

# Nebraska Nursing NEWS

Volume 29 • Number 2 / Summer 2012



*Oct. 31, 2012 Expiration*  
**RN and APRN  
Licenses**

*Student Nurse Orientation*  
**Student Nurse  
Passport Program**

*Licensed Practical Nurse-Certified*  
**Overview: LPN-C Regulations**

Department of Health & Human Services



OFFICIAL PUBLICATION OF THE NEBRASKA  
BOARD OF NURSING

# *With energy that goes above and beyond, sitting behind a desk wasn't for Molle*

Spend just a few minutes with Molle, and you soon get caught up in the excitement she has for helping people and her enthusiasm for nursing. Molle started her college career in a different direction, but it did not take her long to realize sitting behind a desk was not for her.

Even after 9 years of being an RN, Molle still loves getting to care for patients, putting a smile on their face and just being with people during both the ups and downs during their stay. But according to Molle, the best part is working with such wonderful people. "Physicians, co-workers, managers – they are all wonderful. And having worked for a couple of other medical centers in other cities, I feel that I can say that BryanLGH Medical Center has the best group of people to work with."

Molle appreciates everyone's hard work, but most of all, knowing that she never has to go through something alone. The closeness of the staff and physicians, working with patients, and all pulling together to do what is best for the patients and families is what makes BryanLGH Medical Center the place Molle wants to be.

BryanLGH, located on two campuses in Lincoln, Nebraska, is a progressive health system which utilizes the experience and talents of the finest health professionals in the Midwest.

While each hospital site provides a full range of services, specialties include: cardiac/vascular, orthopedic trauma, level II trauma, mental health services, and neuroscience.

If you have an enthusiasm for nursing and excitement to grow your career, now may be the time to look at BryanLGH. It may be just what you need.



For a complete listing of our career opportunities, visit our website at [www.bryanlgh.com](http://www.bryanlgh.com)



SUMMER 2012

PUBLISHED BY THE NEBRASKA  
BOARD OF NURSING

Nebraska Nursing News  
is published  
quarterly by the

**Nebraska Board of Nursing**

301 Centennial Mall South  
Lincoln, NE 68509

402.471.4376

fax 402.471.1066

[http://dhhs.ne.gov/publichealth/pages/  
crl\\_newsletters.aspx](http://dhhs.ne.gov/publichealth/pages/crl_newsletters.aspx)  
ADA/EOE/AA

#### 2012 Nebraska Board of Nursing

Janet Andrew, LPN - C

Jane Carmody, RN

Kelley Hasenauer, APRN-NP, RN

Crystal Higgins, RN

Maxine Guy, LPN

Anthony LaRiche, Consumer

Linda Lazure, RN

Francie McNeil, RN

Wendy McCarty, Consumer

Lori Smith, RN

Karen Weidner, RN

Kathryn Yost, RN

#### Nursing and Nursing Support Professional Staff

Karen Bowen MS, RN

*Executive Director*

Sheila Exstrom, RN, Ph.D.

*Nursing Education Consultant*

Ruth Schuldt, RN, BS

*Compliance Monitor*

Marletta Stark, RN, BSN

*Nurse Aide and Medication*

*Aide Program Manager*

Addressed and mailed to every nurse licensed in  
the state of Nebraska.

Nebraska Nursing News' circulation  
includes over 29,000 licensed nurses  
throughout Nebraska.

#### Address Change? Name Change? Question?

In order to continue uninterrupted delivery of  
this magazine, please notify the Board of any  
change to your name or address.

Thank You.

Created by

#### **Publishing Concepts, Inc.**

Virginia Robertson, Publisher

[vrobertson@pcipublishing.com](mailto:vrobertson@pcipublishing.com)

14109 Taylor Loop Road

Little Rock, AR 72223

For advertising information contact: **Victor Horne**

[vhorne@pcipublishing.com](mailto:vhorne@pcipublishing.com)

501.221.9986 ext. 114 or 800.561.4686

**ThinkNurse.com**

Edition 32

# Nebraska Nursing NEWS

## contents

summer 2012

### features

- 7 Questions About the Nurse Licensure Compact?
- 8 Overview: LPN-C Regulations
- 10 Thanking Our Nursing Colleagues  
When, Where and While We Can!
- 12 A Nurse's Guide to the Use of Social Media
- 14 Use Caution When Using Prescription Drugs  
for Pain Relief
- 15 RN & APRN License Renewal Reminder
- 15 NCSBN Launches New NCLEX Video
- 19 Student Nurse Passport — What Is That?
- 19 Nebraska Center for Nursing  
Looking for New Members

### departments

- 4 Executive Director's Message
- 5 President's Message
- 6 Board Meeting Schedule
- 7 President's Message
- 16 Licensure Actions
- 20 For More Information
- 21 20 Years Ago in Nursing News



# Executive Director's Message

*Karen Bowen*



During Nurse's Week, I had the opportunity to sit on a panel with other nurses in the Department of Health and Human Services to talk about what we do in our various positions. It was interesting to hear each nurse talk about their particular position and their responsibilities. We each had a very unique role.

It made me think about the many opportunities available to us as nurses. When I first started in nursing, choices were fairly limited. Now, there are so many more options available for a nurse. However, it is hard for some nurses to realize that nursing practice does include so many varied roles, not just hands-on patient care.

This is the time of year we get frequent phone calls in preparation for license renewal,

asking, "Is my current job considered nursing practice and can I count the hours to renew my license?" Usually the nurse is practicing in a nursing position and can meet the continuing competency requirements to renew their license. They just need reassurance.

But, some examples of inquiries we have received include selling vitamins, performing massage, and working in a pharmacy. In some cases, the nurse holds two licenses and thus has two different scopes of practice. While there is often some overlap in some scopes of practice, one license type does not equate to another. Each has its own scope and requirements for licensure.

Some of the calls we have received include nurses who also hold a license as a Physician Assistant, Massage Therapist, Nursing Home Administrator, or Cosmetologist. If a nurse is in a position of Nursing Home Administrator, they are practicing as a Nursing Home Administrator in accordance with that license. Even though the individual may hold a nursing license, they are not practicing as a nurse. If a

nurse is practicing in two positions, under two licenses, there needs to be a clear delineation of each role to eliminate any confusion.

Nursing Practice is defined in the nursing regulations: "The practice of nursing includes those activities that are performed either for compensation or gratuitously that demonstrate the application of judgment or skill based upon a systemized body of nursing knowledge."

In many cases the employer recognizes that a position requires a nurse and nursing knowledge. The job description will state a licensed nurse is required for the position. However, it is not always that clear. If you are questioning the position you currently hold, ask yourself: does my current position demonstrate the application of judgment or skill based on a systemized body of nursing knowledge? And, lastly, if you are audited, will you be able to provide information that what you are doing is the practice of nursing?

*Karen Bowen, MS, RN*

1/2 H ad to come



## President's Message

*Crystal Higgins, RN MSN*



Greetings! Many things have been happening in Nebraska for Nursing. The Deans and Directors of the schools of nursing met and discussed strategies for looking at seamless education for nurses and how to help keep Nebraska planning for the "Future of Nursing." Members of the Board of Nursing are preparing to attend the National Council of State Boards of Nursing Conference in Dallas. Many issues will come before the Delegates and Nebraska will be represented. I will share this experience in the next issue.

Many nurses joined the nursing profession by graduating from their programs of study. Please take a

moment and welcome these "new" nurses. Think back to when you graduated from nursing school and what your feelings were. I remember being scared to death. I didn't have an instructor that I could ask questions! I was in a strange facility and didn't know anyone.

I had many "seasoned" nurses that were very kind to me. Shortly after I started working 3pm to 11pm a car accident came to our ER. One of the nurses told me to go to the recovery room and take care of the patients there. I looked at her and said I don't know what to do! She said "You do, too! Your patients need you. Go!" Coming from a large hospital school of nursing and going to a small hospital where the nurses

do everything was a culture shock. I remember well the feelings I had. I am so glad the nurses I worked with helped me.

As new nurses come in to our profession it is so important that we welcome them. Take time to tell them your story of what happened to you right after you graduated and started a new job. If it was a bad experience make sure that this new graduate isn't treated that way. If it was a good experience, like mine was – pass it on!

*Crystal R. Higgins*



**Be a part of the success.**

ClarksonCollege.edu

**Clarkson**  
College

Prepare to be the best.

## Nebraska Board of Nursing

## Meeting Schedule 2012

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 website at <http://www.dhhs.ne.gov/crl/brdmtgs.htm> or you may obtain an agenda by phoning (402) 471-4376 or emailing [Jennifer.vaneperen@nebraska.gov](mailto:Jennifer.vaneperen@nebraska.gov).

Day/Date	Time	Meeting	Location
<b>July</b>			
Wednesday, July 11	2:00 – 5:00pm 12:00 – 5:00pm	<i>Practice Committee</i> <i>Education Committee</i>	<b>Gold's Room 530</b> <b>TBA</b>
Thursday, July 12	8:30 a.m.	<b>Board meeting</b> <i>(Discipline case review-most of meeting in closed session)</i>	<b>Gold's Room 531</b>
<b>August</b>			
Tuesday, August 7- Friday, August 10		<b>NCSBN Annual Meeting</b>	<b>Dallas</b>
Thursday, August 16	8:30 a.m.	<b>Board meeting</b>	<b>Gold's Room 531</b>
<b>September</b>			
Wednesday, Sept 12	2:00 – 5:00pm 12:00 – 5:00pm	<i>Practice Committee</i> <i>Education Committee</i>	<b>Gold's Room 530</b> <b>TBA</b>
Thursday, September 13	8:30 a.m.	<b>Board meeting</b> <i>(Discipline case review-most of meeting in closed session)</i>	<b>Gold's Room 531</b>
<b>October</b>			
Thursday, October 11	8:30 a.m.	<b>Board meeting</b>	<b>Gold's Room 531</b>
<b>November</b>			
Wednesday, November 7	2:00 – 5:00pm 12:00 – 5:00pm	<i>Practice Committee</i> <i>Education Committee</i>	<b>Gold's Room 530</b> <b>TBA</b>

24 States in Compact

## Questions About the Nurse Licensure Compact?

Nebraska has been a member of the Nurse Licensure Compact (NLC) since 2001. There are currently twenty four (24) states in the compact. As an RN or LPN in Nebraska, or any of the compact states, your multi-state license allows you to work in any other compact state on your multi-state privilege. You must hold a license in the state that is your primary state of residence. If you move to another compact state, you must apply for licensure in that state. Once your new license is issued, your Nebraska license will be inactivated.

The National Council of State Boards of Nursing (NCSBN) has excellent resources on their web site (NCSBN.org) with information on the NLC, some of which include:

- **Fact Sheet for Licensees and Nursing Students**
- **Fact Sheet for Nurse Employers**
- **FAQs**

From the NCSBN home page there is a link to the NLC on the bottom of the page where you can access these resources.

## MCC Gives 200% for Health Information Technology Program!

100% online delivery  
100% paid tuition and fees\*  
200% valuable college education

Metropolitan Community College (MCC) in Omaha, Neb., offers a Specialist Diploma in Health Information Technology providing the skills necessary for supporting the growing industry of electronic healthcare records.

Visit MCC's website at [www.mccneb.edu/hipt](http://www.mccneb.edu/hipt) to learn more about updating your current healthcare or IT knowledge for success in the electronic health record age. For more information, call (402) 457-2451.

\*Scholarships available for those who qualify.

**METROPOLITAN**  
COMMUNITY COLLEGE  
[www.mccneb.edu](http://www.mccneb.edu) | 402.457.2400



## Nervous to take the plunge? Don't Be!

The Doctor of Nursing Practice (DNP) program at Creighton University School of Nursing is specially designed so you can balance family, work and school. In 2008, Creighton established the first DNP program in Nebraska.

Creighton offers many different specialty tracks — in the DNP and the MSN programs. Available role options include:

- Nurse Practitioner
- Clinical Nurse Specialist
- Clinical Nurse Leader (MSN only)
- Clinical Systems Administration
- Advanced Public Health/Global Health Nurse

No GRE required.

New graduates are encouraged to apply.

Ranked in the top 100 graduate nursing programs in the nation by *U.S. News and World Report*.

To find out more, call (800) 544-5071 or email [nursing@creighton.edu](mailto:nursing@creighton.edu).

<http://nursing.creighton.edu>

**Creighton**  
UNIVERSITY

School of Nursing

## Overview: LPN-C Regulations

The following is a brief summary of information from the Licensed Practical Nurse-Certified (LPN-C) regulations, but does *not* include all the information in the regulations. You may find the complete regulations on our web site, [http://dhhs.ne.gov/publichealth/Pages/crl\\_nursing\\_lpn-c\\_lpn-c.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_nursing_lpn-c_lpn-c.aspx).

The LPN-C may be used to complement the Registered Nurse's (RN) or Licensed Practitioner's (LP) role in the administration of intravenous (IV) therapy, but cannot substitute for an RN or LP. An LP is someone who is authorized to prescribe IV therapy. The LPN-C may only provide IV interventions when there is an RN or LP assessing the client at least once every 24 hours, or more frequently when a significant change occurs. A significant change in therapy is when there is a change ordered

by an LP related to IV fluid, change in rate, and/or change in medication or frequency of administration.

Approved medications are those medications for which nursing interventions are routine and predictable in nature related to individual responses and adverse reactions. Medications may be administered both by piggyback and push methods through intermittent access and continuous flow peripheral lines and through continuous flow central lines.

The LPN-C may, under the direct supervision (meaning the RN or LP is physically present in the clinical area to assess, evaluate, and respond immediately for) for an adult client:

- Infuse IV fluids and administer medications into a continuous flow central line

- Perform initial venipuncture in the hand, forearm, antecubital fossa area, ad/or the upper arm with a device 3 inches in length or less (initial venipuncture means the initiation of IV therapy based on a new order from an LP)
- Administer an initial dose of an approved medication
- Add Dextrose 10% as a meal replacement

The LPN-C may, under the direction of an RN or LP, for an adult client:

- Perform venipuncture in the hand, forearm, antecubital fossa area, ad/ or the upper arm with a device 3 inches in length or less
- Calculate and adjust the rate of flow
- Administer approved medications
- Reinsert, convert and flush peripheral intermittent infusion devices

The LPN-C may, under the direction of an RN or LP, for a pediatric client (a pediatric patient is a client who is both under the age of eighteen and under the weight of thirty-five kilograms):

- Administer pain medications through a patient-controlled administration pump if the medication has been commercially prepared, or prepared by a pharmacist, physician or RN
- Flush a peripheral intermittent infusion device

Approved medications. When the RN or LP is approving medications for IV administration by the LPN-C, they must consider the following:

- Adverse consequences
- How adverse consequences are manifested
- How adverse consequences are measured
- What intervention is required
- How the intervention is applied

1/3 b ad to come

Approved medications DO NOT include:

- Blood and blood products
- Antineoplastic agents
- Oxytocics
- Anti-arrhythmics
- Hyperalimentation

Below is a chart comparing the IV activities an LPN and LPN-C may perform. The chart is also available on our web site, <http://dhhs>.

## LPN/LPN-C IV Activities Comparison Chart

	LPN	LPN-C						
<b>Scope</b>	Scope of practice based upon LPN license	Expanded scope of practice requires LPN license <u>and</u> certification as LPN-C. Directed activity.						
<b>Requirements</b>	No additional credential required for performance of activities  General supervision required for all activities	Certification as LPN-C required: LPN license (Nebraska or compact state) Approved course Examination General supervision required for all activities & direct supervision required where indicated						
<b>Activities</b>	<p>Activities included:</p> <ul style="list-style-type: none"> <li>Monitor rate of flow</li> <li>Temporary slow down</li> <li>Discontinue short length/peripheral catheters</li> <li>*Regulate Flow</li> <li>*Add unmedicated intravenous solutions to continuous flow peripheral lines on adult clients; may include KCL/vitamins</li> <li>*Changing tubing for peripheral lines</li> </ul> <p>*Requires assessment by RN or licensed practitioner every 24 hrs</p> <p>Unmedicated solutions may only be added to peripheral lines on adult clients. Excludes pediatric clients.</p>	<p>Activities included:</p> <p>All of the activities for LPNs</p> <p>Adult: (direct supervision)</p> <ul style="list-style-type: none"> <li>Initial venipuncture - upper extremity (device 3" or less)</li> <li>Infuse intravenous fluids and administer medications through a continuous flow central line</li> <li>Administer initial dose of approved medication</li> <li>500 cc. Dextrose 10% meal replacement</li> </ul> <p>Adult: (under direction)</p> <ul style="list-style-type: none"> <li>• Venipuncture – upper extremity (device 3" or less)</li> <li>• Infuse intravenous fluids and administer medications through a intermittent or continuous flow peripheral line</li> <li>• Calculate rate of flow and regulate</li> <li>• Administer approved medications – push or piggyback</li> <li>• Reinsert, convert and flush peripheral intermittent devices</li> <li>• Administer pain medications by PCA</li> </ul> <p>Pediatric: (under direction)</p> <ul style="list-style-type: none"> <li>• Administer pain medication by PCA</li> <li>• Flush intermittent peripheral device</li> </ul> <p>(All other intravenous activities exclude pediatric clients)</p> <p>Medications Not Approved:</p> <table style="width: 100%; border: none;"> <tr> <td>Blood and blood products</td> <td>Anti-arrhythmics</td> </tr> <tr> <td>Antineoplastics agents</td> <td>Hyperalimentation</td> </tr> <tr> <td>Oxytocics</td> <td></td> </tr> </table>	Blood and blood products	Anti-arrhythmics	Antineoplastics agents	Hyperalimentation	Oxytocics	
Blood and blood products	Anti-arrhythmics							
Antineoplastics agents	Hyperalimentation							
Oxytocics								
<b>Conditions</b>	No limitation on setting.  Assessment by RN or licensed practitioner every 24 hours when the LPN is regulating rate of flow, adding intravenous solutions, and changing tubing	No limitation on setting  Assessment by RN or licensed practitioner is required every 24 hours and more frequently when there is a change in resident condition or IV therapy.						
<b>Renewal</b>	Must meet requirements for renewal of LPN license	LPN must be certified as LPN-C. Certification as LPN-C must be renewed along with LPN license; 5 hours of IV related CE required for renewal.						

## Peer Appreciation

## *Thanking Our Nursing Colleagues When, Where and While We Can!*

Sheila Exstrom, RN, PhD, Nursing Education Consultant

A number of things have happened in the last couple of months that seemed to be related, but maybe not. As I thought about them some “ah-ha” moments came to me that I want to share with you. Hopefully they will spur some thoughts and actions from you as they did me.

The “occurrences” were a brief obituary that I read about a nurse colleague, Nurses Week and a self-designed refresher course. Let me explain the relationship of the three of them.

The first “occurrence”--I was really distressed when I read an obituary notice of a nurse colleague because it was so brief. It listed her name, her age, when she died, her survivors (two sons and families) and the fact that there was no

visitation or public services planned. The brevity of the obituary is what struck me because I know her by so much more.

I know that she was a single mother who raised two boys, one with special needs for whom she planned so he would be cared for when she was no longer here. I know that she was always bettering her own education having graduated from a diploma program and then later completing her BSN and MSN. I know that she was a particularly good nurse, providing evidence based nursing in a personalized caring way. She was very organized and efficient. The nursing care that she provided was in busy urban emergency rooms, critical care and step down units. I know that she taught

nursing to baccalaureate nursing students in two different programs. I know that she was probably a “hard” teacher because she had such high standards herself and would expect the same from her students. I can imagine that the hundreds of students that she taught would describe her as someone that expected a lot, but from whom they learned a lot. We’ve all had teachers like that for whom our appreciation grew with the passage of time. During her class they probably just wanted it to end, but as their years of practice went on, recalling what they learned from her became more evident and appreciated. She was particularly interested in heart patients and was instrumental in establishing a short term

observation area for patients entering the emergency room with heart pain. After retirement she continued to gather data for her faculty colleagues who were doing research on patients admitted to the hospital for heart pain. She was not timid about expressing her opinions about nursing and nursing care, but other than that she was probably one of the softest spoken persons I have known and a person who diverted attention from herself and her activities and accomplishments.

I had never told her how I thought of her as a nursing professional. Both before and after her retirement I would see her at a local restaurant, or the grocery store or at church and we would chat but she never knew of my admiration of her as a nurse.

The next “occurrence” was the 2012 Nurses Week activities, and reading about and experiencing the celebratory activities of that week. Reading how employers and even businesses were celebrating nurses’ week with free and/or discounted “give aways” such as Starbucks coffee, sundaes, breakfasts, lunches, dinners

Nebraska Methodist 1/3 b ad to come

and even some galas. How some festivities were celebrated with balloons, posters and t-shirts. The gifts that were given included pins, pens, key chains, cups, lunch bags, gift baskets and sometimes stethoscopes, umbrellas, scrubs, uniforms and even computers. Awards, massages, continuing education and cards were also part of the week. There were notices on the radio and TV and in newspapers and in-house publications. I saw in our newspaper that one of my former co-workers was honored and I meant to call her and congratulate her, but I never did. While this was a fun time there were also some accompanying disappointments. There were the comments from some nurses about how little the recognition was as related to the remaining 300+ days a year that their work is not acknowledged. Another disappointment was the topics of some of the free continuing education such as lateral or horizontal violence in nursing, or the bullying and how we have the reputation of “eating our young.”

The third “occurrence” involved two nurses that I did not know. The first nurse applied to reinstate her license and chose to design her own refresher course. She did an outstanding job both with the objectives and the didactic content of the course and then she worked with a second nurse who had agreed to be her preceptor for the clinical portion of the course. The clinical objectives were also extremely well written and appropriate. I was most impressed, however, by the evaluations of the course, both by the person who completed the course and by the preceptor. The evaluation of the didactic course was the most complete and targeted evaluation of any I have reviewed. But it was the evaluations of the clinical portion that most impressed me, both by the amount of clinical experiences the preceptor was able to offer the reinstating nurse and the reinstating nurse’s growth with those client care experiences. I was so proud of both of them that I thought I needed to call and congratulate each

of them. And this time I did just that. I think they were both pleased, and I know that I was.

The bottom line of tying these experiences together was to share with you my recent successes and failures in expressing my appreciation to my nursing colleagues. I know when I failed, that I had an empty and sad feeling, but when I succeeded I felt good. I think as nurses we need to

be more consistent in celebrating, congratulating and appreciating each other. By sharing these examples and my personal feelings about them, I hope that I have taken a small step in eliminating that awful reputation we have in our profession of practicing lateral and horizontal violence, bullying and “eating our young” and I invite you to take these multiple small steps with me.

## NATURAL MINERALS

Your life is busy. Mineral make up is healthy for your skin, quick and easy to use. You can even sleep in it without clogging your pores.

Enjoy beautiful healthy skin with botanical easy to use Mineral Make up from Jordan Essentials.



jordan  
ESSENTIALS  
bath & body

A PORTION OF YOUR PURCHASES HELP EDUCATE NURSES. Visit our web site for monthly specials and to find your perfect shade today at [Myjestore.com/11668](http://Myjestore.com/11668).

To order other high quality home spa products from Jordan Essentials, go to [www.jordanrep.com/11668](http://www.jordanrep.com/11668) or [www.jordanessentials.com](http://www.jordanessentials.com) and choose consultant #11668 for purchase.

Portions of the proceeds go to Think About It Nursing Scholarship Fund. All products are made in America!

TNSF  
thinkNurse  
Scholarship Fund

[WWW.JORDANESSENTIALS.COM](http://WWW.JORDANESSENTIALS.COM)

# A Nurse's Guide to the Use of Social Media

From the National Council of State Boards of Nursing

## Introduction

The use of social media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Nurses often use electronic media both personally and professionally. Instances of inappropriate use of electronic media by nurses have been reported to boards of nursing (BONs) and, in some cases, reported in nursing literature and the media. This document is intended to provide guidance to nurses using electronic media in a manner that maintains patient privacy and confidentiality.

Social media can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and health care professionals.

Nurses are increasingly using blogs, forums and social networking sites to share workplace experiences particularly events that have been challenging or emotionally charged. These outlets provide a venue for the nurse to express his or her feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice have been identified as effective tools in nursing practice. The Internet provides an alternative media for nurses to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the nurse disclosing too much information and violating patient privacy and confidentiality.

Health care organizations that utilize electronic and social media typically have policies governing employee use of such media in the workplace. Components of such policies often address personal use of employer computers and equipment, and personal computing during work hours. The policies may address types of websites that may or may not be accessed from employer computers. Health care organizations also maintain careful control of websites maintained by or associated with the organization, limiting what may be

posted to the site and by whom.

The employer's policies, however, typically do not address the nurse's use of social media outside of the workplace. It is in this context that the nurse may face potentially serious consequences for inappropriate use of social media.

## Confidentiality and Privacy

To understand the limits of appropriate use of social media, it is important to have an understanding of confidentiality and privacy in the health care context. Confidentiality and privacy are related, but distinct concepts. Any patient information learned by the nurse during the course of treatment must be safeguarded by that nurse. Such information may only be disclosed to other members of the health care team for health care purposes. Confidential information should be shared only with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions the nurse's obligation to safeguard such confidential information is universal.

Privacy relates to the patient's expectation and right to be treated with dignity and respect. Effective nurse-patient relationships are built on trust. The patient needs to be confident that their most personal information and their basic dignity will be protected by the nurse. Patients will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate "need to know." Any breach of this trust, even inadvertent, damages the particular nurse-patient relationship and the general trustworthiness of the profession of nursing.

Federal law reinforces and further defines privacy through the Health Insurance Portability and Accountability Act (HIPAA). HIPAA regulations are intended to protect patient privacy by defining individually identifiable information and establishing how this information may be used, by whom and under what circumstances. The definition of individually identifiable information includes any information that relates to the past, present or future physical or mental health of an

individual, or provides enough information that leads someone to believe the information could be used to identify an individual.

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses may breach confidentiality or privacy with information he or she posts via social media. Examples may include comments on social networking sites in which a patient is described with sufficient detail to be identified, referring to patients in a degrading or demeaning manner, or posting video or photos of patients. Additional examples are included at the end of this document.

## Possible Consequences

Potential consequences for inappropriate use of social and electronic media by a nurse are varied. The potential consequences will depend, in part, on the particular nature of the nurse's conduct.

## BON Implications

Instances of inappropriate use of social and electronic media may be reported to the BON. The laws outlining the basis for disciplinary action by a BON vary between jurisdictions. Depending on the laws of a jurisdiction, a BON may investigate reports of inappropriate disclosures on social media by a nurse on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude;
- Mismanagement of patient records;
- Revealing a privileged communication; and
- Breach of confidentiality.

If the allegations are found to be true, the nurse may face disciplinary action by the BON, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure.

A 2010 survey of BONs conducted by NCSBN indicated an overwhelming majority of responding BONs (33 of the 46 respondents) reported receiving complaints of nurses who have violated patient privacy by posting photos or information about patients on social

networking sites. The majority (26 of the 33) of BONs reported taking disciplinary actions based on these complaints. Actions taken by the BONs included censure of the nurse, issuing a letter of concern, placing conditions on the nurse's license or suspension of the nurse's license.

### Other Consequences

Improper use of social media by nurses may violate state and federal laws established to protect patient privacy and confidentiality. Such violations may result in both civil and criminal penalties, including fines and possible jail time. A nurse may face personal liability. The nurse may be individually sued for defamation, invasion of privacy or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation.

If the nurse's conduct violates the policies of the employer, the nurse may face employment consequences, including termination. Additionally, the actions of the nurse may damage the reputation of the health care organization, or subject the organization to a law suit or regulatory consequences.

Another concern with the misuse of social media is its effect on team-based patient care. Online comments by a nurse regarding co-workers, even if posted from home during nonwork hours, may constitute as lateral violence. Lateral violence is receiving greater attention as more is learned about its impact on patient safety and quality clinical outcomes. Lateral violence includes disruptive behaviors of intimidation and bullying, which may be perpetuated in person or via the Internet, sometimes referred to as "cyber bullying." Such activity is cause for concern for current and future employers and regulators because of the patient-safety ramifications. The line between speech protected by labor laws, the First Amendment and the ability of an employer to impose expectations on employees outside of work is still being determined. Nonetheless, such comments can be detrimental to a cohesive health care delivery team and may result in sanctions against the nurse.

### Common Myths and Misunderstandings of Social Media

While instances of intentional or malicious misuse of social media have occurred, in most cases, the inappropriate disclosure or posting

is unintentional. A number of factors may contribute to a nurse inadvertently violating patient privacy and confidentiality while using social media. These may include:

- A mistaken belief that the communication or post is private and accessible only to the intended recipient. The nurse may fail to recognize that content once posted or sent can be disseminated to others. In fact, the terms of using a social media site may include an extremely broad waiver of rights to limit use of content.<sup>1</sup> The solitary use of the Internet, even while posting to a social media site, can create an illusion of privacy.
- A mistaken belief that content that has been deleted from a site is no longer accessible.
- A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.
- A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. This too is a breach of confidentiality and demonstrates disrespect for patient privacy.
- Confusion between a patient's right to disclose personal information about himself/herself (or a health care organization's right to disclose otherwise protected information with a patient's consent) and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.
- The ease of posting and commonplace nature of sharing information via social media may appear to blur the line between one's personal and professional lives. The quick, easy and efficient technology enabling use of social media reduces the amount of time it takes to post content and simultaneously, the time to consider whether the post is appropriate and the ramifications of inappropriate content.

### How to Avoid Problems

It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, nurses

can avoid inadvertently disclosing confidential or private information about patients.

The following guidelines are intended to minimize the risks of using social media:

- First and foremost, nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Do not share, post or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.
- Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Do not refer to patients in a disparaging manner, even if the patient is not identified.
- Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer-provided devices.
- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal

*continued on next page*

*continued from last page*

relationship with the patient.

- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Promptly report any identified breach of confidentiality or privacy.
- Be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices and use of personal devices in the work place.
- Do not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.

- Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer.

### Conclusion

Social and electronic media possess tremendous potential for strengthening personal relationships and providing valuable information to health care consumers. Nurses need to be aware of the potential ramifications of disclosing patient-related information via social media. Nurses should be mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. By being careful and conscientious, nurses may enjoy the personal and professional benefits of social and electronic

media without violating patient privacy and confidentiality.

For the entire paper, please go to the link below on NCSBN's web site.

[https://www.ncsbn.org/Social\\_Media.pdf](https://www.ncsbn.org/Social_Media.pdf)

<sup>1</sup> One such waiver states, "By posting user content to any part of the site, you automatically grant the company an irrevocable, perpetual, nonexclusive transferable, fully paid, worldwide license to use, copy, publicly perform, publicly display, reformat, translate, excerpt (in whole or in part), distribute such user content for any purpose." Privacy Commission of Canada. (2007, November 7). Privacy and social networks [Video file]. Retrieved from <http://www.youtube.com/watch?v=X7gWEgHeXcA>.

## Use Caution When Using Prescription Drugs for Pain Relief

The Nebraska Licensee Assistance Program (NE LAP) provides alcohol/drug assessments, treatment referrals, case management/monitoring and education services for Nebraska health service professionals. Would you have estimated that a little less than sixty percent of our cases are alcohol related? You may have thought this figure would be higher considering the predominant role of alcohol use in our society. Over forty percent of our cases are drug-related abuse and/or addiction problem situations.

It is important to know that the majority of these cases are not related to use of illegal drugs. Most of these cases involve prescription drug abuse and addiction. Our society places a high value on use of prescription medications to relieve emotional and physical pain. Health care professionals, who work in environments where medications are an integral, sometimes essential, component to pain relief and healing, place an even higher value on medication than the overall general population.

Health care professionals' value for

medication can lead them to also turn to medications pain relief rather than alternative solutions. If the medications are effective, it can cement their belief that pain relief medications are their only pain solution. As the medications provide physical and emotional relief, the long term or extensive use of these drugs can lead to abuse and addiction.

Most pain relief medications are controlled substances and carry risk. One need only review the instructions for the use of these drugs in the *PDR Drug Guide for Mental Health Professionals* to find cautions on their use, such as "may cause patient to become drowsy or less alert," or "avoid alcohol while taking this medication," or "taken with certain other drugs, the effects of either could be increased, decreased or altered," or "medication should be taken exactly as prescribed," and finally "tolerance and dependence can develop with the use" of this medication. Generally, emotional and pain relief medications "should not be taken for a longer time or for any other purpose than prescribed."

As you have seen from the NE LAP's case statistics, health care professionals can also become victims of drugs that can be so helpful and necessary for pain relief. Abuse of the drug takes over and the drug is not taken as prescribed. More of the drug is needed. Other prescription drugs may be added to the mix. The drugs are used over a long period of time. Eventually, appropriate and temporary use of medications for pain relief can become a serious and problematic addiction to the drugs. In the midst of a drug addiction, the addicted health care professional's impairment or diversion of drugs at work can lead to loss of practice privileges or his/her job, and a referral to the Nebraska Licensee Assistance Program.

Long term use of narcotics can lead to addiction to these drugs. Seek out other pain relief alternatives that will work for you. If you are using prescription medication, these medications should be taken as prescribed. Consult with your doctor or the NE LAP if you are concerned your use may have become drug abuse or addiction.

## RN & APRN License Renewal Reminder

All Nebraska RN and APRN licenses expire October 31, 2012. Renewal notices will be mailed on or about August 1, 2012.

**The renewal postcards will be mailed to the address we currently have on our Licensing Information System.** RNs and APRNs who have moved and the postal forwarding order has expired may not receive a notice. Each year hundreds of renewal notices, as well as other mail, are returned to the department as undeliverable because licensees have neglected to keep their mailing address current with the department. When a licensee fails to maintain a current address with the department, it results in delayed or non-delivery of the renewal notice, extra cost to the department for printing, paper, and postage, and staff time. It may also result in you not renewing your license prior to the expiration date, having to pay an administrative fine for practicing nursing without a current license,

and possible discipline on your nursing license.

The renewal notice post card provides the website for online license renewal. All RN and APRNs are highly encouraged to renew online. The online renewal has many advantages over using a paper form. With online renewal the application is processed the next business day and if everything was completed properly, the renewed license is mailed the same day. Online renewal using a credit card decreases the time required for receiving the renewal fee. Online renewal saves postage and avoids the possibility that the application will be lost in the mail. Online renewal saves paper and helps us all be a bit greener. For every 100 nurses that renew online, that saves approximately 700 pages of paper. During this renewal period, we will renew over 28,000 licenses! A final advantage of online renewal is that the data

on the workforce survey that accompanies the renewal application is entered electronically. Paper workforce surveys require extensive time for staff to enter manually.

Watch your mailboxes for your renewal post card and renew early to ensure you have renewed your license prior to the expiration date. If you fail to renew your license prior to the expiration date, you will have to reinstate your license. Practicing nursing after the expiration date, if your license has not been renewed, will result in an administrative penalty fee of \$10 for each day you practice up to a maximum of \$1,000, and may result in discipline on your license.

Please remember to make sure we have your current mailing address. The address we have for you in our licensing system is where all communication from the Department is sent including the Nursing News. You can call our office at (402) 471-4376 to change your address, or change your address online. To change your licensing demographics online go to [www.dhhs.ne.gov/lis/lisindex.htm](http://www.dhhs.ne.gov/lis/lisindex.htm) on the Department of Health and Human Services site and follow the easy directions.

## NCSBN Launches New NCLEX Video

The National Council of State Boards of Nursing (NCSBN) created a new video designed to help candidates better understand how the NCLEX-RN Examination and NCLEX-PN Examination use computerized adaptive testing (CAT) to measure the competencies needed to perform safely and effectively as a newly licensed, entry-level nurse.

In 1994, NCSBN became the first organization to use CAT, a method for administering exams that merges computer technology with modern measurement theory. CAT increases the efficiency of the exam process for the purpose of nationwide licensure examinations. Nursing is regulated because it is one of the health professions that poses a risk of harm to the public if practiced by someone

who is unprepared; that is why NCLEX exams are vital components in the licensure process.

The new "NCLEX Using CAT" video explains why CAT is used for the NCLEX and how it works. Utilizing the familiar scenario of lifting weights to illustrate the principles behind CAT, the video introduces how the exam is scored, how test items are selected and pass/fail rules.

Some additional videos available on the NCSBN web site include *The Role of the APRNs in Health Care*, *Social Media Guidelines for Nurses*, *The Nurse Licensure Compact Explained*, and *NCSBN National Simulation Study Overview*.

These are available on the NCSBN web site, [NCSBN.org](http://NCSBN.org).

1/6 v ad to come

# Licensure Actions

The following is a list of licensure actions taken between February 1, 2012 and May 31, 2012

Additional information regarding the actions identified below is available on our website at [www.nebraska.gov/LISSearch/search.cgi](http://www.nebraska.gov/LISSearch/search.cgi). To view a copy of the disciplinary/non-disciplinary action click on "View Scanned Documents" once in the License Details Section of the search.

The information may also be requested by e-mail at [jennifer.vaneperen@nebraska.gov](mailto:jennifer.vaneperen@nebraska.gov)

Licensee	Date of Action	Action	Violation
Anna Dedic RN 53905	2/9/12	Probation Extended	Violation of terms of probation
Jennifer Moore RN 47260	2/9/12	Censure Suspension	Practice of the profession in a pattern of negligent conduct Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession
Cynthia O'Connor RN 38044	2/9/12	Censure Suspension	Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession
Laura Wolfe RN 65046	2/9/12	Probation	Abuse of, dependence on, or active addiction to alcohol . . . Misdemeanor conviction which have a rational connection with fitness or capacity to practice the profession
Sara Collins LPN 21872	2/9/12	Probation	Violation of previous terms of probation
Marlene Hettinger LPN 19445	2/9/12	Censure Suspension	Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession
Michelle Hoeft LPN 16029	2/9/12	Censure	Violation of an Order
Jennifer Smith LPN 16071	2/9/12	Censure Suspension	Unprofessional Conduct-Failure to conform to the standards of prevailing practice of the profession
Heather Fowler RN 67973	2/23/12	Revocation	Violation of terms of probation
Nicole Gaona RN 56324	2/23/12	Reinstatement on Probation	Previous disciplinary action
Theresa Polzin RN 67781	3/8/12	Revocation of Privilege to Practice	Conviction of a felony Disciplinary action in another state
Tami Bertrand LPN 16231	3/8/12	Suspension	Abuse of, dependence on, or active addiction to alcohol . . . Misdemeanor convictions which have a rational connection with fitness or capacity to practice the profession Failure to comply with treatment recommendation
Cynthia Swanda LPN 20293	3/10/12	Non-disciplinary Assurance of Compliance	Failure to report loss of nursing employment in accordance with the State mandatory reporting law
Victoria Stutzman RN 30720 APRN-NP 110031	3/16/12	Suspension Probation	Unprofessional Conduct-Departure from or failure to conform to standards of acceptable and prevailing practice of the profession Abuse of, dependence on, or active addiction to alcohol . . . Practice of the profession while ability to practice is impaired by alcohol
Patricia Sweeney-Pakiz RN 48241	3/16/12	Reinstatement with Limitation	Previous disciplinary action
Merry Foyt RN 35400	3/19/12	Reinstatement on Probation	Previous disciplinary action
Kimberly Joy APRN 110498	3/19/12	Non-disciplinary Assurance of Compliance	Practice outside scope of practice
Micheline Splichal RN 53724	3/22/12	Censure	Unprofessional Conduct-Failure to conform to standards of acceptable and prevailing practice of the profession

Licensee	Date of Action	Action	Violation
Mary Svoboda APRN, CRNA 100111	3/22/12	Voluntary and Permanent Surrender	
Tanya Baker LPN 13820	3/22/12	Suspension	Unprofessional Conduct-Failure to conform to standards of prevailing practice of the profession Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Sondra Herring LPN 19203	3/22/12	Censure	Practice beyond authorized scope
Anna Hummel LPN 22608	3/22/12	Suspension	Violation of the Uniform Controlled Substances Act Unprofessional Conduct-Failure to conform to standards of prevailing practice of the profession
Jarod Lueders RN 73878	4/3/12	License Issued on Probation	Misdemeanor convictions which have a rational connection with fitness or capacity to practice the profession Abuse of, dependence on, or active addiction to alcohol . . .
Brentley McKeon RN 73865	4/3/12	License Issued on Probation	Misdemeanor convictions which have a rational connection with fitness or capacity to practice the profession
Megan Camp RN 67873	4/5/12	Voluntary Surrender	Practice of the profession in a pattern of negligent conduct Unprofessional Conduct-Failure to conform to the standards of prevailing practice of the profession
Lori Steinkraus RN 42117	4/5/12	Censure	Unprofessional Conduct-Failure to conform to the standards of prevailing practice of the profession Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Malissa Galvin LPN 20743	4/5/12	Reinstatement on Probation	Previous disciplinary action
Debra Scalise LPN 13810	4/5/12	Voluntary Surrender	Abuse of, dependence on, or active addiction to alcohol . . . Failure to comply with a treatment program or aftercare program Failure to report misdemeanor conviction in accordance with the state mandatory reporting law Unprofessional Conduct-Failure to conform to the standards of prevailing practice of the profession
Jessica Issler RN 62233	4/6/12	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to follow policies and procedures implemented in a practice situation to safeguard patient care
Luisa Rounds RN 66411	4/8/12	Non-disciplinary Assurance of Compliance	Falsification or misrepresentation of material facts in attempting to procure nursing employment
Stacey Monk LPN 22889	4/17/12	Non-disciplinary Assurance of Compliance	Failure to report nursing employment termination in accordance with the state mandatory reporting law
Merriane Jones RN	4/19/12	Censure	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safer nursing practice
Judy Roan RN 38449	4/19/12	Voluntary Surrender	Illness, deterioration or disability which impairs ability to practice nursing
Shelley Uglow RN 43715	4/19/12	Reinstatement on Probation	Previous disciplinary action
Brandi Hurlburt LPN 17117 LPN-C 1213	4/23/12	Temporary Suspension	Dishonorable Conduct Abuse of, dependence on, or active addiction to . . . any controlled substance or any mind-altering drug Violation of the Uniform Controlled Substances Act
Alicia Godbolt LPN 20126	5/4/12	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Stephanie Blome-Weibel RN 65744	5/10/12	Reinstatement on Probation	Previous disciplinary action
Cynthia Daniels RN 60111	5/10/12	Suspension \$500.00 Civil Penalty	Violation of terms of probation
Mitchell Hansen RN 37874	5/10/12	Reinstatement on Probation	Previous disciplinary action

Licensee	Date of Action	Action	Violation
Ramona Miller RN 63389	5/10/12	Censure \$3000.00 Civil Penalty	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed; failure to maintain an accurate patient record Failure to report loss of nursing employment in accordance with state mandatory reporting law
Janice Nellor RN 20757	5/10/12	Censure	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice
Ellen Allen LPN 11600	5/10/12	Revocation	Unprofessional Conduct
Steven Donley LPN 19682	5/10/12	Censure	Unprofessional Conduct-Failure to conform to standards of acceptable and prevailing practice of the profession
Malissa Fredrickson RN 74122	6/4/12	License Issued on Probation	History of alcohol related misdemeanor convictions Abuse of, . . . alcohol . . . or any mind-altering substance

**Joy MEDICAL GROUP** *Bring JOY to your Work!*

**Joy Medical Group is recruiting RNs, LPNs and CNAs**

Our relationships with the region's best healthcare providers enable us to find just the right fit for you.



- ICU/CCU
- ER
- Med/Surg
- Correctional
- Psych
- Rehab
- LTC
- Clinic

Outstanding Benefits and Compensation  
Flexible Work Assignments  
Contract – Per Diem – Direct Hire – Travel Nursing

Call (888) 564-7823 or apply online at [www.JoyMedicalGroup.com](http://www.JoyMedicalGroup.com)

*Ask about our Hiring Bonus*



**RN to BSN**

SEAMLESS TRANSITION

ALL ONLINE **8** WEEK COURSES

COMPLETE IN AS LITTLE AS **12** MONTHS

Call Admissions at: 402-941-6503  
Apply for FREE at:  
[www.MidlandU.edu/Apply-Now](http://www.MidlandU.edu/Apply-Now)  
900 N Clarkson, Fremont, NE 68025



# Student Nurse Passport — What Is That?

Sheila Exstrom, RN, PhD, Nursing Education Consultant

Perhaps you have heard the term “student nurse passport” and wonder what it is. It is an orientation program that can be used by all nursing programs and also by the clinical facilities that they use.

The Nebraska Assembly of Nursing Deans and Directors has elected to “trial” the student nurse passport for two years and then determine if they want to make it a permanent part of their programs.

The passport is a computerized orientation program that the student nurses can take on their own time and therefore pass the tests that are a part of it prior to starting their clinical experiences. Once they have completed the modules they would be prepared to do their clinical experience at any and all facilities where they may be assigned. The students do not need to go through an orientation at each facility where they are getting their clinical experience because the content of the modules is universal and the student has passed a test related to the content of the modules.

There are five modules in the program:

- Emergency Preparedness Response
- Regulatory Confidentially and Compliance
- Infection Control and Blood Borne Pathogens
- Safety in the Health Care Setting
- Dealing with Diverse Populations

The passport is advantageous to the student because it allows the student to complete the modules and tests at a time of their own choosing sometime prior to being assigned to the clinical areas. Not having to spend these hours at each facility provides more actual clinical time for the student to be involved with patients.

The passport is advantageous to the nursing program because it allows for some information that has been a part of the curriculum to be taken by the student on their own time, thus allowing for more classroom time for other content. The program could use the option of having the students do the modules in a computer lab as part of class time but the time needed to complete the modules and the tests takes longer than a single or even multiple class sessions would allow. Because the students are required to complete a test over the content and actually analyze scenarios related to the content, the school can be assured that the student understands the content and the application of the content.

The passport is advantageous to the clinical facilities because it “frees up” their orientation staff from needing to cover similar content to the modules each time a new class comes to their facility for clinical experience. It allows for more in depth understanding because it is not limited to a certain amount of time that cuts into the clinical time of the student. It is advantageous to the facility because it allows

the facility to work with TCPS (the corporation who produces, maintains and updates the program) to use the modules for their own staff and other (non-nursing) students who use them as a clinical facility and to put their own orientation on their system (at a cost of course), or to link their website to TCPS (at no cost).

The advantage of the program is that it is updated continuously and at least annually so that the newest regulations regarding confidentiality (HHSS), or infection control (CDC) or safety requirements, or emergency preparedness or even such changes that have recently been made concerning CPR would be current.

Any facility that would be interested in learning more about the program may contact Pam Taylor at Pam.Taylor@tcpshome.com or at 615-653-1712. Questions and comments could also be sent to her or asked of any nursing program that is using the facility.

## Nebraska Center for Nursing Looking for New Members

The Nebraska Center for Nursing was created by the Legislature twelve years ago to address the nursing shortage in Nebraska. Over the years the Center has been involved in exciting projects to promote nursing and to address current and projected shortages of nurses in the state.

We currently have some vacancies on the Center for Nursing Board. If you are interested in working with this group and being involved

in activities to promote the Center and meet the goals of the Center, please apply. You can contact Peggy King in the Governor’s office for application information, 402-471-1971, or [peggy.king@nebraska.gov](mailto:peggy.king@nebraska.gov).

If you have questions about the Center, you can contact Karen Bowen 402-471-0317 or [karen.bowen@nebraska.gov](mailto:karen.bowen@nebraska.gov). You can also go to the Center’s website, [www.center4nursing.com](http://www.center4nursing.com).

1/6 v ad to come

# For More Information... Visit our website at: <http://www.hhs.state.ne.us/crl/nursing/nursingindex.htm>

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

## **Nursing and Nursing Support**

### **General Issues**

Karen Bowen, MS, RN  
(402) 471-0317  
[karen.bowen@nebraska.gov](mailto:karen.bowen@nebraska.gov)

## **Advanced Practice Nursing**

(APRN-NP, APRN-CRNA, APRN-CNM, APRN-CNS)

### **Initial Licensure**

#### **Licensure by Endorsement**

#### **Reinstatement of Licensure**

#### **License Renewal/Audit Questions**

Jennifer VanEperen  
(402) 471-2666  
[jennifer.vanepere@nebraska.gov](mailto:jennifer.vanepere@nebraska.gov)

### **Nursing Practice Issues**

Karen Bowen, MS, RN  
(402) 471-0317  
[karen.bowen@nebraska.gov](mailto:karen.bowen@nebraska.gov)

## **Registered Nurse**

### **Licensure Based on Examination (NCLEX®)**

### **Licensure Based on Endorsement**

### **Renewal/Audit Questions**

Karen McGann  
(402) 471-4375  
[karen.mcgann@nebraska.gov](mailto:karen.mcgann@nebraska.gov)

## **Licensed Practical Nurse**

### **Licensure Based on Examination (NCLEX®)**

### **Licensure Based on Endorsement**

### **Renewal/Audit Questions**

Kim Lewis  
(402) 471-4925

## **Licensed Practical Nurse Certified**

### **Certification by Examination**

### **Certification Renewal/Audit Questions**

Kim Lewis  
(402) 471-4925

## **Nursing**

### **Foreign Educated Nurses**

Sheila Exstrom, RN, Ph.D.  
(402) 471-4917  
[sheila.exstrom@nebraska.gov](mailto:sheila.exstrom@nebraska.gov)

### **Nursing Statutes**

### **Rules and Regulations**

Karen Bowen, MS, RN  
(402) 471-0317  
[karen.bowen@nebraska.gov](mailto:karen.bowen@nebraska.gov)

### **Scope of Practice and Practice Standards**

Karen Bowen, MSN, RN  
(402) 471-0317  
[karen.bowen@nebraska.gov](mailto:karen.bowen@nebraska.gov)

### **Education Issues, Curriculum Revisions and Nursing Program Surveys**

Sheila Exstrom, RN, Ph.D.  
(402) 471-4917  
[sheila.exstrom@nebraska.gov](mailto:sheila.exstrom@nebraska.gov)

### **Refresher Course/Designing Own Review Course of Study**

Sheila Exstrom, RN, Ph.D.  
(402) 471-4917  
[sheila.exstrom@nebraska.gov](mailto:sheila.exstrom@nebraska.gov)

### **Name and/or Address Change**

*(Please provide your name and Social Security number)*  
Jennifer VanEperen  
(402) 471-2666  
[jennifer.vanepere@nebraska.gov](mailto:jennifer.vanepere@nebraska.gov)

### **Nursing Student Loan Program**

Shirley Nave  
(402) 471-0136

### **Probation Compliance Monitoring**

Ruth Schuldt, RN, B.S.  
(402) 471-0313  
[ruth.schuldt@nebraska.gov](mailto:ruth.schuldt@nebraska.gov)

### **Complaint Filing**

Investigations Division  
(402) 471-0175

## **Medication Aide**

### **Medication Aide Role and Practice Standards**

Marletta Stark, RN, BSN, Program Manager  
(402) 471-4969  
[marletta.stark@nebraska.gov](mailto:marletta.stark@nebraska.gov)

## **Name and/or Address Change**

*(Please provide your name and Social Security number)*  
Teresa Luse  
(402) 471-4376  
[teresa.luse@nebraska.gov](mailto:teresa.luse@nebraska.gov)

## **Medication Aide Renewals and Applications**

Teresa Luse  
(402) 471-4910  
[teresa.luse@nebraska.gov](mailto:teresa.luse@nebraska.gov)

## **Medication Aide Registry**

Shane Bailey  
(402) 471-4364  
[shane.bailey@nebraska.gov](mailto:shane.bailey@nebraska.gov)

## **Nurse Aide**

### **Nurse Aide and Paid Dining Assistant Role and Practice Standards**

Marletta Stark, RN, BSN  
(402) 471-4969  
[marletta.stark@nebraska.gov](mailto:marletta.stark@nebraska.gov)

### **Nurse Aide and Paid Dining Assistant Registry**

Nancy Stava  
(402) 471-0537  
[nancy.stava@nebraska.gov](mailto:nancy.stava@nebraska.gov)

### **Name and/or Address Change**

*(Please provide your name and Social Security number)*  
Nancy Stava  
(402) 471-0537  
[nancy.stava@nebraska.gov](mailto:nancy.stava@nebraska.gov)

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

Wanda Vodehnal  
(402) 471-4971  
[wanda.vodehnal@nebraska.gov](mailto:wanda.vodehnal@nebraska.gov)

## **General**

### **Mailing Labels**

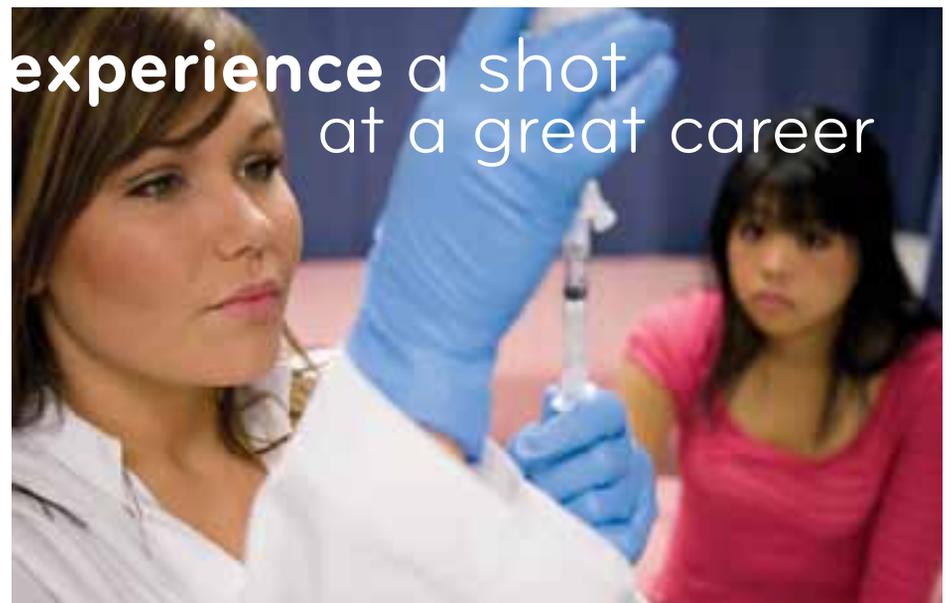
Available online at:  
<http://www.nebraska.gov/crl/orders.htm>

## **Information on Disciplinary Actions**

Diane Pearson  
(402) 471-4923  
[Diane.Pearson@nebraska.gov](mailto:Diane.Pearson@nebraska.gov)

# 1992 *Twenty* **Years Ago** in **Nursing News**

- New Nursing Regulations
  - The new nursing regulations included requirements for continuing competency or renewal requirements
  - The revised Continuing Competency requirements included active practice
  - They also detailed requirements for licensure, temporary permits, exam eligibility, grounds for discipline, revocation for failure to renew and requirements to reinstate a license
  - Nurses are responsible to know the continuing competency requirements defined in regulation and what is acceptable continuing education, and if audited must meet those requirements
- The board actions included:
  - Board members assisted with administering the NCLEX-PN held in April and NCLEX-RN to be held in July
  - Heard reports on:
    - Changes that needed to be made in examination procedures to comply with ADA
    - Changes provided by LB 1019 including revisions to the CRNA statutes and inclusion of clinical nurse specialist in statute
    - Meetings of the Nurse Practitioner Advisory Council
    - NCSBN Area II meeting
  - Toured the Plato Developmental (testing) Center in Omaha
  - Heard a presentation by Educational Testing Services
  - Selected Charlene Kelly and Elaine Garrison as delegates to the Delegate Assembly of the National Council of State Boards of Nursing, and Vicky Burbach and Peggy Hawkins as alternates
- The Licensee Assistance Program (LAP) was created by LB 456 and was expected to be operational by Fall 1992. It would be funded by licensing fees and administered by the Department of Public Institutions.



experience a shot  
at a great career

#### EXPERIENCE UNION COLLEGE

Expand your career opportunities by earning a Bachelor of Science in Nursing on our campus in southeast Lincoln. We offer discounted tuition for LPN/RN to BSN completion and scholarships for traditional students.

**Don't wait to start nursing school.**

Visit [www.ucollege.edu/nursing](http://www.ucollege.edu/nursing) to begin in January or August.

#### CONTACT US

[www.ucollege.edu](http://www.ucollege.edu)  
[nursing@ucollege.edu](mailto:nursing@ucollege.edu)  
P (402) 486-2524

UNION  
COLLEGE



## Registry Action on Nurse Aides & Medication Aides

Actions against nurse aides and medication aides will no longer be reported in the Nursing News. Current information regarding nurse aides and medication aides can be found by accessing the License Information System at [www.dhhs.ne.gov/lis/lisindex.htm](http://www.dhhs.ne.gov/lis/lisindex.htm) Click on License Lookup and follow the directions. You may contact the Nurse Aide Registry by e-mail at [nancy.stava@nebraska.gov](mailto:nancy.stava@nebraska.gov) or telephone at 402-471-0537 for additional information. The Medication Aide Registry may be contacted by e-mail at [shane.bailey@nebraska.gov](mailto:shane.bailey@nebraska.gov) or by telephone at 402-471-4364 for additional information.

# Nursing Networking

Economical Classifieds (1.5" wide x 1" high)

Reach every nurse in Nebraska for as little as \$225.

Contact Victor Horne

vhome@pcipublishing.com • 1-800-561-4686 ext. 114



#1 Team in Nebraska for Cardiac and Vascular Care



WE KNOW QUALITY CARE BY HEART

Join us!

nebraskaheart.com

**Facing a nursing license investigation and/or, disciplinary action?**

**Judy A. Cada, J.D., B.S.N.**  
Attorney-at-Law and Nurse

Experience with licensing issues.

**(402)477-2233**

Free Phone Consultation  
[judy@cadalaw.com](mailto:judy@cadalaw.com)

**DIRECTOR OF NURSING**  
**KAPLAN UNIVERSITY**

Omaha, NE

As leading nurse educator, Kaplan's Omaha campus is seeking a Director of Nursing to lead its Practical Nursing Program.

Apply to:

Jessica Horne, Recruiter  
**(964) 512-6468**  
[jhorne@kaplan.edu](mailto:jhorne@kaplan.edu)



**Nancy R. Wynner,**  
Attorney at Law  
Expertise in administrative license matters including:  
• Defense Against Disciplinary Action  
• License Reinstatement  
[www.demaregordon.com](http://www.demaregordon.com)

**REACH  
29,000 NURSES  
WITH YOUR AD  
HERE**

1.5" wide x 1" high  
**only  
\$225.00**

**StuNurse**  
education/employment

1/3 b ad to come

1/6 v ad to come

1/6 v ad to come

St. Elizabeth 1/3 b ad to come

1/2 h ad to come

# Together

## We Make Nebraska Hearts Beat Stronger



Saint Elizabeth Regional Medical Center  
Lincoln



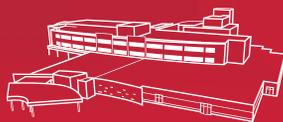
St Mary's Community Hospital  
Nebraska City



Nebraska Heart Hospital  
Lincoln



Saint Francis Medical Center  
Grand Island



Good Samaritan Hospital  
Kearney

“We are excited to add Nebraska Heart’s expertise to the services available through Catholic Health Initiatives in Nebraska.”

– Bob Lanik,

*CEO, Catholic Health Initiatives in Nebraska*

What happens when Nebraska Heart—the state’s premier cardiology group and heart hospital, ranked number 1 in Overall Cardiac Care, Cardiac Services, Cardiac Surgery, Vascular Surgery and Coronary Interventional Procedures—joins Catholic Health Initiatives? Patient care is taken to the next level as Catholic Health Initiatives gains a new partner.

Together we are stronger...  
now THAT should put your heart at ease.



we know quality care by heart :: [neheart.com](http://neheart.com)

CATHOLIC HEALTH  
INITIATIVES®

2011 RANKINGS  HEALTHGRADES