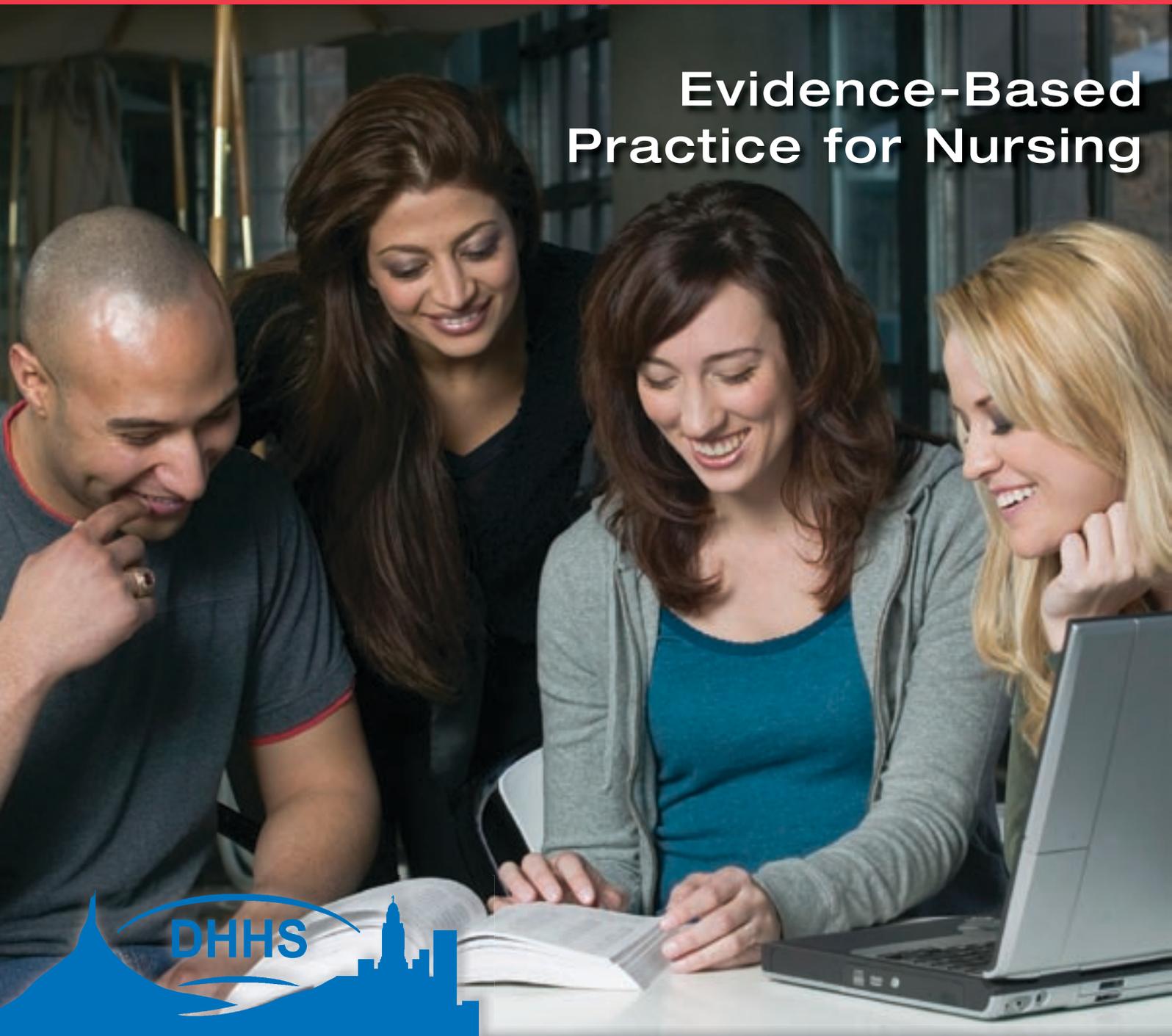


Nebraska Nursing NEWS

Volume 26 • Number 3 / Fall 2009

Evidence-Based Practice for Nursing



DHHS

Nebraska Department of Health
and Human Services

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BOARD OF NURSING

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

Amanda

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FALL 2009

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contents

fall 2009

features

- 7 Congratulations
- 8 Guidelines for Nurse Practitioner Specialties
- 9 Advisory Opinion Update
- 10 Approved Nursing Programs in Nebraska
- 12 LPN & LPN-C License Renewal Reminder
- 13 Alternate Method of Determining Competency for Clinical Nurse Specialist (CNS) initial licensure and license renewal
- 14 Evidence-Based Practice for Nursing
- 22 Foreign Educated Nurses in Nebraska

departments

- 4 President's Message
- 6 Board Meeting Schedule
- 18 Licensure Actions
- 26 Registry Action on Nurse & Medication Aides
- 29 20 Years Ago in Nursing News
- 30 For More Information

on the
COVER



President's Message

Congratulations to Dr. Sheila Exstrom, nursing education consultant for the Nebraska Board of Nursing. Sheila will receive the coveted "Meritorious Service Award" from the National Council of State Boards of Nursing (NCSBN) in Philadelphia on Aug. 13, at the Awards Dinner during the Annual Delegate Assembly Meeting.

The Meritorious Service Award selection criteria call for evidence the recipient has had a positive impact on NCSBN and supported and promoted both the mission and purpose of the organization. Sheila has served on several NCSBN committees and task forces the past 20 years. She is especially recognized for her contributions to the Examination Committee. Sheila served as a member of the Examination Committee from 1995 to 2005 and chaired this committee from 2005 through 2009. A visionary leader, Sheila contributed to the actualization of the following testing innovations:

1. Conversion from paper and pencil exam to Computer Adaptive Testing (CAT)

Computer Adaptive Testing was implemented during Sheila's tenure on the Examination Committee without negatively impacting the reliability of the examination. Computer Adaptive Testing allows nurses to enter the workforce without waiting several months for test results. CAT testing is available on a daily basis and takes only a few hours to complete.

2. Implementation of international testing

Sheila led the Examination Committee in expanding exam policies including test site requirements and evaluation for both domestic and international testing centers. Under her leadership, the Examination Committee developed a matrix and procedures for evaluating test centers and recommending the opening and/or suspending of NCLEX administration in order to ensure the integrity and security of the exam.

3. Development of alternate format test questions

As Chairperson of the Examination Committee, Sheila collaborated with Committee members and the testing service to develop alternate format questions. These questions test knowledge of exam candidates while eliminating the possibility of guessing correct answers. Alternate format questions also make the exam more life-like to reflect actual practice

situations. The innovative use of alternate format test questions reflects Sheila's pursuit of excellence and vision of how to use today's technology to create the future of testing.

Sheila's peers—Claire Glaviano, MSN, RN, executive director of the Louisiana State Board of Practical Nurse Examiners, and Faith Fields, MSN, RN, executive director of the Arkansas Board of Nursing and past president of NCSBN Board of Directors—wrote a letter enthusiastically supporting Sheila's nomination. Some of Sheila's outstanding contributions are captured in the following excerpts from this letter.

Sheila has worked tirelessly to ensure that the examination . . . continues to be the international "Gold Standard" for examinations that lead to licensing.

*The examination committee meets "face to face" at least three times each year, for at least four days at a time. In addition, there is a minimum of one telephone meeting and there are multiple subcommittee and special task force meetings each year. Each committee meeting requires members to devote large blocks of time to the reading and assimilation of a vast amount of documents and information in preparation for full participation in the meeting. These documents deal with a variety of topics, including but not limited to, examination psychometrics, current and future research, domestic and international security, etc. As a committee member, Sheila demonstrated that she had indeed read, reviewed, studied, and **critically analyzed** each and every document provided. As committee chair, Sheila has had the additional task of prioritizing the work of the committee, setting the agenda and moving the meetings and the members through the work that had to be accomplished. She performed these additional tasks impeccably and with a humble grace. Through her service and leadership, Sheila has kept the examination firmly rooted in its well established and respected research base while helping the examination committee explore, develop and implement innovations in licensing examinations.*

continued on next page

WE PUT THE TEAM IN TEAMWORK



Nurses tend to have strong personalities and firm ideas; therefore, it is no small feat to chair a committee of NCSBN. It can be a challenge to take a collection of individual nurse regulators, who are in most cases strangers to each other and to the work at hand, and turn them into a cohesive work group. Sheila was particularly skilled in this regard; she made it seem effortless. She was able to quickly discern the strengths of each committee member and to draw on that strength for use in the work of NCSBN.

*Not only did Sheila ensure that the work of the committee was accomplished, she also made the work a personally fulfilling experience for the individual members. Sheila made each member **know** that his/her contributions were important to the work, so that each member became vested in the committee and, more importantly, became vested in NCSBN as an organization. Sheila's gift for being "inclusive" and for not only being receptive to differing opinions, but insisting that all members be respectfully "heard out" made the committee members value themselves and each other.*

She has chosen, over the past 20 years, to devote her time and talent to NCSBN, and we are a better, richer organization for her involvement. Equally important . . . is the personal integrity, sterling character, warmth, spirit, excitement and energy she brings to every interaction and every task—however small.

Marcy Echternacht
 Marcy Echternacht

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Nebraska Board of Nursing

Meeting Schedule 2009

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 12:30 p.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.

Day/Date	Time	Meetings	Location
October			
Wednesday, October 7	3:30 – 5:00 p.m.	Issues Forum	Gold’s Room 531
Thursday, October 8	8:30 a.m.	Board meeting	Gold’s Room 534
November			
Thursday, November 12	8:30 a.m.	Board meeting (Discipline case review-most of meeting in closed session)	Omaha - TBA
	2:00 – 5:00 p.m.	<i>Practice Committee & Education Committee</i>	
December			
Thursday, December 10	8:30 a.m.	Board meeting	Gold’s Room 531

Gold’s Building, 1050 N Street, Lincoln, Nebraska 68508



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Congratulations!

It was with mixed emotions that she submitted and the department accepted the resignation of Dawn Frizell as one of the LPN members on the Nebraska Board of Nursing. Dawn was originally appointed to the board on Nov. 21, 2005. During her tenure on the board, Dawn served as a member of the Nursing Practice Committee and she also served as one of the board's representatives on the Nebraska Nursing Leadership Coalition

Coordinating Committee.

Dawn graduated this spring from the Midland Lutheran College baccalaureate nursing program, she passed the NCLEX-RN licensing examination and is now licensed as a Registered Nurse and therefore is not eligible to continue as an LPN member of the board.

We all wish Dawn much success in her new role within the nursing profession.



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H1N1 Information

Questions about H1N1? For information on H1N1, go to the DHHS Web site: <http://www.dhhs.ne.gov/H1N1Flu/>. The site also provides a link to subscribe to updates for the most current information.

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Guidelines for Nurse Practitioner Specialties

The APRN Board has been asked to provide guidelines for advanced practice registered nurse - nurse practitioners (APRN-NP) licensed in Nebraska specific to their specialties.

The nurse practitioner (APRN-NP) scope of practice includes health promotion, health supervision, illness prevention and diagnosis, treatment and management of common health problems and chronic conditions. The nurse practitioner provides these health care services within the specialty areas for which he/she is educationally prepared and certified.

The APRN-NP license grants the authority to practice as a nurse practi-

tioner. Licensure is based on education and certification in a specialty area. The licensure requirements in the Nurse Practitioner Practice Act include successful completion of a graduate-level program in a clinical specialty area of nurse practitioner practice and passing a certifying examination pertaining to the specific nurse practitioner role.

Education is the formal preparation of the APRN-NP. The certification is the formal recognition of the knowledge, skills and experience demonstrated by the achievement of standards identified by the profession.

Specialty areas recognized for licensure

in Nebraska are adult, family, gerontology, pediatric, acute pediatric, psych/mental health, adult psych/mental health, child and adolescent psych/mental health, acute care, women's health and neonatal. If an APRN-NP wishes to expand their practice into another specialty area, they must be educationally prepared and certified in that specialty.

In developing these guidelines, the board looked to the standards of professional organizations, other boards of nursing, and the certifying bodies that offer the approved certifying examinations for licensure in Nebraska. The guidelines below are based on this review.

Adult	18 years and older
Family	covers the life span
Pediatric	birth through 21 years
Gerontology	aging adult (55 years and older)
Acute	acutely ill, critically or chronically ill adult patients
Women's health	women across the life cycle with emphasis on conditions unique to women from menarche through the remainder of their life cycle
Neonatology	birth to 2 years
Adult Psych/Mental Health	provide a full range of psychiatric and primary mental health care to adults
Psych/Mental Health	provide primary mental health care to individuals of all ages and families
Child and Adolescent Psych/Mental Health	provide primary mental health care to children and adolescents through 21 years of age

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/crl/nursing/Nursingindex.htm>.

Gastroenterology

This Nebraska Board of Nursing advisory opinion is issued in accordance with Nebraska Revised Statute (NRS) 71-1,132.11(2). As such, this advisory opinion is for informational purposes only and is non-binding.

The Board of Nursing supports the following positions published by the Society of Gastroenterology Nurses and Associates, Inc (SGNA).

Statement on the Use of Sedation & Analgesia in the Gastrointestinal Endoscopy Setting (2007). It is the opinion of the Nebraska Board of Nursing that acceptable RN practice includes administering medications for the purposes of conscious sedation. Conscious sedation means the patient is calmed but remains awake and has perception. Please refer to the board's advisory opinion on Analgesia/Conscious Sedation (Jan. 2008).

Manipulation of Endoscopes During Endoscopic Procedures. It is the opinion of the Nebraska Board of Nursing that acceptable licensed nurse practice includes providing assistance to the licensed practitioner by manipulating the endoscope to facilitate an endoscopic procedure. Manipulation is defined as "only the act of advancing or withdrawing the endoscope under the direct supervision of the endoscopist". Please refer to the board's advisory opinion on "extra-pair of hands" concept (May 2000).

Performance of Gastrointestinal Manometry Studies and Provocative Testing. (2006). Nursing care of the patient undergoing these studies involves a nursing assessment and documentation, administering topical

anesthetics, inserting a manometry probe, and performing the study (SGNA, 2003; SGNA, 2004). Pediatric patients undergoing manometric procedures also require a nurse or associate familiar with the special development and behavioral needs of this population.

The role of the gastroenterology registered nurse has expanded to include provocative testing. Nursing care of the patient undergoing these studies involves nursing assessment, documentation and administration of intravenous drugs used in provocative testing. SGNA supports the position that the licensed practical nurse experienced in gastroenterology and/or manometry studies may be given the responsibility of preparing the patient, performing the study under the direction of the registered nurse and/or physician. The licensed practical nurse may document events during the procedure on the tracing that correspond to patient activity for interpretation by the physician.

It is our belief that the licensed practical nurse responsible for manometry must have the education, knowledge of medications, and technical skills specific to manometry. The licensed practical nurse must also be prepared to identify untoward reactions, including but not limited to epistaxis, vaso-vagal reactions and syncope.

The Role of the Nurse/Associate in the Placement of Percutaneous Endoscopic Gastrostomy (PEG) Tube. (October 2005). It is the opinion of the Nebraska Board of Nursing that it is acceptable practice for RNs to provide "direct nursing care" and "technical support" and that LPNs be limited to provide "technical support" as stated in the position paper. RNs educated and experienced in gastroenterology nursing and endoscopy can be given the responsibility for performing additional duties in the presence

of and under the direct supervision of a physician endoscopist. The RN is required to maintain current knowledge, competency and experience in PEG tube placement to fill this role (as defined in the position statement).

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.

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Approved Nursing Programs in Nebraska

At least once a year, in the Nursing News, we provide a listing of the Approved Nursing Programs in Nebraska, so this is the listing for 2009

Licensed Practical Nursing Programs	Website/Contact	Telephone #
Central Community College	www.cccneb.edu	1-877-222-0780
Columbus	Beverly Schreiber	402-562-1266
Grand Island	Cindy Hadenfeldt	308-398-7455
Kearney	Colleen Quadhamer	308-338-4000
Clarkson College	www.clarksoncollege.edu	1-800-647-5500
Omaha	Aubray Orduna	402-552-6118
College of Saint Mary	www.csm.edu	402-399-2341
Omaha	Tasha Conley	402-399-2661
Kaplan University	www.kaplan.edu	1-800-662-4532
Lincoln	Hope Bauman	402-474-5315
Omaha	Mindy Barna	402-572-8500
Metropolitan Community College	www.mccneb.edu	1-800-228-9553
Omaha	Nancy Pares	402-457-2666
Mid-Plains Community College	www.mpcca.edu	1-800-658-4308
North Platte	Diane Hoffman	308-534-5767
Northeast Community College	www.northeastcollege.com	1-800-348-9033
Norfolk	Ann Oertwich	402-844-7330
Southeast Community College	www.southeast.edu	1-800-233-5027
Beatrice	Crystal Higgins	402-228-3468
Lincoln	Mary Trumble	402-437-2765
Western Nebraska Community College	www.wncc.net	1-800-348-4435
Scottsbluff—Alliance	Anne Hippe	308-635-3606
Associate Degree RN Programs		
Central Community College	www.cccneb.edu	1-877-222-0780
Grand Island	Cindy Hadenfeldt	308-398-7456
College of Saint Mary	www.csm.edu	1-800-926-5534
Omaha	Dr. M.J. Peterson	402-399-2636
ITT Technical Institute	www.itt-tech.edu	1-800-677-9260
Omaha	Theresa Labs	402-331-2900
Metropolitan Community College	www.mccneb.edu	1-800-228-9553
Omaha	Nancy Pares	402-457-2664
Mid-Plains Community College	www.mpcca.edu	1-800-658-4308
North Platte	Diane Hoffman	308-535-3623
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Southeast Community College	www.southeast.edu	1-800-233-5027
Lincoln	Virginia Hess	402-437-2730
Western Nebraska Community College	www.wncc.net	1-800-348-4435
Scottsbluff	Anne Hippe	308-635-3909
Baccalaureate RN Programs		
Bryan/LGH College Health Sciences	www.bryanlghcollege.org	402-481-3867
Lincoln	Dr. Kay Maize	402-481-8602

Clarkson College	www.clarksoncollege.edu	1-800-647-5500
Omaha	Aubray Orduna	402-552-6118
Creighton University	www.nursing.creighton.edu	402-280-2004
Omaha	Dr. Eleanor Howell	402-280-2004
Hastings	Sharon Hayek/Jane Parks	402-461-5281
Midland Lutheran College	www.mlc.edu	1-800-642-8382
Fremont	Dr. Nancy Harms	402-941-6280
Nebraska Methodist College	www.methodistcollege.edu	1-800-335-5510
Omaha	Dr. Marilyn Valerio	402-354-5510
Union College	www.ucollege.edu	402-486-2600
Lincoln	Jeff Joiner	402-486-2524
University of Nebraska Medical Center	www.unmc.edu/nursing	1-800-626-8431
Omaha	Dr. Virginia Tilden	402-559-4109
	Dr. Louise LaFramboise	402-559-6535
Kearney	Steve Pitkin	308-865-8324
Lincoln	Dr. Kathleen Duncan	402-472-7338
Scottsbluff	Dr. Sue Wilhelm	308-632-0412

In addition to pre-licensure programs as listed above, the following post licensure programs are also available in Nebraska:

Baccalaureate Programs for RNs

College of Saint Mary	www.csm.edu	1-800-926-5534
Omaha	Dr. M.J. Peterson	402-399-2636
Nebraska Wesleyan University	www.nebrwesleyan.edu	1-800-541-3818
Lincoln	Dr. Jeri Brandt	402-465-2335

Master's Programs in Nursing

Clarkson College	www.clarksoncollege.edu	1-800-647-5500
Omaha	Dr. Ellen Piskac	402-552-3310
College of Saint Mary	www.csm.edu	1-800-926-5534
Omaha	Dr. Patricia Morin	402-399-2636
Creighton University	www.nursing.creighton.edu	402-280-8000
Omaha	Dr. Cindy Costanzo	402-280-8000
Nebraska Methodist College	www.methodistcollege.edu	1-800-335-5510
Omaha	Dr. Marilyn Valerio	402-354-7027
Nebraska Wesleyan University	www.nebrwesleyan.edu	1-800-541-3818
Lincoln	Dr. Jeri Brandt	402-465-2179
University of Nebraska Medical Center	www.unmc.edu/nursing	1-800-626-8431
Omaha	Dr. Connie Visovsky	402-559-5468

Master's in Nurse Anesthesia

Bryan/LGH College of Health Sciences	www.bryanlghcollege.org	402-481-3135
Lincoln	James Cuddeford	402-481-3135

Doctoral Program in Nursing

Creighton University (DNP)	www.nursing.creighton.edu	402-280-2000
Omaha	Dr. Mary Parsons	402-280-2000
University of Nebr Medical Center (PhD)	www.unmc.edu/nursing	1-800-626-8431
Omaha	Dr Ann Berger	402-559-4957

LPN & LPN-C License Renewal Reminder

All Nebraska licensed LPNs and LPN-Cs licenses expire Oct. 31, 2009. Renewal notices have been mailed. The postcard was mailed to the address we currently have on our Licensing Information System. LPNs who have moved and the postal forwarding order has expired may have not received a notice. If you have an LPN coworker who has moved in the last two years, please remind his/her that it is time to renew his/her license.

The renewal notice post card provides the Web site for online license renewal. All LPNs are highly encouraged to renew online. Using online renewal is convenient, much faster and decreases the chance that renewal materials will be lost in the mail or in processing.

By renewing early you can ensure your license is renewed prior to the

expiration date. If you fail to renew your license prior to the expiration date, you will have to reinstate your license. Practicing nursing after the expiration date, if your license has not been renewed, will result in an administrative penalty fee of \$10 for each day you practice up to a maximum of \$1,000.

Effective Dec. 1, 2008, all applicants for licensure must be 1) a citizen of the United States, 2) an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or 3) a non-immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States. If you fall into category two or three above, you will need to submit evidence of lawful permanent resident and/or immigration status which may include a copy of:

- 1) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
- 2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- 3) A document showing an Alien Registration Number ("A#") with visa status; or
- 4) A Form I-94 (Arrival-Departure Record) with visa status.

Any LPN who does not wish to renew online can download a renewal form from our Web site <http://www.hhss.ne.gov/crl/crlindex.htm> or call (402)471-4376 to request that a form be mailed to you. The renewal notice post card also has a tear off section that can be put into the mail to request forms via mail.

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Alternate Method of Determining Competency for Clinical Nurse Specialist (CNS) initial licensure and license renewal

Whether applying for an initial license or renewing a license, the CNS must meet the requirements for licensure. The requirements for both an initial license and license renewal include an approved certification, or when a certification is not available, a board approved alternate method of determining competency.

The following are approved certifying examinations accepted for licensure:

American Nurses Credentialing Center (ANCC) – CNS examinations in Adult Health, Adult Psychiatric and Mental Health, Advanced Diabetes Management, Child/Adolescent Psychiatric and Mental Health, Community Health, Gerontological Nursing, or Pediatric Nursing

American Association of Critical-Care Nurses (AACN) – CNS examinations in Adult Acute and Critical Care, Neonatal Acute and Critical Care, or Pediatric Acute and Critical Care-

Oncology Nursing Certification Corporation – Advanced Oncology CNS examination

The APRN Board has approved two alternate methods of determining competency. The CNS applying for an initial license or renewing their license who wishes to use either alternate method must have approval from the board.

The first method is an alternate certifying examination other than one of the approved examinations. If the applicant is requesting permission from the board to take an alternate examination, they must submit a letter of explanation stating why none of the approved examinations are appropriate and why the proposed alternate examination is appropriate. The applicant must also provide accompanying documentation of how the exam meets the following criteria:

1. is psychometrically sound and legally defensible

2. is an advanced practice examination appropriate for the clinical nurse specialist

The other board-approved method of determining competency is a point system. The system assigns a point value to various activities. The CNS must earn a determined number of points in a two year renewal period. If a CNS wishes to use the point system, they must make a request of the board. If the applicant is requesting permission from the board to use this alternate method of determining competency, he/she must submit a letter to the board with such request stating why none of the approved certifying examinations are appropriate.

More information regarding the point system is available on our web site. In addition, all currently licensed CNSs have received the information on the alternative methods of determining competency by mail. If you are currently licensed as a CNS and did not receive this information, please contact our office.

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Evidence-Based Practice for Nursing:

What Is It, Why Should We Do It, and How Do We Do It?



Heather Schneider, Amy Fitzgerald, Emily Harms, Farrukh Usmonov, and presenting is Luke Thomsen.

by Mary Erickson Megel, RN, PhD
Associate Professor, College of Nursing, University of Nebraska Medical Center
Vice President, Nebraska Board of Nursing

It seems there's always something new to learn in nursing, no matter what our specialty area or type of practice. Here we go again: another new band-wagon has come along and we have to get on it. This time it's Evidence-Based Practice (EBP). Well...haven't we always done EBP? The short answer is, "No, we haven't." And now, hospitals desiring Magnet Status must demonstrate that their staff nurses are involved in EBP; accreditation bodies such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) are moving in this direction, as well. In addition, the Nebraska Board of Nursing's most recent regulations require

all nursing programs to include EBP at an appropriate level for the type of program (See Regulations Governing the Approval of Nursing Programs in Nebraska, Title 172, Chapter 97, p. 11).

Okay, so what exactly is EBP?

According to Melnyk & Fineout-Overholt (2005), EBP involves the consideration of three elements: 1) valid and reliable research and current best evidence related to specific clinical questions, 2) clinical expertise of the practitioner, and 3) values and preferences of the patient/family. EBP is not the same as **research utilization**, which is a process of appraising and

looking at the clinical practice implications of one or two research articles. EBP includes as much good quality evidence as can be found that helps to answer the specific clinical question.

Why is EBP important? Many of you remember the documents published at the turn of the 21st century by the Institutes of Medicine (IOM) that highlighted the gulf between ideal patient care and reality. *To Err is Human: Building a Safer Health System* (2000) shocked health care professionals as well as the public by calling attention to the 98,000 hospitalized Americans

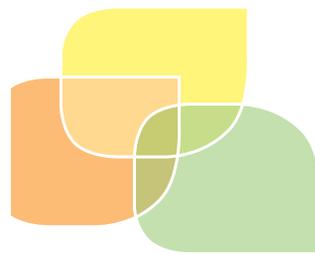
who die each year in hospitals from errors committed by health care professionals. As if that weren't enough, the IOM followed up with *Crossing the Quality Chasm: A New Health System for the 21st Century* (2001), which addressed serious shortcomings in our health care system. This document took aim at health care professionals for failing to incorporate research findings into clinical practice in a timely manner. The so-called "research-into-practice gap" had become, in fact, a chasm. The prescription for change came in 2003, when the IOM published *Health Professions Education: A Bridge to Quality*. Educational programs preparing all types of health professionals were called upon to revise their curricula in order to provide the skills needed for EBP.

Since then, many other groups have taken up the call for EBP, and researchers identified the failure of nursing programs to adequately prepare their students for the task ahead. In 2005, Pravikoff, Tanner, and Pierce published a survey of nurses across the United States that examined their readiness for EBP. Responses from 760 nurses engaged in clinical practice were reported. Most respondents were between 40 and 49 years of age, were white and held a diploma or associate degree in nursing. The majority indicated needing to seek information for clinical decision-making more than once per week and sought information from a colleague rather than from a reference text or journal article. Over half of the respondents reported their work environment had a medical or reference library (5 percent didn't know). Hospitals with libraries did make them available to employees; however, 3 percent reported their library was available only to physicians. While respondents reported being comfortable with their ability to use computers and to search the Internet, only 19 percent were confident searching CINAHL and 39 percent were confident searching

MEDLINE. The vast majority did not seek assistance from librarians, did not use the library, and had never been taught to search electronic databases. When asked about barriers to using research in practice, the greatest number of respondents indicated they personally did not value using research to support

clinical decision-making and had difficulty understanding research articles. The nurses believed organizational barriers to EBP included assigning higher priority to other issues and lacking sufficient budget to obtain information

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resources and educate nurses to use them (Pravikoff et al., 2005).

Since the publication of the IOM articles, which clearly delivered a call to action, the numbers of EBP-related published articles in medical and nursing journals have increased dramatically. Nursing schools have begun to teach EBP skills to undergraduate and graduate students and current textbooks for nursing courses include information from recent research studies. Hospitals are implementing practice models that include teaching staff nurses to find, appraise, and use research results in their practice. On Aug. 29, 2008, the online newsletter, *NurseZone.com*, reported interesting findings of a study conducted at Ball Memorial Hospital: participating in EBP not only improved patient outcomes, but increased nurses' job satisfaction! It also increased the nurses' ability to collaborate with other health professionals and gave them more confidence when explaining aspects of care to patients and families (Wood, n.d.).

So, what does it take to implement EBP? Let's first take a look at the skills needed to do this work. What might be reasonable to expect schools of nursing to prepare their graduates to do? How can hospital staff educators ensure that staff nurses are prepared to use these skills? The information provided on this topic has been taken from *Essential Competencies for Evidence-Based Practice in Nursing*, published by Kathleen R. Stevens (2005). Dr. Stevens developed the competencies using survey data, content analysis, and consensus of experts who reviewed multiple drafts of the competencies. The competencies are organized by educational level (undergraduate, masters and doctoral). This report will focus on selected aspects of EBP skill development of Registered Nurses (RN) who provide care at the bedside as well as those who are in leadership positions in healthcare organizations.

Competencies of Staff RNs are to delineate clear clinical practice questions, locate evidence using medical and nursing databases, appraise the evidence, synthesize the evidence and use it in providing care as well as to update or develop new clinical protocols or practice guidelines for practice for their work setting. Specific skills include the ability to:

- Identify pertinent, specific clinical questions for EBP (PICO question format may be used to develop a clinical question, such as "In women (Population), does the use of low-dose aspirin (Intervention of Interest) compared with statin medications (Comparison Intervention) decrease the incidence of myocardial infarction or stroke (Outcomes)?" Avoid general or nonspecific questions, such as "What nursing interventions improve quality of life in institutionalized elderly?" Questions that are

too general can lead the nurse on a "wild goose chase" searching too much irrelevant literature, wasting valuable time.

- Begin the literature search by locating the Cochrane Library online to look for relevant systematic reviews and save valuable time. Then search CINAHL, MEDLINE and other health care databases to locate primary research and clinical practice guidelines (guideline.gov).
- Appraise all research reports for quality and applicability to practice.
- Use existing rating scales to determine "Level of Evidence" (type of evidence) and "Strength/Quality of Evidence" (overall quality of all the evidence).
- Synthesize and summarize results: databases searched, Level of evidence, Strength/Quality of the evidence, and results/conclusions of the evidence obtained.
- Locate and review standards of practice in the specialty area for applicability to EBP clinical questions.
- Participate in reviewing and updating organization's clinical practice guidelines or protocols.
- Participate in quality improvement processes to evaluate EBP changes in practice guidelines or protocols.
- Provide care based on current standards of practice and EBP.

Competencies of nurses in leadership positions include the ability to perform the skills listed above. In addition, advanced practice nurses, managers, and staff educators should be able to teach staff the expected skills and apply principles of change in incorporating EBP throughout the

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healthcare setting. Specific skills include the ability to:

- Use principles of EBP to develop and adapt clinical practice guidelines to local clientele.
- Work with transdisciplinary teams to develop, implement, and evaluate effectiveness of EBP innovations.
- Assume the role of change agent to promote EBP culture and teamwork within the organization.
- Teach, mentor, and serve as a resource person for other EBP team members.
- Role model quality improvement within the organization.
- Disseminate results of EBP innovations through presentation and publication.

How can I learn how to do EBP? Clearly the above skills take time and effort to practice and learn. Students in nursing programs in Nebraska, particularly at the Baccalaureate (BSN) level, should develop staff RN-level skills for best practice. Master's students should build upon the basic EBP skills and develop the leadership skills to teach, implement and monitor EBP and quality improvement in their health care organizations. Health care organizations may find it necessary to provide educational opportunities for staff development onsite as well as sending selected employees to regional or national EBP conferences. Some opportunities to learn EBP are available online; on-campus EBP programs can be found at the University of Iowa, Arizona State University, and University of Texas Health Science Center at San Antonio.

All BSN students at the University of Nebraska Medical Center College of Nursing have enrolled in a specific EBP course since fall semester, 2006. NRS 386, Evidence-based Practice & Nursing Research, is a two-credit hour course taught in the students' first semester, and an EBP

assignment is included in each subsequent clinical course in the curriculum. Some of the PICO questions the Level One students have answered include: "Are hand sanitizers as effective in decreasing bacterial counts on hospital workers' hands as soap and water?" "In institutionalized older adults with dementia, is animal-assisted therapy more beneficial in reducing anxiety than "usual treatment?" "In hospital workers, are more bacteria cultured from acrylic nail enhancements than natural nails?" "In patients with nasogastric tubes, is measurement of pH more accurate than air insufflation to determine tube placement?" "In adults with the common cold, is zinc effective in reducing the duration and severity of symptoms (compared with no zinc or "usual treatment)?" "In adults with hypercholesterolemia, is niacin as effective as statin medications in decreasing cholesterol levels?" Comments from students on the course evaluation indicates that while the course requires some effort on their part, they "learned a lot." Many have noted: "This way my patient[s] can have better care & treatment."

Is it worth the effort to learn and implement EBP? I believe our patients would tell us that learning and practicing EBP is imperative.

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Licensure Actions

The following is a list of licensure actions taken between April 1, 2009, and July 31, 2009. Additional information on any of these actions is available by calling (402) 471-4923.

Licensee	Date of Action	Action	Violation
Christine Craig RN	4/7/09	Probation	Habitual intoxication or dependence.
Kathryn Hansen RN	4/7/09	Probation	Misdemeanor conviction which has a rational connection with fitness to practice the profession.
Shelley Moore RN	4/7/09	Censure Civil Penalty	Unprofessional Conduct-Provision of a controlled substance for other than a medically accepted, therapeutic purpose. Violation of the Uniform Controlled Substance Act-Aiding and abetting violation of the Uniform Controlled Substance Act.
Jessica Frederick Nelson RN	4/7/09	Revocation	Violation of previously imposed conditions of probation.
Denise O'Connor RN	4/7/09	Voluntary and Permanent Surrender in Lieu of Disciplinary Proceedings	
Nicole Runge RN	4/7/09	Voluntary Surrender	Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing a controlled substance under circumstances when not authorized. Acquiring possession of a controlled substance by theft, misrepresentation. 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 or procedures implemented in the practice situation to safeguard patient care. Failure to maintain an accurate patient record. Unprofessional Conduct-Misappropriation of medications.
Stephanie Arnold LPN	4/7/09	Censure	Unprofessional Conduct-Administering . . any controlled substance or other drug recognized as addictive . . for other than a medically accepted therapeutic purpose.
Jerrad Carranza LPN, RN	4/7/09	Retroactive Suspension Probation Extended	Violation of previously imposed conditions of probation
Mary Ellrott LPN	4/7/09	Censure	Misrepresentation of material facts in procuring a license.
Jessica Emery LPN	4/7/09	Suspension	Unprofessional Conduct-Failure to utilize appropriate nursing judgment in administering safer nursing practice based upon level of nursing for which licensed. Committing any act which endangers patient safety and welfare.
Michaela Engler LPN	4/7/09	Suspension	Violation of previously imposed conditions of probation.
Sandra Relford LPN	4/7/09	Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed. Failure to maintain an accurate patient record. Committing any act which endangers patient safety and welfare.
Cassandra Rengstorf LPN	4/7/09	Censure	Unprofessional Conduct-Failure of a licensee who is subject of a disciplinary investigation to furnish the Board or its investigator with requested information or documents. Failure utilize appropriate judgment in administering safer nursing practice. Failure to report employment termination in accordance with the state mandatory reporting law.
Eraina Stubblefield LPN	4/7/09	Probation	Misrepresentation of material facts in procuring a license. Unprofessional Conduct-Failure to exercise technical competence based upon the level of nursing for which the individual is licensed. Leaving a patient care nursing assignment without notify personnel so that reasonable arrangements for continuation of care can be made. Failure to report employment termination in accordance with the state mandatory reporting law.
Shelley Tamasi LPN	4/7/09	Censure	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safer nursing practice based upon level of nursing for which licensed. Failure to follow policies or procedures implemented to safeguard patient care. Failure to maintain an accurate patient record. Committing any act which endangers patient safety or welfare.
Bridget Kiger LPN	4/10/09	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.
Sandra Garza LPN	4/13/09	Non-disciplinary Assurance of Compliance	Failure to report employment termination in accordance with the state mandatory reporting law.
Lilian Kreifel LPN	4/16/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to follow policies and procedures implemented in the practice situation to safeguard patient care.

Licensee	Date of Action	Action	Violation
Anjonette Morrow LPN	4/16/09	Non-disciplinary Assurance of Compliance	Failure to report employment termination in accordance with the state mandatory reporting law.
Courtney Aldana RN	4/17/09	Non-disciplinary Assurance of Compliance	Failure to report employment termination in accordance with the state mandatory reporting law.
Brenda Nichols LPN	4/22/09	License Reinstated on Probation	Previous disciplinary action.
Teri Visek RN	4/22/09	License Reinstated on Probation	Previous disciplinary action.
Julie Krause RN	5/2/09	Non-disciplinary Assurance of Compliance	Failure to report employment termination and misdemeanor conviction in accordance with the state mandatory reporting law.
Ruth Marimo RN	5/5/09	Revocation	Violation of the Uniform Credentialing Act-Presence in the United States without proper documentation.
Heidi Millar RN	5/5/09	Suspension Probation Extended	Violation of previously imposed conditions of probation.
Patricia Edwards LPN	5/5/09	Censure	Violation of previously imposed conditions of probation.
Susana Urbano LPN	5/5/09	Revocation	Misdemeanor conviction which has a rational connection with fitness to practice. Violation of the Uniform Controlled Substance Act by knowingly or intentionally possessing a controlled substance under circumstances not authorized.
Mary Hoffmann LPN	5/6/09	Non-disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law regarding resignation of employment in lieu of discipline.
Sammy Simmons RN	5/7/09	Censure	Unprofessional Conduct-Obtaining any fee for professional services by fraud, deceit or misrepresentation.
Kellie Wulf RN	5/7/09	Censure Civil Penalty	Unprofessional Conduct-Misappropriating supplies of a patient or agency.
Scott Griffith LPN, LPN-C	5/7/09	Censure	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Failure to seek consultation, collaboration, or direction from another licensed health care provider when warranted by patient condition.
Linda Jones LPN	5/7/09	Censure	Disciplinary action in another state. Failure to report disciplinary action in another state in accordance with the state mandatory reporting law. Failure to disclose disciplinary action in another state on an application for licensure.
Patti Stewart LPN	5/7/09	Voluntary Surrender	Habitual intoxication or dependence upon alcohol. Practice of the profession while ability to practice is impaired by alcohol.
Rebecca Rouse LPN	5/9/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Verbal abuse of a resident.
Cindy Jackson LPN	5/10/09	Non-disciplinary Assurance of Compliance	Failure to report misdemeanor convictions in accordance with the state mandatory reporting law.
Cheryl Meier RN	5/12/09	Probation	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice, committing any act which endangers patient safety or welfare.
Amanda Pfeifer LPN	5/15/09	License Issued on Probation	Conviction of a misdemeanor or felony . . . which has a rational connection with fitness to practice the profession.
Cordelia Asiegbu-Akwani RN	3/17/09	Voluntary Surrender in Lieu of Discipline	
Jerrad Carranza	2/27/09	Initial License Issued on Probation	Misdemeanor convictions which have a rational connection with fitness to practice.
LPN, RN	5/19/09	Voluntary Surrender	Violation of previously imposed conditions of probation.
Denis Elliott RN	5/19/09	Revocation	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Committing any act which endangers patient safety or welfare. Disciplinary action in other states. Failure to comply with the state mandatory reporting law by failing to report disciplinary actions in other state. Misrepresentation of material facts in procuring a license.
Amanda Rhoads RN	5/19/09	Censure Suspension followed by Extension of Probation	Violation of previously imposed conditions of probation.

DISCIPLINARY ACTIONS

Licensee	Date of Action	Action	Violation
Jackie Consbruck LPN	5/19/09	Non-disciplinary Assurance of Compliance	Failure to report employment termination in accordance with the state mandatory reporting law.
Carl Consolver, LPN	5/19/09	Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Misrepresentation of material facts in procuring a license. Failure to report misdemeanor convictions in accordance with the state mandatory reporting law.
Erin Schwing LPN	5/19/09	License Issued on Probation	Convictions having a rational connection with fitness to practice the profession.
Jennifer Snyder LPN	5/19/09	Suspension Followed by Probation	Dishonorable Conduct-Falsification of patient records. Conviction of a felony which has a rational connection with fitness or capacity to practice the profession. Violation of the Uniform Controlled Substances Act. Unprofessional Conduct-Failure to utilize appropriate judgment in administering safer nursing practice based upon the level of nursing for which licensed. Dependence on alcohol and controlled substances.
Julie Foreman RN	5/21/09	Temporary License Suspension	Abuse of, dependence on or active addiction to. . any controlled substance or any mind-altering substance. Violation of the Uniform Controlled Substance Act-Intentionally possessing a controlled substance under circumstances when not authorized.
Ann Robbins RN	5/21/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to exercise technical competence based upon the level of nursing for which licensed.
Kristin Bertelsen RN	5/22/09	Non-disciplinary Assurance of Compliance	Failure to report misdemeanor conviction in accordance with the state mandatory reporting law.
Kenneth Paxton LPN	5/25/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Committing any act which endangers patient safety and welfare.
Michelle Valdivia LPN	5/25/09	Non-disciplinary Assurance of Compliance	Failure to report employment termination in accordance with the state mandatory reporting law.
Tanya Secrest RN	5/27/09	Revocation	Unprofessional Conduct-Intentional falsification of a material document connected with the practice of nursing. Failure to meet the repayment provisions of a loan received pursuant tot the Nursing Student Loan Act.
Susan Johnson RN	5/28/09	Non-disciplinary Assurance of Compliance	Misrepresentation of material facts in procuring or attempting to procure a license.
Amy Jackson-Gatzmeyer RN	5/29/09	Reinstatement on Probation	Previous disciplinary action.
Cynthia Blankenau RN	6/5/09	Reinstatement on Probation	Previous disciplinary action.
Marilois Davis RN	6/5/09	Probation	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Committing any act which endangers patient safety or welfare. Failure to report employment termination in accordance with the state mandatory reporting law.
Patricia Harnly RN	6/5/09	Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Failure to maintain an accurate patient record.
Mitchell Hansen RN	6/5/09	Voluntary Surrender	Habitual intoxication or dependence upon controlled substances. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing a controlled substance under circumstances when not authorized. Unprofessional Conduct-Misappropriating medications of a patient. Committing any act which endangers patient safety or welfare.
Wanda Johnson RN	6/5/09	Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Falsification of patient records. Failure to maintain an accurate patient record.
Cynthia Baker LPN	6/5/09	Censure	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice. Committing any act which endangers patient safety or welfare.
Anita Bishop LPN	6/5/09	Censure	Unprofessional Conduct-Committing any act which endangers patient safety and welfare. Leaving a patient care nursing assignment without notifying personnel so that reasonable arrangements for continuation of care can be made.
Melissa Galvin LPN	6/5/09	Revocation	Violation of previously imposed conditions of probation.

Licensee	Date of Action	Action	Violation
Rosetta Poole LPN	6/5/09	Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment and exercise technical competence in administering safe nursing practice based upon the level of nursing for which licensed. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Committing any act which endangers patient safety or welfare. Failure to seek consultation, collaboration, or direction from another licensed health care provider when warranted by patient condition.
Donna Romero LPN	6/5/09	Suspension	Dishonorable Conduct. 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 or procedures implemented in the practice situation to safeguard patient care. Committing any act which endangers patient safety and welfare.
Roxanne Wynne LPN	6/5/09	Revocation	Unprofessional Conduct-Failure to meet the repayment provisions for a loan received pursuant to the Nursing student Loan Act. Conviction for a misdemeanor which has a rational connection with fitness or capacity to practice the profession. Failure to report employment termination in accordance with the state mandatory reporting law.
LeAnna Betten LPN	6/8/09	License Issued on Probation	Misdemeanor convictions having a rational relation to fitness to practice the profession.
Jennifer Goff LPN	6/8/09	License Issued on Probation	Misdemeanor convictions having a rational relation to fitness to practice the profession.
Sharyn Hansen RN	6/10/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing.
Jill Rudloff RN	6/10/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing.
Kathleen Samuelson RN	6/10/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing.
Elyse Corcoran RN	6/12/09	Non-disciplinary Assurance of Compliance	Falsification of material facts in a material document connected with the practice of nursing.
Heather Hill RN	6/12/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing.
Pamela Swierzb RN	6/12/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing.
Kristopher Beahan RN	6/16/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Falsification of material facts in material documents connected with the practice of nursing.
Jean Fink RN	6/16/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing.
Mary Kentch RN	6/16/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing.
Tanisha Avery RN	6/18/09	Temporary License Suspension	Abuse of, dependence on or active addition to . . any controlled substance, or any mind-altering substance. Violation of the Uniform Controlled Substances Act-Acquiring possession of a controlled substance by . . misrepresentation, fraud, forgery . . .
Debra Maruca RN	6/18/09	Probation	Habitual intoxication or dependence or failure to comply with a treatment program entered into under the Licensee Assistance Program. Conviction of a misdemeanor under state law which has a rational connection with fitness to practice the profession.
Sarah Mwanja RN	6/18/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing.
Lynn Wolfe RN	6/18/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing.
Amy Djernes RN	6/20/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing.
Kelly Donner RN	6/20/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing.
Julie Francis RN	6/20/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing.
Linda Horan RN	6/22/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing.
Barbara Flynn RN	6/24/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing.
Kim Hoelsing RN	6/24/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing.

DISCIPLINARY ACTIONS

Licensee	Date of Action	Action	Violation
Stephanie Psota LPN	6/24/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct
Malissa Kissinger RN	7/1/09	Probation	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Committing any act which endangers patient safety or welfare.
Timothy Nietfeld RN	7/10/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to follow policies or procedures implemented to safeguard patient care.
Dorothy Easter RN	7/14/09	Censure Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which the licensed. Failure to maintain an accurate patient record, committing any act which endangers patient safety and welfare.
Sandra Fleming RN	7/14/09	Censure	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Committing any act which endangers patient safety and welfare. Failure to exercise supervision over persons who are authorized to practice only under the direction of a licensed professional. Failure to report employment termination in accordance with state mandatory reporting law.
Heather Fowler RN	7/14/09	Censure Civil Penalty	Violation of previously imposed conditions of probation.
Sandra Jorgensen RN	7/14/09	Civil Penalty	Misrepresentation of material facts in procuring or attempting to procure a license.
Jane Kathol RN	7/14/09	Civil Penalty	Misrepresentation of material facts in procuring or attempting to procure a license.
ulie Karloff RN	7/14/09	Suspension	Failure to report misdemeanor convictions in accordance with the state mandatory reporting law. 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 or 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. Falsification or misrepresentation of a material fact in attempting to procure nursing employment.
Christine Lindt RN	7/14/09	Censure Civil Penalty	Conviction of a misdemeanor which has a rational connection with fitness to practice. Failure to comply with the state mandatory reporting law.
Debra Saunders LPN	7/14/09	Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Committing any act which endangers patient safety or welfare. Failure to comply with the state mandatory reporting law.
Jenny Spitznagel LPN	7/14/09	Voluntary Surrender	Habitual intoxication or dependence upon controlled substances and alcohol. Unprofessional Conduct-Misappropriating medications of a patient, committing any act which endangers patient safety or welfare. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing a controlled substance under circumstances when not authorized. Misdemeanor convictions which have a rational connection with fitness to practice the profession.
Amy Tostenson LPN	7/14/09	Probation	Misdemeanor conviction which has a rational connection with fitness to practice.
Kimberly Valish LPN	7/14/09	Censure	Violation of the Uniform Controlled Substances Act-Administering any controlled substance or other drug recognized as addictive or dangerous for other than a medically accepted therapeutic purpose.
Angela Andersen RN	7/20/09	Suspension	Unprofessional Conduct-prescribing, administering . . .any controlled substance or other drug recognized as addictive or dangerous for other than a medically accepted therapeutic purpose. Failure to report misdemeanor conviction in accordance with state mandatory reporting law.
Wilfred Husman RN	7/20/09	Non-disciplinary Assurance of Compliance	Conviction of a misdemeanor that has a rational connection with fitness to practice the profession.
Suzan Johnson RN	7/20/09	Voluntary Surrender in Lieu of Discipline	
Julie Klosterman RN	7/20/09	Civil Penalty	Misrepresentation of material facts in procuring or attempting to procure a license.
Barbara Laughlin RN	7/20/09	Probation	Habitual intoxication or dependence. Conviction of a misdemeanor under state law which has a rational connection with fitness to practice the profession. Failure to report termination of employment in accordance with the mandatory reporting law. Failure to comply with a treatment program or aftercare program entered into under the Licensee Assistance Program.

Licensee	Date of Action	Action	Violation
Juliann Rech RN	7/20/09	Censure	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing care for which licensed. Failure to maintain an accurate patient record. Committing any act which endangers patient safety and welfare. Failure to comply with the state mandatory reporting law.
Karen Sharon RN	7/20/09	Civil Penalty	Misrepresentation of material facts in procuring or attempting to procure a license.
Christine Wollam RN	7/20/09	Probation	Alcohol Dependency.
Tanya Norrid LPN	7/20/09	Suspension	Abuse of, dependence on, or active addiction to alcohol, any controlled substance or any mind-altering substance. Violation of the Uniform Controlled Substance Act by knowingly or intentionally possessing a controlled substance under circumstances not authorized.
Julie Goeres RN	7/23/09	Non-disciplinary Assurance of Compliance	Failure to report employment termination in accordance with state mandatory reporting law.
Lana Ulrich LPN	7/23/09	Temporary License Suspension	Abuse of, dependence on or active addiction to any controlled substance or any mind-altering substance. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing a controlled substance under circumstances when not authorized. Unprofessional Conduct- Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Committing any act which endangers patient safety or welfare.
Britnie Hutcherson LPN	7/24/09	Non-disciplinary Assurance of Compliance	Failure to report employment termination in accordance with the state mandatory reporting law.
Dana Edwards LPN	7/27/09	License Issued on Probation	Action in another state.
Kathryn Swanson LPN	7/28/09	Non-disciplinary Assurance of Compliance	Failure to report licensure disciplinary action by another State Board in accordance with the state mandatory reporting law.
David Bart RN	7/29/09	Non-disciplinary Assurance of Compliance	Failure to report misdemeanor conviction in accordance with the state mandatory reporting law.



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Foreign Educated Nurses in Nebraska

By Sheila Exstrom, RN, PhD, Nursing Education Consultant

There is much written in both the general media and the nursing media about foreign educated nurses. The issues discussed and debated include:

Is the education of foreign nurses comparable to United States nursing education?

Will foreign educated nurses experience communication problems with clients and other health care providers?

Is it fair to take nurses away from countries that are also experiencing a nursing shortage?

Will our nursing staff be enhanced by having more diversity to serve our diverse client populations?

Will foreign educated nurses fill nursing positions that could be filled by our own nurses?

Attention has been given to these issues. There are agencies that are available to review the educational credentials of foreign educated nurses. All foreign educated nurses must take and pass the same NCLEX licensing examination.

The nursing shortage continues for many countries including our own.

The purpose of this article is not to debate the issues as outlined above, but rather to share some Nebraska specific data regarding foreign educated nurses.

The first foreign educated nurse to be licensed in Nebraska was from England and she was licensed in Nebraska in 1913. There were two foreign educated nurses licensed in 1916, one from Germany and one from Canada. Another Canadian educated nurse was licensed in 1917 and then in 1924 two more nurses, one from England and one from Germany, were licensed. So of the first 5426 licenses that were issued, six of

them were for foreign educated nurses for a rate of .001percent

Of the next 7,816 licenses that were issued, 21 were issued to foreign educated nurses, for a rate of .003percent. Ten were from Canada, three from Denmark, two from Belgium, two from Germany, and one each from Austria, England, Greece and Hawaii.

For the years of 1954 through 1973, 14,898 licenses were issued and 61 were to foreign educated nurses for a rate of .004percent. Again, in addition to Canada and Hawaii, most were to graduates from European and Scandinavian countries (Austria, Belgium, Denmark, England, Finland, Germany, Greece, Holland, Ireland, Scotland and Switzerland). But in addition, licenses were issued to nurses who had been educated in Bolivia, China, Japan, the Philippines, Puerto Rico and the West Indies.

From 1974 through 1983, 10,513 licenses were issued, with 92 being issued to foreign educated nurses for a rate of .009percent. The countries were the same as listed above with the addition of Australia, East Germany, Ethiopia, France, Ghana, Guam, Iran, Israel, Korea, Nigeria and South Africa. Of the 92, 19 were issued to Canadian educated nurses, 17 to nurses educated in England, 19 to nurses educated in the Philippines, and 11 to nurses educated in Korea.

From 1983 through 1991, 8,152 licenses were issued and 92 were to foreign educated nurses, for a rate of .011percent. From seven to twenty were issued each year. In addition to the previously noted countries, additional countries included Chile, Hong Kong, India, Jordan, New Zealand, Norway,

Pakistan, Taiwan, Thailand, Wales and West Germany.

In 1992, 15 licenses were issued to foreign educated nurses, nine to nurses educated in the Philippines, two to nurses educated in India and one each to nurses educated in the Virgin Islands, Korea, Nigeria, and England.

From Jan. 1, 2000 to 2009, of the total 17,051 licenses that have been issued to nurses in Nebraska, 267 were issued to foreign educated nurses, for a rate of .016percent. The largest number of these nurses were educated in the Philippines, followed by Canada and then a wide variety— from New Zealand and Australia, from Western Europe, such as England and Germany, from Eastern Europe, such as USSR and Ukraine, from Asia, such as Korea, Nepal, Japan and China, from Africa such as Zimbabwe, Nigeria, Kenya, Ethiopia and South Africa, from the Mideast such as India, Lebanon, Israel and Iran, and from Mexico and the Caribbean such as Trinidad, West Indies, and Haiti.

So, from the first license issued to a foreign educated nurse in 1913, until today, in 2009, the percentage of foreign educated nurses has grown from .001percent to .016 percent and the number of countries has increased from the majority coming from western Europe and Canada, to the majority coming from the Philippines, and Canada but also from many other countries. The licensed nurses in Nebraska comprise their own melting pot

This information does not include those foreign nurses who are educated in the United States and licensed based upon graduation from a US program.

Enabling Alcohol and Drug Abuse in the Workplace

Health service professionals devote their lives to helping people and often have difficulty accepting it when they need help themselves. Health service professionals are more susceptible to alcohol and drug addiction than the general population. Many perceive medication as the only appropriate care for their ills, including emotional or physical pain. Some have easy access to a supply of prescription medications. Also, some have extensive knowledge of drugs and feel they can prevent addiction because they can control their use of the drug.

Alcohol and drug abuse has been and continues to be an important factor to consider in the practice problems of health service professionals. Professionals who abuse typically have problems with attendance, personal appearance, relationships at work, practice competency and even safety issues. The substance abuser does not check their substance abuse problems at the door and others are adversely impacted. This has a negative impact on their confidence in their colleague and it can be destructive to the morale of the work group.

The best way for those dealing with a colleague with a substance abuse problem is to not ignore it or cover up the conduct or problems that result from the abuse or addiction. Ignoring or covering up for an abuser is called enabling. Examples of enabling in the workplace would be repeatedly offering to take on more than one's fair share of the work because a colleague is "going through a rough time," feeling sympathy, instead of empathy, for the colleague and frequently covering up for them, or rationalizing that it is not that big of a deal when a colleague regularly comes in late and has hangovers or smells like alcohol. Patterns of enabling by one or more co-workers generally indicates a pattern of alcohol or drug abuse by a colleague.

Many health service professionals do

not receive the appropriate intervention and treatment they need due to lack of their colleagues' encouragement to seek assistance on their confrontation of them when the problems are obvious. Some common warning signs that alcohol and drug abuse may be present in your workplace:

- Unsatisfactory work/chart performance
- Disorganized schedule
- Unreasonable behavior
- Unexplained absences
- Frequent absences or illness
- Excessive ordering of drug supply
- Decreased workload
- Inaccessibility to patients and staff
- Defensive if questioned/confronted
- Alcohol on breath
- Discrepancies in treatment

orders, progress notes, medication records count

- Frequent incorrect medication/narcotic count

Enabling the substance abuser is easy. Confronting them is hard because there are usually difficult issues to be faced. However, there is a greater good that will be achieved when the abuser overcomes their alcohol or drug abuse – for themselves, their families, those they serve and their colleagues.

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 the NE LAP Coordinator, Judi Leibrock or NE LAP Counselor Tricia Veech, at (800) 851-2336 or (402) 354-8055. Web site:

www.lapne.org.

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Registry Action on Nurse Aides & Medication Aides

From 05-01-2009 to 06-30-2009, 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
Kwamena K. Robertson	46444	Finding of Conviction	05-29-09
Tiasha M. Stege	33427	Finding of Abuse	05-19-09

The following Nurse Aide Action was not received prior to the previous issue deadline. The following nurse aide is not eligible for employment in long-term care facilities and/or intermediate care facilities for persons with mental retardation.

Name	Nurse Aide Registry #	Action	Date Entered
Evalinda Hinojosa	60715	Finding of Neglect	04-23-09

From 05-01-2009 to 06-30-2009, the following individuals were removed from the Medication Aide Registry:

Name	Medication Aide Reg #	Action	Date Entered
Cori Ann Porter	58490	Failure to Demonstrate Good Moral Character	05-28-09
Sonja Leah Sutton	52083	Failure to Demonstrate Good Moral Character	05-09-09

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Neonatal Nurse Practitioner

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Adult Behavioral Health Nurse Practitioner

Clinical Nurse Specialist

Behavioral Health Clinical Nurse Specialist
(under development)

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- LPN renewal notices were mailed out. LPNs were reminded to list employment and continuing education, and to have the renewal form notarized.
- The Board of Nursing actions included:
 - Accepted the RN-1 application from Northeast Community College
 - Approved the RN-2 application from Southeast Community College, Lincoln
 - Accepted the survey report by Dr. Karen Beaver and granted continuing approval to Metropolitan Community College
 - Reviewed the draft of proposed Rules and Regulations for Licensure of Nursing in Nebraska
 - Approved the application and practice agreements for two nurse practitioners
- There were a total of 16,838 RNs, 6,643 LPNs, 27 Nurse Practitioners and 243 CRNAs.
- The National Council of State Board of Nursing held its eleventh annual convention. Highlights of the meeting included:
 - Eight states were chosen to be field test states for Computer Adapted testing
 - Approved the two dates for NCLEX examination to be held, in July and February

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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

Karen Bowen MS, RN
(402) 471-6443
karen.bowen@nebraska.gov

Advanced Practice Nursing

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

Initial Licensure

Licensure by Endorsement

Reinstatement of Licensure

License Renewal/Audit Questions

Angela Holly
(402) 471-2666
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Nursing Practice Issues

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Licensed Practical Nurse

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Foreign Educated Nurses

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Nursing Statutes

Rules and Regulations

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Scope of Practice and Practice Standards

Karen Bowen, R.N., M.S.
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Education Issues, Curriculum Revisions and

Nursing Program Surveys

Sheila Exstrom, R.N., Ph.D.
(402) 471-4917
sheila.exstrom@nebraska.gov

Refresher Course/Designing Own Review

Course of Study

Sheila Exstrom, R.N., Ph.D.
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RN and LPN license reinstatement

Name and/or Address Change

(Please provide your name and Social Security number)

Angela Holly
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angela.l.holly@nebraska.gov

Certifications/Verifications

Duplicate/Reissue Licenses

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Nursing Student Loan Program

Shirley Nave
(402) 471-0136

Probation Compliance Monitoring

Ruth Schuldt, R.N., B.S.
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OR

Shirley Nave
(402) 471-0136
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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 Registry and Applications

Teresa Luse
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Medication Aide Testing

Kathy Eberly
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Nurse Aide

Nurse Aide Role and Practice Standards

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Nurse Aide Registry

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