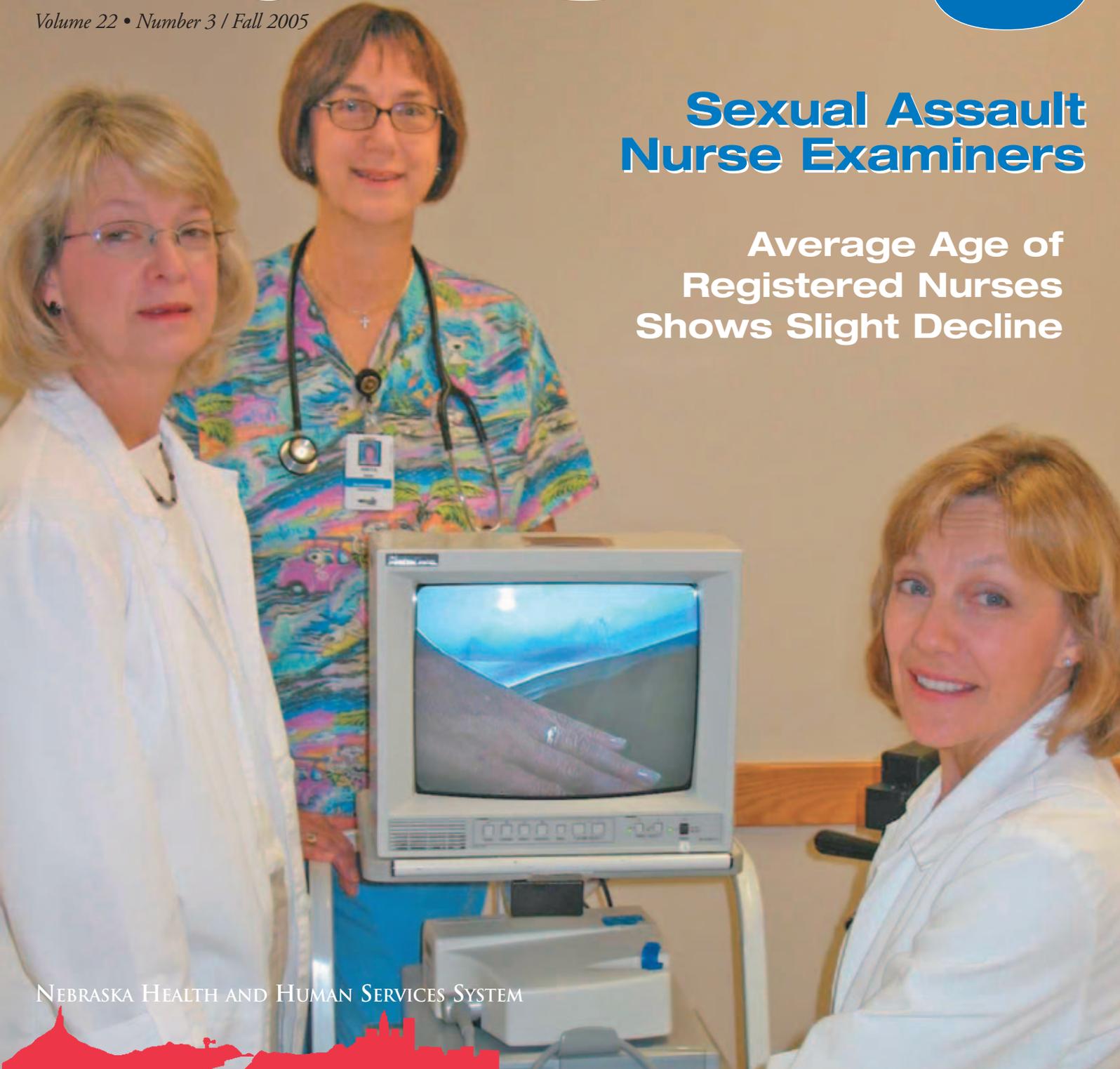


Nebraska Nursing NEWS

Volume 22 • Number 3 / Fall 2005

Sexual Assault Nurse Examiners

Average Age of Registered Nurses Shows Slight Decline



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Seated - Jackie Thielen.



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Executive Director's Message



It used to seem like summer was a laid back time of year when there were fewer meetings and organizational activities, and you could kind of regroup and get caught up a little bit. That certainly doesn't describe this summer. The Credentialing Division, the Board of Nursing and the Center for Nursing have all been very busy all summer. This issue contains reports and updates on some of that work.

In addition to our feature story on Sexual Assault Nurse Examiners and the other standard articles, we have included information on recent and upcoming activities sponsored by the Nursing Leadership Coalition. The annual Nursing Summit has been an extremely popular event. It will be held in Kearney again this year on March 28. The registration form will be in the winter issue of *Nursing News*. This year the Nursing Leadership Coalition is sponsoring its first annual Nursing Issues Forum. The Forum will be held in Omaha on November 9. The topic of the Forum is The Role of the Clinical Nurse Leader. Participation in the Forum is by invitation. Several new nursing education programs have been established in Nebraska during the last two years, largely in response to the nursing shortage. An article summarizing these programs is included in this issue. We have also included information on plans to implement changes based on 2005 legislation. This includes the Nursing Faculty Student Loan Program, criminal background checks for advanced practice nurses and implementation of the APRN "umbrella" legislation and licensure of clinical nurse specialists.

We try to offer a wide range of information in each issue in order to keep nurses informed and connected with what is happening at the state level. This publication is our primary means of communicating with Nebraska's licensed nurses. We continue to hear from nurses who aren't aware that they receive the publication or who acknowledge receiving it but don't read it. When these nurses find themselves out of compliance with the requirements for licensure their frequent response is "I didn't know." We encourage all licensed nurses to read this publication. We try to include essential information and make it interesting, understandable and easy to pick up and read. Please encourage your employees and fellow workers to make a habit of reading the *Nursing News* on a regular basis. If there are ways we can improve this publication, please let us know.

This is the sixth issue we have had in our full-color, glossy format. Each issue we try to feature a topic that we think will be of widespread interest. The first six issues featured articles on a Nebraska nurse serving in Iraq, a school nurse in Omaha's newest inner-city elementary school, Nebraska's state senators who are nurses, Nebraska's oldest and youngest nurses and nurses with Omaha's Rapid Response Team. This issue we are featuring nurses trained as Sexual Assault Nurse Examiners. Do you have ideas for feature articles that would have widespread interest? If you do email me at charlene.kelly@hhss.ne.gov or call me with your suggestions at (402) 471-0317.

Charlene Kelly

President's Message

In July, I focused on some of the incredible opportunities associated with board membership. This month, I will tell you about some experiences while serving on the board. First is the process of being appointed to the board.

Nebraska's *Nurse Practice Act* clearly articulates the criteria for selecting the twelve board members. Specifically, eight of the twelve members must be Registered Nurses, two must be Licensed Practical Nurses and two are consumers. Of the eight Registered Nurses, three are educators (representing each level of nursing education--PN, ASN, and BSN-- leading to initial licensure), two are nursing service administrators, two are staff nurses and one is an advanced practice nurse. There are also statutory requirements in terms of practice settings and equal representation from Nebraska's three congressional districts. In Nebraska, the State Board of Health interviews qualified applicants and makes appointments to fill vacancies on the State Board of Nursing.

Being newly appointed to the Board, I planned to sit on the sidelines and quietly observe at the first few board meetings. To my surprise, I discovered that I had some contributions to make--so sitting back as a passive observer was not an option. I took the risk of speaking up at those initial board meetings and found out that board members actively support contributions of each member.

Our diverse backgrounds result in rich discussions in board meetings as we discuss policy issues and discipline cases. While we do not always agree with each other, there is mutual respect among board members when opposing viewpoints are expressed. Egos are left outside the meeting room door so that the charge of the board--protecting public safety--can be accomplished.

Group theorists tell us that conflict emerges in the working stage in effectively functioning groups. A healthy group is one that is able to directly deal with conflict. The Board of Nursing usually functions in the "working stage." We openly discuss differing perspectives, perceptions, and problem-solving approaches. Our board is strengthened by the fact that board members bring their different backgrounds and experiences to the table. We actively listen to, respect and trust each other as we bring forward differing viewpoints--necessary elements in the consensus decision-making process. Participating in this type of cooperative work group is truly an exhilarating and rewarding experience.



Marcy Echternacht

Marcy Echternacht

Nebraska Board of Nursing 2005 Meeting Schedule

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

Day/Date	Time	Meetings	Location
Thursday, October 20	8:30 a.m.	Board of Nursing	Staybridge Conference Center
	1:30 p.m.	Education Committee	
	1:30 p.m.	Practice Committee	
Thursday, November 10	8:30 a.m.	Board of Nursing	Omaha location to be announced
Thursday, December 8	8:30 a.m.	Board of Nursing	Location to be announced
	1:30 p.m.	Education Committee	
	1:30 p.m.	Practice Committee	

*Staybridge Suites by Holiday Inn, 2701 Fletcher Avenue, (27 Street & Fletcher Avenue), Interstate-80, Exit 403, Lincoln, Nebraska 68504, (402) 438-7829/(800) 238-8000, <http://www.sbs-lincoln.com/>

Average Age of Registered Nurses Shows Slight Decline

by Charlene Kelly

The Nebraska Center for Nursing has received the compiled data from the 2004 Nebraska Registered Nurse Workforce Survey. The survey conducted during the license renewal period in the fall of 2004 shows that the average age of RNs in the state decreased from 44.6 in 2002 to 43.76 years in 2004. This may not seem like a significant change, but after years of steady increase in the average age of nurses, this is small glimmer of hope that the trend may be showing signs of stabilization or even reversal. The data were compiled from 11,755 usable surveys.

Over 75% of Nebraska's RNs were educated in Nebraska and licensed by examination in the state. Over 97% of the nurses who completed the survey are Caucasian and over 95% are female.

A new question added to last year's survey asked if the nurse speaks a language other than English. Approximately 9% answered yes. Of those who reported being bilingual, 79% indicated they speak Spanish.

Seven percent of RNs reported they had previously been LPNs. Thirty-five percent graduated from a diploma program, 28% have Associate Degrees, 49% reported graduation from a baccalaureate program in nursing, 7% have masters degrees and 0.4% have doctorate. The total exceeds 100% because many nurses have graduated from more than one program.

Ninety-six percent report they are working in a position that requires an RN license. Only 1% were not employed or not employed in nursing. This is not surprising since practice is required to maintain licensure.

Fifty-seven percent of RNs work in hospitals and 12% work for more than one employer. Sixty-nine percent said their major activity is patient care. Sixteen percent are in teaching or administration. The average number of years employed in nursing was 17 years. Forty-seven percent reported that they work 40 or more hours a week. About 15% of those who completed the survey indicated they plan to retire in the next five years.

When asked what they like best about nursing, 38% responded "the work itself."

When asked what they like least about nursing, 26% said there isn't anything they don't like. 23% reported they did not like their salary.

Sixty-nine percent said they do not plan to leave their employment in the next 12

months. Of those who do plan to leave, dissatisfaction with the salary was the most frequently reported reason for leaving (3.9%) followed by retirement (2.6%).

Over 81% said if they had it to do over, they would choose nursing as a career.

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Legislature Authorizes Forgivable Loan Program for Nursing Graduate Education

LB 146 in the 2005 session of the Nebraska Legislature created the Nursing Faculty Student Loan Program. This program will make \$5,000 loans available to nurses for graduate education. In return, the nurse must agree to teach in a Nebraska nursing education program for two years for each year a loan was received. Up to \$15,000 may be awarded to each loan recipient over a three-year period.

The only funding for the program included in the bill is a \$1 fee to be added to each nursing license renewal in 2006 and 2007. This means that each licensed nurse who renews his/her license during those two years will be required to contribute \$1 to the loan fund. This fee assessment will generate approximately \$25,000 – only enough to provide loans to one or two graduate students. The legisla-

tion allows the program to be additionally funded through donations and grants.

The shortage of nursing faculty is a major hinderance to increasing enrollment in nursing education programs. Programs are being encouraged to increase their capacity to address the growing nursing shortage in the state.

State Senator Marian Price introduced the bill and championed its passage in the legislature. She is working to secure additional funding to support the program. The Center for Nursing is also exploring grant resources that might be available to help fund the program. The department has drafted regulations to implement the program. It is anticipated that the regulations will be set for public hearing in November and may be in effect in early 2006. As soon as funding is available and the regulations are in place loans will begin to be issued.

Five Board Members and Staff Appointed to National Council Committees

Five members of the Nebraska Board of Nursing and staff have been appointed to serve on committees of the National Council of State Boards of Nursing for the upcoming year.

Dr. Sheila Exstrom, Nursing Education Consultant for the board, has been appointed to serve as chairperson of the Examination Committee. Dr. Exstrom has served as a member of this committee for several years. Dr. Charlene Kelly, Executive Director of the board, will chair the Resolutions Committee and serve as a member of the Bylaws Committee. She also served in these positions last year. Karen Bowen, Nursing Practice Consultant, is a member of the TERCAP

committee. TERCAP stands for Taxonomy of Error and Root Cause Analysis Project. Karen also served on this committee last year.

Marcy Echernacht, president of the board, is serving another year on the Practice, Regulation and Education committee. Deanna Lloyd has been appointed as a new member of the Continued Competence subcommittee.

Board member and staff involvement in committees at the national level provides the board with a valuable link to the activities, findings and recommendations of these groups. The information gained is brought back and shared with other members of the board and applied in board decisions at the state level.

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or mail to: Hamilton College
3350 N. 90th St.
Omaha, NE 68134
attention: Patty Duncan



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Since opening its doors in 2003, NHH has made patient outcomes and comfort priority one. Cardiologists, surgeons and a comprehensive team of medical specialists ensure that every patient receives the finest care possible. From admission to discharge, there is a deliberate integration of compassion, technology and expertise resulting in superior patient outcomes.

Our Patient Care Philosophy

Our philosophy of care centers on the individual patient. As decisions are made from diagnosis through treatment and rehabilitation, physicians at NHH maintain a strong interactive relationship with patients, family, clinical staff and referring physicians. This team-based approach



The Heart Hospital offers a small hospital environment with departments working closely for better patient outcomes and at the same time using cutting edge technology to achieve those outcomes.

- Jim Jara, RN

assures that proper and informed decisions are made. At NHH, patients will find innovative services delivered efficiently in a caring environment.

NHH raises the bar in how care is delivered. Patients enjoy the warm, personal atmosphere of our specialty hospital from the moment they enter the facility and are escorted to their private room, where they will stay for their entire visit. Our philosophy establishes continuity of care without room-to-room transfers during the hospital stay.

Families are an integral factor in the healing process. While patients will benefit from innovative technology such as bedside computers, family and visitors will find the comforts of home. Providing Internet service, room service for meals and accommodations close to the Hospital campus all contribute to this partnership.

Our Technology

NHH is a state-of-the-art, all digital hospital. With computers in every patient room and the most modern technology, information can be gathered at the bedside and made available to health professionals as well as shared with the patient and their family. Having this technology allows nurses to do what they are trained

Nebraska's Exclusive Heart Hospital

to do – care directly for their patient. Patients and staff enjoy a full electronic medical record (EMR) that allows our clinical care team to have up-to-date information at their finger tips to facilitate quality patient care. By focusing care and using technologies that center on the patient, the physicians and staff of NHH are able to better care for the patient.



Our Nursing Team

Nurses at NHH enjoy a team atmosphere; an environment that centers around the patient. Our nurses appreciate favorable nurse-to-patient ratios which allow them to better serve patients. The concept of one room for all levels of care also allows the nursing staff to get to know our patients throughout their course of stay.

Another highlight of NHH nursing is self-scheduling. Increased flexibility allows our nurses to better meet personal obligations and goals such as spending more time with family, enjoying a more active social life, or taking educational classes. For some, self-scheduling also lowers the cost of child care and commuting. NHH offers guaranteed hours without mandatory call-offs. This gives our nurses peace of mind. As an agency free facility, NHH is able to compensate our own employees

with excellent incentive pay for filling in shifts where we would have been short. Nurses are also able to trade shifts with co-workers with comparable skills without using their paid time off.

Nurses also have many opportunities for additional training and education with classes available on-site. Tuition reimbursement is also available to employees wishing to continue their education.

Why Nebraska Heart Hospital

NHH establishes itself as a public leader by the way of innovation, originality and the imagination to influence and shape the future of health care. Our mission is to ensure patient access to quality healthcare, superior outcomes and a place where patients do come first. By providing care focused on one specialty, physicians and staff can work together, in partnership, to be the best.

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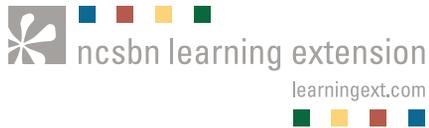
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Volunteer for an NCLEX® Item Development Panel—The NCLEX® Examination Depends on You--National Council of State Boards Needs You—Future Licensed Nurses Need You!!

NCSBN invites RNs and LPNs from Nebraska working with newly-licensed nurses to apply to be considered for an NCLEX Item Writing or Item Review panel. You may be eligible if you teach, supervise, mentor and/or precept nurses with 6-12 months of their graduation from a nursing program.

As a review, any nurse, RN or LPN, to be licensed must pass the national licensing exam (either NCLEX-PN® or NCLEX-RN®). So how does this national licensing examination come into being. It undergoes about an eighteen step process, but two of the very important steps—that of item writing and item review are completed by currently licensed and employed nurses throughout the United States.

Item writers create the items (questions) for the NCLEX examination. To qualify as an item writer for the NCLEX PN exam you must:

1. Be a registered nurse (RN) or a licensed practical nurse (LPN).
2. Be responsible for teaching basic/undergraduate students in the clinical area, or must be currently employed in clinical nursing practice, working directly with nurses who have entered practice within the last 12 months.
3. LPNs who plan to take the NCLEX-RN examination within two years of service with NCSBN do not qualify for participation.

To qualify as an item writer for the NCLEX RN exam you must:

1. Be a registered nurse with a masters degree or higher.
2. Be responsible for teaching basic/undergraduate students in the clinical area, or must be currently employed in clinical nursing practice, working directly with nurses who have entered practice within the last 12 months.

Item reviewers review the items (questions) that are created by item writers. To qualify as an item reviewer for the NCLEX-PN exam you must:

1. Be an RN or an LPN.
2. Be currently employed in clinical nursing practice, working directly with nurses who have entered practice within the last 12 months.
3. LPNs who plan to take the NCLEX-RN examination within two years of service with NCSBN do not qualify for participation.

To qualify as an item reviewer for the NCLEX-RN exam you must:

1. Be an RN.
2. Be currently employed in clinical nursing practice, working directly with nurses who have entered practice within the last 12 months.

Because the examination is a national examination, it is important that all areas of the country be represented in developing the examination. For this reason, as nurses licensed in Nebraska you are encouraged to seriously consider participating in the process as a volunteer item writer and/or item reviewer.

If you are chosen for a session, it will either be as a writer or reviewer or as an alternate writer or reviewer. You will usually be given about three months notice as to when the session will be held. If you are chosen as an alternate, you will be asked to fill in if for some reason the writer or reviewer is not able to attend as planned. The sessions are held in Chicago throughout the year. Each session lasts from three to five days. There are usually about twelve persons in each panel. Your travel and lodging expenses are paid. A stipend to cover meals and other approved expenses is provided. Your travel and lodging arrange-

ments will be made by the testing service. You will be housed in a quality hotel in downtown Chicago and will have the evenings free to enjoy the dining, entertainment or shopping opportunities in Chicago. There is no reimbursement for your time spent, but you are awarded continuing education hours.

Theresa Delahoyde, RN, MSN from BryanLGH College of Health Sciences, recently participated in an item writing session, and these are some of the thoughts that she had to share about the experience: “The session was excellent!! I would highly recommend all nurses who have an interest in test writing to apply! The four days was just long enough. After the fourth day I was definitely mentally exhausted!! The National Council of State Boards did a nice job of orienting all of us on the panel to the information we needed to know to write appropriate items. There was never any pressure put on us to write a certain number of questions. There were ample resources and personnel available to assist us in writing our items. Benefits of this panel included: building confidence in my test writing skills, practicing my test writing skills, and networking with other educators from around the country. I would definitely do this again!! A very rewarding experience!!”

Theresa reports that there were both faculty persons (diploma, ADN, BSN, and MSN) as well as three Nurse Practitioners who work with new graduates in her panel. Her panel represented twelve different states.

If you are interested in responding to this invitation, you can access the on-line application at www.ncsbn.org. A brochure is also available at www.ncsbn.org/pdfs/Item_Dev_broch.pdf, and a brief audio slide show is available at www.ncsbn.org/ppts/MaketheNCLEX.ppt. Volunteer today!

Registry Action on Nurse Aides and Medication Aides

From 06/01/05 to 07/31/05, the following medication aides have been removed from the Medication Aide Registry:

Name	Medication Aide Reg #	Action	Date Entered
Gray, Jodi	47035	Moral Character	06/14/05
Randle, Tonda	52119	Moral Character	06/18/05
Snyder, Melissa	41312	Moral Character	06/14/05
Taylor, Angelia	45952	Moral Character	06/13/05

LPN Renewal Ends October 31

LPNs must renew licenses by midnight on October 31, 2005, to avoid the \$25 penalty fee and the potential administrative penalty fee (\$10 per day for every day practiced after the expiration date).

LPNs are encouraged to renew online at <http://www.hhs.state.ne.us/crl/crlindex.htm> or download a printed application from <http://www.hhs.state.ne.us/crl/nursing/rn-lpn/renewal.htm>, if you prefer to renew through the mail. Or you can call (402) 471-4376 and request to have a renewal application mailed to you.

From 06/01/05 to 07/31/05, the following nurse aides have become ineligible for employment in long-term care facilities and/or intermediate care facilities for persons with mental retardation:

Name	Nurse Aide Registry #	Action	Date Entered
Douglas, Tabitha	25498	Finding of Misappropriation	07/20/05
Gee, Dayniki	70079	Finding of Conviction	06/03/05
Krueger, Lillian	34887	Finding of Abuse	07/11/05
Longo, Christopher	62835	Finding of Neglect	07/20/05
Onorato, Jennifer	28270	Finding of Neglect	07/20/05
Pritchett, Desiree	64255	Finding of Conviction	06/18/05
Schoenhals, Nicole	43095	Finding of Conviction	07/11/05
Thaden, Helen	69108	Finding of Abuse	07/20/05
Walters, Randall	25598	Finding of Misappropriation	06/03/05
Weber, Amanda	49918	Finding of Neglect	07/20/05
Winkel, Christina	66488	Finding of Conviction	06/21/05
Yost, Brandy	57012	Finding of Conviction	07/11/05
Zeorian, Tonya	62769	Finding of Abuse	07/20/05
Zoch, Wayne	386 ICF-MR	Finding of Conviction	06/13/05

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Sexual Assault Nurse Examiners

by Joyce Davis Bungler

Sexual Assault—it's everywhere. And unlike what most believe—most sexual assaults are done by people the victim knows—a person they may have trusted. It doesn't have boundaries—it is prevalent throughout Nebraska.

Statistics indicate one in four women will be a victim of sexual assault, and only a small fraction of victims seek medical attention.

Sexual Assault Nurse Examiners want this attitude to change.

Sexual Assault Nurse Examiners (SANE) have been around since the early 1990s. Sexual Assault Nurse Examiners are registered nurses who have additional training that prepare them to work with sexual assault victims. Certification includes 40 hours of classroom time. The nurses interviewed all felt that their additional training in sexual assault removed their anxiety about not doing the exam correctly and the worry the evidence they collected could not be used in court. Most nursing programs only touch on care of the sexual assault victims.

“Once my anxiety was relieved, I was in a better position to focus on the patient,” said Anita Evers a SANE nurse with Nebraska Methodist Hospital in Omaha.

SANE nurses:

- Provide healthcare that falls within a nurse's scope of practice
- Collect the forensic evidence
- Educate the patient and their families about further risks as result of the assault
- Provide emotional support, and
- May be called upon to provide testimony in criminal cases.

Women are often hesitant to go to hospitals once they have been assaulted. Cindy Selig, formerly a sexual assault nurse examiner (SANE) with BryanLGH Memorial Hospital in Lincoln, cites several reasons women elect to take no action after an assault.

“Most are in shock—they have been victimized. Some are ashamed or embarrassed—especially in instances of acquaintance rape. And many keep quiet because the perpetrator has threatened them if they tell authorities.”

It is critical that victims be examined as soon as possible after the assault as occurred. If they are injured during the assault, they should seek medical attention immediately. But perhaps the main reason assault victims need to come to the ED as soon as possible is for the purpose of evidence collection.

Ideally, evidence should be collected immediately; however the exam can be done up to 72 hours after the assault and still be considered credible evidence.

“We need to think of the victim's body as the crime scene. The evidence must be collected according to protocol,” said Anita Evers. “And, at the same time, as nurses, we can provide the comfort and support so desperately needed by the patient.”

During the assault, the perpetrator may leave evidence behind that may assist the police in investigating the crime. The reason that victims should come as soon as they can to the ED is because this evidence is somewhat time sensitive, meaning that as time goes by, it can be lost or destroyed.

Along those lines, it is important for people to know that, if they have been the victim of a sexual assault, they should NOT do things like shower, clean up the area, change their clothing or brush their teeth. All of these things can destroy vital evidence that may assist the police. If possible, they should avoid going to the bathroom or even eating or drinking anything.

Emergency Departments are usually where victims come first. It is usually the nurse on duty that works with the victim. Ideally, a SANE is called in to work with the patient and conduct the examination. Once the patient arrives at the hospital, they should be prepared that the exam will take time—that it is critical that protocol is followed very carefully.



JACKIE THEILEN AND SALLY JOCHENS

“A nurse is trained to immediately clean the patient. The one exception to this rule is in the case of sexual assault,” said Jackie Thielen, a SANE with Nebraska Methodist Hospital. “Evidence should not be compromised and should be collected prior to showering or cleaning a wound.”

There will be an interview by both healthcare and law enforcement personnel. Following this, there will be both an external and an internal physical exam with evidence collection. Their clothing will be taken from them for evidence. Photos may be taken of any injuries. The more sophisticated institutions have colposcopes, special devices that can magnify and photograph the sensitive areas of the body. Many injuries cannot be seen by the naked eye. Usually a blood sample and possibly other specimens are taken from the victim.

A sexual assault evidence collection kit (often referred to as “a rape kit”) may be collected with the victim’s consent. There are several parts to this kit, and the evidence may be collected from both external and internal areas of the body. For example, the healthcare providers may scrape under the victim’s fingernails or swab the victim’s mouth or other body parts to collect any debris the perpetrator may have left behind during the assault. In addition, vaginal or rectal swabs may be taken. The kit is then turned over to the police.

It is with this last step that many nurses make mistakes.

“Once the collection kit process has begun—once the nurse enters the room, the nurse cannot leave the victim or the kit—not to leave the room, take a phone call or talk with anyone else besides the victim,” cautions Cindy Selig. “The chain of evidence cannot be broken or jeopardized. We must provide law enforcement and judiciary with uncompromised evidence that has not been tampered with.”

Education is also a critical aspect of the nursing care a victim receives. Unfortunately, it is also possible the victim may be exposed to a sexual transmitted disease or the HIV virus as result of the assault. Nurses are there to explain the risks and provide options to the patient.

“Patients really need to talk with health care personnel to learn what options they have for medical treatment as result of the assault,” cautions Thielen.

Last, it is important for victims to receive the emotional care they need after an assault. Nursing personnel can provide assistance and direct victims to the resources available in the community.

Nebraska Methodist SANE nurse Sally Jochens is also an integral part of the Community Response Team (CRT) in Sarpy County. The team is comprised of law enforcement, medical personnel and advocates. This “wrap around” care model is believed to be the most effective.

“As the nurse on the CRT (some teams are called SARTs—Sexual Assault Response Teams), it is my job educate other members of the team on how to collect and preserve the evidence. We work together toward the same goal of providing care to the patient, all the while collecting the evidence to prosecute the perpetrator.”

The metropolitan areas have several hospitals that are staffed by sexual assault nurse examiners. But what about the rest of Nebraska?

In Kearney at the SAFE Center, adjacent to Good Samaritan Hospital, there are several SANEs that are on call if needed. When an assault victim is brought to the SAFE Center, she is met by a response team that includes a nurse, law enforcement and advocates. All parties work together to ensure continuity in service.

The SAFE Center serves a 20 county area. They estimate that they see between 40 and 60 sexual assault victims a year. The SANE nurses work in neighboring hospitals or clinics and drive to the SAFE Center when summoned.

“We all feel passionately about caring for the sexual assault victim—often getting calls in the middle of the night,” said Beth Johnson, a women’s health nurse practitioner in Kearney. “The first time a young woman gets a physical exam is difficult; imagine the trauma of an exam after a sexual assault. As a nurse, I take my cues from the patient, eliminating as much anxiety as possible, considering the situation.”

Johnson indicated that fall is usually a busy time for them. Colleges start up and many young people attend parties that often take a negative bend. It is the role of the nurse to ask questions.

“When women come into the clinics, regardless their ages, as nurses we need to ask them questions and listen very carefully to what they are saying”, said Johnson.

“What may be routine exam is an excellent time to provide education to our patients. A simple ‘What brought you into the clinic today’ can open a more in-depth conversation and provide the nurses with an opportunity to help their patients. We need to especially caution our young girls about the risk of the ‘date rape drugs’ that are prevalent.”

Jackie Thielen summed it well,

“The bottom line is that victims should feel that the hospital is a SAFE place for them to come if they have been sexually assaulted. Nurses are there to help them get the physical and psychological care they may need after such a traumatic event. I want people to know that if they ever find themselves or a loved one or friend in this situation, don’t wait. Don’t do it alone. We are here to help.”

Joyce Davis Bunger is Assistant Dean, Creighton University School of Nursing, and Public Member on the Board of Nursing. The Nebraska Attorney General appointed Bunger to facilitate a state wide task force to address sexual assault in Nebraska.



CINDY SELIG

New APRN Act Will Go Into Effect in 2007

LB 256, passed in the 2005 legislative session, creates an umbrella structure for licensing of all advanced practice nursing roles. Currently Nurse Practitioners (NP) are licensed as APRNs. They are currently regulated by the APRN Board. Certified Registered Nurse Anesthetists (CRNA) and Certified Nurse Midwives (CNM) are currently dually regulated by the Board of Nursing and the Board of Medicine. When LB 256 goes into effect, Clinical Nurse Specialists (CNS) will be required to be licensed in order to continue to practice in that role. The CNS now has title protection provided in statute, but advanced practice licensure is not currently authorized for the CNS.

Beginning in July 2007, the NP, CRNA, CNM, CNS will all be licensed as APRNs, with certifications in their specialty area. The current APRN Board will be replaced with a new APRN Board that will include representation from each of the four specialty areas. The Board of Nursing and the Board of Medicine will no longer be involved in the regulation of CRNAs and CNMs.

There is a lot of work to be done before July 1, 2007, when this legislation becomes effective. The first thing to happen will be appointments to the new APRN Board. After the new board has been appointed, the Department staff will work with them to draft regulations to implement the Clinical Nurse Specialist Act and the Advanced Practice Registered Nurse Act. Regulations governing nurse practitioners (currently APRNs), nurse midwives, and nurse anesthetists will need to be revised. The Regulations Governing the Practice of Nursing will be reviewed and revised if necessary.

Once the new Regulations have been drafted and the APRN Board has approved them, they will be set for hearing, allowing the public opportunity to

comment on the regulations. After the public hearing, the regulations will sent to the Board of Health for review and approval, to the Attorney General's office for approval and then on to the Governor for final approval.

By Karen Bowen

As this process evolves, we will keep the nursing community updated in future issues of the *Nursing News*. Watch for future articles and contact the Department if you have additional questions.

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NOTICE

The U.S. has experienced disruptions in the manufacture or distribution of inactivated influenza vaccine during each of the last five influenza seasons.

Because of last season's projected shortage of vaccine and the potential for that to happen again, the federal Centers for Disease Control and Prevention has determined priority groups to receive vaccine. The first priority group consists of persons aged 65 years and older, residents of long-term care facilities, persons aged 2-64 years with comorbid conditions, children aged 6-23 months, pregnant women, household contacts and out-of-home caregivers of children aged less than 6 months, and health-care personnel. Only 65 percent of health-care personnel were immunized last year. Please get a flu shot before this season's round of influenza begins or consider FluMist, a live, attenuated version of the vaccine. Protect yourself and your patients.

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Licensure Actions

The following is a list of licensure actions taken between March 1, 2005 and April 30, 2005. Additional information on any of these actions is available by calling (402) 471-4923.

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Jamie Aasgaard RN	05/03/05	Revocation	Habitual dependence upon a controlled substance and alcohol. Violation of the Uniform Controlled Substances Act-Acquiring or attempting to acquire a controlled substance by misrepresentation, fraud or forgery. Dishonorable conduct-Taking prescription pads and forging physician's signature. Unprofessional Conduct. Misrepresentation of material facts in attempting to procure a nursing license.
Kenneth Paxton LPN	05/06/05	Censure	Unprofessional Conduct-Failure to utilize appropriate judgement; Failure to seek consultation collaboration or direction from another licensed health care provider when warranted by patient condition.
Shauna Maca RN	05/06/05	Censure, Civil Penalty	Unprofessional Conduct-Failure to utilize appropriate judgement; Failure to seek consultation collaboration or direction from another licensed health care provider when warranted by patient condition. Failure to comply with the State mandatory reporting law by failing to report nursing employment termination due to alleged unprofessional conduct.
Heidi (Zoellner) Flohr RN	05/06/05	Censure	Unprofessional Conduct-Failure to exercise technical competence; failure to maintain an accurate patient record. Failure to comply with the State mandatory reporting law by failing to report nursing employment termination due to alleged unprofessional conduct.
Weeks LPN, LPN-C	05/08/05	Suspension	Habitual dependence upon a controlled substance. Unprofessional Conduct-Misappropriation of medication. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing controlled substances under circumstances when not authorized. Failure to comply with the State mandatory reporting law by failing to report nursing employment termination due to alleged unprofessional conduct.
Majors RN	05/11/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-practice of the profession without a current active license or temporary permit.
Holley LPN	05/17/05	Initial License Issued on Probation	Misdemeanor conviction having a rational connection with fitness to practice the profession. Habitual dependence upon a controlled substance.
John Jacobson RN, CRNA	05/18/05	Application for Reinstatement Denied	
Cynthia Smith RN	05/28/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgement; Failure to seek consultation, collaboration or direction from another licensed health care provider when warranted by patient condition.
Susan Galvez LPN	06/01/05	Reinstatement on Probation	Habitual dependence upon a controlled substance. Unprofessional Conduct-Practice nursing while impaired by controlled substances. Misdemeanor conviction having a rational connection with fitness to practice the profession.
Misty Weibert-Ross LPN	06/03/05	Censure, Civil Penalty	Unprofessional Conduct-Fraud, forgery misrepresentation of material facts in procuring a nursing license; Falsification or misrepresentation of material facts in attempting to procure nursing employment.
Philip Lofgren RN	06/03/05	Censure, Civil Penalty Probation	Misdemeanor Convictions having a rational connection with fitness to practice the profession.
Tessa Nowlin RN	06/07/05	Initial License Issued on Probation	Falsification of time record at place of employment resulting in payment for time not worked.
Leslie Hull RN	06/13/05	Revocation	Unprofessional Conduct-Failure to utilize appropriate judgement; Failure to exercise technical competence; Failure to maintain an accurate patient record; Failure to furnish requested information or requested documents to the Department. Violation of the Uniform Controlled Substances Act.
Lisa Goodell LPN, LPN-C	06/16/05	Non-Disciplinary Assurance of Compliance	Failure to comply with the State mandatory reporting law by failing to report misdemeanor convictions.
Candy Morrison LPN	06/20/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgement; Failure to seek consultation, collaboration or direction from another licensed health care provider when warranted by patient condition.
Alisa Lebsock LPN	06/22/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to conform to the standards or acceptable and prevailing practices of the profession.
Patricia Brackett RN	06/22/05	Non-Disciplinary Assurance of Compliance	Failure to comply with the State mandatory reporting law by failing to report misdemeanor conviction.
Denise Bell LPN	06/23/05	Censure	Violation of the Uniform Controlled Substances Act-Ingesting a controlled substance without a valid prescription.
Patricia Edwards LPN	06/23/05	Censure Civil	Habitual intoxication or dependence. Violation of an Assurance of Penalty Compliance. Failure to comply with the State mandatory reporting Suspension law by failing to report nursing employment termination due to alleged unprofessional conduct.
Maureen Hill LPN	06/23/05	Probation	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing. Habitual intoxication or dependence to alcohol.
Jennifer Roose LPN	06/23/05	Revocation	Violation of the Uniform Controlled Substances Act-Knowingly and intentionally possessing a controlled substance without a valid prescription. Failure to comply with the State mandatory reporting law by failing to report nursing employment termination due to alleged unprofessional conduct.

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Shirley Sladek LPN	06/23/05	Censure, Civil Penalty,	Violations of previously imposed terms and conditions of licensure Continue Current Probationprobation.
Jenifer Weeks LPN	06/23/05	Suspension	Habitual dependence upon a controlled substance; Unprofessional Conduct-Misappropriation of medication; Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing controlled substances under circumstances when not authorized. Failure to comply with the State mandatory reporting law by failing to report nursing employment termination due to alleged unprofessional conduct.
Mark Grosshans RN	06/23/05	Censure, Stayed Suspension,	Violations of previously imposed terms and conditions of licensure Probation Continued probation.
Cynthia Marshall RN	06/23/05	Revocation	Violation of previously imposed terms and conditions of probation.
Ramona Sanford RN	06/23/05	License Reinstated on Probation	Disciplinary action in another state.
Sue Sullivan RN	06/23/05	Censure, Civil Penalty, Probation	Practice of the profession beyond its authorized scope. Failure to comply with the State mandatory reporting law by failing to report nursing employment termination due to alleged unprofessional conduct.
John Wipfler RN	06/23/05	Censure, Civil Penalty, Probation	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing. Failure to comply with the State mandatory reporting law by failing to report misdemeanor conviction and loss of nursing employment due to alleged unprofessional conduct.
Cynthia Noelle LPN Lapsed	06/23/05	Application for Reinstatement Denied	
Tiffany Bwornlee RN, APRN	06/23/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Committing any act which endangers patient safety or welfare.
Brenda Dolezal RN	06/23/05	Voluntary Surrender in Lieu of Discipline	
Cynthia Goes LPN	06/27/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice based upon level of licensure.
Arizona Swunk LPN	06/28/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to seek consultation, collaboration, or direction from another licensed health care provider when warranted by patient condition.
Lynnette Martin, LPN	06/29/05	Initial License Issued on Probation	Misdemeanor convictions having a rational connection with fitness to practice the profession.
Sean Shirley RN	06/30/05	Non-Disciplinary Assurance of Compliance	Failure to comply with the State mandatory reporting law by failing to report misdemeanor conviction.
Tekina Mumm RN	07/06/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice based upon level of licensure.
Sandra Barnts LPN, LPN-C	07/11/05	Civil Penalty, Suspension	Unprofessional Conduct-Falsification of patient records. Failure to comply with the State mandatory reporting law by failing to report nursing employment termination due to alleged unprofessional conduct.
Scott Dutra LPN	07/11/05	Civil Penalty, Suspension	Unprofessional Conduct-Failure to follow policies or procedures implemented to safeguard patient care. Failure to comply with the State mandatory reporting law by failing to report misdemeanor conviction and loss of nursing employment due to alleged unprofessional conduct.
Carol Hartley LPN	07/11/05	Probation	Unprofessional Conduct- Failure to follow policies or procedures implemented to safeguard patient care; Failure to maintain an accurate patient record. Failure to comply with the State mandatory reporting law by failing to report nursing employment termination due to alleged unprofessional conduct.
Susan Land LPN	07/11/05	Revocation	Habitual intoxication or drug dependence. Failure to comply with aftercare treatment recommendations. Failure to comply with the State mandatory reporting law by failing to report misdemeanor convictions.
Janet Loomis RN	07/11/05	Censure	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice based upon the level of licensure.
Faye Weckle RN	07/11/05	Censure, Civil Penalty	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice based upon level of licensure; Failure to maintain an accurate patient record; Endangering patient safety or welfare.
Dixie Wright RN	07/11/05	Limitation	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice based upon level of licensure; Failure to exercise technical competence; Failure to maintain an accurate patient record. Failure to comply with the State mandatory reporting law by failing to report nursing employment termination due to alleged unprofessional conduct.
Dorene Brown RN	07/11/05	Voluntary Surrender in lieu of Discipline	
Mary Kate Placek-Horton RN	07/11/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice based upon level of licensure.
Kathleen Capobianco RN	07/13/05	Probation	Habitual intoxication or dependence to a controlled substance. Violation of the Uniform Controlled Substances Act- Use of a controlled substance without a valid prescription.
Janet Johnson LPN	07/18/05	Voluntary and Permanent Surrender in Lieu of Discipline	
Marna Johnson RN	07/21/05	Suspension	Unprofessional Conduct-Committing any act which endangers patient safety or welfare. Failure to comply with the State mandatory reporting law by failing to report nursing employment termination due to alleged unprofessional conduct.
Patricia Danielson LPN, LPN-C	07/26/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to exercise technical competence; Failure to maintain an accurate patient record.

Nebraska SANE Programs

Great Plains Regional Medical Center

601 W. Leota

North Platt, Nebraska 69101

Phone: 308 535-7460

Mary Lanning Memorial Hospital

715 N. St. Joseph Avenue

Hastings, Nebraska 68901

Contact: Jane Weiler, RN, BSN

Phone: 402 461-5233

Methodist Hospital Heidi Wilke SANE/SART Program

Methodist Hospital

8303 Dodge Street

Omaha, Nebraska 68114

Contact: Jackie Thielen, RN, MSN, APRN

Phone: 402-354-3236

Fax: 402-354-8735

Email: jackie.thielen@nmhs.org

SANE/SART Program

Bryan LGH Memorial Hospital

1600 South 48th Street

Lincoln, Nebraska 68506-1299

Contact: Cindy Selig, RNC, NSN

Phone: 402 483-3316

The SAFE Center

Good Samaritan Hospital

3720 Avenue A, Suite C

Kearney, Nebraska 68847

Contact: Nikki Gausman

Phone: 308 237-2599

FAQ's about Medication Aides



Why are medication aides subject to an administrative penalty fee for providing services without an active or appropriate registration?



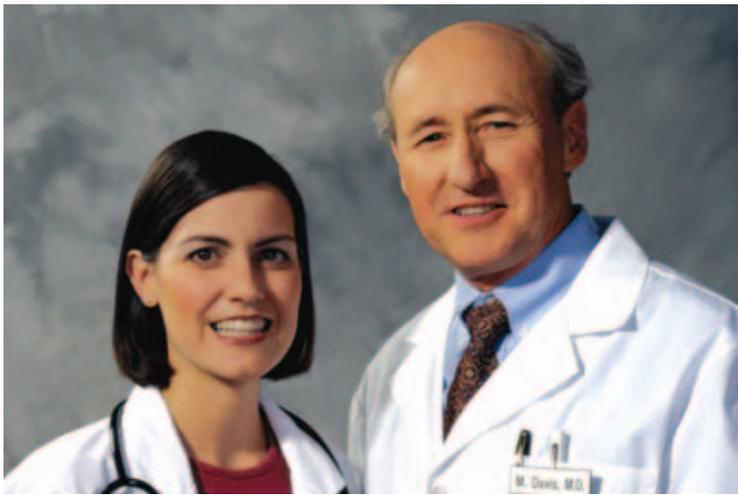
Medication administration in Nebraska is a regulated activity. It is unlawful for anyone to administer medications unless authorized. Unlicensed persons who assist with administration of medications must do so according to the

Medication Aide Act. Changes to the Uniform Licensing Law effective in July 2004 identified medication aides as one of the classification of individuals that require a credential and therefore are subject to an administrative penalty fee of \$10.00 per day of practice if they are not properly credentialed. Proper credentialing of an unlicensed person to assist with the administration of medication in licensed facilities includes being on the Medication Aide Registry and the correct category of medication aide for the facility type. Medication aides functioning in assisted living facilities, nursing homes or intermediate care facilities for the mentally retarded must be listed as "Medication Aide 40 Hour." Medication aides functioning in all other types of licensed facilities may be listed as "Medication Aide," "Medication Aide 20 Hour" or "Medication Aide 40 Hour."

There is an allowance in Title 172 NAC 96- 003.02C1 that states "An individual who has met all of the criteria for registration as identified in 172 NAC 96-003.01 and has taken the exam, if required, may provide medications in accordance with the Act and 172 NAC 96 for a period not to exceed 30 days pending the results of the examination and/or placement on the registry." The criteria for registration as identified in 172 NAC- 003.01 states "the applicant must:

- 1) Meet the requirements for competency assessment...during the six months preceding the period for which the requested registration will be effective;
- 2) Be at least 18 years of age;
- 3) Be of good moral character;
- 4) Submit to the department:
 - a) A completed application...;
 - b) An official record documenting demonstration of competency...; and
 - c) The required non-refundable fee as specified in 172 96-010."

The thirty days does not start until the above requirements are met and the facility starts to utilize the individual as a medication aide. If for any reason the individual is not on the Registry in thirty days he/she can no longer function as a medication aide until he/she is listed as active on the Medication Aide Registry. Because medication administration is a regulated activity, both the individual person applying for registration as a medication aide and the facility utilizing the person as a medication aide have responsibilities and potential consequences if the individual is not properly credentialed.



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Vern Schmidt	(402) 734-0660	4036 S. 42nd St.	Omaha	vschmidt@farmersagent.com
Rhonda K. Juarez	(402) 292-1210	4601 S. 50th #309	Omaha	rjuarez@farmersagent.com
Larry Schmitz	(402) 895-3663	4808 S. 132nd St.	Omaha	lschmitz@farmersagent.com
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NCSBN Annual Meeting

The Annual Meeting of the National Council of State Boards of Nursing

(NCSBN) was held August 2-5, 2005, in Washington D.C. NCSBN's membership is comprised of the Boards of Nursing in the 50 states, the District of Columbia, and five United States territories – American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the Virgin Islands. Fifty-nine of the sixty member boards were represented at the annual meeting.

Attendees from Nebraska this year included members of the Board of Nursing, members of the APRN Board, and Board Staff for both boards. Some of the meeting highlights included committee reports, keynote presentation by Rosemary Gibson, author of "Walls of Silence," awards luncheon, breakout sessions, networking opportunities, and many other activities.

Below are significant resolutions passed by the member boards of nursing:

- Election of new Area Directors and Directors-at-Large to the Board of Directors.
- Adoption of the Delegation Position Paper *Working with Others: Delegation and Other Health Care Interfaces* for use by member boards.
- Adoption of the *Model Act and Rules For Delegation and Nursing Assistant Regulatory Model* for use by member boards.
- Adoption of the Position Paper *Nursing Education Clinical Instruction in Prelicensure Nursing Programs* for use by member boards.
- Adoption of the *Model Process for Criminal Background Checks* and the supporting Concept Paper *Using Criminal Background Checks to Inform Licensure Decision Making* for use by member boards.
- Resolution that NCSBN conduct a job analysis, develop a model medication administration curriculum and conduct a



feasibility study for administering a competency examination for medication assistive personnel. The results of the job analysis, course and feasibility study shall be reported at the 2006 Delegate Assembly.

- Resolution that NCSBN generate and publish an unambiguous public position statement indicating that nursing regulation and the interpretation of nursing scopes of practice shall be officially interpreted and explained by state nursing regulators.

Great Plains Regional Medical Center, a 116-bed hospital located in North Platte, NE invites you to apply for the opportunity to become a member of a dynamic team of qualified employees as a Medical Oncology Nurse Practitioner.

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Mary Megel, RN	Omaha	BSN Education	12/01/2006
Jacqueline Ross, RN	Omaha	Nursing Administration	12/01/2007
Joyce Bunger	Omaha	Public Member	12/01/2008
Nancy Gondringer, RN, CRNA	Lincoln	Advanced Practice Nursing	12/01/2007
Deanna Lloyd, LPN	Roca	Practical Nursing	12/01/2008
Iris Winkelhake, RN	Lincoln	Practical Nursing Education	12.01.2005
Mary Bunger, RN	Hildreth	Staff Nursing	12.01.2006
Valerie Fredericksen, RN	Kearney	Nursing Administration	12/01/2008
Sandra Mann	Burwell	Public Member	12/01/2007
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Section Administrator

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Licensure Issues

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Medication Aide Role and Practice Standards

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Nurse Aide Role and Practice Standards

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next issue of *Nursing News*.

Department Initiates Criminal Background Checks

On September 1 the Department of Regulation and Licensure initiated criminal background checks for health professionals authorized to prescribe controlled substances. This change is a result of the passage of LB 306 in the last session of the legislature.

Fingerprinting is required prior to initial licensure. Finger print cards are issued with application materials. The applicant takes the card to a law enforcement agency to have his/her fingerprints done. The prints are forwarded to the Nebraska State Patrol to be submitted to the Federal Bureau of Investigation for a national criminal history record information check. The results of the check are returned to the department for review. No license is issued until the background check information is received.

The applicant must pay the \$33.00 cost for the background check. Applicants should anticipate that it will take at least two weeks for the results of the check to be received.

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This eight-day cruise and nursing conference is slated to sail from **Galveston** on **April 22, 2006**, and will visit the following ports:

- ≈ **Day One:** Galveston
- ≈ **Day Two:** At sea (conferences)
- ≈ **Day Three:** Cozumel, Mexico
- ≈ **Day Four:** George Town, Grand Cayman
- ≈ **Day Five:** Costa Maya, Mexico
- ≈ **Day Six:** At sea (conferences)
- ≈ **Day Seven:** At sea (conferences)
- ≈ **Day Eight:** Galveston

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20 Years Ago in Nursing News

A twenty-eight member task force to review the "Guide to the Role, The Scope of Practice, and the Utilization of the License Practical Nurse in the State of Nebraska" was selected. The task force recommendations were to be presented for input at five public forums across the state.

JoAnn Erickson resigned her position as associate director of the Bureau of Examining Boards and executive secretary of the Board of Nursing. During her 18 month tenure, she accomplished many goals including initiating the publication of Nursing News.

The Board of Nursing hosted a meeting for all nursing educators. Agenda items included a review of the newly revised school reporting system, an interim report of the RN Validation Study being conducted by the National Council of State Boards of Nursing, discussion of board policies on review of applicants for licensure by examination and an update on the Impaired Nurse Project.

Steps to becoming certified as a nurse practitioner were outlined. It was reported that 13 nurse practitioners had been certified in Nebraska. Appointments were made to the Nurse Practitioner Advisory Council. Dr. Rose Faithe was appointed as a physician member. Nurse practitioners Betty Sturgeon and Mary Kay Meagher were also appointed to the Council.

The annual meeting of the National Council of State Boards of Nursing was held in Chicago. The delegate assembly adopted a resolution calling for the council to form a committee of member board representatives to develop a report on entry into practice. The position paper on continued competence was adopted. The paper recommends that individual boards continue efforts to establish mechanisms that validate continued competence. The meeting was attended by board president Leota Rolls, member Mildred Rowley and staff member Jan Cepure.



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Nursing History

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

As we approach the 100th anniversary of organized nursing in Nebraska, we continue this series of articles on the history of nursing regulation in Nebraska.

The licensure examination is the one thing most often associated with the

Board of Nursing. The tradition of the licensing examination dates back as far as the board itself. The first licensing examination in Nebraska was an essay examination administered in 1910. The nurses on the Board of Nursing decided on the topics that should be tested and divided the topics among themselves to write the

questions. The first examinations were essay-type exams that covered topics such as material medica (an early form of pharmacology), obstetrics, practical nursing, genito-urinary diseases, medical nursing, anatomy and physiology, diseases of children, contagious diseases, bacteriology, dietetics, surgical nursing and mental and nervous diseases.

By 1913 the exams were given twice a year in May and November. A copy of the law and a notice of the date of the exam were sent to every nursing school in Nebraska. In 1915 students were allowed to take the exam within three months before they graduated. The examinations were destroyed once the registration (license) was issued. In 1916 the examination topics were reduced from eight to six. Obstetrical nursing was an examination topic for female nurses, but genito-urinary nursing was substituted for male nurses.

In November 1916, 165 nurses took the examination, including thirty-seven re-examinees, but the Board decided to review all examination which had scored between 60 and 70 (the passing score) "in an effort to bring up the applicant's mark and prevent failure in a subject." With this review, "a number were brought up to the passing mark," indications that the Board's grading procedures were no more standardized than the examinations.

By 1916 the American Nurses Association listing of accredited training schools included twenty-three in Nebraska. The state's two largest hospitals were the Lincoln and Norfolk Insane Hospitals at 740 and 530 beds respectively. The Lincoln Insane Hospital had twenty-six nursing students and the Norfolk Insane Hospital had thirty-four. The smallest general hospital listed, Dr. Shoemaker's, had ten beds and seven student nurses, while the largest, Methodist, had 140 beds and fifty-five students. By 1916 a total of 925 registered nurses were licensed in Nebraska.

Source: Oderkirk, Wendell W., "Publish or Perish", doctoral dissertation, University of Nebraska, 1988

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Continuing Education Online

For RN and LPN license renewal, the nurse must meet the continued competence requirements. Included in this requirement is the completion of twenty contact hours of continuing education (for those who have not graduated in the two years prior to renewal). Ten of those twenty hours must be peer reviewed. All CE required for license renewal may be obtained online.

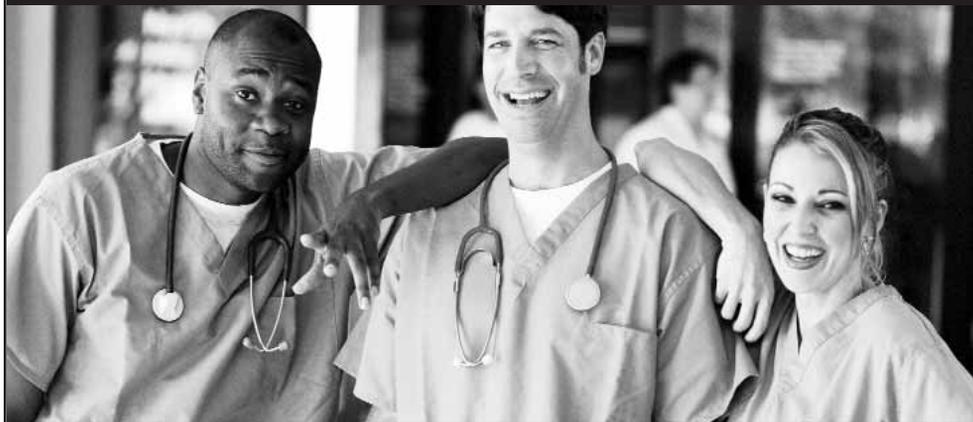
The availability of online continuing education provides many opportunities for nurses to obtain contact hours needed to meet this requirement. Here are some sites offering online continuing education:

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www.learningext.com (NCSBN site)
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www.medscape.com/nurseshome
www.emedicine.com
www.netce.com
www.westernschools.com
www.rnceus.com
www.nurseslearning.com
www.yournursece.com
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These sites are not endorsed by the Board of Nursing but provided only for informational purposes regarding the availability of online CE courses. We will soon have links on our Web site (www.hhs.state.ne.us/crl/nursing/nursingindex.htm) to sites available for nurses to obtain continuing education. If you know of a site that you feel should be included in the list, please notify Karen Bowen at karen.bowen@hhs.ne.gov.

Remember, it is your responsibility to ensure you meet these requirements and to maintain documentation of having completed the contact hours. If audited, you will be required to produce the appropriate documentation to verify contact hours.

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Recent Activities of the Nebraska Nursing Leadership Coalition

Two members from each of the five organizations (Licensed Practical Nurses Association of Nebraska, Nebraska Assembly of Nursing Deans and Directors, Nebraska Board of Nursing, Nebraska Nurses Association and Nebraska Organization of Nurse Executives) that make up the membership of the Nebraska Nursing Leadership Coalition meet quarterly as a coordinating committee. At their last meeting the following actions were taken:

- Reviewed the evaluations from the 2005 Nursing Summit. The attendance at the Nursing Summit continues to be good, as do the evaluations. Suggestions will be incorporated as appropriate for subsequent summits.
- Reviewed the Nursing Survey as completed by those attending the 2005 Nursing Summit—results of the survey will be shared with member organizations and with the Center for Nursing.
- Reviewed and updated the Strategic Plan—will be shared with the member organizations at the November meeting of the coalition members.
- Finalized the plans for the 2006 Nursing Summit—see announcement elsewhere in this issue of *Nursing News*
- Approved the final plans for the first Issues Forum to be held in Omaha on November 9th. Attendees will include the board members of the five member organizations of the Leadership Coalition and other invited guests. The speaker will be Jolene Tornabeni, RN, MA, FACHE, FAAN from Scottsdale, Arizona who will lead the presentation and discussion regarding “The Emerging Role of the Clinical Nurse Leader.”



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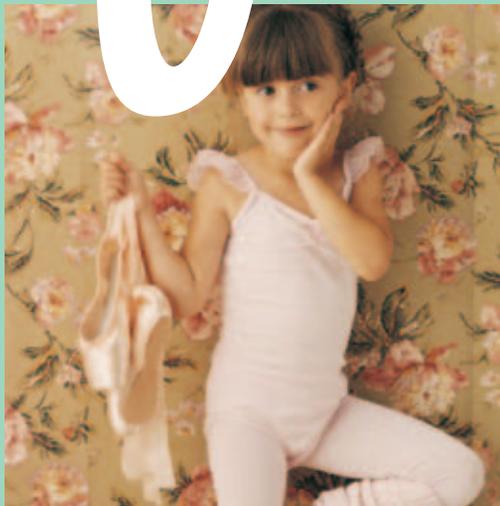
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