public safety.

“The board works very hard to ensure that best practices are in place in Nebraska’s nursing schools—mandating that the faculty is well qualified and the curricula are sound. We know that sometimes our decisions aren’t always popular—when we challenge a course or insist on higher credentials for faculty.”

After a successful run as the executive director of the Nebraska Nurses Association, Ann Oertwich worked several years in hospice and home health before becoming the program director for the associate degree program at Northeast Community College. (NCC)

“Administration always appealed to me. I like change and figuring out how to do things differently,” said Oertwich. “Nursing programs had been taught the same way for years, and I liked the challenge of changing the curriculum.”

The 1+1 Program at NCC was a first for Nebraska nursing schools. It combines the PN program and AD program, enabling a student to complete the PN program and immediately progress to the AD program.

Salaries, like with all professions, often hinder nurses from pursuing a faculty position.

“If you are in for the money, this might not be the place for you!” laughed Oertwich. “But the benefits far outweigh perceived salary issues.”

Nebraska Methodist College’s Marilyn Valerio was spurred to teach nursing after delivering her first baby and receiving “abysmal” nursing care in the hospital. She decided that the best way to influence nursing care was to teach students to become better nurses. Valerio also chairs the Nebraska Center for Nursing, where the nursing faculty shortage is a high priority.

“It goes beyond a nursing faculty shortage,” she said. “It is difficult to find the right faculty person for the right position. Besides searching for someone that is qualified and is the ‘right fit’ for your faculty, you need someone that is a specialist in one particular field of nursing,” said Valerio.

“In the last five years, I have had three babies, worked part time in the ICU, taught nursing students … and received my Ph.D.! It can be done!” extolled Amy Abbott, a young Creighton University faculty member. “Creighton supported me the whole way—providing me release time to achieve my Ph.D. and giving me a teaching schedule that enabled me to be at home when I needed to be.”

Abbott went on to add, “I love teaching. I get to do it all! I have a wonderful schedule enabling me to balance my home and family with my career. I provide patient care in clinical settings. And, I am rewarded by helping educate future nurses.”

“Growing your own” seems to be a trend within most nursing schools. Graduates showing interest are mentored and enticed to combine patient care nursing and teaching. Many of the schools offer release time and incentives to attract continued on page 16
active practice nurses to try their hand at teaching. Recruiting a diverse faculty continues to be a high priority for nursing administrators.

Recruiting faculty to Scottsbluff is really a challenge, according to Ann Hippe, director of the nursing program at Western Nebraska Community College.

“When the accreditation standards mandated master’s degrees for nursing faculty, the college offered all newly-hired nursing faculty tuition reimbursement for getting an advanced degree. Taking the next step wasn’t difficult—we have UNMC here in Scottsbluff or we have access to many on-line masters’ programs. In addition, our benefits are excellent,” Hippe said. “We have been fortunate to attract new faculty members. They like having their summers off, enabling them to be home with their children or to pick up clinical hours at the hospital.”

Another advantage to a faculty position means not having to punch a time clock. Faculty positions entail long hours; however, there is flexibility to work at home on occasion or work around other obligations, such as a family or working toward an advanced degree.

For some, it works, and there is a natural progression to becoming a full time faculty member. For others, the required advanced degree is daunting. The entry level for all nursing faculty in Nebraska is a master’s degree. Many instructors are hired with baccalaureate degrees with the understanding that they will work toward a master’s degree. Likewise, doctoral degrees are expected for faculty working in baccalaureate and graduate programs.

Marcy Echternacht, also on the faculty at the College of St. Mary, admits she was one of those who were a bit apprehensive about getting a master’s degree.

“But I loved every minute. Silly as it sounds; undergraduate school is like taking samples of a lot of different foods in a buffet line. Graduate school means you can go back time after time for your favorite food. I loved psychiatric nursing, and in graduate school, I could totally focus on that.”

Dr. Virginia Tilden is the dean of Nebraska’s largest nursing school.

“I have always felt that teaching nursing is a privilege,” said Tilden. “I was a mental health nurse and worked part time in a faculty position while working toward my Ph.D. I was hooked! I loved watching students learn.” She said she scoffs at the naysayers who claim she isn’t actively nursing.

“Everyday I am nursing—whether it be through designing curriculum, mentoring nursing faculty or conducting research—I am providing patient care, albeit indirectly.”
Dean Howell recalls her first teaching experience. “When I first started teaching, I couldn’t believe I was actually getting paid. I loved teaching graduate students—they were eager, motivated and willing to work very hard. Teaching continues to be such an honor for me. As dean, it is my job to make the way for others to succeed. I take great satisfaction in watching our faculty and our students move their careers forward.”

Keeping up is a challenge. While changes and requirements change within hospitals at a rapid pace, making changes in an academic setting moves much slower. It is the challenge of every administrator to develop teaching methods that keep up with industry expectations.

Nursing education has changed through the years. Methods used years ago could be described as “provincial” and very traditional. Today’s education is evidence based; students are encouraged to work as teams, to use clinical judgment. Teaching takes place on-line, in simulation laboratories and in the worksite.

While there was hesitation and apprehension on the part of some of some faculty members more accustomed with the traditional methods of teaching, most interviewed agreed that the students respond much better when offered different ways to learn. “Technology” is no longer a scary word, and faculty have embraced it and incorporated it into their curriculum.

Dean Howell mentioned the importance of nursing students taking courses on “power and politics.”

“Working environments are very different today. Nursing students need to be able to function and be successful amidst the constant change. Nurses play a pivotal role in the delivery of health care. Mediation and dispute resolution are woven throughout our curriculum.”

As Virginia Hess, nursing program chair at Southeast Community College in Lincoln, added,

“Finding someone that is a good teacher is very important. Faculty thrives on watching students learn. There is no greater thrill than watching that ‘light bulb go on’ and knowing that they ‘get it!’ A good teacher is resourceful, creative and self-motivated—most will do whatever is required to ensure a student understands the material.”

Postscript: As I was conducting the various interviews, one name came up time and again—Rena Boyle! Rena was dean at the UNMC College of Nursing from 1967 – 1979. She was described as “an incredible mentor, very committed to grooming young faculty, she shared her vision and her challenges.” Rena Boyle must have been quite a woman. She would be proud to know that several of her protégés went on to become deans themselves! I suspect she would say to them, “Keep up the good work—nursing depends on it!”

Joyce Davis Bunger is Assistant Dean of Creighton University School of Nursing and a public member of the Nebraska Board of Nursing.
## Licensure Actions

The following is a list of licensure actions taken between March 1, 2008, and May 30, 2008. Additional information on any of these actions is available by calling (402) 471-4923.

### Table of Licensure Actions

<table>
<thead>
<tr>
<th>LICENSEE</th>
<th>DATE OF ACTION</th>
<th>ACTION</th>
<th>VIOLATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joan Dolezal, RN</td>
<td>03/03/08</td>
<td>License Reinstated on Probation</td>
<td>Habitual intoxication or dependence upon a controlled substance. Unprofessional Conduct-Misappropriating medications. Violation of the Uniform Controlled Substances Act-Possessing a controlled substance when not authorized.</td>
</tr>
<tr>
<td>Jodi Loecker, RN</td>
<td>03/03/08</td>
<td>License Reinstated on Probation</td>
<td>Previous disciplinary action.</td>
</tr>
<tr>
<td>Logan Edwards, RN</td>
<td>03/04/08</td>
<td>Temporary License Suspension</td>
<td>Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing controlled substances under circumstances when not authorized to do so. Acquiring possession of a controlled substance by theft. Habitual intoxication or dependence upon controlled substances. Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Failure to follow policies and procedures implemented in the practice situation to safeguard patient care. Misappropriating medications or supplies of a patient or agency. Committing any act which endangers patient safety or welfare.</td>
</tr>
<tr>
<td></td>
<td>03/25/08</td>
<td>Revocation</td>
<td></td>
</tr>
<tr>
<td>Jodi Loecker, RN</td>
<td>03/03/08</td>
<td>License Reinstated on Probation</td>
<td></td>
</tr>
<tr>
<td>Logan Edwards, RN</td>
<td>03/04/08</td>
<td>Temporary License Suspension</td>
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</tr>
<tr>
<td></td>
<td>03/25/08</td>
<td>Revocation</td>
<td></td>
</tr>
<tr>
<td>Stephone Casey, RN</td>
<td>03/12/08</td>
<td>Retroactive Voluntary Surrender</td>
<td>Unprofessional Conduct-Failure to maintain an accurate patient record. Misappropriating medications of a patient. Committing any act which endangers patient safety or welfare. Falsification or misrepresentation of material facts in attempting to procure nursing employment. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing controlled substances under circumstances when not authorized to do so. Acquiring possession of a controlled substance by theft. Habitual intoxication or dependence upon controlled substances. Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Failure to follow policies and procedures implemented in the practice situation to safeguard patient care. Misappropriating medications or supplies of a patient or agency. Committing any act which endangers patient safety or welfare.</td>
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<tr>
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<td></td>
<td>in Lieu of Discipline to 11/1/07</td>
<td></td>
</tr>
<tr>
<td>Donna Dodge, RN</td>
<td>03/12/08</td>
<td>Censure</td>
<td>Unprofessional Conduct-Failure to maintain an accurate patient record. Falsification or misrepresentation of material facts in attempting to procure nursing employment. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing controlled substances under circumstances when not authorized to do so. Acquiring possession of a controlled substance by theft.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suspension</td>
<td>Failure to report employment termination for alleged unprofessional conduct in accordance with the state mandatory reporting law.</td>
</tr>
<tr>
<td>Jeannie Linder, RN</td>
<td>03/12/08</td>
<td>Suspension</td>
<td>Violation of previously imposed conditions of probation.</td>
</tr>
<tr>
<td>Christopher Lovejoy, RN</td>
<td>03/12/08</td>
<td>Suspension</td>
<td>Habitual dependence and failure to comply with a treatment program entered into under the Licensee Assistance Program.</td>
</tr>
<tr>
<td>Steven McVay, RN</td>
<td>03/12/08</td>
<td>Voluntary Surrender in Lieu of Discipline</td>
<td>Habitual dependence. Conviction of a misdemeanor which has a rational connection with fitness to practice the profession. Unprofessional Conduct-Failure of a licensee who is subject to disciplinary investigation to furnish the Board or its investigator with requested information or documents.</td>
</tr>
<tr>
<td>Heidi Millar, RN</td>
<td>03/12/08</td>
<td>Probation</td>
<td>Violation of the Uniform Controlled Substances Act-Intentionally possessing a controlled substance under circumstances when not authorized to do so. Acquiring possession of a controlled substance by theft.</td>
</tr>
<tr>
<td>Angela Davis, LPN</td>
<td>03/12/08</td>
<td>Voluntary Surrender in Lieu of Discipline</td>
<td>Conviction of a misdemeanor which has a rational connection with fitness to practice the profession. Unprofessional Conduct-Misappropriating personal items of a patient.</td>
</tr>
<tr>
<td>Robert Green, LPN</td>
<td>03/12/08</td>
<td>Stayed Suspension</td>
<td>Practice beyond authorized scope. Failure to report loss of nursing employment in accordance with the state mandatory reporting law.</td>
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<tr>
<td>Janice Casey, RN</td>
<td>03/17/08</td>
<td>Censure</td>
<td>Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Committing any act which endangers patient safety or welfare.</td>
</tr>
<tr>
<td>Christina Workman, RN</td>
<td>03/17/08</td>
<td>Censure</td>
<td>Failure to report employment termination in accordance with the state mandatory reporting law.</td>
</tr>
<tr>
<td></td>
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<td>Fine</td>
<td>Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Committing any act which endangers patient safety or welfare.</td>
</tr>
<tr>
<td>Janie Fournier, LPN</td>
<td>03/17/08</td>
<td>Censure</td>
<td>Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Committing any act which endangers patient safety or welfare.</td>
</tr>
<tr>
<td>Randall Hoeppner, CRNA</td>
<td>03/24/08</td>
<td>Non-disciplinary Assurance of Compliance</td>
<td>Conviction of a misdemeanor under state law which has a rational connection with fitness to practice the profession. Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Committing any act which endangers patient safety or welfare.</td>
</tr>
<tr>
<td>Tia Brown Loftin, LPN</td>
<td>03/25/08</td>
<td>Probation</td>
<td>Conviction of a misdemeanor under state law which has a rational connection with fitness to practice the profession. Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Committing any act which endangers patient safety or welfare.</td>
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<tr>
<td>LICENSEE</td>
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<tr>
<td>Julie Miers, LPN</td>
<td>03/25/08</td>
<td>Censure</td>
<td>Violation of previously imposed conditions of probation.</td>
</tr>
<tr>
<td>Mary Duncan, RN</td>
<td>03/25/08</td>
<td>Temporary License Suspension</td>
<td>Violation of the Uniformed Controlled Substances Act-Knowingly or intentionally possessing a controlled substance when not authorized to do so. Habitual dependence. Unprofessional Conduct-Falsification or misrepresentation of material facts in attempting to procure nursing employment. Misappropriating medications. Committing any act which endangers patient safety or welfare.</td>
</tr>
<tr>
<td>Michelle Georges, LPN</td>
<td>04/28/08</td>
<td>Probation</td>
<td>Habitual dependence and failure to comply with a treatment program entered into under the Licensee Assistance Program. Dishonorable Conduct-Use of methamphetamine. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing a controlled substance when not authorized to do so.</td>
</tr>
<tr>
<td>Linda Lutzow, LPN</td>
<td>04/28/08</td>
<td>Probation</td>
<td>Habitual Dependence. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing a controlled substance when not authorized to do so.</td>
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<tr>
<td>Joanne Thompson, LPN</td>
<td>04/28/08</td>
<td>Probation Extended</td>
<td>Violation of previously imposed conditions of probation.</td>
</tr>
<tr>
<td>Alison Pesek, LPN</td>
<td>05/06/08</td>
<td>Initial License Issued on Probation</td>
<td>Felony and misdemeanor convictions having a rational connection with fitness to practice the profession.</td>
</tr>
<tr>
<td>Michaela Engler, LPN</td>
<td>05/07/08</td>
<td>Initial License Issued on Probation</td>
<td>Misdemeanor convictions which have a rational connection with fitness to practice the profession.</td>
</tr>
<tr>
<td>Deanna Brown, LPN</td>
<td>05/15/08</td>
<td>Suspension</td>
<td>Habitual dependence. Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Leaving a patient care nursing assignment without notifying personnel so that reasonable arrangements for continuation of care can be made. Committing any act which endangers patient safety or welfare.</td>
</tr>
<tr>
<td>Michelle Green, LPN</td>
<td>05/15/08</td>
<td>Voluntary Surrender in Lieu of Discipline</td>
<td>Habitual dependence. Unprofessional Conduct-Failure of a licensee who is the subject of a disciplinary investigation to furnish the Board or its investigator with requested information.</td>
</tr>
<tr>
<td>Jeanette Strahm, LPN</td>
<td>05/15/08</td>
<td>Suspension</td>
<td>Habitual Dependence. Violation of the Uniform Controlled Substances Act-Knowingly possessing a controlled substance under circumstances when not authorized to do so. Acquiring possession of a controlled substance by fraud.</td>
</tr>
<tr>
<td>Alan Schroeder, RN</td>
<td>05/16/08</td>
<td>Limitation</td>
<td>Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care.</td>
</tr>
<tr>
<td>Salwa Gustafson, RN</td>
<td>05/19/08</td>
<td>Revocation</td>
<td>Conviction of a felony which has a rational connection with fitness to practice the profession.</td>
</tr>
<tr>
<td>Jami Marcano, RN</td>
<td>05/28/08</td>
<td>License Reinstated on Probation</td>
<td>Previous disciplinary action.</td>
</tr>
<tr>
<td>Karen Evans, LPN</td>
<td>05/28/08</td>
<td>Suspension</td>
<td>Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Failure to exercise technical competence based upon the level of nursing for which licensed. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Falsification of patient records. Failure to maintain an accurate patient record. Committing any act which endangers patient safety or welfare.</td>
</tr>
</tbody>
</table>

The following actions were not listed in the 2008 winter edition:

<table>
<thead>
<tr>
<th>LICENSEE</th>
<th>DATE OF ACTION</th>
<th>ACTION</th>
<th>VIOLATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephone Casey, RN</td>
<td>01/11/08</td>
<td>Temporary License Suspension</td>
<td>Unprofessional Conduct-Failure to maintain an accurate patient record. Misappropriating medications of a patient. Committing any act which endangers patient safety or welfare. Falsification or misrepresentation of material facts in attempting to procure nursing employment. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing a controlled substances under circumstances when not authorized to do so. Acquiring possession of a controlled substance by theft.</td>
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</tbody>
</table>
Determining Scope of Practice

One of the most frequently asked questions of the Nebraska Board of Nursing is if a specific procedure or activity is within the scope of practice for an RN or an LPN. The statutes and regulations provide guidelines for nursing practice but seldom address specific activities or procedures. It would be impossible to provide a list of every procedure that was or was not within the scope of practice for an RN or LPN.

In making determinations regarding specific scope of practice questions, consideration needs to be given first to the statutory definitions found in the nurse practice act, www.hhs.state.ne.us/crl/statutes/nrsgnurspracactstat.pdf. The following are definitions of the practice of the registered nurse and the licensed practical nurse found in the nurse practice act. It is also important to note that statutes state “each nurse is directly accountable and responsible to the consumer for the quality of nursing care rendered.”

The practice of nursing by a registered nurse includes assessment, nursing diagnoses, establishing goals, developing a plan of care, implementing the plan of care, evaluating responses to interventions, teaching health care practices, delegating, directing, or assigning nursing interventions that may be performed by others, maintaining client safety, teaching theory and practice of nursing, conducting, evaluating, and utilizing nursing research, administering, managing, and supervising the practice of nursing and collaborating with other health professionals in the management of health care.

The practice of nursing by a licensed practical nurse “means the assumption of responsibilities and accountability for nursing practice in accordance with knowledge and skills acquired through an approved program of practical nursing.” A licensed practical nurse practices at the direction of a licensed practitioner or a registered nurse. The licensed practical nurse responsibilities and performances of acts must utilize procedures leading to predictable outcomes and include contributing to assessments, participating in the development of a plan of care, implementing the appropriate aspects of the plan of care, maintaining client safety, participating in evaluating responses to interventions and assigning and directing nursing interventions that may be performed by others.

The Board of Nursing has issued advisory opinions on some specific procedures and situations that will also assist in guiding scope of practice determinations. The advisory opinions are available on our Web site at www.dhhs.state.ne.us/crl/nursing/nursingindex.htm.

A very useful tool in making scope of practice decisions not addressed in the practice act or advisory opinions is the Scope of Practice Decision Model on the next page. The model is used by many boards of nursing, including the Nebraska Board of Nursing, in determining scope of practice. It is also available on our Web site.

If you have further questions regarding nursing practice, you can contact Karen Bowen, Nursing Practice Consultant, at karen.bowen@dhhs.ne.gov or 402-471-6443.
1. Describe the act being performed.

2. Is the act expressly permitted/prohibited by the Nursing Statutes? This may be all the information you need to make your decision. If not, continue to the next step.

3. Does the act require you to have substantial specialized nursing knowledge or skill? Does it require educational training beyond basic education for licensure and independent judgment?
   - If you answer no to this question, the act may be within the scope of practice for an RN or LPN.
   - If you answer yes, it may be an act within the scope of practice for an RN only or for an advanced practice role.

4. Is the act consistent with the scope of practice based on the following factors:
   a. Taught in basic nursing education program.
   b. Included in national nursing organization’s standards of practice.
   c. Supported by nursing literature and research.
   d. Appropriately established policy and procedure is in place in the employing facility.
   e. Addressed by a Nebraska Board of Nursing advisory opinion.
   - If you answer no to this question, the act is NOT within your scope of practice.
   - If the answer is yes, continue to the next step.

5. Do you personally possess the depth and breadth of knowledge to perform the act safely and effectively?
   - If you answer no, the act may be within your scope of practice, but you are not knowledgeable to perform it.
   - If you answer yes, continue on.

6. Do you personally possess current clinical competence to perform the act safely?
   - If you answer no, the act maybe within your current scope of practice, but you are not competent to perform the act.
   - If you answer yes, continue on.

7. Is the performance of the act within the accepted “standard of care” which would be provided in similar circumstances by reasonable and prudent nurses who have similar training and experience?
   - If you answer no, the act should not be performed. Performance of the act may place both nurse and patient at risk.
   - If you answer yes, continue on.

8. Are you prepared to accept the consequences of your action?
   - If you answer no, the act should not be performed.
   - If you answer yes, then:
     1. Perform the act – based on valid order when necessary and in accordance with appropriately established policy and procedure.
     2. Assume accountability for provision of safe care.
HEROES
PREPARE FOR THE WORST

It’s July 4th and 50,000 revelers pack Omaha’s Memorial Park for the annual concert and fireworks. Suddenly, hundreds become violently ill. They struggle to breathe, lose consciousness, foam at the mouth. Confusion and fear reign. As first responders in protective gear begin triage, fatalities seem certain. The cause: a chemical agent released by bioterrorists.

Fortunately, that scene takes place only in the virtual world. It’s part of an online tool to prepare nursing, medical and allied health students for post-9/11 realities of life in the 21st century – bioterrorism and public health emergencies.

Since August of 2005, Elizabeth Beam, MSN, RN, and Stephen Smith, BS, have worked with a multidisciplinary UNMC team to create web-based interactive learning modules that help students prepare for the worst. Beam is the College of Nursing’s biopreparedness coordinator and also faculty simulation coordinator. Smith, an instructional technologist, designed the website and built many of its features.

The website offers multiple learning opportunities – simulations, presentations, videos, interactive tools, educational games and links to additional resources. It functions as an updatable warehouse of ready information on food and water contamination; radiation exposure; viral agents; chemical agents such as ricin, botulism and cyanide; personal protective equipment; and other biopreparedness subjects, including catastrophic, multiple-injury triage.

Website development was funded through a UNMC Programs of Excellence grant awarded to the College of Nursing. Carol Pullen, EdD, RN, Professor of Nursing, is team leader. Collaborators include Patricia Carstens, MS, Director, Learning Resources, College of Nursing; Phillip Smith, MD, medical director of the UNMC Center for
Biopreparedness Education (CBE); Jan Tompkins, School of Allied Health Professions and Sharon Medcalf, CBE director.

The grant team named the website HEROES, short for Healthcare and Emergency Responder Organization Education through Simulation. The HEROES site is what Beam calls a “biopreparedness buffet.” Faculty can choose modules most appropriate for the class that they’re teaching.

“The interactive learning modules created by the College of Nursing are an important contribution to the national preparedness effort,” said Dr. Smith, CBE’s medical director. “They use an innovative approach and state-of-the-art technologies to make preparedness learning more interesting, effective and real.”

The educational project is a natural fit since the largest biocontainment unit in the country is located at the University of Nebraska Medical Center.

Beyond the online resource, the grant also funded a traveling tool chest of high-tech, high fidelity, hands-on simulation gear. One of the most popular is “SimMan.”

A full-bodied mannequin, SimMan can be programmed with pre-set symptoms reflecting a host of public health and bioterrorism emergencies. A wireless microphone allows an instructor to respond as Sim Man while students assess his condition. Sim Man comes with changeable skin inserts that simulate lesions from biochemical agents as well as a mouth-foaming feature that mimics contact with nerve gas.

The interdisciplinary team could be the envy of Hollywood artists with the special moulage and make-up kit that they use to simulate a variety of injuries, including chemical burns, small pox lesions, bruising and hemorrhage. Such realistic simulation helps students assess condition quickly, accurately and with greater confidence, says Patricia Carstens, the College’s Director of Learning Resources.

The learning tool chest also includes “Tuff Kelly,” a true weight rescue and extrication mannequin; an army cot with accessories; a portable demonstration kit; and a collection of ID vests to signify responders at an emergency enactment site.

Grant dollars also funded a HEROES super crew pick-up truck and trailer to transport the simulation equipment across the state for conferences, education and training.

“Biopreparedness education is critical not just for UNMC students but also for Nebraska, the nation and world,” Dr. Pullen said. “This project provides an international resource since the HEROES website can be accessed anywhere, anytime.”

Visit www.onlineheroes.org
In March, the Nebraska Center for Nursing sent out a press release seeking nominations from the public for nurses who have made a difference in their lives or the lives of their family or loved ones. Seventy-nine nominations were received nominating seventy-one different nurses. During National Nurses Week in early May, each nurse who was nominated received a letter of recognition for making a difference in the lives of those for whom they provide care, and included were some of the comments made by the person who nominated them. The nominee also received a certificate acknowledging their nomination. The person who submitted the nomination also received a copy of the letter that was sent to the nurse receiving the recognition.

Following is a list of names of the nurses receiving this recognition, their employer and their city of residence:

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kim Acosta, RN</td>
<td>Immanuel Medical Center</td>
<td>Omaha, NE</td>
</tr>
<tr>
<td>Cheri Backlund, RN</td>
<td>Alegent—Midlands Hospital</td>
<td>Omaha, NE</td>
</tr>
<tr>
<td>Kim Bargenquast, RN</td>
<td>University of Nebraska Medical Center</td>
<td>Council Bluffs, IA</td>
</tr>
<tr>
<td>Sandy Barns, LPN</td>
<td>Gold Crest Retirement Center, Adams</td>
<td>Diller, NE</td>
</tr>
<tr>
<td>Carol Beach, RN</td>
<td>Kimball Public Schools</td>
<td>Kimball, NE</td>
</tr>
<tr>
<td>Marcia Beckerdite, RN</td>
<td>Alegent—Midlands Hospital</td>
<td>Papillion, NE</td>
</tr>
<tr>
<td>Peggy Beerbohm, RN</td>
<td>Jefferson County Health Center</td>
<td>Fairbury, NE</td>
</tr>
<tr>
<td>Leslie Biggs, RN</td>
<td>Dorwart Cancer Care Center</td>
<td>Sidney, NE</td>
</tr>
<tr>
<td>Martha Binkard, RN</td>
<td>Mercy Hospital, Council Bluffs, IA</td>
<td>Omaha, NE</td>
</tr>
<tr>
<td>Celia Blizzard, RN, and</td>
<td>One World Community Health Center</td>
<td>Omaha, NE</td>
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<tr>
<td>all the wonderful nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carol Blobaum, RN</td>
<td>Jefferson County Health Center</td>
<td>Fairbury, NE</td>
</tr>
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<td>Family Medical Clinic—UNMC</td>
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<td>Avera Saint Anthony’s Hospital</td>
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<td>Judy Kowalski, RN</td>
<td>Richard Young Hospital, Out-Patient</td>
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<td>Joan Kraft, RN</td>
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<td>DCI Dialysis Center, Bellevue</td>
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</table>
Registry Action on Nurse Aides & Medication Aides

From 02/01/2008, to 04/30/2008, the following nurse aides became ineligible for employment in long-term care facilities and/or intermediate care facilities for persons with mental retardation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Registry #</th>
<th>Action</th>
<th>Date Entered</th>
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<tbody>
<tr>
<td>Charity Brown</td>
<td>55347</td>
<td>Finding of Conviction</td>
<td>02/29/08</td>
</tr>
<tr>
<td>Ramona Clark</td>
<td>81048</td>
<td>Finding of Conviction</td>
<td>03/12/08</td>
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<tr>
<td>Theresa Garcia</td>
<td>29966</td>
<td>Finding of Misappropriation of Resident Property</td>
<td>03/25/08</td>
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<tr>
<td>Nefertity Sandoval</td>
<td>78489</td>
<td>Finding of Neglect</td>
<td>04/16/08</td>
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<tr>
<td>LaMesha Wright</td>
<td>74499</td>
<td>Finding of Conviction</td>
<td>03/05/08</td>
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CONTINUING EDUCATION COURSES AT LEARNINGLEXTCOM

Disciplinary Actions:
What Every Nurse Should Know 4.8 Contact Hours | $29
Diversity: Building Cultural Competence 6.0 Contact Hours | $36
Documentation: A Critical Aspect of Client Care 5.4 Contact Hours | $32
End-of-Life Care and Pain Management 3.0 Contact Hours | $18
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- Strong supervisory & leadership skills
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- Interpersonal skills
- Team building experience
- Long-term care experience

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<th>E-mail address</th>
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</thead>
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*Available only for Nebraska physicians and registered nurses

Farmers
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Dr. Charlene Kelly started with the Bureau of Examining Boards as the Associate Director of Nursing and Specialized Medicine. Dr. Kelly came with a wealth of clinical and administrative experience in Nursing. Her most recent position was the Chairman of the Division of Nursing at the College of St. Mary’s in Omaha. (and aren’t we glad she did!)

Sheila Exstrom started as the new Education Consultant with the Bureau of Examining Boards. Her most recent position was an Assistant Administrator for Nursing and Patient Care Services at Lincoln General Hospital. Prior to that she had been the Director of Inservice Education at Immanuel Medical Center in Omaha.

Dr. Gregg Wright, Director of Health, appointed a Task Force on Nursing Scope of Practice. The Task Force was charged with looking at whether current law appropriately defined scope of practice for a Registered Nurse and whether changes were needed in law, regulation, policies or public education that could more appropriately define scope of practice in the current healthcare setting.

There were 16,748 RNs, 5,913 LPNs, 25 Nurse Practitioners and 232 Certified Registered Nurse Anesthetists licensed. Currently there are 22,907 RNs, 6,989 LPNs, 758 Nurse Practitioners and 509 CRNAs.

LB 1100 passed the 90th legislative session changing the Nurse Practice Act to give consumer members of the Board of Nursing voting privileges.

NCLEX-RN was administered February 2 & 3. There were 87 candidates taking the exam, 83 passed. Nebraska’s passing percentage was 95%. National passing percentage was 87%. Nebraska’s mean scaled score was 2060.6, national mean scaled score was 1973.
RN License Renewal

Begins August 1

All Nebraska licensed RN’s licenses expire October 31, 2008. Renewal notices will be mailed on or about August 1, 2008. The postcard will be mailed to the address we currently have on our Licensing Information System. RNs who have moved and the postal forwarding order has expired may not receive a notice. Each year, hundreds of pieces of mail are returned to the department as undeliverable because licensees have neglected to keep their mailing address current with the department.

Remember, you can now change your address online in the Nebraska Department of Health and Human Services Licensing Information System. You can simply go to www.dhhs.ne.gov/lis/lisindex.htm and follow the easy directions. You must have an ID and a password to enter the system. If you have forgotten your ID or password, simply click on “Forgot ID and/or password,” and the system will help you restore your ID and password. You will need your license number and your social security number to establish your ID and password.

Watch your mailboxes and renew early to ensure you have your renewed license prior to the expiration date. The renewal notice post card provides the Web site for online license renewal. All RNs are highly encouraged to renew online. Using online renewal is convenient, much faster and decreases the chance that renewal materials will be lost in the mail or in processing.

Any RN who does not wish to renew online can download a renewal form from our Web site http://www.dhhs.ne.gov/crl/crlindex.htm or call (402)471-4376 to request that a form be mailed to you. The renewal notice postcard also has a tear off section that can be put into the mail to request forms via mail.

All Advanced Practice Registered Nurse licenses (APRN-NP, APRN-CRNA, APRN-CNM, APRN-CNS) will also expire October 31, 2008. APRNs will receive a separate renewal notice in addition to the RN renewal notice. For the 2008 renewal, all APRN licenses will still require paper renewal. We hope to have online renewal available for APRNs by the 2010 renewal.
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., F.R.E.
Administrator, Office of Nursing and Nursing Support
(402) 471-0317
charlene.kelly@dhhs.ne.gov

**Advanced Practice Nursing**

(CRNA, CNM, APRN, CNS)

**Initial Licensure**
Licensure by Endorsement
Reinstatement of Licensure
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Kathy Anderson
(402) 471-2666
kathy.anderson@dhhs.ne.gov

**Nursing Practice Issues**
Karen Bowen, R.N., M.S.
(402) 471-6443
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**Registered Nurse**

Licensure Based on Examination (NCLEX®)
Licensure Based on Endorsement
Renewal/Audit Questions
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**Licensed Practical Nurse**

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**Certified Practical Nurse**

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**Foreign Educated Nurses**
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**Nursing Statutes**
Rules and Regulations
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**Scope of Practice and Practice Standards**
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**Education Issues, Curriculum Revisions and Nursing Program Surveys**
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**Refresher Course/Designing Own Review Course of Study**
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**RN and LPN license reinstatement**

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**Nursing Student Loan Program**
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**Medication Aide**

Medication Aide Role and Practice Standards
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Questions Related to: Interstate Endorsements, Nursing Students, Military Training, Foreign Trained Nurses
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**General**

Mailing Labels
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