

Nebraska Nursing NEWS

Volume 27 • Number 3 / Fall 2010



Nurse Career Development
**Specialty
Certification**
...Is it for me?

Renewal Deadline Oct., 2010
**RN and APRN
Renewals have started**
— we need your help!!!



DHHS

**Nebraska Department of Health
and Human Services**

**OFFICIAL PUBLICATION OF THE NEBRASKA
BOARD OF NURSING**

"I am definitely where I need to be to make a positive difference in the lives of others."

Amanda

RN - Emergency Department

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FALL 2010

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

Nebraska Nursing News' circulation
includes over 26,000 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.

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Executive Director's Message

Renewal time is upon us again, and many RNs and APRNs are anxious to get their nursing licenses renewed and ready to

continue with another two years of practice. Normally, license renewal postcards are mailed out on or about August 1. However, this year we have had some computer glitches that were unexpected and have resulted in a later than usual mailing of renewal postcards. Additionally, this is the first year that APRNs have been offered the option to renew online, so this created additional computer processes that needed to be smoothed out before the system could go live. From past reports, online renewal has been a positive addition to our process.

Renewal time is a very busy time for the staff. With approximately 25,000 RN licensees and more than 1,600 APRN licensees, a lot of attention must be paid to getting renewal of licenses done correctly and in a timely manner. Online renewals have created an environment that allows the staff to work much more efficiently. However, many people still call in with such concerns as continuing competency requirements, legal presence, what does inactive mean, how do I reinstate a license, why did fees go up, and what is a portfolio? Many of these questions can be addressed under FAQ on our web page, located at http://www.dhhs.ne.gov/crl/nursing/rn-lpn/rn_renewal_faq.pdf. I would advise you to look there.

I would also like to address some of these questions with an explanation of why the particular data is important to us.

1. Continuing competency is probably our most frequently asked question. This information can be found in Title 172 NAC 101.004.01 and is divided into three sections:
 - a. For the new nurse with less than two years since graduation, no further competency is required since you have up-to-date information from your schooling.

- b. For the nurse with more than two years since graduation, you would be required to complete twenty contact hours of continuing education. Contact hours are equal to clock hours. This should be information relevant to your nursing practice that keeps you up-to-date on various nursing practices.
 1. Peer reviewed contact hours are required for ten of the total twenty hours. This review will be provided by another state board of nursing, the ANA, the ANCC, or other such accrediting body. You will see on your certificate the exact number of hours awarded and the name of the approved provider.
 2. The other ten hours can be online articles, ACLS, PALS, etc., in-service education, and computer articles that are related to nursing.
 3. Be careful of non-nursing related continuing education. For example, Continuing Medical Education (CME) is designed for physicians and may NOT be acceptable for nursing credit.

- c. For the nurse that has been out of school for five years or more, continued competency includes the twenty contact hours as identified above, plus proof of practicing nursing for 500 hours in the past five years.
 1. Practice hours include those hours in which you are practicing nursing. Most often this is patient care, but can also include nursing administration, teaching nursing,

supervising other nurses or other related activities. A good rule of thumb is to determine if you need a nursing license to perform the job. If a nursing license is not required and other people who are not nurses are doing the same job, this cannot be considered nursing practice. Also, taking care of family members with health care needs cannot be counted as nursing practice.

2. Nursing licenses can be made inactive only during the renewal period. This is often done when the practice of nursing is going to be interrupted because of illness, a time outside the United States, or possibly retirement. Continuing competency is not required DURING the time the license is inactive. However, reinstatement of that license to active status will require twenty contact hours obtained in the previous two years and proof of 500 hours of practice in the previous five years. If the 500 hours of practice cannot be documented, a refresher course in nursing will be required before a nursing license can be reinstated.
3. The increase in the cost of licensure has been a very common question this year. Periodically, the State does a survey in the region and across the country to determine licensure fee structures. This change is the result of regulation changes that went into effect August 2008. The increases are the result of doing the State's business, and in our case, it is the cost of processing applications for licensure and renewal, the cost of rent for our building, utilities, office supplies, postage, cost of having board meetings, etc.
4. Another important change that may have been forgotten is the elimination

of the second notice being mailed to licensees. Only one renewal postcard will be mailed to each licensee. It is also very important that you keep us updated on your most current address. If we do not have a current address, you may not receive the renewal coupon and expiration of your license could occur. Nursing licenses will expire on Oct. 31, 2010, and NO grace period is provided. Working on an expired license will cost you \$10 per day, up to \$1,000 in administrative penalties.

5. Legal presence in the United States must be documented if you are an alien or a non-immigrant. Documentation includes:
 1. An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card"); or
 2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
 3. A document showing an

Alien Registration Number ("A#") with visa status; or

4. A Form I-94 (Arrival-Departure Record) with visa status.

Please note that an F-1 visa alone is not sufficient for renewal, and that the status of CPT or OPT must be applied for and sent to the licensee related to practicing as a nurse in the United States. These documents must be mailed to the department before a license will be printed.

6. A portfolio of nursing activities would include your continuing competency goals and evidence or verification of professional activities to meet those goals. Such evidence may include, but not be limited to, specialized training or experiences, continuing education, employer performance evaluation, or other evidence of demonstrated competency. Few people opt for this detailed requirement because of time constraints, but it is another

option to provide the board with competency issues.

The last part of the renewal process will include an audit of the continuing competency requirements. The audit selection of licensees is done automatically by the computer, so it is possible for a person to be audited in this renewal period who was also audited in previous renewal periods. If you are being audited, you will receive an additional letter from the Licensure Unit requesting copies of your continuing education certificates and a statement from your employer(s) that you have at least five hundred practice hours in the previous five years. This is another important reason that your current address is on file with the department. Do not send documentation before it is requested, and do not send your original documents.

Thank you for renewing as soon as possible with hopes that the process is timely and you get all your questions answered. If this message, as well as the FAQs on the web site, is not helpful, please call the department at 402-471-4376.

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NEBRASKA BOARD OF NURSING

Meeting Schedule 2010

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 e-mailing angela.l.holly@nebraska.gov.

Day/Date	Time	Meeting	Location
October			
Thursday, Oct. 14	8:30 a.m.	Board meeting	Nebraska State Office Building LLB
November			
Wednesday, Nov. 17	3:00 – 5:00 p.m.	Practice Committee Education Committee	Gold's Room 530 Gold's Room 531
Thursday, Nov. 18	8:30 a.m.	Board meeting (Discipline case review-most of meeting in closed session)	Gold's Room 531
December			
Thursday, Dec. 9	8:30 a.m.	Board meeting	Gold's, Room 531

Gold's Building 1050 N Street, Lincoln, Nebraska 68508
NSOB 301 Centennial Mall South, Lincoln, Nebraska 68509

Advisory Opinion Update

One of the responsibilities of the Board of Nursing is to issue advisory opinions. The Nurse Practice Act (Neb. Rev. Stat. 38-2216) states "... the board shall: (2) If requested, issue or decline to issue advisory opinions defining acts which in the opinion of the board are or are not permitted in the practice of nursing." The regulations (172 NAC 101-002) define an advisory opinion as "a statement or judgment regarding nursing practice issues given by the Board based upon their belief and knowledge. Such an opinion is considered informational only and is non-binding."

A request for an advisory opinion may come from a nurse, employer, institution, consumer or other interested person. The request is submitted in writing to the Nursing Practice Consultant. The individual should also include any supporting information such as national standards, literature review, current research, etc.

The Nursing Practice Consultant will review the request for an advisory opinion and determine if additional information or

clarification is needed. The request will then be taken to the Board of Nursing's Practice Committee. The Practice Committee is comprised of members of the Board of Nursing. They address practice issues and make recommendations to the board. The committee reviews each request and studies the practice issue and related information. The committee may also consult with individual nurses with expertise in the area, agencies, organizations, associations, other regulatory bodies, and professional organizations representing health care professionals and institutions; and review literature and research to determine state, regional, and national trends. They will, if appropriate, draft an advisory opinion for approval by the Board.

The practice committee also reviews and recommends revisions of current advisory opinions, as appropriate. When a new advisory opinion is issued, or when there is a revision to a current opinion, it is published in the Nursing News and updated on our website.

Approved revision to the current opinion, Analgesia and Moderate Sedation

The Board of Nursing has approved revisions to the current advisory opinion, **Analgesia and Moderate Sedation**. In the Moderate Sedation section under Additional Guidelines, the previous opinion stated, "It is not considered appropriate for an RN to administer Propofol, Etomidate, Pentothal and Ketamine for the use of IV moderate sedation. An exception is the administration of Propofol by an RN to an intubated, ventilated patient in the critical care setting." The revised opinion now reads, "It is not considered appropriate for an RN to administer Propofol, Etomidate, Pentothal and Ketamine for the use of IV moderate sedation. An exception is the administration of these medications by an RN to an intubated, ventilated patient in the critical care setting." The exception of administering these medications to an intubated, ventilated patient is no longer restricted to Propofol.

This advisory opinion and all opinions can be found on our web site at, <http://www.hhs.state.ne.us/crl/nursing/rn-lpn/advisoryops.htm>.

For more information, contact Karen Bowen, MS, RN, Nursing Practice Consultant, karen.bowen@nebraska.gov or 402-471-6443.



President's Message

Crystal Higgins, RN MSN

Greetings,

As our year continues, the Board of Nursing has been revising our goals and strategic plan. Our 2010 goals are:

Licensure

- *Educate consumers on nursing roles and qualifications
- *Monitor licensure requirements to ensure that they serve public protection and streamline application processes for maximum efficiency
- *Explore options for measuring continued competency

Discipline

- *Maintain/enhance the expedient implementation of the disciplinary process

Education

- *Promote congruency between nursing curricula and current health care and regulatory changes

Practice

- *Promote the safe and effective practice of nursing

Governance

- *Serve as a data source of nursing resources for health planning related to patient safety
- *Maintain the Nurse Practice Act and all acts that impact on nursing in a relevant, clear and easily-administered form
- *Develop and maintain current and comprehensive regulations as authorized by the Nurse Practice Act
- *Establish, maintain and utilize board and staff member expertise

To some it may seem that all the Board of Nursing does is discipline! As you can see from the goals, the board does have other responsibilities. There are two committees, Practice and Education. They are both very busy.

The Education Committee approves schools of nursing, including curriculum changes and monitoring NCLEX results. The Practice Committee answers questions on practice and drafts advisory opinions. Both committees bring their information to the full Board of Nursing for approval.

The Board represents all levels and areas of nursing, always remembering the overall goal is to protect the public.



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- Adult Nurse Practitioner
(Primary Care focus)
- Adult Acute Care Nurse Practitioner
- Neonatal Nurse Practitioner
- Pediatric Acute Care Nurse Practitioner
- Adult Behavioral Health Nurse Practitioner

Clinical Nurse Specialist *

- Adult Clinical Nurse Specialist
- Neonatal Clinical Nurse Specialist
- Pediatric Clinical Nurse Specialist

Clinical Nurse Leader (MSN only)

Clinical Systems Administration Track

Advanced Public Health – Global Health Nurse Track

* Optional Specializations in Gerontology, Cardiology and Oncology

Renewal Deadline Oct. 31, 2010

RN and APRN Renewals have started — *we need your help!!!*

Renewal reminders have been mailed to all RNs licensed in Nebraska. If you did not receive one, the most common reason would be that you have moved and the address that we have on file is no longer the address where you are living.

It is important that any time you move, you must keep the Board of Nursing informed of address changes. This is the address that we use to notify you of any official business from the board, and it is the address we use to mail Nursing News. It is of particular importance for us to have a current address at license renewal time. If we don't have a current address, the reminder won't get to you, and if you forget to renew your license, you will be fined for each day that you were working on an expired license.

For every notice that is returned to us and that we resend to a correct address, there is a postal charge that impacts our costs, which are financed by our licensure fees. Many

people have voiced complaints about the increase in licensing fees, and this is one of the reasons for the increase.

So, if you know that you have moved and we no longer have a correct address for you, please contact the board. You can mail, e-mail or call (402)471-4376 to change your address with us.

If we do have a correct address for you and you received the postcard regarding renewal, then what do you do? Follow the directions and either use the Internet to renew your license or contact us for a paper renewal form. **The fastest way to get your renewed license is to use the online renewal option.** Be sure to follow the directions carefully and answer each question. Complete the work force survey which provides valuable information for maintaining a balance between the Nebraska supply and demand for nurses. Also, renew your license at your earliest convenience. Don't wait until the last day or two to do so, because

then you may not have it by the time your current license expires and you will be unable to work. **Do not** plan to walk your renewal into the office because it will not be processed while you wait; it will be placed into the queue and be processed in the order received.

In the immediate past years, we have been auditing renewals as they occur. This year, we will wait and audit the renewals at the close of renewal time (after Nov. 1, 2010). For this reason, be sure and retain proof of your work hours and continuing education contact hours beyond the close of renewals. It is stated in regulation that each licensee must maintain competency records for seven years. License renewals, by statute, may be audited at any time during the two-year period that the license is active.

With your help and by working together, we can make this renewal experience as easy and efficient as possible for all of us.

Nursys® Updates

Emergency Response Organizations

When a state declares a national emergency, numerous individuals lend a hand to the cause, including nurses and other health care professionals. To protect the public, emergency response organizations need to confirm the licensure status of any nurse who offers assistance during an emergency in a quick and efficient manner.

As of Dec. 18, 2009, approved emergency response organizations can now use Nursys.com to verify nurse licensure through bulk

verification, which allows emergency response organizations to verify nurse licensure in large quantities, rather than one at a time. This can be done through a standard file format, such as uploading a Microsoft Excel spreadsheet, or through Web Services, a system to system verification process that is completed over the Internet in real time. Since this is an automated process, verifications can be completed in minutes, mobilizing nurses instantly.

NCSBN encourages emergency response organizations to apply for Nursys.com access before a disaster strikes in order to understand the system and provide proper training to those who will need it the most. However, in the event that a disaster strikes and an emergency response organization

needs immediate access, NCSBN has created registration processes for these situations.

Nursys.com Goes Mobile

Emergency response organizations, employers and other members of the public can access Nursys.com from their mobile devices to verify a nurse's license. NCSBN introduced a mobile version of the QuickConfirm results application of Nursys.com on Dec. 18, 2009. When a computer isn't available, nurse licensure verification can be conducted easily by using a mobile device's web browser. Please note, only the QuickConfirm application of Nursys.com (employer and public verification) is available on mobile devices.

Renewal FAQ a Resource

Renewal of RN and APRN licenses are due on or before Oct. 31, 2010. If you have questions regarding renewal, there is an additional resource this year, a renewal FAQ. The FAQ is on our RN/LPN web site in three places.

It is NOT on the Licensure Unit main web site or the main online renewal website. That would have been hard to do since those websites cover all the professions.

You can find our FAQ here, at the top of each website section:

1. The "Contact Us" page: <http://www.dhhs.ne.gov/crl/nursing/rn-lpn/contact.htm>
2. The "Renewal" page: <http://www.dhhs.ne.gov/crl/nursing/rn-lpn/renewal.htm>
3. The "Applications" page: <http://www.dhhs.ne.gov/crl/nursing/rn-lpn/apps.htm>

Changes to the LPN-C testing

Some changes are occurring with the testing for LPN-C certification.

Just a little history first. The Licensed Practical Nurse-Certified Act was passed by the Nebraska Legislature in 1993, and it became operative on Jan. 1, 1994. We licensed the first LPN-Cs in 1995—127 of them.

Since 1995 through July of 2010, we have licensed 1,365 LPN-Cs. The smallest number (52) were licensed in 1999, and the largest number were licensed in 1998 (133). The average has been about 85 each year.

There are seven programs that teach the LPN-C course: Central Community College (Grand Island, Kearney and Columbus), Madonna Rehabilitation Hospital (Lincoln), Metropolitan Community College (Omaha), Mid-Plains Community College (North Platte, McCook), Northeast Community College (Norfolk), Southeast Community College (Lincoln, Beatrice), and Western Nebraska Community College (Scottsbluff, Alliance).

The regulations require that the certification examination be administered by

the Department every three months or more frequently if needed. At the beginning of the program, a calendar of every two to three months was established and followed. Later in the program, we utilized the testers for the Nurse Aide and Medication Aide tests to administer the LPN-C exams so they were available across the state on a more frequent basis.

The Nurse Aide and Medication Aide exams are no longer being administered by the Department, and for this reason the method in which the LPN-C examinations are being administered has changed. We are looking at alternative methods for administering the examination, but in the meantime, we will be going back to administering the exam less frequently and primarily in Lincoln only. We will be setting the exam dates in conjunction with completion dates of the courses, and therefore, the dates will vary accordingly, but we will be meeting and exceeding the requirement of the regulations by offering them every three months or more often as

needed. The directors of the various LPN-C courses will be advised of the dates of the next exam, and the date will also be available by calling the Licensure Unit, nursing section at (402)471-4925. The date will be posted on the nursing and nursing support web site at least two weeks prior to the exam. We will be following this process until a more lasting one can be developed. Your patience through this transition phase is greatly appreciated.

Currently we have 873 active LPN-Cs, one denied/withdrawn license and 491 inactive licenses. The primary reason for the inactive licenses is that many of the persons with LPN-C licenses have gone back to school and completed an RN curriculum and are now licensed as RNs.

As we progress with decisions regarding the LPN-C program, we will keep you advised of any future changes. Any questions that you have may be directed to Sheila Exstrom, RN, Ph.D., Nursing Education Consultant, at (402)471-4917 or at sheila.exstrom@nebraska.gov.

NCLEX Item Development Opportunities

National Council of State Boards of Nursing (NCSBN) depends on nurses across the country to assist in the NCLEX® item development process. The Item Development Program is a key component in developing and maintaining high quality NCLEX® items. You can participate in this highly rewarding program by volunteering to become an item writer or item reviewer. The program has several professional benefits, such as networking with peers from across the country, contributing to the nursing profession, and developing new skills.

Item writers create the items (questions) that are administered in the NCLEX® examinations. You must have a master's degree or higher (for the NCLEX-RN exam only), and you must be responsible for teaching basic/undergraduate students in the **clinical area**.

Item reviewers examine the items that are created by item writers. You must be currently employed in clinical nursing practice AND working directly with nurses who have entered nursing practice during the past 12 months, specifically in a precepting or supervising capacity.

If all the listed qualifications are met, NCSBN will obtain approval from the Nebraska Board of Nursing. You will receive notification via e-mail when your application is approved. Applications remain active for a two-year period from the date of initial submission.

The NCSBN will notify you when you are considered for a specific panel. Each time you are selected, you will participate in a session that lasts three to five days. To apply, simply complete a brief online application by accessing NCSBN's web site at www.ncsbn.org/1227.htm. Your application will remain active for two years from the date of submission. If qualified, you will be notified when you are considered for a specific panel. Sessions are held throughout the year in Chicago, and your travel expenses, including lodging and meals, will be covered. Please be sure to direct any of your interested nursing colleagues to the online application as well.

For more information, contact the NCLEX Examinations Department at 866.293.9600 or nclexitemdev@ncsbn.org.

1/6 ad to come

Healthy Recovery Defined

There is more to recovery from alcohol or drug addiction than staying sober. According to Random House Dictionary, sober is defined as not intoxicated or drunk. However, sobriety is defined as the state or quality of being sober. There is a definite quality to a health care professional's life when a person is in sobriety verses just being sober.

A sobriety-centered lifestyle typically encapsulates some or all of the following for the health care professional:

- Abstaining from all mood-altering chemicals, not just the drug of choice
- Completion of a treatment program and aftercare program
- Regular attendance and participation at 12-Step meetings
- Active participation in discussions with a sponsor and working or

reworking the 12 Steps as needed

- Identifying relapse warning signs, including those specific to health care professionals, and actively managing them
- Following a defined relapse prevention plan
- Utilizing personal, professional and recovery support systems and accepting difficult feedback from those support systems when needed
- Using healthy coping skills when experiencing a craving or stress that could trigger a relapse
- Living a healthy lifestyle, including self-care, exercising regularly, eating healthy and stopping tobacco use
- Participating in pro-social, non-using activities
- Feel the feeling - not avoiding uncomfortable feelings, but rather identifying the feeling and choosing

a healthy coping method to resolve the feeling

- Working to create an attitude of gratitude and not entitlement or grandiose thinking
- Being other-centered, not self-centered
- Striving for genuine humility
- Rigorous honesty – being honest with self and others despite the possible adverse consequences to the health care professional
- Taking a personal inventory daily, including constructively reviewing the day's activities, thoughts and feelings, and then seeking guidance to learn from mistakes and correct them as necessary
- Promptly admitting when wrong and making amends whenever possible
- Practicing the 12 Steps in daily life and carrying the 12-Step message to others
- Accepting the addiction and internalizing the changes that have been made, not just making external changes

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You may also call our Nurse Recruiter, Bernita Mascher, at: 402-941-7366. EOE



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Sobriety signifies that the health care professional's recovery is a priority. In order to maintain sobriety and sanity, the alcoholic or addict must put "first things first" (Alcoholics Anonymous). Prioritizing the activities listed above will help ensure long-term sobriety and a healthy recovery.

If you have further questions about the Nebraska License Assistance Program, or feel that you may benefit from the alcohol/drug assistance services of the NE LAP, please contact the NE LAP Coordinator, Judi Leibrock, or the NE LAP Counselor, Michelle Hruska, at (800) 851-2336 or (402) 354-8055. You may also go to our web site at www.lapne.org.

Nurse Practitioners -

Is your Integrated Practice Agreement Up to Date?

Do you know if your Integrated Practice Agreement is up to date? Have you notified the Department of terminated agreements with physicians? A response we often hear from nurse practitioners is, "I didn't know I needed to do that. I thought our facility did that." Bottom line is that it is your license and you are the one who is responsible for making sure your practice agreement is current with the Department.

The APRN-NP (nurse practitioner) license has two components to it. The nurse practitioner is issued a license once they meet the requirements for licensure, but then have to meet other

specific requirements prior to practicing as a nurse practitioner. Once the practice requirements are met, the "practice" portion of the license is made active. If you look up a nurse practitioner license on our website, you will see APRN-NP License and APRN-NP Practice. Both need to be *active* for the nurse practitioner to practice.

One of the requirements that must be met prior to an APRN-NP practicing is submission of an integrated practice agreement with a collaborating physician. Both the physician and nurse practitioner are required to sign the integrated practice agreement. By signing the practice agreement, both

are verifying: 1) the APRN-NP and physician practice collaboratively within the framework of their respective scopes of practice; 2) they are responsible for individual decisions in managing the health care of patients; 3) they have joint responsibility for patient care based upon the scope of practice of each practitioner; 4) if the nurse practitioner is required to practice under jointly approved protocols; 5) the collaborating physician is responsible for supervision through ready availability for consultation and direction; 6) and, the APRN-NP and physician have a duty to notify the Department upon termination of the agreement.

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Nurse Career Development Specialty Certification... Is it for me?

Guest authors are colleagues at Children's Hospital & Medical Center in Omaha, Nebraska. Joan Batenhorst BSN, RN, ACM, CPN; Annette Schnell MSN, APRN-PCNS-BC, CPN; and Kay Ryan RN, Ph.D., CPN

In recent years, specialty certification in nursing has become a hot topic. As a whole, the health care community has shifted toward an emphasis on quality and safety. Current evidence suggests that nursing care is one of the most important factors in providing safe, quality patient care. Many professional groups, including the American Nurses Association, strongly advocate for specialty certification as one method of ensuring quality care through validation of enhanced nursing knowledge in the nurse's area of specialization. According to Wade (2009), advocates for certification assert that certified nurses have higher job satisfaction, a sense of empowerment, and an increased level of competence. In addition, enhanced collaboration between team members has been reported as a benefit of specialty certification in nursing.

What is it?

Many health-related fields offer post-entry level credentialing. Professional nursing certification has existed for over 35 years. As many as 63 nursing certifications were identified during our recent web search. The Accreditation Board for Specialty Nursing Certification (ABSNC, www.nursingcertification.org), formerly the ABNS Accreditation Council, defines certification as "the formal recognition of specialized knowledge, skills and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes (ABNS, 2005)."

State licensure attests that a nurse has demonstrated competence (by means of completion of an approved nursing education program and successful testing) at the minimum level to legally practice professional nursing. Voluntary specialty certification, through a private specialty organization, is meant to attest to specific knowledge and competence beyond that of initial licensure. Each specialty

certification consists of requirements for application which include education and/or experience in the given specialty.

Why should I become certified?

Specialty certification benefits not only the individual nurse, but also employers and the public. For the individual nurse, it promotes professional development and recognition, two key motivators for nursing satisfaction. Kraft (2010) suggests that certification can be viewed as a declaration of a nurse's professional competence and as an illustration of commitment to lifelong learning, thus demonstrating to the public, patients, and peers that nurses have chosen a higher standard of measure. Another motivational factor in certification can be rewards offered by employers. Such rewards may include certification bonuses, higher salaries, professional recognition, and opportunities for professional advancement.

Health care organizations approach certification as an investment in human capital and are also well aware of the impact of nursing certifications on obtaining/retaining Magnet designation. Additionally, Watts (2010) describes how certification is used as a marketing strategy during times of nursing shortage as well as in today's world of consumer-driven health care. Studies linking the benefits of nursing certification to patient satisfaction and outcomes have primarily linked positive patient experiences due to certified nurses' ability to use creative problem-solving techniques and think independently (2010).

What are the barriers to certification?

Even though there is a great deal of evidence illustrating the benefits of certification, barriers to obtaining certification do exist. One of the biggest barriers is the cost. Potential costs include fees for application, preparation courses,

study materials, time, travel to courses or testing sites, continuing education to maintain certification, and re-certification.

Some employers may be willing to pay for some or all of the fees; however, many do not, which can result in significant costs for the nurse. Other barriers to certification include attaining the minimum requirements for certification in a nurse's chosen field. In addition, preparation courses and continuing education may not be offered locally, which results in time and travel away from home. Continuing education requirements to maintain some certifications can be quite cumbersome and should also be considered prior to initial certification.

How would I go about becoming certified?

1. Once a nurse has decided that certification may be beneficial, the first task is to decide on a certification. This can be achieved by checking with the professional organization associated with the appropriate specialty, both through the local organization and the website. Peers may be of assistance as well.
2. Next, a nurse should evaluate his/her experience and make sure that current job experience qualifies for the certification.
3. Now study time begins. Many certifying bodies offer online exam outlines and study questions to help nurses prepare. Study group opportunities include peers and online offerings. A valued preparation mode, if available, is a formal certification preparation course. These courses are conducted by specialty experts and can provide a comprehensive review of the material.
4. The last step before the exam is

to register and pay for the exam. Some institutions offer on-site testing, while many exams require the nurse to travel to a testing center.

Remaining Certified

Once a nurse has achieved specialty certification, the challenge of maintaining it begins. It is essential to know what requirements exist for keeping current on certification status. Some certifications renew annually or less often, and many require continuing nursing education hours in the specialty, designated numbers of practice hours in the specialty, and for some, professional publication and teaching. Knowing when the certification is due for renewal is important and should be investigated thoroughly in order to prevent a lapse.

Certification Tales

The three of us hold a variety of certifications and a tale or two about the whys and wherefores. In general, we obtained our certifications because we felt they were important, believed that they attested to more knowledge and skill in our specialties, and because they were viewed as important by our employers and/or colleagues. We agree that obtaining specialty nursing certifications was a positive step in our careers and helped to make us more knowledgeable nurses. Our institution is very encouraging and supportive of this endeavor. We studied hard, and we passed the tests!

We have, at different times, found some of our certifications to be in the wrong specialty (when we changed roles, for instance), and laborious or expensive to maintain. Not all certifications are created equal! Some may mean more to you, your practice, and your employer than others.

However, we all believe that nursing specialty certifications can have significant value if you do your homework, find the right fit, and make informed choices. And one more thing: every certified nurse we have asked about it has mentioned his/her outstanding sense of accomplishment!

So, if you choose to become certified, we heartily encourage you to show it off and be proud! It is the result of hard work!

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Update on the Center for Regulatory Excellence Transition Grant

Peggy Hawkins, PhD, RN, BC, CNE

Project Director for Transitional Grant for the Nebraska Board of Nursing and Center for Regulatory Excellence

The Center for Regulatory Excellence provided Nebraska with a grant to study the transition to practice of new RN and LPN graduates in rural and urban settings at acute and long-term care facilities. The project was introduced in the last issue of *Nursing News*. The purpose of this article is to provide an update on project activities.

In Phase One of the project, several activities were completed. These activities include forming three Review Groups (Rural RN/LPN, Urban RN, and Urban LPN), conducting a survey of 2009 new nursing graduates, conducting a Delphi survey with members of the review groups, and

conducting a qualitative study of preceptors and staff development personnel. Data from these sources were synthesized by members of the oversight group, called the Transition Grant Task Force. Members of the Transition Grant Task Force are made up of representatives from the five nursing organizations which originally wrote the grant. These organizations are: the Licensed Practical Nursing Association of Nebraska, the Nebraska Nurses Association, the Nebraska Assembly of Nursing Deans and Directors, the Nebraska Organization of Nurse Leaders, and the Nebraska Board of Nursing. The synthesis

of data resulted in determining 16 educational modules for new nursing graduates (eight RN modules and eight LPN modules).

Phase Two of the project has been initiated. In Phase Two, letters of invite were sent to nurse executives of all licensed acute care and long-term care facilities. Facilities consenting to participate will complete two steps of the study. In step one, at least one new graduate and one preceptor will complete two online surveys about transition to practice. In step two of the study, facilities will be provided two days of preceptor development for at least one or more preceptors and online educational modules determined by the Task Force for at least one or more new graduates (above and beyond what the facility already requires). The preceptors and new graduates in step two will also complete two surveys. In addition, some new graduates will be observed by research assistants during a three-hour period. Facilities interested in participating should contact the project director, Peggy Hawkins, at Peggy.Hawkins@nebraska.gov or at (402)334-7136. Both RN and LPN new graduates are needed.

The preceptor development program dates have been finalized. The dates for the programs are Oct. 11 and 12 in Lincoln at the Nebraska Health Care Association and repeated in North Platte on Oct. 14 and 15 at the Sandhills Conference Center. A nationally recognized expert on preceptor development, Susan Boyer, RN, Med, FAHCEP, will be the speaker (www.vnip.org). Attendees will receive 18.5 Continuing Education units for completion of the program.



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Registry Action on Nurse Aides



From 05/01/2010 to 07/31/2010,
the following nurse aide(s)
became 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
Sonny Dell Balvin	377	Finding of Conviction	05-06-10
Stephanie Andersen	68254	Finding of Conviction	05-07-10
Christine Hallock	77131	Finding of Conviction	05-28-10
Alan Grasmick	43887	Finding of Conviction	06-04-10
Latoshann Thompson	83005	Finding of Conviction	07-06-10

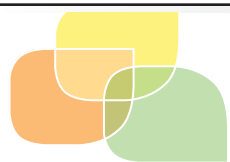
Licensure Actions

The following is a list of licensure actions taken between May 1, 2010 and July 31, 2010. Additional information is available on our website at www.nebraska.gov/LISSearch/search.cgi or by e-mail at angela.l.holly@nebraska.gov.

Licensee	Date of Action	Action	Violation
Linda Cornell RN #37848	5/3/10	License Reinstated on Probation	Previous disciplinary action
Karen Thompson LPN #15683	5/6/10	License Reinstated on Probation	Previous disciplinary action
Cynthia Hobbs RN #45164	5/6/10	Censure	Violation of previously imposed disciplinary action
Eric Kraling RN #67992	5/6/10	Probation	Action in another state Failure to report action in another state in accordance with the state mandatory reporting law Unprofessional Conduct Dishonorable Conduct-Misrepresentation of material facts in procuring NE nursing license
Suzanne VanHorne RN #33753	5/6/10	Probation extended	Violation of previously imposed disciplinary conditions
Susan (Phelps) Bates LPN #19520	5/21/10	Revocation	Unprofessional Conduct-Failure to meet repayment provisions for a loan received pursuant to the Nursing Student Loan Act
Ann Cook LPN #18035	5/21/10	Censure Civil Penalty	Misrepresentation of material facts in procuring or attempting to procure a license
Shirley Espe LPN #14069	5/21/10	Voluntary Surrender in Lieu of Disciplinary Proceedings	Abuse of, dependence on, or active addiction to . . . any controlled substance, or any mind-altering substance Failure to comply with a treatment program or an aftercare program entered into under the NE Licensee Assistance Program
Jamie Jenkins RN #59878	5/21/10	Probation	Misdemeanor convictions which have a rational connection with fitness to practice the profession Abuse of, dependence on, or active addiction to alcohol...
Donnis Kieny RN #47539	5/21/10	Revocation	Dishonorable Conduct Violation of the Uniform Controlled Substances Act Unprofessional Conduct-Theft of controlled substances and false documentation
JoEllen Kramer RN #62780	5/21/10	Probation	Misdemeanor convictions which have a rational connection with fitness to practice the profession Unprofessional Conduct-Failure of a licensee who is the subject of a disciplinary action to furnish the Board or its investigator with information or requested documents Alcohol abuse
Barbara Laughlin RN #37907	5/21/10	Revocation	Violation of previously imposed disciplinary conditions
Samantha Shumway RN #66412	5/21/10	Censure	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession
Mary Ann Wilken RN #39709	5/21/10	Probation	Dishonorable Conduct Violation of the Uniform Controlled Substances Act-Acquiring controlled substances or obtaining possession of a controlled substance by theft, misrepresentation, fraud, forgery, deception or subterfuge
Adrienne Baumfalk LPN #17544	5/24/10	Non-disciplinary Assurance of Compliance	Failure to report misdemeanor conviction in accordance with the state mandatory reporting law
Amanda Weaver RN #66198	5/24/10	Non-disciplinary Assurance of Compliance	Failure to report misdemeanor conviction in accordance with the state mandatory reporting law
Cathy Stewart LPN #19007	5/29/10	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Violating the confidentiality of information or knowledge concerning the patient
Coleen Springman RN #41036	6/5/10	Non-disciplinary Assurance of Compliance	Failure to report nursing employment termination in accordance with the state mandatory reporting law
Savitri Harrington LPN #19966	6/8/10	License Reinstated on Probation	Previous disciplinary action
Kathryn Timm LPN #22414	6/13/10	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Committing any act which endangers patient safety or welfare

Deborah Gartner LPN #4202	6/14/10	Non-disciplinary Assurance of Compliance	Failure to report employment termination in accordance with state mandatory reporting law
Debra Bassett LPN #21491	6/17/10	Non-disciplinary Assurance of Compliance	Practice of the Profession outside authorized scope
Joyce Sokolik LPN #9822	6/24/10	Revocation	Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession; failure to furnish the Board or its investigator with requested information or documents Failure to comply with a treatment program or an aftercare program entered into under the NE Licensee Assistance Program
Amy Tostenson LPN #20632	6/24/10	Extension of Probation	Violation of previously imposed disciplinary action
Jami Marcano RN #50119	6/24/10	Suspension	Violation of previously imposed disciplinary conditions
Nicole Sloan RN #68811	6/24/10	Revocation	Violation of the Uniform Controlled Substances Act-possession of controlled substances without a valid prescription Failure to report suspension and termination of employment in accordance with the mandatory reporting law
Stacie Beaman LPN #21671	6/28/10	Voluntary Surrender in Lieu of Disciplinary Proceedings	Violation of previously imposed disciplinary conditions
Keri Flores LPN #18923	6/28/10	Suspension Censure Civil Penalty	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession
Mary Heilbrun LPN #18093	6/28/10	Censure Civil Penalty	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession Failure to report nursing employment termination in accordance with the state mandatory reporting law
Jeannette Hintz LPN #11942	6/28/10	License Reinstated on Limitation	Previous disciplinary action
Mary Lee LPN #14861	6/28/10	Censure Civil Penalty	Dishonorable Conduct Failure to report nursing employment termination in accordance with the state mandatory reporting law
Dixie Montelongo LPN #18868	6/28/10	Suspension Censure	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession
Mary Jo Parker LPN #22319	6/28/10	Suspension	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession
Kathleen Roof LPN #19664	6/28/10	Probation	Misdemeanor conviction which has a rational connection to fitness or capacity to practice the profession Alcohol abuse
Rebecca Schincke LPN #12451	6/28/10	Censure Civil Penalty	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession Failure to report nursing employment termination in accordance with the state mandatory reporting law
Patrick Smith LPN #20467	6/28/10	Probation	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession
Kathryn Swanson LPN #21299	6/28/10	Suspension	Abuse of any controlled substance or mind-altering substance Practice of the profession while ability to practice is impaired Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession
Lana Trout LPN #19865	6/28/10	Censure	Failure to report misdemeanor conviction in accordance with the state mandatory reporting law Misrepresentation of material facts in procuring or attempting to procure a credential
Nicholle Bruhn RN #65301	6/28/10	Censure Civil Penalty	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession
Joan Dolezal RN #47429	6/28/10	Censure Civil Penalty	Unprofessional Conduct-failure to safeguard patient's dignity and right to privacy
Kathy Effe-Meyer APRN #110523	6/28/10	Probation	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession Abuse of, dependence on, . . . any controlled substance or mind-altering substance
Pamela Edwards RN #54982	6/28/10	Censure	Practice of the profession beyond authorized scope Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession
Rita Hart RN #25764	6/28/10	Suspension	Practice of the profession while ability to practice is impaired Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice or ethics of the profession

Susan Magnuson Larkins RN #37968	6/28/10	Suspension	Practice of the profession while ability to practice was impaired by alcohol, controlled substances, . . . Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession Alcohol and Opioid dependency
Angie Malhotra RN #53240	6/28/10	Suspension	Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession
Gina Miller RN #68864	6/28/10	Suspension	Dishonorable Conduct Violation of the Uniform Controlled Substances Act-Acquire or obtain or attempt to acquire possession of a controlled substance by theft, misrepresentation, fraud, forgery or subterfuge Misdemeanor convictions having a rational connection with fitness to practice the profession Opioid Dependence
Mary Lou Myers RN #67657	6/28/10	Permanent and Voluntary Surrender	Illness, deterioration or disability which impairs the ability to practice
Hanna (Lee) Park RN #68108	6/28/10	Censure Civil Penalty	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession Failure to report nursing employment termination in accordance with the state mandatory reporting law
Carol Smith RN #62158	6/28/10	License Reinstated on Probation	Previous disciplinary action
Judy Vieselmeier RN #64661	6/28/10	Censure	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession
Anthony Zuchegna RN #66667	6/28/10	Probation	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession
Ja'Neen Brunious LPN #22787	7/13/10	License Issued on Probation	Misdemeanor convictions having a rational connection with fitness to practice the profession Alcohol Abuse
Kimberly Clouatre RN#40196	7/13/10	Suspension	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession Practice of the profession while ability to practice is impaired by alcohol Abuse of, dependence on, or active addiction to . . . any controlled substance, or any mind-altering substance



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Judith Dull RN #37820	7/13/10	Suspension	Dishonorable Conduct-Misdemeanor conviction for possession of a legend drug by means of misrepresentation, fraud, forgery, deception or subterfuge Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession
Sarah Mackety RN #62801	7/13/10	Censure	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession
Jean Mink RN #45193	7/13/10	Censure Civil Penalty	Violation of previously imposed disciplinary conditions
Holly Rustman RN #67425	7/13/10	Suspension	Violation of the Uniform Controlled Substances Act-Knowingly acquiring or obtaining possession of a controlled substance by theft, misrepresentation, fraud, forgery, deception or subterfuge Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession. Failure to comply with a treatment program or aftercare program entered into under the NE Licensee Assistance Program Failure to report nursing employment termination in accordance with the state mandatory reporting law
Stacy Mackenzie LPN #16198	7/14/10	Suspension Civil Penalty	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession Failure to report nursing employment termination in accordance with the state mandatory reporting law
Shelley Terzich LPN #16461	7/19/10	License Reinstated on Probation	Previous disciplinary action
Linda Lutzow LPN #12116	7/23/10	Suspension	Violation of previously imposed disciplinary conditions

Licensure Action - corrections from previous issues

Kim Grotheer RN #57707	12/21/09	Voluntary Surrender in Lieu of Disciplinary Proceedings	Unprofessional Conduct-Misappropriating medications of a patient or agency Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing a controlled substance under circumstances when not authorized
Teresa Million RN #44800	2/11/10	Civil Penalty Suspension	Dishonorable Conduct



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1990 Twenty Years Ago in Nursing News

- RN renewal was beginning. All RN licenses expired Dec. 31. Renewal applications had to be notarized and had to have all continuing education listed. Each and every application had to be reviewed by nursing staff in the licensure unit.
- Highlights of the board meetings included:
 - Heard a report from the CRNA Technical Review Committee
 - The board directed the Legislative Committee of the board to review disciplinary bill LB 1068 and make recommendations to implement
 - Approved policies and procedures related to implementation of security measures, emergency situations during administration of the examinations, dealing with candidates suspected of cheating, and modification of examination procedures and/or materials for handicapped candidates
 - Approved the 1989 annual report to be submitted to the Governor
- Tag Swartz, LPN, was appointed to the board.
- The board issued an advisory opinion that removal of chest tubes is not appropriate practice for an RN.
- The National Council of State Boards of Nursing held its 1990 Delegate Assembly in Portland, Maine. Some of the actions included: adoption of a concept paper on Delegation, adoption of Model Nurse Aide Regulation Act and Rules, voted to not pursue a third annual NCLEX examination, and directed the Communication Committee to develop a plan for development and use of audio-visual materials.
- The NCLEX-PN exam was administered April 18. The pass rate for Nebraska was 97.1 percent, compared to the national pass rate of 89.8 percent.

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For More Information... Visit our Web site 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

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Advanced Practice Nursing

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

Initial Licensure

Licensure by Endorsement

Reinstatement of Licensure

License Renewal/Audit Questions

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Registered Nurse

Licensure Based on Examination (NCLEX®)

Licensure Based on Endorsement Renewal/Audit Questions

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Licensed Practical Nurse

Licensure Based on Examination (NCLEX®)

Licensure Based on Endorsement Renewal/Audit Questions

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Licensed Practical Nurse Certified

Certification by Examination

Certification Renewal/Audit Questions

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Nursing

Foreign Educated Nurses

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Nursing Statutes

Rules and Regulations

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Education Issues, Curriculum Revisions and Nursing Program Surveys

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Refresher Course/Designing Own Review

Course of Study

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Medication Aide

Medication Aide Role and Practice Standards

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Medication Aide Testing

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Nurse Aide

Nurse Aide Role and Practice Standards

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Nurse Aide Registry

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

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Nurse Aide Testing

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General

Mailing Labels

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

Information on Disciplinary Actions

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