

# Nebraska Nursing NEWS

Volume 27 • Number 1 / Spring 2010



**Identification Protocol**  
*Sharing credentials with the public*

**Mandatory Reporting**  
*A refresher worth repeating*



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SPRING 2010

PUBLISHED BY THE NEBRASKA  
BOARD OF NURSING

Nebraska Nursing News  
is published  
quarterly by the

**Nebraska Board of Nursing**  
301 Centennial Mall South  
Lincoln, NE 68509  
402.471.4376  
fax 402.471.1066  
<http://www.dhhs.ne.gov/crl/newsletters.htm>  
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Virginia Robertson, Publisher  
vrobertson@pcipublishing.com  
14109 Taylor Loop Road  
Little Rock, AR 72223

For advertising information contact: **Victor Horne**  
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Edition 23

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## Executive Director's Message



When was the last time that you looked at the Nebraska Board of Nursing Web site, or read your Nurse Practice Act? Not long after my assuming the role as Section Administrator for Nebraska's Nursing and Nursing Support Unit, I was involved in a meeting with a group of nurses seeking permission to provide a special care for a patient. When asked about their familiarity with the Nurse Practice Act, one of the nurses stated, "I never read the practice act. It is just legal gobbledeygook to me." I was not surprised with her response, because during the years that I have been involved with health care regulation, I have found that few credential holders know what their practice acts mean or prescribe for actual practice.

There is a common joke that men often refuse to ask for directions when driving a car, and that many miles can be accumulated in search of an address. This joke equates to a similar behavior for nurses who practice for years without asking for (or reading about) directions located in the Nurse Practice Act. The reasons for the behaviors are multifaceted. However, I looked first to my own years of practice for some answers. During nursing school, there were only a few hours devoted to the Board of Nursing issues and licensure, and this was primarily a group activity in filling out the licensing forms properly. I don't recall hearing much about "unprofessional conduct, substance abuse in health care workers, direct supervision, or proper delegation." Even as an associate professor myself, I felt the pressure of providing extensive instruction for pathophysiology, medication use, proper patient care and so on. It was not until I

became a member of a Board of Nursing that I discovered the devastation that occurs when a nurse loses the privilege to practice and how that affects his or her life with the inability to make a living, and raising children as well as, self esteem, personal health, and more.

Misconceptions abound regarding nursing practice and the Board of Nursing. I recall a nurse telling me recently that the nurses on the Nebraska Board are hateful and mean spirited because of what they do to nurses' lives. In reality, the Board of Nursing exists primarily for the protection of the public, and it seems that few credential holders realize that. And in their charge to protect the public, the dedicated men and women on the Board of Nursing make very difficult decisions about nurses who have strayed from the privilege of practicing nursing according to what is outlined in their Nurse Practice Act. When reading through the list of disciplined nurses in the publication, one must realize that violations of the Nurse Practice Act occurred in such a way that the health, safety, and welfare of the public were violated in each case. Therefore, the Board of Nursing must decide how to best protect the public, while the nurses who have received these sanctions are responsible for their consequences to the violations.

Are all of those pages of the Nurse Practice Act just gobbledeygook to you? Who do you make responsible for your nursing license and practice? Take the time to view the nursing Web page and read the "directions" for your practice.

Diana Baker

## President's Message



At the January 2010 Board of Nursing meeting, the Board members elected Crystal Higgins as their president. In future issues, this space in Nursing News will contain an article written by her, but for this first article, I would like to introduce Crystal to you.

Crystal Westring Higgins graduated from Genoa High School in Genoa, Nebraska. Her family still lives there, and she returns frequently for visits.

Crystal graduated from Nebraska Methodist Hospital School of Nursing in Omaha, Nebraska. She then moved to Beatrice, Nebraska, and began her nursing career as a staff nurse on the 3 p.m. - 11 p.m. shift at Lutheran Hospital.

She learned very quickly that nurses “did a lot in a small hospital.” She commented that she had a wonderful role model in Mrs. Roebke, who taught her so much about nursing and being a nurse. She then moved to the day shift and started her love of education. She was the education coordinator for the hospital and oriented new graduates. She says that, “helping them learn the role of a new nurse was a wonderful experience.”

She began her career in nursing education at Southeast Community College, Beatrice Campus in the Practical Nursing Program. She started as an instructor and has been the director of the Southeast Community College Practical Nursing Program since 1996.

She has taught in the Practical Nursing Program for 27 years, and says, “I have seen students who thought that they couldn't succeed become wonderful nurses and have rewarding careers.”

Crystal received her BSN from the University of Nebraska Medical Center in the Rural Outreach Program and her Master's in Nursing from Andrews University's Outreach Program. In 2007, she became a certified nurse educator by the National League for Nursing. Crystal has also been a site visitor for the NLNAC (National League for Nursing Accrediting Commission) for over ten years.

In 2005, her friend, colleague and former Board member Iris Winkelhake encouraged her to apply for the Board of Nursing position Iris was leaving. Crystal has enjoyed the learning experience of representing practical nursing education on the Board of Nursing. She says that she has learned so much about licensing and regulation and that she is looking forward to working with the new executive director, Diana Baker, the rest of the Board staff, and the other Board members in the upcoming year. She indicates that nursing is facing many challenges, both in practice and education, and that the members of the Board of Nursing take their responsibilities very seriously and try to do the best that they can to protect the public and represent the profession of nursing.

Crystal is married. Her husband has his own shoe repair business in Beatrice. They have two grown children (a son and a daughter) and two grandchildren.

Sheila Exstrom,  
RN, Ph.D., Nursing Education Consultant

## 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 Web site 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](mailto:angela.l.holly@nebraska.gov).

| Day/Date                               | Time             | Meeting   | Location                           |
|--|------------------|---|------------------------------------|
| <b>April</b>                           |                  |   |                                    |
| Thursday, April 8                      | 8:30 a.m.        | Board meeting   | NSOB LLB                           |
| <b>May</b>                             |                  |   |                                    |
| Wednesday, May 12                      | 3:00 – 5:00 p.m. | Practice Committee<br>Education Committee                                   | Gold's Room 530<br>Gold's Room 531 |
| Thursday, May 13                       | 8:30 a.m.        | Board meeting<br>(Discipline case review-most of meeting in closed session) | NSOB LLB                           |
| <b>June</b>                            |                  |   |                                    |
| Thursday, June 10                      | 8:30 a.m.        | Board meeting   | NSOB Room 1Z                       |
| <b>July</b>                            |                  |   |                                    |
| Wednesday, July 7                      | 3:00 – 5:00 p.m. | Practice Committee<br>Education Committee                                   | Gold's Room 530<br>Gold's Room 531 |
| Thursday, July 8                       | 8:30 a.m.        | Board meeting<br>(Discipline case review-most of meeting in closed session) | Nebraska State Office Building LLB |
| <b>August</b>                          |                  |   |                                    |
| Wednesday, Aug. 11 –<br>Friday Aug. 13 |                  | NCSBN Annual Meeting  | Portland, Ore.                     |
| Thursday, Aug. 19                      | 8:30 a.m.        | Board meeting   | Gold's Room 531                    |
| <b>September</b>                       |                  |   |                                    |
| Wednesday, Sept. 8                     | 3:00 – 5:00 p.m. | Practice Committee<br>Education Committee                                   | Gold's Room 530<br>Gold's Room 531 |
| Thursday, Sept. 9                      | 8:30 a.m.        | Board meeting<br>(Discipline case review-most of meeting in closed session) | Nebraska State Office Building LLB |

| 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<br>Education Committee                                   | Gold's Room 530<br>Gold's Room 531 |
| Thursday, Nov. 18  | 8:30 a.m.        | Board meeting<br>(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                   |

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# A Refresher Regarding Mandatory Reporting

by Sheila Exstrom, Nursing Education Consultant

In addition to reading and understanding the Nurse Practice Act and the corresponding regulations related to it, as a licensed nurse you are responsible to know the other administrative laws that govern our profession. One of these laws and corresponding regulations is the Uniform Credentialing Act and Mandatory Reporting Regulations.

If you read the article in this issue about Licensure Actions taken in November and December of 2009 you will see that approximately 20% of the actions taken were either partially or totally related to failure to report in accordance with the mandatory reporting requirements.

For this reason we are repeating an article that was originally published in the April 2008 issue of the *Nursing News*. This article gives examples of what does or does not require reporting according to the mandatory reporting law.

We also invite you to contact us with any questions that you might have about mandatory reporting so that your questions can be

answered in subsequent issues of *Nursing News*.

The most important thing to remember is that, as a licensed healthcare professional you are covered by this law and that *ignorance of the law is no excuse* for not being held accountable to it.

LB 1223 was enacted in 1994 which provided for mandatory reporting by Health Care Professionals. Regulations to implement this legislation became effective on May 8, 1995 and were amended in 2006. There continues to be some questions and confusion as to what needs to be reported related to these regulations. The following are some sample questions concerning mandatory reporting:

**Q1:** I am an RN director of nursing and I just dismissed an LPN for unprofessional conduct. Do I have to report that?

**A1:** Yes, as a member of the same profession (nursing) you are required to report professionals of the same profession for unprofessional conduct.

**Q2:** I am the LPN in question number one, do I have to report this also?

**A2:** Yes, you are required to self report any loss of employment due to alleged incompetence, negligence, unethical or unprofessional conduct or physical, mental or chemical impairment.

**Q3:** I am a nurse and my neighbor reported to me that the nurse who works in her health care provider's office was fired because of coming to work under the influence of alcohol, do I have to report that?

**A3:** No, you are to report only those situations where you have first-hand knowledge.

**Q4:** I have received a ticket for a DUI, do I have to report that?

**A4:** You do not have to report the receipt of the ticket, but if there is a conviction, you must report the conviction within 30 days of receiving it.

**Q5:** I have been notified that my insurance company is no longer going to provide liability insurance as part of their product line, do I have to report that?

**A5:** No, if they are discontinuing it as a product line, you do not need to report it. If they cancelled your coverage because of an adverse action, you would be required to report it.

**Q6:** I received a misdemeanor conviction, can I wait and report it on my next renewal date?

**A6:** No, the conviction must be reported within thirty days of the occurrence/action.

**Q7:** I work in a drug and alcohol rehabilitation unit and we have admitted a physician who was working while under the influence of drugs, do I need to report that?

**A7:** No, if you are providing treatment which means the information is protected by a practitioner-patient relationship (unless a danger to the public) you do not have to report it.

**Q8:** I am a faculty member and a student has reported to me that one of her classmates was inebriated at a party and has subsequently received a conviction of a Minor in Possession, do I have to report that?

**A8:** No, you do not have first-hand knowledge and the mandatory reporting requirements are for credentialed health care professionals, which does not include students unless they have a credential as a health care professional.

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# Practice Q & A

**Q:** There has been discussion at work lately whether an LPN-C may insert a midline catheter since it is not considered a central line. Can an LPN-C insert a midline catheter?

**A:** No. An LPN who has obtained additional certification as an LPN-C may perform limited intravenous therapy interventions under the direction of a registered nurse or licensed practitioner. According to the LPN-C regulations, acceptable IV activities for an LPN-C include: under the *direct supervision* of an RN or licensed practitioner, an LPN-C may perform ... (for an

adult client) initial venipuncture in the hand, forearm, antecubital fossa area, and/or the upper arm with a device three inches in length or less; and, under the *direction* of an RN or licensed practitioner, may perform (for an adult client) venipuncture in the hand, forearm, antecubital fossa area, and/or the upper arm with a device three inches in length or less.

Whether an initial or subsequent venipuncture, the LPN-C may only perform a venipuncture with a device three inches or less. This would not include a midline catheter.

Additional information on the LPN-C may be found on our Web site, <http://www.hhs.state.ne.us/crl/nursing/Nursingindex.htm>.



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## Addiction Is Addiction

“The natural history of substance dependence characteristically follows the course of a chronic relapsing disorder.” This quote comes from page 363 of the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision (DSM-IV-TR)* (American Psychiatric Association 2000). The NE LAP uses the DSM-IV-TR diagnostic criteria for alcohol and drug dependence in its assessment of a health care professional’s use of alcohol or drugs.

The above quote is extremely important to an accurate Nebraska Licensee Assistance Program (NE LAP) alcohol/drug assessment. Almost every professional will deny a problem with alcohol and drugs. In support of this denial, the professional will emphasize an absence of alcohol/drug-related problems since the last problem occurred (“no more diversion since I got caught”). They will cite the length of time between problems (“five-year periods between each of my DUIs”). The NE LAP obtains extensive information on the health care professional’s use of alcohol or drugs from a personal interview, testing instruments, treatment records, employment history, legal history, involved family, friends or co-workers (collateral contacts) and the state, if applicable.

This information is accumulated and results in the diagnostic conclusions of the NE LAP alcohol/drug assessment. Necessary treatment recommendations are made for the health care professional to give them the direction they need to resolve any alcohol or drug problems.

The professional’s denial of a problem with alcohol or drugs may surface again after either a period of abstinence or a period where there have been no serious consequences from the use of alcohol or drugs. In these situations, it is important to take a long-term view of the health care professional’s alcohol/drug history. The abuse of substances generally does ebb and flow, and there will be periods when no serious consequences are evident. In some cases, this indicates abuse and not dependence. In other cases, there is still ongoing compulsive use, but it has not been discovered by an employer, law enforcement or even family members.

The experienced evaluator, such as the NE LAP coordinator, knows to not be misled by the abusing or dependent health care professional’s story just because there are no periods with identifiable consequences on the assessment radar. Assessment experience plays an even more important role when a professional who has had a prior diagnosis of dependence resumes a

denial of a problem with alcohol or drugs. Usually these individuals have relapsed and cite an absence of alcohol or drug-related problems since they began using as justification for the resumption of their use. It is very important that the evaluator, and others involved with the dependent health care professional, not be drawn into their denial.

Addiction is addiction. It is not a temporary illness characterized by periods of illness and wellness. It is an ongoing disorder, and “the most important goal of any treatment is abstinence from the abused drug” (DSM-IV-TR p. 368). It is a chronic relapsing disorder, and periods of drug use, with or without discoverable consequences, by a dependent health care professional, indicate relapse, and appropriate treatment recommendations need to be completed by the professional to break back through the denial and return them to a program of sobriety and recovery.

If you have further questions about the Nebraska Licensee Assistance Program, or feel that you may benefit from assistance from the NE LAP, please contact NE LAP Coordinator Judi Leibrock or NE LAP Counselor Tricia Veech, at (800) 851-2336 or (402) 354-8055. December 2009

## APRN Board

The APRN Board elected 2010 officers at their January Board meeting. The following are current Board members and officers:

Brenda Bergman-Evans, president (nurse practitioner)  
 Steve Wooden, vice president (certified registered nurse anesthetist)  
 Ruth VanGerpen, secretary (clinical nurse specialist)  
 Anita Jaynes, (certified nurse midwife)  
 Michelle Knolla (physician)  
 George Adam (physician)  
 Terry Gee (physician)  
 Steve Jackson, consumer (public member)  
 Josh White, consumer (public member)

The duty of any professional board is to provide for the health, safety and welfare of the public. Specific board duties for the APRN Board are defined in the Advanced Practice Registered Nurse Practice Act. Some of those duties include:

- 1) Establishing standards for integrated practice agreements between collaborating physicians and certified nurse midwives, and nurse practitioners;
- 2) Monitoring the scope of practice by all advanced practice registered nurses (nurse practitioners, nurse anesthetists, nurse midwives and clinical nurse specialists);
- 3) Recommending disciplinary action

- relating to licenses of advanced practice registered nurses;
- 4) Adopting rules and regulations to implement the Advanced Practice Registered Nurse Practice Act, the Certified Nurse Midwifery Practice Act, the Certified Registered Nurse Anesthetist Practice Act, the Clinical Nurse Specialist Practice Act, and the Nurse Practitioner Practice Act, for promulgation by the department.

The minutes and meeting schedule for the APRN Board can be found on our Web site, [www.dhhs.ne.gov/crl/nursing/nursingindex.htm](http://www.dhhs.ne.gov/crl/nursing/nursingindex.htm).

## “What’s with the Cover?”

The reason for the cover on this issue of the Nebraska Nurse is to emphasize the necessity of identifying yourself to the patients/clients receiving your care, both verbally and by wearing badges.

The patients/clients have the right to know both the name and the credentials of those nurses (and others) who are caring for them.

In some states, the Boards of Nursing have regulations regarding wearing of name tags and credential identification to the point of even indicating the size of the print so that all persons, including the elderly, can easily read them.

Some of the name tags on the cover are from Fremont Area Medical Center. Peg Kennedy, the nursing administrator at FAMC explained the reason they have gone to the large version of the credential was because of concerns they had received from patient’s, family members, board members and even employees of patients

not always knowing who the person was that was coming in instructing them to drink something, or do something. Following these concerns, the nursing department determined that they would identify the nursing credential more forcefully.

Occasionally our office receives calls from persons concerned about knowing who is giving and/or directing their nursing care and one call recently was received by Karen Bowen, nursing practice consultant, in a humorous way. The person had indicated to the health facility that they were concerned because they didn’t know all the persons who came into their room and started telling them what to do. When they asked the facility how they were to know who was caring for them, they were informed that the uniforms are color coded and that

is how you can tell who is caring for you. The patient answered, “Well that is all well and good but if that is the case, then you need to provide a chart explaining the color codes when we are admitted!”

Even though this was related to us in a humorous manner, the concern was real, so remember that you and your facility have the responsibility to provide easy-to-read identification of those persons caring for patients, both by name and by credential.



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# The Center for Nursing Corner



Back row, left to right: Brandon Polt, Steve Pitkin, Diane Hoffmann, Mary Wendl, Pam List, Alice Kindschub, Nolan Gurnsey.  
Front row, left to right: Terrie Spohn, Marilyn Valerio, Linda Hruza and Carol Wahl. Missing are Florence Brown, Lela Claussen, Trish Lenz, Pat Lopez, and Larry Rennecker.

The Annual Report for the Center for Nursing revealed some good news regarding nursing in Nebraska. In October 2008, the Registered Nursing Workforce Survey was mailed with the renewal notices to each registered nurse licensed in Nebraska. A total of 21,872 surveys were returned and analyzed. The survey indicated that 19,712 RNs were actively licensed in Nebraska in 2005; and an increase was shown of 22,067 RNs actively licensed in Nebraska in 2007. Male RNs showed an increase of 148 percent from 489 male RNs in 2000, to a record number of 1,213 male RNs in 2008. Data revealed that minority RNs make up 8.7 percent of those people licensed in Nebraska, with the majority (91.3 percent) of the individuals identified as white.

The survey also indicated that Nebraska's RNs are getting older. Nebraska's mean age of RNs was 46.6 in 2008, compared with 44.3 years in 2006. The highest percentage of female RNs were between 51 and 60 years of age, and the highest male percentage was between 31 and 40 years of age.

Male RNs have been employed in nursing an average of 17.1 years compared to the female average of 19.6 years. Mean salaries of Nebraska RNs was \$53,490. The highest percentage of Nebraska RNs work for one employer in hospitals performing patient care and work between 31 and 50 hours per week.

As you may recall, the Center for Nursing was established by the state legislature in 2000

for the purpose of addressing issues of supply and demand for nurses, including issues of recruitment, retention, and utilization of nurses. The primary goals for the center are:

- (1) To develop a strategic statewide plan to alleviate the nursing shortage in Nebraska by:
  - (a) Establishing and maintaining a database on nursing supply and demand in Nebraska, including current supply and demand and future projections; and
  - (b) Selecting priorities from the plan to be addressed;
- (2) To convene various groups representative of nurses, other health care providers, business and industry, consumers, legislators, and educators to:
  - (a) Review and comment on data analysis prepared for the center;
  - (b) Recommend systemic changes, including strategies for implementation of recommended changes; and
  - (c) Evaluate and report the results of these efforts to the Legislature and the public; and
- (3) To enhance and promote recognition, reward, and renewal activities for nurses by:
  - (a) Proposing and creating recognition, reward, and renewal activities; and

- (b) Promoting media and positive image-building efforts for nursing.

The representation of the 16 member Board is delineated in the statute, and the members are appointed by the governor. The current members of the Board are: Steve Pitken, chair; Marilyn Valerio, immediate past chair; Pamela List, vice chair; Florence Brown; Lela Claussen; Nolan Gurnsey; Diane Hoffmann; Linda Hruza; Alice Kindschuh; Patricia Lenz; Patricia Lopez; Brendon Polt; Larry Rennecker; Terri Spohn; Carol Wahl and Mary Wendl.

The Board established the following Vision Statement: "There will be a sufficient supply of competitively compensated nurses providing leadership in care in a differentiated practice environment that consistently meets the needs of health care consumers in Nebraska." The center also established four goals to be accomplished. They are:

1. Increase recruitment of new nurses.
2. Increase retention of the current nursing work force.
3. Increase enrollment capacity of the nursing education programs.
4. Sustain the work of the Nebraska Center for Nursing.

Many more fascinating data can be reviewed in the "Annual Report" and the "Nebraska RN Survey" that is located on the Web site for the Center for Nursing at [www.center4nursing.com](http://www.center4nursing.com).

## Advisory Opinion Update

The following advisory opinion has been revised and approved by the Board of Nursing. This and all advisory opinions are available on our Web site, <http://www.hhs.state.ne.us/cnl/nursing/Nursingindex.htm>.

### RNs and Airway Management

This Nebraska Board of Nursing advisory opinion is issued in accordance with Neb. Rev. Stat. 38-2216(2). As such, this advisory opinion is for informational purposes only and is non-binding.

It is the opinion of the Nebraska Board of Nursing that airway management, including the use of adjunctive interventions, is within the scope of practice for the RN. Airway management may include the use of sedative and neuro-muscular blockade agents within

the parameters of specific and appropriate protocols.

It is also the opinion of the Board that endotracheal intubation and/or insertion of a laryngeal mask airway in a critical situation is within the scope of practice of the RN. An RN may administer medications such as Etomidate, Diprivan and neuromuscular blocker agents under the following conditions:

1. Administration is under the direct supervision of a physician or CRNA;
2. The RN is educationally prepared and clinically competent to perform the act in a safe, competent manner, and;
3. The facility has a policy in place that allows the RN to administer the medications and provides for

education and a mechanism to validate clinical competency.

The decision to provide airway management techniques should be based upon self-assessment of competency and should follow an assessment of the client and environment. A licensed nurse is accountable to be competent for all nursing care that he/she provides. Competence means the ability of the nurse to apply interpersonal, technical and decision-making skills at the level of knowledge consistent with the prevailing standard for the nursing activity being applied. Accountability also includes acknowledgment of personal limitations in knowledge and skills, and communicating the need for specialized instruction prior to providing any nursing activity.

## New Board Members

The Nebraska Board of Nursing has welcomed our two newest members of the Board. Janet Andrew, LPN-C and Karen Weidner, RN joined the group in January, and have begun the difficult job of making recommendations related to the poignant stories that are heard in monthly board meetings, as well as participating in other board business.

**Janet Andrew, LPN-C** is representing the LPN credential holders. She is a graduate of Southeast Community College and received her LPN in 1986. She is currently a staff nurse at the Nemaha County Hospital in Auburn, Nebraska. She received her LPN-C certification in 1994 also from Southeast Community College. Janet earned the LPN of the Year Award from the LPN Association of Nebraska in 2008, and served two terms as president for that organization. Professional co-workers have stated that Janet is compassionate and a strong advocate for her patients, and that she has strong professional values and work ethic.

**Karen Weidner, RN, MSN** is representing the Associate Degree/Diploma credential holders. She received her BSN from Creighton University in 1988 and her MSN as a pediatric

nurse practitioner and clinical nurse specialist from the University of Nebraska Medical Center, College of Nursing, in 1997, as well as a post graduate degree in nursing education in 2004. Karen has been on faculty at Northeast Community College and has taught in both the ADN and PN programs since 1997. At the college, Karen is a member of the Educational Services Standing Committee and the Academic Advising workgroup. She serves as a co-sponsor for the NECC Student Nurses Association, and belongs to the National League for Nurses and the Nebraska Nurse Practitioners Association. Karen is also board chairman of the Norfolk Community Health Care Clinic which is a federally qualified health care clinic. The Board of Nursing gladly welcomes these two exceptional nurses.

Leaving the Board in January is President, **Marcy Echernacht RN**, who served on the Board for eight years and five of those years as president. Crystal Higgins takes the reins as president and her introduction is found in the President's Message in this publication. Dawn Frizell, LPN left the Board because of her recent graduation as a Registered Nurse. Dawn's article about her transition from LPN to RN is found in this issue.

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*The following article was written by Dawn Nickel-Frizell. Dawn graduated from Southeast Community College, Beatrice in December of 1989 and was licensed as an LPN in May of 1990 following successful completion of the NCLEX-PN in April of 1990. The paper and pencil licensure exams were only administered twice annually at that time, with April being one of the times that the PN exam was administered.*

*Dawn graduated from Midland Lutheran College with her BSN in May of 2009 and was licensed as an RN in June of 2009 following successful completion of the NCLEX-RN that same month.*

*Dawn was an LPN member of Nebraska Board of Nursing from December of 2005 through June of 2009, at which time she had to resign as an LPN member because she was no longer an LPN, but was now an RN. Dawn has volunteered as a Board member to write an article for Nursing News about the changes she experienced going from an LPN to an RN.*

# “R” is for Responsibility “N” is for kNowledge

By Dawn Frizell, RN, BSN

The overall challenge has been worth the effort and rewards, but the responsibility was more than I had anticipated. The transition from LPN to RN was a bigger pond to jump, more like an ocean. The responsibility, knowledge and leadership skills expected of a successful RN can be overwhelming at times.

When asked to share my recent transition from a licensed practical nurse (LPN) to a registered nurse (RN) with a BSN, I was excited and nervous. I had so much to share but also did not want to scare any new RNs coming out of school. As I pondered about what to write, I thought this would be an opportunity to mentor new RNs, help them to be more aware of the importance of paying close attention in school with regards to the responsibilities, knowledge of the RNs role, and leadership skills expected of the RN described in books and the examples demonstrated by instructors.

“RN” should definitely stand for Responsibility and kNowledge! Having attended Midland Lutheran College, I owe the instructors so many kudos for teaching me the importance of responsibility and accountability. I learned through my clinical experiences, but also through demonstrations by instructors on the nursing units. In the first six months of orientation and

being assigned to a nursing unit, my responsibilities grew like a wild fire in a forest! These responsibilities ran the gauntlet from being on time for orientation classes at the Veteran's Hospital in Omaha (VA) to having full responsibilities for patients' care, their families, doctors' rounds, team meetings, and keeping up with competencies to maintain and increase my knowledge for patient care and safety. Knowing that my decision regarding patient care and knowledge as an RN could be a life or death situation for a patient is a sobering thought but should always be kept in the forefront of a nurse's mind.

Not only do we have the responsibilities of patients and family, but we also have to think about the staff when designated “charge nurse” for a shift. Again, thank goodness for the privacy of a restroom where you collect yourself and gather your thoughts when instructed for the first time, “you are charge tonight.” Even though I had someone to whom I could refer for questions, I really felt it was my duty to be the best I could be in the position. Some of the duties of a charge nurse include delegating (which as an LPN I never had to do and was very difficult at first, and this caused me to reflect on past teaching and the Scope of Practice Decision Tree from Nebraska Nursing News (Vol. 25 Number 3/Summer

2008)), conducting safety huddles, knowing all the patients (not just yours), making sure staff have what they need, making sure nurses get breaks while you monitor their patients, checking that all prescribed PRN medications are followed up on and recorded, and helping to admit or dismiss patients. These are just a few of the responsibilities you will experience as a charge nurse and these are immensely different from the LPN position.

The wealth of knowledge one obtains during school is so overwhelming you swear it's lost after taking the exams, but I have found in the last six to eight months that I still have it retained somewhere in my brain! An example of this was a day at school when I had to prepare for pre-conference clinical and be at the hospital around 5:30 a.m., with all possible information about the liver, cirrhosis, how it develops, the medications used, the labs to look at, and the findings from the physical exam. I was so thankful for having been prepared like this at school, because one of my first patients as a RN had liver disease with acites! Not only was I thankful for the “push” from my instructors at Midland, but the extra effort they emphasized gave me more confidence, and it is with this confidence that we learn to expand and grow.

So with responsibility, knowledge and confidence comes leadership. Leadership

and professionalism are high priorities at Midland Lutheran College and also at the Omaha VA where I am now employed. According to Leadership and Nursing Care Management (Saunders 2006), characteristics of the nursing profession are described as having specialized knowledge gained through scientific investigations, knowledge learned in institutions of higher education, knowledge applied to improve and to benefit human and social welfare, autonomy, attraction to individuals who are motivated to serve others, and providing opportunities for continuous learning and economic security. Four common things that are specialized are the body of knowledge, service, autonomy and professional code of ethics.

Each day during school until the present time, I have tried to follow the leadership and professional roles I learned during my RN education as well as observations I have made as an LPN. I feel good leadership is like the rock we toss into the pond, and it creates a ripple effect on those around us. The rippling effect I hope to create is a good one influenced by the professionalism of my instructors at Midland and further influenced by my Preceptor Marcy and her demonstration of professionalism and leadership skills. Her rippling example of good leadership traits will stay with me as a positive influence as I continue to collaborate with patients, families, and other staff members. One example of leadership and professionalism I recently experienced was when I attended a family meeting with doctors to discuss whether to stop treatment and maintain the patient with comfort measures or to continue treatment. This was a completely different challenge from my previous experiences as a LPN. As the RN caring for this patient, I was also asked to participate in the conversation with the family and doctors. I felt uncomfortable, but most of all I felt privileged to be a part of something so personal. I cannot adequately describe the number of times after that I reflected on this

event and was thankful for the gift of nursing and earning the professional status as an RN, gaining the respect and trust to assist and care for people trusting me with their own special medical concerns and challenges affecting the most intimate part of their lives.

In conclusion, the journey from LPN, to student, to an RN with a BSN has been a rough, wild ride in a small

raft on the wild ocean of obstacles, but with encouragement of family, friends, tough instructors and a lot of sleepless, stressful nights, I wouldn't trade what I have today for anything in the world. My world as a nurse is so rewarding and a blessing. I thank all those who made it possible for me to achieve this lifetime goal. The rewards for dedication and perseverance are well worth the effort.



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# Licensure Actions

The following is a list of licensure actions taken between Nov. 1, 2009, and Jan. 31, 2009. Additional information is available on our Web site at [www.nebraska.gov/LISSearch/search.cgi](http://www.nebraska.gov/LISSearch/search.cgi) or by e-mail at [carmen.bachle@nebraska.gov](mailto:carmen.bachle@nebraska.gov).

| Licensee  | Date of Action | Action                                   | Violation   |
|---|----------------|--|---|
| Sarah Kempf<br>LPN #21073                         | 11/4/09        | Non-disciplinary Assurance of Compliance | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed  |
| Rhonda Emery<br>LPN #17439                        | 11/5/09        | Revocation                               | Violation of previously imposed disciplinary conditions   |
| Keri Rethmeier<br>RN #59343                       | 11/13/09       | Non-disciplinary Assurance of Compliance | Failure to report misdemeanor conviction in accordance with the state mandatory reporting law   |
| Rhonda Gaber<br>LPN #12757                        | 11/16/09       | Limitation                               | Practice of the profession while ability to practice is impaired by physical disability, mental disability or emotional disability  |
| Cassandra Rengstorf<br>LPN #16321                 | 11/16/09       | Suspension                               | Violation of an Order issued by the Department  |
| Gregory Spears<br>LPN #15795                      | 11/16/09       | Non-disciplinary Assurance of Compliance | Failure to report licensure action in another state in accordance with the state mandatory reporting law  |
| Nicole Gaona<br>RN #56324                         | 11/16/09       | Revocation                               | Dishonorable Conduct<br>Unprofessional Conduct<br>Violation of the Uniform Controlled Substance Act- Misappropriating medications ... of a patient or agency<br>Violation of previously imposed disciplinary conditions   |
| Sandra Henschke<br>RN #25805<br>APRN-CRNA #100993 | 11/16/09       | Revocation                               | Unprofessional Conduct-Committing any act which endangers patient safety or welfare<br>Failure to report resignation from the staff of a health care facility while under formal or informal investigation . . . and failure to report disciplinary action by another state in accordance with the state mandatory reporting law<br>Practice of the profession while ability to practice is impaired by physical disability |
| Christine Sampugnaro<br>RN #35538                 | 11/18/09       | Non-disciplinary Assurance of Compliance | Failure to report employment suspension and termination in accordance with the state mandatory reporting law  |
| Jodi Carolus<br>RN #59891                         | 11/19/09       | Non-disciplinary Assurance of Compliance | Failure to report misdemeanor conviction in accordance with the state mandatory reporting law   |
| Nancy Morrell<br>RN #53702                        | 11/23/09       | Non-disciplinary Assurance of Compliance | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed  |
| Linda Jones<br>LPN #20823                         | 12/1/09        | Non-disciplinary Assurance of Compliance | Failure to report loss of nursing employment in accordance with the state mandatory reporting law   |
| Michelle High<br>RN #63951                        | 12/1/09        | Non-disciplinary Assurance of Compliance | Failure to report misdemeanor conviction in accordance with the state mandatory reporting law   |
| Sheila Likness<br>APRN #111103                    | 12/1/09        | Initial License Issued on Limitation     | Previous RN disciplinary action   |
| Jacqueline Weise<br>LPN #22495                    | 12/2/09        | License Issued on Probation              | Misdemeanor convictions which have a rational connection with fitness to practice the profession  |
| Dawn Bird<br>LPN #20090                           | 12/4/09        | Non-disciplinary Assurance of Compliance | Failure to follow policies or procedures implemented in the practice situation to safeguard patient care  |
| Sara Collins<br>LPN #21874                        | 12/4/09        | Probation                                | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed and failure to maintain an accurate patient record   |
| Amy Emery<br>LPN #16712                           | 12/4/09        | Revocation                               | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice; Failure to maintain an accurate patient record; Committing any act which endangers patient safety or welfare   |
| Marcy Erickson<br>LPN #21302                      | 12/4/09        | Censure                                  | Violation of an Order issued by the Department  |
| Jeannette Hintz<br>LPN #11942                     | 12/4/09        | Suspension                               | Inability to practice based on impairment by physical disability  |
| Lisa Allen<br>RN #69180                           | 12/4/09        | Censure                                  | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed; Failure to follow policies and procedures implemented in the practice situation to safeguard patient care   |

| Licensee                            | Date of Action | Action  | Violation  |
|-------------------------------------|----------------|---|--|
| Jean Mink<br>RN #45193              | 12/4/09        | License Reinstated on Probation                         | Previous disciplinary action   |
| Jeffrey Smart<br>Inactive RN #49395 | 12/4/09        | Voluntary Surrender in Lieu of Disciplinary Proceedings | Violation of the Uniform Credentialing Act-Use of Registered Nurse on personal business<br>Web site without identification that the credential was inactive<br>Abuse of dependence on, or active addiction to alcohol ...  |
| David Snell<br>RN #56974            | 12/4/09        | License Reinstated on Probation                         | Previous disciplinary action   |
| Douglas Soucy<br>RN #42476          | 12/4/09        | Voluntary Surrender in Lieu of Disciplinary Proceedings | Illness, deterioration, or disability which impairs the ability to practice nursing  |
| Suzanne VanHorne<br>RN #33753       | 12/4/09        | Censure   | Violation of previously imposed disciplinary conditions  |
| Leanna Betten<br>LPN #22152         | 12/4/09        | Censure<br>Civil Penalty                                | Violation of previously imposed disciplinary conditions  |
| Lisa Mascher<br>LPN #21790          | 12/4/09        | Revocation  | Violation of previously imposed disciplinary conditions  |
| Christin Benson<br>RN #56940        | 12/4/09        | Censure<br>Civil Penalty                                | Violation of previously imposed disciplinary conditions  |
| Elizabeth Aldrich<br>LPN #19752     | 12/21/09       | License Reinstated on Probation                         | Previous Disciplinary Action   |
| Tanya Brogren<br>LPN #18618         | 12/21/09       | Censure   | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed; Failure to follow policies and procedures implemented in the practice situation to safeguard patient care  |
| Michelle Heydon<br>LPN #14972       | 12/21/09       | Probation   | Misdemeanor convictions having a rational connection with fitness to practice the profession   |
| Ellen Young<br>LPN #6531            | 12/21/09       | Censure   | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed; Failure to follow policies and procedures implemented to safeguard patient care  |
| Latisha Blanchard<br>RN #62433      | 12/21/09       | Suspension  | Dishonorable Conduct<br>Violation of the Uniform Controlled Substances Act by acquiring multiple fraudulent controlled substance prescriptions for personal use<br>Failure to report employment termination in accordance with the state mandatory reporting law   |
| Kim Grotheer<br>RN #57707           | 12/21/09       | Voluntary Surrender in Lieu of Disciplinary Proceedings | Conviction of a felony which has a rational connection with fitness to practice<br>Failure to report employment termination and felony conviction in accordance with the state mandatory reporting law   |
| Kelly Nekola<br>RN #69616           | 12/21/09       | Temporary License<br>Suspension                         | Abuse of, dependence on, or active addiction to ... controlled substance, or any mind-altering substance<br>Violation of the Uniform controlled Substance Act-Knowingly or intentionally possessing a controlled substance under circumstances when she was not authorized to do so<br>Unprofessional Conduct<br>Failure to report loss of nursing employment in accordance with the state mandatory reporting law<br>Practice of the profession while ability to practice is impaired |
| Rosemarie Koons<br>RN #43975        | 12/23/09       | Censure<br>Civil Penalty                                | Practice of the profession beyond authorized scope   |
| Kristine Green<br>RN #63795         | 12/25/09       | Non-disciplinary Assurance of Compliance                | Failure to report loss of nursing employment in accordance with the state mandatory reporting law  |
| Debra Tucker<br>LPN #18165          | 12/27/09       | Non-disciplinary Assurance of Compliance                | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed   |
| Molly Hernandez<br>RN #52496        | 1/12/10        | Non-disciplinary Assurance of Compliance                | Unprofessional Conduct-Disruptive behavior, whether verbal ... which interferes with consumer care or could reasonably be expected to interfere with such care   |
| Steven Lingard<br>Lapsed RN #56703  | 1/12/10        | Censure of Privilege to Practice                        | Unprofessional Conduct-Misappropriating medications ... of a patient or agency   |
| Michelle Hoeft<br>LPN #16029        | 1/12/10        | Probation   | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed; Delegating and or assigning nursing interventions contrary to the standards  |
| Ronda White<br>LPN #15761           | 1/12/10        | Suspension<br>Probation                                 | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed; Failure to follow policies and procedures implemented in the practice situation to safeguard patient care; Failure to maintain an accurate patient record; Committing any act which endangers patient safety or welfare  |

| Licensee                                       | Date of Action | Action                              | Violation   |
|--|----------------|-------------------------------------|---|
| Christopher Harris<br>LPN #22555               | 1/26/10        | Initial License Issued on Probation | Misdemeanor convictions having a rational connection with fitness to practice the profession  |
| Amber Beekman<br>LPN #22558                    | 1/28/10        | License Issued on Probation         | Misdemeanor convictions having a rational connection with fitness to practice the profession  |
| Kari Christensen<br>RN #56249                  | 1/29/10        | Suspension                          | Practice of the profession while ability to practice is impaired by ... physical disability, mental disability, or emotional disability   |
| Roxanna Hall<br>RN #52363                      | 1/29/10        | Probation Extended                  | Violation of previously imposed disciplinary conditions   |
| Adam Hinrikus<br>RN #59624                     | 1/29/10        | License Reinstated on Probation     | Previous disciplinary action  |
| Rebecca Taylor<br>RN #65076                    | 1/29/10        | Suspension                          | Violation of previously imposed disciplinary conditions   |
| Angela Zuroski<br>RN #48159                    | 1/29/10        | Suspension<br>Probation             | Unprofessional Conduct<br>Habitual intoxication or dependence   |
| Linda Busch<br>LPN #6114                       | 1/29/10        | License Reinstated on Probation     | Previous disciplinary action  |
| Penny Stinehart<br>LPN Privilege<br>IA #P48694 | 1/29/10        | Revoke Privilege to Practice        | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed  |
| Megan Vandenbroek<br>LPN #22033                | 1/29/10        | Suspension                          | Violation of the Uniform Controlled Substance Act<br>Dishonorable Conduct-Misappropriating medications ... of a patient or agency;<br>Distributing controlled substances for any other than lawful purposes<br>Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of a profession |



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## Registry Action on Nurse Aides & Medication Aides

From 11/01/2009 to 01/31/2010, the following nurse aides 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 |
|-----------------------|-----------------------|-----------------------|--------------|
| Raymond Collins Sr.   | NA                    | Action in Other State | 12/30/09     |
| Jennifer Hill         | 14185                 | Finding of Conviction | 12/04/09     |
| Melinda Mendez        | 72775                 | Finding of Conviction | 12/04/09     |
| Cheick H. Ouedraogo   | 73459                 | Action in Other State | 11/09/09     |
| Marcella Kay Schwartz | 77137                 | Finding of Conviction | 11/16/09     |

From 11/01/2009 to 01/31/2010, the following individuals were removed from the Medication Aide Registry:

| Name                  | Medication Aide Reg # | Action                                      | Date Entered |
|-----------------------|-----------------------|---|--------------|
| Susan Pospisil        | 57565                 | Failure to Demonstrate Good Moral Character | 12/21/09     |
| Marcella Kay Schwartz | 59932                 | Failure to                                  |              |



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# 1990 Twenty Years Ago in Nursing News

- Hearing dates were set for proposed changes in the regulations related to the practice of nursing. The proposed changes were put into regulation policies and procedures that were being followed by the Bureau of Examining Boards. The proposed regulations included requirements for issuance of a license, examination eligibility, procedure for renewal of a license, guidelines for acceptable continuing education, grounds on which the Department may deny, refuse renewal or discipline a license, and procedures for reinstatement of a license.
- The Board:
  - Approved the Chemical Impairment Educational Pamphlet developed by Vicky Burbach, nursing practice consultant.
  - Developed and provided testimony for several legislative bills.
  - Received an update on the CRNA Technical Review Committee activities.
  - Elected officers for 1990: President Alyce Maupin, Vice President Judy Quinn, and secretary, Peggy Hawkins.
  - Reviewed and approved several practice agreements for nurse practitioners.
  - Issued two new advisory opinions; PICC Lines and Epicardial Pacing Wires.
- The first article in a series on chemical dependency in nursing appeared in the Nursing News. The article discussed signs and symptoms, and identification of chemical dependency.
- The NCLEX-PN was administered Oct. 25, 1989. Of the 200 exam candidates, 193 passed. That resulted in a pass rate of 97 percent. The national passing percentage was 89.6 percent.
- The Board staff, Charlene Kelly, Vicky Burbach and Sheila Exstrom, had presented two of 12 programs on the role of the Board. The other 10 programs were scheduled in various locations in the state throughout 1990.

## Division Chair and Faculty Positions

### Division Chair of Health Professions

The Division Chair of Health Professions has oversight of all undergraduate and graduate health professions programs. Programs include PN, ASN, RN to BSN, MSN and EdD with emphases in health professions and educational leadership. A doctorate with at least one graduate degree in a health related field is required.

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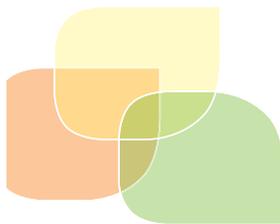
Review of applications will begin immediately and continue until the positions are filled.

CSM is an EEO/AEE. Review of applications will begin immediately and continue until the positions are filled. For complete position descriptions and application instructions visit [www.csm.edu/employment](http://www.csm.edu/employment)



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

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### **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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#### **Nursing Practice Issues**

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

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## **Licensed Practical Nurse**

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### **Certification by Examination**

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### **Foreign Educated Nurses**

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## **General**

### **Mailing Labels**

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