

Nebraska Nursing NEWS

Volume 28 • Number 1 / Spring 2011

Memories of Time Served *...on the Nebraska Board of Nursing*



Nebraska Department of Health
and Human Services

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on the
COVER

Front: Tony LaRiche, Linda Lazure, Pam Johnson-Carlson, Kathy Yost, Crystal Higgins. **Back:** Karen Weidner, Francie McNeil, Janet Andrew, Lori Smith, Nancy Gondringer. **Absent:** Don Osentowski and Susan James.



Executive Director's Message

Diana Baker

Another year has passed us by and in most December meetings, the

Board of Nursing greets new members after having said farewell to familiar faces in the November meeting. The Board members and staff were able to celebrate the tenure of Mary Megel and Mary Bunger at a get-together in Lincoln in November 2010. It was great to reminisce about some of the fun times the Board enjoyed, especially some of the travels around the state in the past. We also remembered some of the emotional pain attributed to the task that the Board holds in recommending discipline conditions for those nurses who somehow lost their way. A grateful "Thank You" is extended to members for the years of dedication to the Board and to the nurses of Nebraska.

During the December meeting, the Board elected officers and new Board members were greeted. By unanimous decision Crystal Higgins will remain as President, Pam Carlson will remain as Vice President, and newly elected Kathy Yost will serve as Secretary. Linda Lazure is a newcomer to the Board, but not to the nursing community. She has been a long time faculty member at Creighton University and fills the education position. Mary (Francie) McNeil was selected to fill the staff nurse position and currently works at the General Pediatric Clinic at UNMC Physicians. Biographies for each of the new members can be found in this issue.

I would like to take this opportunity to recognize the men and women who serve on the Board. Having been a Board of Nursing member in another state, and after seeing the work of the Nebraska Board of Nursing over the past year, I am aware of the dedication and frustration felt while providing this service to our nursing communities. Additionally, I want to recognize the staff whose job it is to support the Board in its mission, which includes the licensing specialists; nurse investigators; Ruth Schuldt, our compliance monitor; our legal department and the AG's office; and consultants Karen Bowen and Sheila Exstrom.

Many of you may have read this newsletter for years; but my guess is that a fair number of you primarily read the magazine to see who has been placed on some type of discipline. It is this one function of the Board that gives them the most difficulty. I have watched with each case, at every monthly meeting, how the Board members labor over the facts of a case in order to do what is in the best interest of the nurse and the patients who are cared for by that nurse. These recommendations which are forwarded to the Chief Medical Officer for a decision are not done lightheartedly. Each Board member devotes hours of personal time

to reading the cases prior to the meeting in order to be able to discuss the facts of the case with the full Board. It is not unusual for them to spend more time in deliberation during the meeting before finally setting a recommendation.

An additional function of the Board is to attend committee meetings every other month. The board members are divided between the Education Committee and the Practice Committee. The expertise of each member dictates the committee that is assigned. The Education Committee is responsible for making recommendations for such items as direct enter nursing education curricula changes, review of applications for new programs, review of annual reports from nursing education programs, and review of NCLEX scores to name a few. The Practice Committee advises the department about various practice issues that have changed over time or in answer to someone who has called for an opinion for practice. The Advisory Opinions found on the website at <http://dhhs.ne.gov/crl/nursing/Rn-Lpn/advisory.htm> is a result of the Practice Committee

Being a Board Member requires many hours of personal investment with far too little recognition for the great job that they do. So I am taking this opportunity to thank those people who have once been on the Board, those people that just began a term on the Board, and all those people who are still completing their terms. If you would like to be considered for a position on the Board in the future, feel free to contact me and I can give you the information to be considered.

Diana Baker RN MSN

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President's Message

Crystal Higgins, RN MSN

As we move into Spring – I think of Nurse's Week

and stop to reflect on our profession of nursing. Some sources say caring is the essence of nursing. So why do we have such issues in our profession as conflict, bullying, professional incivility? Journals have many articles on these new buzz words being created to describe nurses' behaviors. These negative behaviors are manifested by bad language, back biting, gossip, and more. Bullying encompasses a destructive presence that is poisoning our profession and each of us need to discover why bullying exists in a profession that is supposed to stand for caring.

Studies reveal that bullying often begins in nursing school - student to student, but is also found in areas where nurses have been practicing for years. New graduates don't even have a chance to get started in the nursing profession. Sometimes new nurses begin their careers in an environment that isn't very welcoming. Often, however, most of the guilty would not see their behaviors as "bullying." Because of a long history of successful nursing, bullies may have an exaggerated view of their own importance, and think that making another nurse (or new graduate) look bad increases their own importance in the workplace. We have used the phrase "nurses eat their young" for years in projecting this behavior on new graduates who may feel incompetent, invisible, and inferior. This cruel indoctrination into the profession can cause new nurses to leave a profession that is experiencing the longest nursing shortage to date.

While new graduates are often the targeted group because of their inexperience and vulnerability, they are by no means the only victims of bullying. Behaviors associated with bullying include use of foul language, personal attacks, silent treatments toward another nurse, criticism, social isolation,

taking credit for another's successes, and public humiliation, to name a few. There are also behaviors that endanger patient safety such as deliberately withholding pertinent information about a patient's care or allocating unrealistic workloads on one nurse. Bullying nurses have a lack of respect in the work environment for themselves, the facility, coworkers, and even the patients and families.

Consequences of bullying for the victim may encompass feelings of isolation and helplessness, anxiety, and emotional pain. Physical illnesses are manifest and increased use of sick time is common. Bullying creates a toxic work environment for the victim, and sometimes for the bystanders watching the bullying, which can result in costly termination of employment and high turnover that become very expensive for most facilities who cannot afford to lose good nurses.

How can we discover why these behaviors are happening and stop them? Look at the environment you work in. Share accountability to create an environment that is consistent with the values of the nursing profession. As nurses, look out for each other and support each other. Be respectful to your colleagues. Make new graduates welcome to the profession of nursing.

This Spring apply the ANA's theme for National Nurses Week to your work environment "Nurses Trusted to Care."

Happy Nurses Week May 6 – 12!

Crystal R. Higgins

President , Nebraska Board of Nursing



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NEBRASKA BOARD OF NURSING

Meeting Schedule 2011

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 agendas by phoning (402) 471-4376 or e-mailing angela.l.holly@nebraska.gov.

| Day/Date | Time | Meeting | Location |
|---|------------------|--|---|
| March | | | |
| Wednesday, March 9 | 3:00 – 5:00 p.m. | <i>Practice Committee</i> <i>Education Committee</i> | Gold's Room 530 NSOB Room 1Y |
| Thursday, March 10 | 8:30 a.m. | Board meeting (Discipline case review-most of meeting in closed session) | Gold's Room 531 |
| Monday, March 14 – Wednesday, March 16 | | NCSBN midyear meeting | Chicago |
| April | | | |
| Thursday, April 14 | 8:30 a.m. | Board meeting | Gold's Room 531 |
| May | | | |
| Wednesday, May 11 | 3:00 – 5:00 p.m. | <i>Practice Committee</i> <i>Education Committee</i> | Gold's Room 530 NSOB Room 1Y |
| Thursday, May 12 | 8:30 a.m. | Board meeting (Discipline case review-most of meeting in closed session) | Gold's Room 531 |
| June | | | |
| Thursday, June 9 | 8:30 a.m. | Board meeting | Gold's Room 531 |
| July | | | |
| Wednesday, July 13 | 3:00 – 5:00 p.m. | <i>Practice Committee</i> <i>Education Committee</i> | Gold's Room 530 NSOB Room 1Y |

Advisory Opinion Update

The following new advisory opinions have been approved by the Board of Nursing and is on our web site.

RN and EMTALA Medical Screening Exam (MSE)

The Center for Medicare/Medicaid Services (CMS) Emergency Medical Treatment and Labor Act (EMTALA) rules II.A state, "Medical screening exams (MSE) must be conducted by qualified personnel, which may include physicians, nurse practitioners, physician assistants or RNs trained to perform MSEs and acting within the scope of their State Practice Act."

It is the opinion of the Nebraska Board of Nursing that it is within the scope of an RN to perform a medical screening exam (MSE). The RN may perform an MSE if:

1. allowed by individual facility bylaw/policy
2. the facility has approved protocols or algorithms for the RN to utilize in performing the MSE
3. an authorized provider is available for consultation
4. the individual RN has the necessary knowledge, skills and abilities and has demonstrated competency to perform the MSE.

It also is the Board's position that the RN completing the MSE is establishing the presence or absence of an emergency medical condition, and is not engaged in making an independent medical diagnosis or developing a medical treatment plan.

It is not within the scope of an LPN to perform an MSE; however the LPN may contribute to the assessment by "collecting basic objective and subjective data from observations, examinations, interviews, and written records. The scope and depth of data collection is consistent with the educational preparation of the LPN." (172 NAC 99.003)

The scope of practice for a licensed nurse is the same regardless of practice setting. The role of the LPN in the emergency department is in accordance with their scope of practice. The LPN practices dependently at the direction of an RN or licensed practitioner through the application of the nursing process and the execution of diagnostic or

therapeutic regimens prescribed by licensed practitioners. LPN practice includes the assumption of responsibilities and accountabilities for the performance of acts within their educational background and utilizing procedures leading to predictable outcomes.

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.

- The advisory opinion, *LPNs and Respiratory Care*, has been revised and approved by the Board of Nursing. An addition to the opinion is noted in bold below.

LPNs and Respiratory Care

It is the opinion of the Board that it is acceptable practice for LPNs to provide chest percussion, aerosol treatment and IPPB therapy. Additionally, it is appropriate practice for LPNs to perform naso-pharyngeal and oral pharyngeal suctioning. LPN practice may include tracheal suctioning for purposes of maintaining an open airway; it is not appropriate practice for LPNs to provide bronchial tree suctioning. **LPNs may also reinsert a tracheostomy tube in clients with well established stomas.**

LPNs may assist with ventilator care by making observations, and by recording and reporting such observations. It is not appropriate for LPNs to independently implement nursing actions based upon conclusions or assessments drawn from their observations, i.e., make ventilator adjustments.

The decision for an LPN to provide respiratory care should be based upon self-assessment of competency, and following 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.

These advisory opinions and all of the advisory opinions can be found on our web site, <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.



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Nebraska Pass Rates Exceed National Average

What's New with NCLEX

For the 2010 calendar year there were 66,818 first time writers of the NCLEX-PN licensing examination nationwide. 472 of the writers were in Nebraska. The annual national pass rate was 87.06% and the Nebraska pass rate was 87.50%. This means for every 100 writers in Nebraska 87 passed the licensing exam on the first try. For the total number of PNs that wrote the exam (not just first time writers), 54,822 wrote the exam in 1983 and 82,579 wrote the exam in 2010. The difficulty of the exam in 1994 was 0.56 logits and in 2010, was 0.37 logits, going to 0.27 logits in 2011. This indicates an increasing level of difficulty of the exam.

For the 2010 calendar year there were 140,883 first time writers of the NCLEX-RN licensing examination nationwide. 1170 of these writers were in Nebraska. The annual national pass rate was 87.42% and the Nebraska pass rate was 88.29%. This means that for every 100 writers in Nebraska 88 passed the licensing exam on the first try. For the total number of RNs that wrote the exam (not just

first-time writers), 107,973 wrote the exam in 1983 and 197,775 wrote the exam in 2010. The difficulty of the exam in 1994 was 0.48 logits, in 2009, was 0.21 logits and in 2010 was 0.16 logits.

There were over 200,000 first time writers (PN and RN) who took the exam last year and that does not include those who retook the exam if they failed the first time. Notice that the pass rates for Nebraska for both of the exams were higher than the national pass rates. The pass rates do vary from program to program.

The exam continues to be administered at Pearson Vue testing centers. Nebraska has three testing sites in the state, Omaha, Lincoln and North Platte. Graduates may take the test in any testing center, they are not restricted to take the test in Nebraska. Test takers register with the testing service and are made eligible by the Nebraska Board of Nursing once a completed application is received and the candidate meets the licensing criteria of the state. Candidates are checked into the testing center with palm print

identifications and the test is administered on a computer. The PN candidates have five hours to complete the test and the RN candidates have six hours. The PN candidates get from 85 to 205 questions depending upon their ability and the RN candidates get from 75 to 265 questions. Each of the Nebraska testing centers has 5 to 8 testing stations.

Each of the exams is reviewed every three years to assure currency. If there are major changes to practice that occur during this three-year cycle, the test items are reviewed and changed as needed. Examples of this would be the recent change in administering CPR or the change in the immunization schedule. In recent years each time the test plan has been reviewed, the passing standard (degree of difficulty) has been raised. This validates that the amount of information and the expected performance of both levels of nurses is on a continuous increase. The RN passing standard was raised with the April 2010 test plan and the PN passing standard is raised for the April 2011 test plan (see above).

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RN and LPN Graduates

Update: Center for Regulatory Excellence Transition Grant

By Peggy L. Hawkins, Ph.D., RN, BC, CNE

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 in Nebraska. There are three phases to the project: 1. Determine educational needs of new nursing graduates; 2. Determine whether educational modules and preceptor development make a difference in new graduate transition to practice; and 3. Analyze results. This latest update on the project will focus on the activities associated with the project since November 2010.

The educational modules determined during phase 1 are completed and

approved by various Review Groups. The modules are now available to participating facilities.

Additional preceptor development programs are being planned. The dates of future programs are: April 4 & 5 in Lincoln, April 11 & 12 in Grand Island, May 2 & 3 in Omaha, May 23 & 24 in Grand Island, and June 9 & 10 in Grand Island. If a facility is interested in participating and would like to send preceptors to one of the programs please contact the Project Director, Peggy Hawkins at Peggy.Hawkins@nebraska.gov or call 402-334-7136. There is still a need for more rural facility participation and especially new LPNs.

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Board Member Bios

Linda Lazure

I'm Dr. Linda Lazure, Associate Dean for External Relations at Creighton University School of Nursing. I knew full well about the time and energy commitment I was making. I felt, though, that I had "unfinished business" from my Board of Health years with Uniform Credentialing Act rules and regulations that still need to be approved. I still have a lot of history in my head. Since I have been appointed to fill the BSN educator position on the Board of Nursing, it will be important to keep the students' interests, as well as the safety of Nebraska citizens, paramount as I discharge

my duties. I have been asked to summarize my past career. Since I have been around awhile, there seems to be a lot. I could not name all the helpful people along the way, but I was able to name some of them.

I was in the last diploma class at St. Catherine's School of Nursing (Omaha) in 1970. I worked at Bergan ICU and then at the VA SICU and back to Bergan by the time I graduated with my BSN from UNMC College of Nursing in 1975. In those days, RN students had to test out or repeat the entire traditional BSN program—complete with all undergrad clinicals with the traditional students. My classmates included Judy Quinn, Nancy Harms, and Paulette Haley.

My future Creighton colleague, Dr. Nancy Shirley, was one of my community health instructors. She can attest that I did not have the best attitude at the time. I had taken less than four weeks off to deliver my first child in February, 1975 (yes, during the "blizzard of the century"). I soon learned, though, that there was much to learn if I could be positive and open to the possibilities further education provided. The information I learned about renal failure, for example, actually saved a life of a young woman who had been involved in a car accident. To borrow a phrase from Dr. Beth Furlong: "We see what we know; the more we know, the more we see."

Dr. Jane Carney made it possible for me to accept a faculty position at UNMC College of Nursing, despite the fact that I told her that I thought I might be pregnant—again. I delivered child #2 in February, 1976—11 ½ months after the first child. I took three weeks off (no maternity leave then) and returned to my clinical students at the VA. Gwen Finn and Nancy Schneckloth were supportive colleagues.

I began my teaching career at Creighton in 1976 and have been there ever since, except for a year to complete my MSN at UNMC focusing on CNS Med-Surg with a minor in Teaching in Schools of Nursing. I completed my PhD in Nursing through the UNMC MSIA program in 1993. Dr.

Mara Baun was my committee chair for my dissertation, "Patient-controlled access to visitation in the coronary care unit."

I have always been involved in professional nursing organizations chairing several local and state NNA committees, as well as maintaining a presence in legislative activities. I was twice-elected President of District II, Nebraska Nurses Association (NNA). During my tenure as NNA president, with Ann Oertwich as Executive Director, breakthrough nurse practitioner legislation regarding scope of practice was passed as well as other statutes.

I was appointed by then-Governor Nelson to the Nebraska Board of Health in 1997 and was elected Vice-Chair and Chair before my terms ended in 2009. During that time, I was governor-appointed to two terms on the Nebraska Center for Nursing and served on the Nebraska Credentialing Reform Committee (1998-2009). I have recently been appointed to serve on the Nebraska Center for Nursing Foundation charged to assure the continuation of the Center.

I just completed my term as the American Nurses Association (ANA) Reference Committee Chair and presided over the resolution process at the 2010 House of Delegates (HOD). I was elected Chair of the ANA Nominations Committee and presided over that process during the 2000 HOD. From 2006-2009, I was appointed to be a member of the Center for American Nurses Policy Workgroup on Health and Workforce Advocacy. I participated in leading the formulation of position papers, including "Lateral Violence and Bullying in the Workplace." This past month, the ANA Board of Directors appointed me to the ANA Committee for Honorary Awards.

I also belong to the Gamma Pi and Iota Tau chapters of Sigma Theta Tau Nursing Honor Society and the Midwest Nursing Research Society (MNRS). I was student-nominated for induction into Alpha Sigma Nu, the Jesuit Honor Society.

Good Sam Hospital 1/6 V ad to come



Board Member Bios

Francie McNeil

regulations. Currently I am pursuing an MSN Degree in the Health Systems Nurse Specialist Program at UNMC. As nurses we have a tremendous

opportunity and responsibility to shape the future of healthcare for ourself, our family, our patients, our profession, our country and our world.

Upon graduating with a BSN from UNMC-Omaha in 1997, I worked as a staff nurse on a Med-Surg Telemetry Unit at UNMC Hospital for a year. Next I became a staff nurse/case manager in Urogynecology for University Medical Associates. After three years in that position, I moved to Philadelphia to continue my work as a case manager in Urogynecology at the University of Pennsylvania Health System for about 2 years. Before moving back to Omaha in 2004 I was also a home health nurse in the suburbs of Philadelphia for a short time. Once I returned to Omaha I began my current position as a case manager in the General Pediatric Clinic at UNMC Physicians. For the past six years I have been in my current position working closely with our pediatricians to provide nursing care for patients with elevated lead levels, latent tuberculosis, asthma, childhood obesity and complex medical situations.

I consider it an honor to serve on the Nebraska State Board of Nursing as a representative of staff nurses. I am continuously inspired by the outstanding nursing care here in Nebraska and I'm so proud of the work we do as nurses. We live in an unprecedented, exciting time for nursing, with so much going on in health care today. I'm new to this arena and I have lots to learn so I'm working hard to understand the ins and outs of licensure and

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| 12-Apr | Willemstad, Curacao | 8:00 AM | 6:00 PM | Docked |
| 13-Apr | Oranjestad, Aruba | 8:00 AM | 6:00 PM | Docked |
| 14-Apr | | | | Cruising |
| 15-Apr | Roseau, Dominica | 8:00 AM | 5:00 PM | Docked |
| 16-Apr | Charlotte Amalie, St. Thomas | 8:00 AM | 6:00 PM | Docked |
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Memories of Time Served . . . on the Nebraska Board of Nursing

Marcy Echternacht, Mary Megel and Mary Bunger
December 2010

What is it really like to serve on the Nebraska Board of Nursing (BON)? Each of us served two consecutive 4-year terms between 2002 through 2010. Writing from the perspective of our collective years on the BON,

we will share some of our experiences. New members are often surprised to discover the steep learning curve following appointment to the Board. Realistically, it takes a new member at least one year of immersion on the Board to

get acclimated to the role and responsibilities of Board membership.

One of the major responsibilities involves disciplinary work. We spent countless hours reviewing investigative reports prepared by Department of Health and Human Services investigators. The reports involve complaints related to activities of licensees. The trend over the past ten years has been an increase in disciplinary cases resulting in an increase of the frequency of meetings. Most of us had no idea of the time commitment involved in reviewing cases prior to the monthly Board meetings. The two-to-three inch stack of cases mailed to Board members for review each month will be going “green” in the future. Members of the BON and other DHHS boards will access investigative cases on a secure server online.

The content of the case reports is confidential, with discussion limited to Board meetings during closed sessions. Board members carefully consider each case and make recommendations to the Attorney General’s Office based on facts presented. Board members strive to be fair and consistent in their recommendations while carrying out the charge of public protection.

Board members recognize that recommendations of disciplinary action have high stake implications which affect nurses’ lives. We frequently agonized over difficult disciplinary situations—considering the burden of weighing public protection while recognizing the impact of disciplinary action on the nurse’s livelihood. Thoughtful consideration is given to each disciplinary case. Respectful deliberation during closed sessions brings forward divergent perspectives which are examined to achieve consensus.

In addition to disciplinary work, Board members participate in either the Nursing Practice or Education Committees. The Practice Committee reviews documents related to practice issues, then writes Advisory Opinions. The Education Committee reviews curricula from nursing programs across the state, which prepare nurses for initial licensure, to ensure Institute of Medicine requirements are in place and curricula are sound. The

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BON elects officers from the membership, and we were privileged to serve as President (Marcy), Vice President (Mary M.), and Secretary (Mary B.) of the BON during our tenure.

Board members have the opportunity to represent the state of Nebraska at National Council of State Boards of Nursing (NCSBN) meetings. What an eye-opening experience—meeting national nursing leaders and engaging in discussion regarding issues which affect each state. It is vital to be present at the table and involved in the process of shaping the future of nursing regulation, practice and education. We had fun, too, with evening activities, such as a Chicago river cruise, visit to Navy Pier, or attendance at a Broadway play, such as “Wicked.”

Interested board members can apply for membership on NCSBN committees. Committee members are selected by NCSBN staff based on competitive interviews which focus on the applicant’s qualifications and experiences. Marcy served as a member of the Practice, Regulation and Education Committee for five years, and chaired the Transition to Practice Committee. Serving on NCSBN committees was an incredible professional experience.

Committee membership entailed meetings in Chicago at the NCSBN office 3-4 times a year along with other activities to accomplish charges of the committee. While serving on the Transition to Practice Committee, Marcy and her committee designed a Transition to Practice Model and developed training modules, with input from Boards of Nursing and stakeholders. Information about the model and modules is available online at: <https://www.ncsbn.org/363.htm>. Committee members work hard, and are rewarded with stimulating discussions, excellent meals and hotel accommodations, and opportunities to truly make a difference in our profession.

What did we learn? So much! We learned that most nurses in Nebraska provide safe, competent, and compassionate care. Those who receive disciplinary action, for the most part, are able to learn from the experience and grow professionally. Personally, each of us found that our time on the BON provided many opportunities to examine our own nursing practices in view of the regulations and advisory opinions of the BON. We often pondered what we would do in situations similar to the cases we reviewed, and used our learning to educate students and staff nurses about nursing regulation in our places of employment.

Do we have any regrets? Realistically, there is room for improvement in most worthwhile endeavors. Challenges remain present for current Board members and the State of Nebraska. Ideally, we wish more individuals representing the younger generation of nurses would step forward and apply for Board membership. It is difficult to attract the younger generation to the Board for a variety of reasons, including the time commitment involved in this volunteer service as well as a potentially lengthy drive to meetings. Another challenge is to continue to educate nurses and the public about what the Board does. The Board has also encountered state budgetary challenges which affect staff’s ability to fully participate in NCSBN meetings and committees, as well as the BON’s ability to conduct meetings in locations other than Lincoln.

That said, at the end of the day, life is much too short for regrets. Overall, we are proud of and thankful for our years of service on the BON. As is true of most volunteer work, we have received much more than we have given. We appreciate the opportunity we were privileged to have to serve you and the citizens of our great state.

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1/6 ad to come

Baccalaureate Nursing Education in Nebraska

By Sheila Exstrom, Nursing Education Consultant

In the last issue of *Nursing News* the topics were nursing education in Nebraska and practical nursing education programs. The first article described all of the nursing education in Nebraska from practical nursing to doctoral education for RNs and how the enrollment at all levels has increased over the last number of years. The second article highlighted the ten practical nursing programs in Nebraska. This issue will explain RN baccalaureate education in Nebraska.

There are seven BSN programs in Nebraska located on twelve different campuses. The program with the largest number of students is the University of Nebraska Medical Center, College of Nursing. It is also the program with the most campuses. The UNMC College of Nursing has five campuses; Omaha, Lincoln, Kearney, Scottsbluff and Norfolk. It is also the only BSN public program in the state. This is unique to Nebraska that all of the BSN programs other than the University of Nebraska are located in private colleges and universities.

The second largest enrollment of BSN students is at Creighton University. Creighton University has two campuses, one in Omaha and the other in Hastings. It is interesting to note that the most rural BSN education is available at campuses of these two universities.

The other BSN programs are affiliated with a college that emphasizes nursing and the health sciences or with a liberal arts and science college or university.

The three programs that are located in a college of health sciences include: Bryan/LGH College of Health Sciences in Lincoln, Clarkson College in Omaha, and Nebraska Methodist College in Omaha. The two programs that are located within a liberal arts college or university are Midland University in Fremont and Union College in Lincoln.

Each of the BSN programs in Nebraska grew from a hospital based diploma nursing program. This is also unique to Nebraska. In many states as the hospital-based diploma nursing programs closed and moved into the academic setting many of them were replaced by associate degree programs, but in Nebraska most of them were replaced by baccalaureate nursing programs. The University of Nebraska Medical Center in Omaha started as a diploma program, the Scottsbluff campus replaced a diploma program, and the Lincoln campus replaced two diploma programs. Creighton University had a diploma program with Saint Joseph's hospital in Omaha and the Hastings campus replaced the Mary Lanning diploma program. The Bryan/LGH College, Clarkson College and Nebraska Methodist College all replaced their own previous diploma programs. Midland University replaced the Immanuel Hospital School of Nursing and Union College was a charter member of the National League for Nursing in 1952 and was the first

NLN-accredited BSN program in Nebraska. All of the programs in the private colleges had their beginnings with and continue to be a part of a religious affiliation.

In addition to these seven/twelve nursing programs in the state there are also two degree completion/BSN completion programs in the state. All of the BSN programs in the state have curricula/programs of study/tracts for already licensed nurses to return and obtain a BSN degree, but there are two programs that are designed specifically for this purpose. They are the College of Saint Mary in Omaha and Nebraska Wesleyan University with campuses in both Lincoln and Omaha. This means that these two programs do not have a basic pre-licensure BSN curriculum, but have a curriculum specifically designed for the Diploma or the Associate Degree nurse who is already licensed to obtain his or her baccalaureate degree.

One of the Institute of Medicine's stated goals for the profession of nursing is to increase the proportion of nurses with baccalaureate degrees to 80 percent by 2020. These means that these Nebraska programs will be very involved with not only graduating nurses with the basic BSN degree but also with providing opportunities for already licensed nurses to obtain a BSN degree.

Below is a listing of the Nebraska Baccalaureate and BSN completion nursing programs, website addresses, directors, and the number of 2009 graduates.

| Name of Program | Website of Program | Nursing Director/Dean | # of 2009 Graduates |
|--------------------------------------|--|-----------------------|---------------------|
| Bryan/LGH College of Health Sciences | www.bryanlghcollege.org | Dr. Kay Maize | 63 |
| Clarkson College | www.clarksoncollege.org | Dr. Aubray Orduna | 107 |
| Creighton University | www.nursing.creighton.edu | Dr. Eleanor Howell | 182 |
| Midland University | www.mlc.edu | Teri Thompson | 29 |
| Nebraska Methodist College | www.methodistcollege.edu | Dr. Marilyn Valerio | 112 |
| Union College | www.ucollege.edu | Charlotte Schober | 43 |
| University of NE Medical Center CON | www.unmc.edu/nursing | Dr. Virginia Tilden | 270 |
| College of Saint Mary | www.csm.edu | Dr. Kathleen Zajic | 26 |
| Nebraska Wesleyan University | www.nebrwesleyan.edu | Dr. Rita McGuire | 49 |

Compassion Fatigue and the Health Service Professional

Working in the health service professions is a very rewarding vocation. Most people who work in these professions choose to do so because they enjoy working with people, taking care of their health needs and making a difference in their lives. However, the process of helping others can be stressful and sometimes very taxing on one's physical and emotional health. Our professional work can drain us of our energy and contribute to a host of physical and emotional problems, including the abuse of alcohol or drugs.

Dr. Angela Panos defined compassion fatigue as "symptoms experienced by caregivers who become so overwhelmed by the exposure to the feelings and experiences of their clients that they themselves experience feelings of fear, pain and suffering, including intrusive thoughts, nightmares, loss of energy and hypervigilance. It can be cumulative (from the effects of helping many clients) or occur in response to a particularly challenging or traumatic individual case. This extreme state of anxiety and preoccupation with the suffering of those being helped becomes traumatizing for the helper. "For this reason it is sometimes called 'vicarious traumatization' or 'secondary traumatization,'" (Figley, C.R., 1995).

Compassion fatigue is an indicator that our lives are out of balance and changes need to be made to restore our physical and emotional health. It gives us an opportunity for self-assessment and growth towards a more balanced life. However, this only occurs if we recognize the problem and deal with it in a positive manner.

The symptoms of compassion fatigue are similar to those of Post Traumatic Stress Disorder, only instead of the symptoms being based upon a trauma that you directly experienced, they are due to the trauma that your client(s) experienced. Review the following symptoms of compassion fatigue to evaluate yourself:

- Sleep or appetite disturbances
- Unexplained physical pains
- Persistent frustration, anxiety or discouragement
- Consistently feeling emotionally and/or physically drained.
- Fatigue
- Decreased interest in family, recreational or spiritual activities

- Increase in time spent alone/withdrawal from others
- Loss of enthusiasm for work and dread of going to work
- Finding it difficult to separate your personal life from your work life
- Tardiness to work and need to leave work early
- Excessive use of sick time or vacation days
- Increased use of alcohol, prescription drugs or illegal drugs
- If in recovery, decline in interest in personal addiction recovery program
- If in recovery, relapse

If you recognize that you are suffering from compassion fatigue and/or are abusing alcohol or drugs, you will need to re-establish a healthy balance in your life. You can accomplish this by getting proper nutrition, regular exercise and necessary rest; prioritizing personal and professional needs; setting realistic expectations and goals; and affirming reasonable personal

and work boundaries. If you are in a recovery program "dry spell," return to 12-Step recovery meetings and talking to your sponsor. If you have relapsed, schedule an appointment with the Nebraska Licensee Assistance Program (NE LAP) for immediate assistance with determining your treatment or recovery needs. There are many resources available to help you restore your health and happiness and ensure you can continue to compassionately care for others. "By meeting our own mental, physical and emotional needs, we give care from a place of abundance, not scarcity," Patricia Smith, founder of Compassion Fatigue Awareness Project.

If you are a licensed health service professional wanting more information about alcohol/drug abuse or addiction treatment or would like to schedule an educational presentation on alcohol/drug addiction and the health service professional, contact the NE LAP at (800) 851-2336 or (402) 8055 or visit our web site at www.lapne.org.

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Licensure Actions

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

| Licensee | Date of Action | Action | Violation |
|-------------------------------------|----------------|--|---|
| Sheri Birdine LPN 19317 | 11/2/10 | Civil Penalty | Misrepresentation of material facts in procuring or attempting to procure a license |
| Jacqueline Borzekofski LPN 16963 | 11/2/10 | Civil Penalty | Misrepresentation of material facts in procuring or attempting to procure a license |
| Karri Cadwallader LPN 18250 | 11/2/10 | Civil Penalty | Misrepresentation of material facts in procuring or attempting to procure a license |
| Brian Craven LPN 18693 | 11/2/10 | Civil Penalty | Misrepresentation of material facts in procuring or attempting to procure a license |
| Sheri Keller LPN 19934 | 11/2/10 | Civil Penalty | Misrepresentation of material facts in procuring or attempting to procure a license |
| Billie Kothe LPN 21317 | 11/2/10 | Civil Penalty | Misrepresentation of material facts in procuring or attempting to procure a license |
| Katie Latta LPN 20145 | 11/2/10 | Civil Penalty | Misrepresentation of material facts in procuring or attempting to procure a license |
| Anne Lovely LPN 21296 | 11/2/10 | Civil Penalty | Misrepresentation of material facts in procuring or attempting to procure a license |
| Kay Markut LPN 17607 | 11/2/10 | Civil Penalty | Misrepresentation of material facts in procuring or attempting to procure a license |
| Sharon Montgomery LPN 22269 | 11/2/10 | Civil Penalty | Misrepresentation of material facts in procuring or attempting to procure a license |
| Angela Munsen LPN 10293 | 11/2/10 | Civil Penalty | Misrepresentation of material facts in procuring or attempting to procure a license |
| Kelli Ohnoutka LPN 17814 | 11/2/10 | Probation | Opioid Dependence |
| Rose Roebuck LPN 10107 | 11/2/10 | Limitation | Negligent Conduct Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession |
| Rebecca Schincke LPN 12451 | 11/2/10 | Suspension | 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 |
| Diane Schumacher LPN 19311 | 11/2/10 | Civil Penalty | Misrepresentation of material facts in procuring or attempting to procure a license |
| Frances West LPN 18381 | 11/2/10 | Civil Penalty | Misrepresentation of material facts in procuring or attempting to procure a license |
| Rhonda Whartman LPN 11548 | 11/2/10 | Civil Penalty | Misrepresentation of material facts in procuring or attempting to procure a license |
| Beverli Youngquist LPN 14446 | 11/2/10 | Civil Penalty | Misrepresentation of material facts in procuring or attempting to procure a license |
| Nicole Brewer-McAfee RN 57488 | 11/2/10 | Limitation | Practice of the profession in a pattern of negligent conduct Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed |
| Cheryl Hawkins RN 63353 | 11/2/10 | Probation | Alcohol Dependence Violation of the Uniform Controlled Substances Act |
| Ina Thiel RN 51653 | 11/3/10 | Non-disciplinary Limitation | |
| Kimberly Bargenquast RN 41937 | 11/8/10 | Non-disciplinary Assurance of Compliance | Unprofessional Conduct-Failure to follow policies and procedures implemented in the practice situation to safeguard patient care |
| Danielle Colvin RN 65164 | 11/11/10 | Non-disciplinary Assurance of Compliance | Unprofessional Conduct-Failure to follow policies and procedures implemented in the practice situation to safeguard patient care |
| Sarah Flegel RN 65094 | 11/11/10 | Non-disciplinary Assurance of Compliance | Failure to report loss of nursing employment in accordance with the state mandatory reporting law |

| Licensee | Date of Action | Action | Violation |
|--|----------------|--|---|
| Sheri Albrecht LPN 13218 | 11/15/10 | Probation | Practice of the profession while ability to practice is impaired by . . . emotional disability Unprofessional Conduct |
| Mark Barba LPN 11563 | 11/15/10 | Civil Penalty | Misrepresentation of material facts in procuring or attempting to procure a license |
| Patricia Edwards LPN 11072 | 11/15/10 | Suspension | Violation of previously imposed conditions of probation |
| Amy Tegels APRN 110895 | 11/15/10 | Censure Civil Penalty Limitation | Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession Failure to have an Integrated Practice Agreement on file with the Department |
| Jennifer Collins LPN 21726 | 12/2/10 | Suspension | Dishonorable Conduct-Misappropriation of medication from a patient or agency Unprofessional Conduct-Committing any act which endangers patient safety or welfare Opioid Dependence |
| Carolyn Griger LPN 17991 | 12/2/10 | Suspension Probation | Methamphetamine Dependence Alcohol Abuse Violation of the Uniform Controlled Substances Act Unprofessional Conduct |
| Jami Hodge LPN 21143 | 12/2/10 | Civil Penalty | Misrepresentation of material facts in procuring or attempting to procure a license |
| Julie Loseke LPN 9046 | 12/2/10 | Voluntary Surrender in Lieu of Disciplinary Proceedings | Misdemeanor convictions having a rational connection with fitness to practice the profession Dependence on or active addiction to alcohol . . . |
| James Rivers Iowa P32363 | 12/2/10 | Censure of Privilege to Practice | Unprofessional Conduct-Failure to utilize appropriate judgment, follow policies or procedures in administering safe nursing practice Failure to maintain an accurate patient record and failure to seek consultation, collaboration or direction from another licensed health care provider when warranted by patient condition |
| Tanisha Avery RN 60417 | 12/2/10 | Censure Civil Penalty | Violation of previously imposed probationary conditions |
| Matthew Jurgensen RN 71642 | 12/2/10 | License Issued on Probation | Misdemeanor convictions having a rational connection with fitness to practice the profession Abuse of, dependence on, . . . , any controlled substance or mind altering substance |
| Janelle Sharrar RN 51087 APRN 100740 | 12/2/10 | Revocation | Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing a controlled substance under circumstances when not authorized Unprofessional Conduct-Misappropriation of medications of a patient or agency and committing any act which endangers patient safety or welfare Practice of the profession while ability to practice is impaired by alcohol, controlled substances, drugs or mind altering substances Dependence on or active addition to alcohol, any controlled substance or mind altering substances |
| David Snell RN 56974 | 12/2/10 | Voluntary Surrender in Lieu of Disciplinary Proceedings | Violation of previously imposed conditions of probation |
| Cheryl Block LPN 8471 | 12/9/10 | Non-disciplinary Assurance of Compliance | Misrepresentation of material facts in attempting to procure nursing employment |
| Jamie Schwanke LPN 21323 | 12/9/10 | Non-disciplinary Assurance of Compliance | Failure to report loss of nursing employment in accordance with the state mandatory reporting law |
| Angeline Roberts RN 62617 | 12/9/10 | Non-disciplinary Assurance of Compliance | Failure to report loss of nursing employment in accordance with the state mandatory reporting law |
| Marcella Varga LPN 18834 LPN-C 917 | 12/12/10 | Non-disciplinary Assurance of Compliance | Unprofessional Conduct – Misappropriating . . . personal items of a patient. . . |
| Lea Anne Johnson RN 70113 | 12/12/10 | Non-disciplinary Assurance of Compliance | Unprofessional Conduct-Committing any act which endangers patient safety and welfare |
| Julianne Pruitt LPN 14874 | 12/14/10 | Privilege to Practice Reinstated | Previous disciplinary action |

DISCIPLINARY ACTIONS

| Licensee | Date of Action | Action | Violation |
|------------------------------------|----------------|---|---|
| Walters, Carla LPN 10346 | 12/14/10 | Censure Civil Penalty | Unprofessional Conduct – Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession |
| Shelly Alm RN 65499 | 12/14/10 | License Reinstated on Probation | Previous disciplinary action |
| Alison Drelicharz RN 69371 | 12/14/10 | Revocation | Unprofessional Conduct – Endangering patient safety and welfare |
| Susan Larkins Magnuson RN 37968 | 12/14/10 | License Reinstated on Probation | Previous disciplinary action |
| Baxter McNeal RN 65184 | 12/14/10 | Probation | Conviction of a misdemeanor which has a rational connection with fitness to practice the profession. Alcohol Dependence. |
| Karina Reinke RN 63758 | 12/14/10 | Revocation | Dependence on or active addiction to any controlled substance. Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession. Violation of the Uniform Controlled Substances Act-Use of fraudulent prescriptions |
| Paula Weimer RN 33293 | 12/14/10 | Probation | Felony conviction which has a rational connection with fitness to practice the profession |
| Cathryn Huenink RN 51654 | 12/25/10 | Non-disciplinary Assurance of Compliance | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based on level of nursing for which licensed |
| Eric Kraling RN 67992 | 1/4/11 | Revocation | Violation of previously imposed conditions of probation |
| Cheila Nollen RN 64412 | 1/4/11 | Probation | Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession. Failure to report loss of nursing employment in accordance with state mandatory reporting law. |
| Kathy Daniels RN 50151 | 1/4/11 | Probation | Violation of the Uniform Controlled Substances Act. Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession. Failure to report misdemeanor conviction and loss of nursing employment in accordance with the state mandatory reporting law. |
| Lomax, Robin RN 46478 | 1/20/11 | Non-disciplinary Assurance of Compliance | Failure to report loss of nursing employment in accordance with the state mandatory reporting law |
| Mary Eickhoff RN 54835 | 1/27/11 | Non-disciplinary Assurance of Compliance | Unprofessional Conduct-Violating confidentiality of information or knowledge concerning patients |
| Erica Rose LPN 21387 | 1/29/11 | Non-disciplinary Assurance of Compliance | Failure to report misdemeanor convictions in accordance with the state mandatory reporting law |

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Professionalism and Accountability in Nursing

By Annette Schnell MSN, APRN-PCNS-BC, CPN;
Joan Batenhorst BSN, RN, ACM, CPN; and Kay Ryan RN, Ph.D., CPN

Note: The authors of this article are colleagues at Children's Hospital & Medical Center in Omaha, Nebraska.

There has been a lot of talk about "accountability and professionalism" in nursing lately and managers want to see more of both from their nurses. What are they; why are they such an issue, and how do we grow them?

Professionalism is expected among the nurses in our workplace. We would like to think it is the expectation wherever any nurse is employed or volunteers. This expectation involves all aspects of a nurse's life, to include those both personal and work-related. A nurse is always a nurse – right?

Integrity, a key quality of professionalism, is a highly respected trait and acknowledged by the public. For eight consecutive years, Americans have voted nurses as the most trusted professionals for their honesty and integrity in Gallup's annual survey of professions. Both experience and education can enhance professionalism in a nurse, but accountability is often identified as a cornerstone of professionalism in nursing.

As a nurse, accountability is not only a legal obligation but an ethical and moral responsibility. Being accountable can be defined as being liable, responsible or answerable to both oneself and others for actions. According to the American Nurses Association Code of Ethics for Nurses, in order for a nurse to be accountable, the nurse must "act under a code of ethical conduct that is grounded in the moral principles of fidelity and respect for the dignity, worth, and self-determination of patients. Nurses are accountable for judgments made and actions taken in the course of nursing practice." Basically, it boils down to acting honestly and responsibly, doing

our best, and admitting when a mistake has been made or when a nurse lacks the knowledge or skills to perform a task. In today's health care arena, financial conscientiousness is increasingly a factor in the equation.

Why is lack of professional accountability a problem? First, it could be that a nurse does not know what is expected of them in their role. Or, it could be that the nurse lacks the knowledge, skills or time to devote to this responsibility. However, it can be due in part to the motivating factors. What motivators are there for acting accountably. Most nurses believe that being accountable is the right thing to do and that we are here to do a good job. Intrinsic motivators such as pride in self as well as extrinsic motivators brought on by rewards and recognition reinforce these basic beliefs.

Unfortunately, in some environments, negative factors can outweigh positive motivators leading to lack of accountability. Nurses may fear that if they admit to making a mistake or not possessing the knowledge to do a task, this could cause them major negative repercussions. The fears of invoking disciplinary action (whether it is a written warning from an employer, losing one's job, or action taken upon one's nursing license) can be very real. A worksite culture that supports accountability, however, encourages honesty and examines conditions and processes that could be improved to impact practice rather than punishing honest errors or mistakes. In order for nursing to remain the most trusted profession, we must continue to build environments that support accountability.

How do we instill or grow professionalism and accountability in a new or seasoned nurse? We agree that having positive role models and mentors help nurses grow. As we each reflect on our own nursing careers, we think

back on the nurses that empowered and influenced our dreams, our decisions, and our current practice. Whether it was planned actions or responses to critical situations, there have been those special nurses for each of us who shaped how we view our roles and our responsibility to be accountable for our decisions and actions. Other characteristics these individuals portrayed were their love for patients and the profession of nursing, and a consistent message of searching for the best answer to a dilemma and putting forth the effort to keep trying. We have been inspired by compassion shown to patients trying to work through their health care issues, dedication to caring, and the patient advocacy that goes along with our role as nurses. And lastly, we have been shown that there is integrity in admitting that you might not know an answer, but will do your very best to find it.

Every day we each hope to evolve as both a person and a nurse, and to inspire professionalism and accountability within ourselves and our peers. We can and must take responsibility for our actions without blaming others or fearing retribution. As nurses, we support and promote environments that nurture our knowledge and development and where we can learn from our mistakes by allowing each other to admit errors and learn how to prevent them from happening again. Each nurse has the responsibility to behave and practice with professionalism. It is the professional responsibility and accountability of a nurse to put patients first and advocate for them, to mentor their peers, to identify processes that are flawed, own up to mistakes, and to take steps to identify and improve outcomes. It is the professionalism that is expected of a nurse that requires accountability in action, appearance, and communications. To err is human, but integrity plus commitment to purpose and growth make a nurse truly professional.

Code of Ethics for Nurses www.naethics.org retrieved November 4, 2010.

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1991 Twenty Years Ago in Nursing News

- Former Governor Kay Orr made two appointments to the Board of Nursing before leaving office in January.
 - Laurie Andrews was appointed to the LPN position previously held by Marilyn Pritts, LPN
 - Neil Rheiner was appointed to the BSN educator position previously held by Ann Van Hoff
- An overview of the Certified Nurse Practitioner included:
 - Certified Nurse Practitioners (CNP) were RNs that had additional education in an academic setting to prepare the nurse for the role as a nurse practitioner, national certification, a collaborating physician, a practice agreement approved by the Board of Nursing and the Board of Examiners in Medicine and Surgery
 - There were 32 CNPs located geographically throughout the state
 - The most common specialties areas were ob/gyn, family, adult, pediatric, neonatal, and gerontology
 - CNPs education was either certificate program or graduate program
 - Many accrediting bodies and educational institutions were moving toward graduate programs. Nebraska did not have any CNP graduate programs at the time.
- Board of Nursing highlights included:
 - Heard a report on the Department of Health Task Force on Chemical Impairment
 - Heard a report on the Nurse Practitioner-Anesthesia 407 Review Committee application
 - Discussed various bills in the 1991 Legislative session
 - Elected officers for 1991
 - Alyce Maupin – President
 - Judy Quinn – Vice-President
 - Peggy Hawkins – Secretary
- The NCLEX-PN exam was administered October 16, 1990. There were 166 first time candidates with 152 passing. The national pass rate was 87%; Nebraska's pass rate was 91.6%.



Registry Action on Nurse Aides & Medication Aides

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

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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

Angela Holly
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Nursing Practice Issues

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Registered Nurse

Licensure Based on Examination (NCLEX®)

Licensure Based on Endorsement Renewal/Audit Questions

Karen McGann
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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

Sheila Exstrom, RN, Ph.D.
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Nursing Statutes

Rules and Regulations

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Scope of Practice and Practice Standards

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Education Issues, Curriculum Revisions and Nursing Program Surveys

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Refresher Course/Designing Own Review Course of Study

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Name and/or Address Change

(Please provide your name and Social Security number)

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Nursing Student Loan Program

Shirley Nave
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Probation Compliance Monitoring

Ruth Schuldt, RN, B.S.
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Complaint Filing

Investigations Division
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Medication Aide

Medication Aide Role and Practice Standards

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Medication Aide Renewals and Applications

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Medication Aide Registry

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Nurse Aide

Nurse Aide and Paid Dining Assistant Role and Practice Standards

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Nurse Aide and Paid Dining Assistan Registry

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

Wanda Wiese
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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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