

Nebraska Nursing NEWS

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Simulated Clinical Experiences

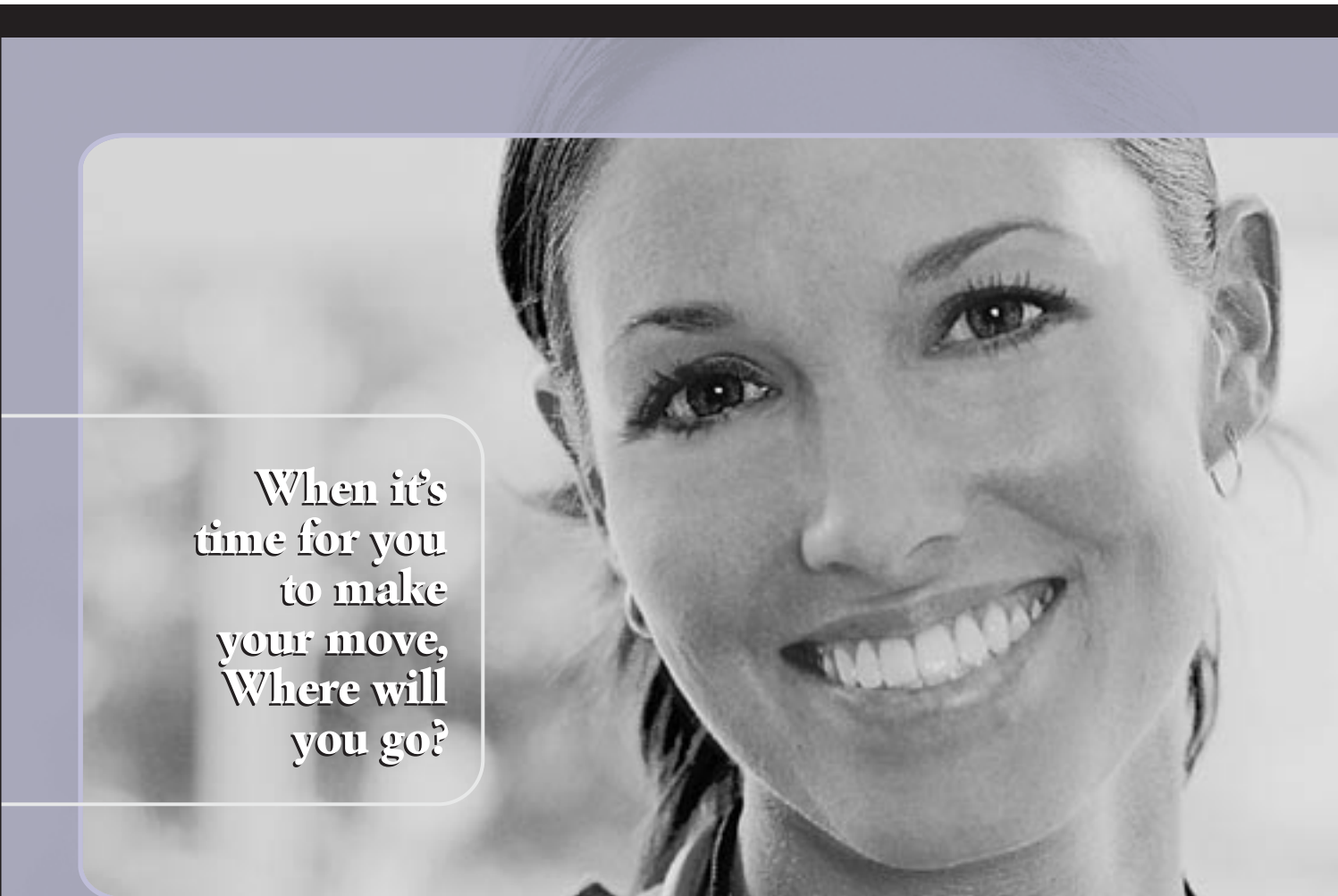
Disciplinary Process in Nebraska



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Virginia Robertson, President
vrobertson@pcipublishing.com
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www.thinkaboutitnursing.com

For advertising information contact: **Greg Jones**

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gjones@pcipublishing.com

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on the
COVER

Sr. Mary Kay Meaghan, APRN teaches a mother
in a health clinic in El Salvador .



Executive Director's Message



During my nearly twenty years as Executive Director of the Nebraska Board of Nursing, I have come to appreciate the relationship the board has with the other nursing organizations in this state. The board has a cooperative relationship with the organizations that represent nursing in the state. I think I took this relationship for granted until I came to realize through my interactions with my counterparts in other states that a positive relationship between the board of nursing and other organizations is often the exception rather than the rule. Each organization has a mission and a different role to play. Cooperation between the organizations in this state serves to enhance the effectiveness of the individual organizations.

In the mid 1990s, the boards of five organizations came together and formed the Nebraska Nursing Leadership Coalition (NNLC). You probably know the NNLC best as the sponsor of the annual Nursing Summit held each spring in Kearney. The organizations in the Coalition include, in addition to the Board of Nursing, the Nebraska Nurses Association, the Licensed Practical Nurse Association of Nebraska, the Nebraska Organization of Nurse Leaders and the Nebraska Assembly of Nursing Deans and Directors. The issue that brought these groups together was a survey conducted by the Board of Nursing and the Nebraska Nurses Association on transition to practice. The survey solicited information from new graduates, educators and employers on the competencies needed and possessed by new graduates. The survey resulted in a goal for the newly formed organization to develop a con-

sistent transition program for new graduates. That was ten years ago. Desired competencies were identified and agreed upon by the membership. But development and implementation of a transition program has not occurred.

At their annual meeting held in November, the NNLC acknowledged that development and implementation of a transition program needs to be a priority. A task force composed of two representatives from each organization was formed to develop/adopt a curriculum and invite employers to pilot the transition program. The NNLC is applying for a research grant to study the effectiveness of a transition program in improving patient safety, preventing medication errors and supporting nursing retention. The research project will focus on the effectiveness of a transition program in small hospitals and nursing homes.

At least one state has established a regulatory requirement for a transition program for new graduates. Other states are considering adopting similar requirements. It's a little early to predict if the current proposed project to develop and implement a transition program might eventually become a requirement for new graduates. Regardless of the outcome of the project and research study, the process and lessons learned are sure to benefit the new graduates and employers who choose to participate. This project is a prime example of something positive that is happening through cooperation between the Board of Nursing and other nursing organizations in the state.

Charlene Kelly

Charlene Kelly



President's Message



I recently came across Aesop's fable about the boy who reached into a jar to grab as many filberts as his hand could hold. Due to the small neck of the jar, he was not able to withdraw his hand and enjoy even a few of the nuts because he was unwilling to release any of the filberts in his hand. Similarly, how often do we discover that we have said yes to so many opportunities, both personally and professionally, that we are not able to savor any of them?

Life is filled with many opportunities and choices. Professionally, there may be opportunities for career advancement, promotions, mentoring new staff, serving as a preceptor for students, earning additional degrees, participating in professional organizations, writing scholarly articles, and engaging in nursing research. Personally, there are opportunities to become parents and raise well-adjusted children, nurture relationships with family and friends, pursue hobbies or special interests, promote worthwhile causes, and so on.

Choosing which professional and personal opportunities to pursue at different phases in life involves discernment. Priorities shift between home and work as life happens. Like the boy in Aesop's fable, too often we have difficulty recognizing what we can and cannot do. We end up taking on too much and not enjoying anything. Just as the boy's hand became stuck in the jar, most of us can relate to this situation—we too have felt stuck.

It is easier to retrospectively recognize when we feel

stuck, or when life choices and taking on too many commitments leave us feeling out of balance. Symptoms of this state of imbalance may include feeling physically exhausted; getting sick; experiencing neck/shoulder/back tension or pain; feeling irritable, anxious, or depressed; withdrawing from family and friends; displacing anger onto select family members; spending long, unproductive hours at work; and engaging in risky behaviors which may involve alcohol or drugs, sexual activities, gambling, or excessive shopping/spending.

Becoming physically ill is often a wake-up call which provides the opportunity for horizontal reflection about the need to restore balance in life. Nurses take pride in the ability to multi-task—yet this attribute, along with failure to set necessary limits, readily leads to this imbalanced state. To restore balance, we need time for leisure, time for creativity, time to think. Vacations—even those taken from the perspective of a tourist in your hometown—are useful in restoring balance.

Nurses are such wonderful caregivers who take care of the bio-psycho-social and spiritual needs of clients. Tending to these same needs in self is an essential step in restoring balance.

Marcy Echnacht

Marcy Echnacht

Nebraska Board of Nursing Meeting Schedule 2008

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

Day/Date	Time	Meetings	Location
Wednesday, January 16	1:30 p.m.	Board of Nursing Issues Discussion	TBA
Thursday, January 17	8:30 a.m.	Board of Nursing	TBA
Thursday, February 21	8:30 a.m. 2:00 p.m. 2:00 p.m.	Board of Nursing (Disciplinary Case Review Meeting – Most of meeting in closed session) Education Committee Practice Committee	Gold's Room 534 Gold's Room 530 Gold's Room 534
Monday, March 3		NCSBN Leadership Day	Chicago, IL
Tuesday-Wednesday, March 4-5		NCSBN Mid-Year Meeting	Chicago, IL
Thursday, March 6		Nursing Summit	Holiday Inn Kearney, NE
Thursday, March 20	8:30 a.m.	Board of Nursing	Gold's Room 534
Wednesday, April 16	1:30 p.m.	Board of Nursing Issues Discussion	Gold's Room 534
Thursday, April 17	8:30 a.m. 2:00 p.m. 2:00 p.m.	Board of Nursing (Disciplinary Case Review Meeting – Most of meeting in closed session) Education Committee Practice Committee	Gold's Room 534 Gold's Room 530 Gold's Room 534
Thursday, May 15	8:30 a.m.	Board of Nursing	Gold's Room 534
Thursday, June 19	8:30 a.m. 2:00 p.m. 2:00 p.m.	Board of Nursing (Disciplinary Case Review Meeting – Most of meeting in closed session) Education Committee Practice Committee	Gold's Room 534 Gold's Room 530 Gold's Room 534
Wednesday, July 16	1:30 p.m.	Board of Nursing Issues Discussion	Gold's Room 534
Thursday, July 17	8:30 a.m.	Board of Nursing	Gold's Room 534
Tuesday, August 5-Friday, August 8		NCSBN Annual Meeting	Nashville, TN
Thursday, August 21	8:30 a.m. 2:00 p.m. 2:00 p.m.	Board of Nursing Education Committee Practice Committee	Gold's Room 534 Gold's Room 530 Gold's Room 534
Thursday, September 18	8:30 a.m.	Board of Nursing	Gold's Room 534
Wednesday, October 15	1:30 p.m.	Board of Nursing	Gold's Room 534 Issues Discussion
Thursday, October 16	8:30 a.m. 2:00 p.m. 2:00 p.m.	Board of Nursing Education Committee Practice Committee	Gold's Room 534 Gold's Room 530 Gold's Room 534
Thursday, November 20	8:30 a.m.	Board of Nursing	Gold's Room 534
Thursday, December 18	8:30 a.m. 2:00 p.m. 2:00 p.m.	Board of Nursing Education Committee Practice Committee	TBA TBA TBA

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

Center for Nursing Holds Stakeholder's Meeting

On November 15, 2007, the Nebraska Center for Nursing Board convened a group of stakeholders to discuss the state of Nebraska's nursing workforce, the faculty shortage, the Center's accomplishments and strategic plan. Participants, in addition to the board, included health care organization representatives, state agency representatives, former board members, former and current state senators/aides, health care facility representatives and nursing educators.

Participants commented that the workforce data reports produced by the Center are extremely valuable. The group discussed the faculty shortage and approaches to solving the shortage. It was noted that the state needs to continue to build the infrastructure for nursing education, including classroom space, simulation/practice laboratories and clinical opportunities. It was suggested that the Center should approach the legislature for funding to address the current and projected shortage of qualified nursing faculty, similar to approaches other states have taken. The nursing shortage isn't a nursing issue, it is a public health issue. The Center's efforts toward recruitment and retention were also acknowledged. It was suggested that the focus should be on nursing as a rewarding



Stakeholders meeting participants listen to updates on nursing workforce.

career rather than on the shortage. Retaining nurses at the bedside is difficult. Mature nurses don't feel valued in direct patient care roles. The idea of a gala to reward practicing nurses who make a difference in people's lives and raise funds for faculty scholarships was supported by the group.

It was noted that meetings like this are helpful to share concerns and suggestions.

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LPN Renewal Summary

On August 1, 2007, 7,528 renewal notice post-cards were mailed to Licensed Practical Nurses. Hundreds of these cards were returned for incorrect addresses. When a licensee fails to maintain a current address with the department, it results in delayed or non-delivery of the renewal notice, extra cost to the department for printing, paper, postage and staff time. These added costs are eventually passed along to the licensee in the form of increased renewal fees. Keeping your address current with the department will help to reduce unnecessary costs.

By the license expiration date of October 31, 2007, 6,499 LPNs had renewed their licenses. During November, an additional 132 renewed. One hundred and two LPNs placed their license on inactive status, and 138 requested that their license be placed on lapsed status. Six hundred and fifty-seven second notices were mailed in early November. All LPNs who renewed after October 31 were required to pay the \$25 late fee, in addition to the \$78 renewal fee. They were also required to attest to the number of days

practiced after October 31. Practice on an expired license results in the assessment of an administrative penalty of \$10 for each day practiced prior to renewing the license.

More LPNs renewed using a paper renewal form this year than during the last renewal. This is disappointing. Online renewal has many advantages over using a paper form. With online renewal, the application is processed the next day, and if everything was completed properly, the renewed license is mailed the same day. Online renewal takes much less staff time, resulting in lower costs to process renewal applications. Online renewal using a credit card decreases the time required for receipting the renewal fee and decreases the chance that the fee will be misplaced during processing. Online renewal saves postage and avoids the possibility that the application will be lost in the mail. A final advantage of online renewal is that the data on the workforce survey that accompanies the renewal application is entered electronically. Paper workforce surveys require extensive time for staff to

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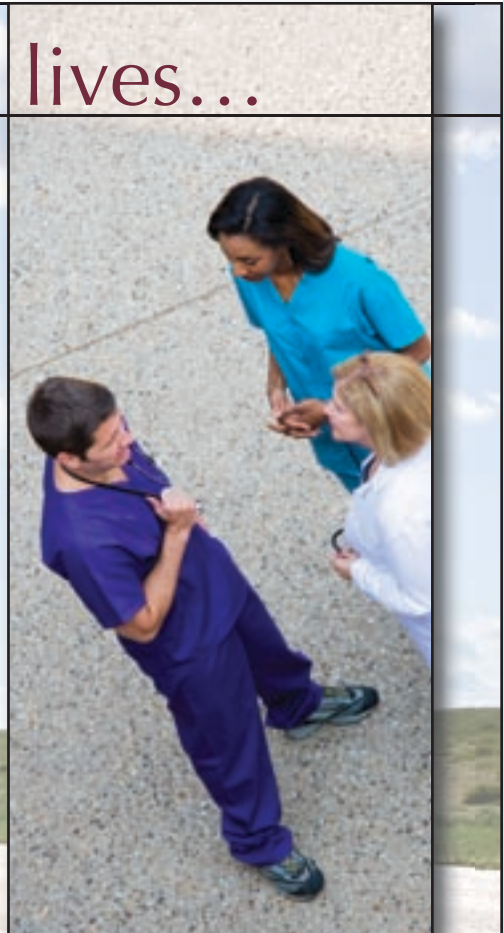
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enter manually. In analyzing the reasons why more LPNs used a paper renewal application this year, it was noted that in previous years, when renewal notice postcards were returned as undeliverable, we mailed another postcard when an updated address was available. This year, we mailed paper forms to those individuals. We have learned that providing licensees with a paper form encourages them to use the paper form. In the future, we will again send all notices via post-

card to encourage online renewal.

2008 is an RN renewal year. First notices will be mailed to all actively licensed RNs on August 1, 2008. If you are an RN and you have moved or plan to move prior to August 1, please notify the department of your address change. You can make an address change by calling (402) 471-4376 or by sending us an e-mail. Our contact information is on our Web site at www.dhhs.ne.gov.

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By Charlene Kelly

The Disciplinary Process in Nebraska

One of the most frequently read features in *Nursing News* is the section on disciplinary actions. A frequent question is: “Why does it take so long for the Department to discipline a licensee?” The disciplinary process is established in the Uniform Licensure Law. The process used is the same for individuals in all of the licensed professions. The process is designed to protect the public from unsafe practitioners while allowing due process for the licensee. The disciplinary process involves the following steps:

1. **A complaint is received.** Complaints can arise from a variety of sources, including employers, coworkers, patients, family members and medical record reviews. Anyone with a complaint is asked to put their complaint into writing using the form that can be found on the department’s Web site at www.dhhs.ne.gov. Click on the drop-down list under “How Do I” and select “file a complaint against a licensed individual.”
2. **The complaint is screened.** The Investigations Unit screens complaints with the assistance of board representatives from the various professions. Factors considered when a complaint is screened include: Is there enough information in the complaint on which to base an investigation? Has the complainant identified themselves? Anonymous complaints are sometimes opened if the complaint alleges a serious violation and enough information is provided to open an investigation. Is what is alleged to have occurred a violation of the law? For example, complaints that involve disputes between employees certainly disrupt the workplace, but usually do not involve violations of the law. Is the alleged violation serious enough to warrant investigation? The department does not have the resources to investigate every complaint that is received. Sometimes the licensee or his/her employer has taken steps to prevent the incident from occurring again, and it is not necessary for the department to intervene. The department may contact the complainant or the person complained against for additional information before deciding whether to open a complaint. If the complaint is not opened, the complainant is notified. The complainant then has the option to ask the board for the profession to determine if the complaint should be opened.
3. **The complaint is opened for investigation.** The complaint is assigned to an investigator for investigation. All complaints against nurses are investigated by a licensed nurse. Each complaint is assigned a priority depending on the risk that continued practice by the person against whom the complaint was filed poses to the public. Investigators have a heavy caseload of complaints that they are working on at any point in time. Unless the complaint is assigned a high priority, it could be several weeks before the investigator starts working on a complaint. The role of the investigator is to objectively obtain all of the relevant facts surrounding the case. This involves interviewing the complainant, the licensee against whom the complaint was made and any other individuals with first-hand knowledge of the incident. It also involves reviewing records and sometimes collecting physical evidence. After all of the interviews are completed and all of the information has been collected, the investigator writes a report summarizing the findings. The completion of the investigation can take up to

several weeks depending on the number of people that need to be interviewed and their availability, the quantity of records to be reviewed and the amount of other information that needs to be obtained. The report is forwarded to the appropriate board for review at their next meeting. Boards meet at varying intervals. The Board of Nursing meets monthly and reviews all investigation reports completed since their last meeting.

4. **The board reviews the investigative report.** The board reviews and discusses the investigative report in closed session. Complaints, investigations and the review of the investigation reports are all confidential. This is necessary to protect the licensee against whom the complaint was filed. Not all complaints are based on facts, and sometimes evidence cannot be obtained to substantiate a complaint. If a complaint is unfounded or cannot be proven, it does not become a matter of public record. After review and discussion, the board makes a recommendation to the Attorney General regarding disposition of the case. The board has the following options: They can recommend that the case be closed. They can ask that additional information be obtained prior to making a recommendation. They can recommend that the licensee be asked to sign an Assurance of Compliance agreeing to cease the behavior/activity that resulted in the complaint. (An Assurance of Compliance is non-disciplinary action, and as such is not reportable to the National Practitioner Data Bank. It is, however, a matter of public record and will remain on the licensee’s license record indefinitely.) They can recommend that a petition be filed. (A petition is a formal charge alleging a violation of one or more laws governing the profession.) If the board recommends that a petition be filed, they are also asked to recommend an appropriate disposition (punishment) for the violation. These recommendations can range from as little as a censure to the maximum recommendation of revocation of the license. Other recommendations between these two extremes could include a civil penalty (fine), probation with specific terms or suspension of the license.

5. **The Assistant Attorney General reviews the investigative information.** The Board of Nursing makes a disciplinary recommendation following their review of all investigative information related to a complaint. The Board’s recommendation and the completed investigative file are forwarded to the Attorney General. The case is assigned to an Assistant Attorney General (AAG) who works with the Board of Nursing. While the AAG relies heavily on the recommendation of the board, he/she has independent prosecutorial authority to take action or decline to take action. This means that after a review of all of the investigative file and the board’s recommendation, the AAG makes an independent determination as to whether a statute or regulation was violated, whether charges should be filed, and the appropriate disposition. If the AAG determines that the case should be closed, the process ends there. If the AAG determines that an Assurance of Compliance (AOC) is warranted, the AOC is drafted and the licensee is asked to sign it. The AOC is then filed with the department, where it becomes a matter of public record. An AOC is not considered to be a disciplinary action. If the AAG determines that charges should be filed, he/she proceeds to the next step.

6. **The Assistant Attorney General contacts the licensee.**

Generally, the AAG sends the petition, a proposed agreed settlement, a voluntary appearance and a letter to the licensee. The possible sanctions are: censure, probation; civil penalty up to \$20,000, limitation of license, suspension of license, or revocation of license. The licensee or his/her attorney may confer with the AAG at this time to negotiate a settlement. If the licensee signs the Agreed Settlement, there is no need for a formal public hearing if the Chief Medical Officer approves the Agreed Settlement.

7. The Assistant Attorney General files a petition for disciplinary action. If the licensee chooses not to sign the Agreed Settlement, the AAG files a petition for disciplinary action. A copy of the petition and a notice of hearing are mailed by certified mail to the licensee by the department. The department delays placing the petition in the public document file for five days to allow time for the licensee to receive the petition before it becomes public. This is the first “public” step in the process. Prior to this point in time, all of the steps in the process are done with strict confidentiality. A petition for disciplinary action is a document that identifies the laws and regulations that the licensee is alleged to have violated and sets forth the facts in the case as determined through the investigation.

8. A hearing is held. If there is no Agreed Settlement, a hearing is held. The hearing is scheduled to be held no less than 30 or more than 60 days after the filing of the petition. It is not uncommon for licensees or their attorney to request a continuance. A continuance is a request for additional time prior to the hearing. Common reasons for requesting a continuance include personal circumstances that prevent the licensee from appearing on the scheduled date or the need for more time by the licensee’s attorney to prepare for the hearing. The request for continuance is made to the Department, which can either approve or deny the request. Initial requests for continuance are nearly always granted. But if the licensee or his/her attorney has requested repeated continuances, the Department may deny the request and force a hearing date. The hearing is administrative in nature. The laws and procedures that govern it are different from a criminal hearing. The hearing is conducted by an Administrative Hearing Officer. The hearing officer’s role is to ensure that the legal procedures are followed and that both parties have ample opportunity to present their case. The hearing is open to the public. The AAG represents the state, and the licensee can either be represented by an attorney or choose not to hire an attorney and speak on their own behalf. During the hearing, the AAG will offer evidence that the licensee violated laws or regulations and recommend what the sanctions should be. The licensee or his/her attorney may dispute the evidence, offer additional evidence that supports

the licensee’s actions or provide mitigating information that places a different light on the case. Both sides may have witnesses to corroborate or refute the evidence. A court reporter is present at the hearing, and a transcript of the hearing is prepared. Most hearings take less than two hours, but very complex cases with numerous witnesses may take several days.

9. The Chief Medical Officer makes the decision. In Nebraska, the Chief Medical Officer in the Department of Health and Human Services is the final decision-maker when a petition has been filed against a licensee. The current Chief Medical Officer is Dr. Joann Schaefer. She will review the facts offered in the petition and the Agreed Settlement, if one was negotiated. She will review the transcript of the hearing, if one was held. Following review and deliberation, she will enter an order that sets forth what violation the licensee has committed and what is to happen to the license. The Chief Medical Officer’s order can range from dismissing the case to revoking the license. It may include one or more of the other provisions that were discussed earlier. The order of the Chief Medical Officer is final unless the licensee decides to appeal the decision. Appeal is to the Lancaster County District Court.

Barring imminent danger to the public, the licensee has an active license and can continue to practice while this process is occurring. There is a provision for an immediate suspension of a license if a licensee is determined to be an immediate threat to public safety if he/she is allowed to continue to practice. These immediate suspensions occur infrequently.

Considering all the steps that must occur before disciplinary action can be taken, it is easy to understand why the time from receipt of a complaint to final order can be quite long.

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Nebraska Nurses participate in the development of the National Licensing Examinations

By Sheila Exstrom

Development of the NCLEX-RN® and NCLEX-PN® licensing examinations utilizes contributions from hundreds of nurse educators, clinicians and managers who work with entry-level nurses. Because it is a national examination, it is important that nurses from all areas of the country be involved in the development of the licensing examinations.

Volunteers are selected for three types of panels:

- Item Writing - Item writers create the items that are used for the NCLEX examinations.
- Item Review - Item reviewers examine the items that are created by item writers.
- Panel of Judges - The panel of judges recommends potential NCLEX passing standards to the NCSBN Board of Directors.

Nurses from Nebraska have participated in the various panels that are involved in the development of the NCLEX exams. The involvement of nurses from Nebraska has increased over the last five years. Invitations to be a part of a panel are extended to persons who have submitted applications to serve. Multiple panels are established throughout the year.

In 2003, six Nebraska nurses were invited to participate. Three served as members of a panel, one as an alternate, one was unable to attend and the sixth did not respond to the invitation.

In 2004, four nurses were invited, one served as an alternate, one was unable to attend and two did not respond to the invitation.

In 2005, ten nurses were invited, five served as members, two as alternates and three were unable to attend.

In 2006, fourteen nurses were invited, three served as members, three as alternates, six were unable to attend and two did not respond to the invitation.

This past year, 2007, twelve nurses were invited, six participated as members, three served as alternates, one meeting was cancelled and two did not respond to the invitation.

The six nurses who participated as members of one of

the panels included:

Amy Hindman, who served on an RN item review panel

Phyllis Yoest, who served on a PN item writing panel

Mary Hook, who served on an RN item review panel

Shelly Luger, who served on an RN item writing panel

Shirley Lute, who served on a PN item writing panel

Beth Nelson, who served on a PN Panel of Judges

The three nurses who served as alternates (should a member not be able to attend after being assigned) included:

Faith Altwine for a PN item review panel

Deana Breci for an RN item review panel

Linda Dulitz for the PN Panel of Judges

Anyone who is interested in being a part of the development of the examinations is encouraged to contact a nurse who has served on a panel and ask about the experience.

Information about the panels and how to submit your name for consideration is located on the National Council of State Board's Web site (www.ncsbn.org/1227.htm).

The benefits of participation include:

- Earn continuing education contact hours.
- Contribute to continued excellence in the nursing profession.
- Have an opportunity to network on a national level.
- Build new skills that are useful at work as well as for professional growth.
- An expense-paid trip to Chicago.

If you are interested in being considered for a panel, you can obtain an application by one of the following methods:

1. Access the online application.
2. Call your state board of nursing for an application.
3. Call the NCSBN Item Development hotline at 312.525.3775; leave your name and address, and an application will be sent to you.

Please give some serious thought to participating as a Nebraska nurse in the development of the national licensing examinations for nurses and request an application today.

National Council Votes to Raise NCLEX-RN® Passing Standard

CHICAGO - The National Council of State Boards of Nursing, Inc. (NCSBN) voted at its Dec. 5-7, 2007, meeting to raise the passing standard for the NCLEX-PN examination (the National Council Licensure Examination for Practical Nurses). The new passing standard is -0.37 logits on the NCLEX-PN logistic scale, 0.05 logits higher than the previous standard of -0.42. The new passing standard will take effect on April 1, 2008, in conjunction with the 2008 NCLEX-PN Test Plan.

After consideration of all available information, the NCSBN Board of Directors determined that safe and effective entry-level LPN/VN practice requires a greater level of knowledge, skills, and abilities than was required in 2005, when NCSBN established the current standard. The passing standard was increased in response to changes in U.S. health care delivery and nursing practice that have resulted in entry-level LPN/VNs caring for clients with multiple, complex health problems.

The Board of Directors used various sources of information to guide its evaluation and discussion regarding the change in passing standard. As part of this process, NCSBN convened an expert panel of 10 nurses to perform a criterion-referenced standard setting procedure. The panel's findings supported the creation of a higher passing standard. NCSBN also considered the results of a national survey of nursing professionals including nursing educators, directors of nursing in acute care settings and administrators of long-term care facilities.

In accordance with a motion adopted by the 1989 NCSBN Delegate Assembly, the NCSBN Board of Directors evaluates the pass-

ing standard for the NCLEX-PN examination every three years to protect the public by ensuring minimal competence for entry-level LPN/VNs. NCSBN coordinates the passing standard analysis with the three-year cycle of test plan evaluation. This three-year

cycle was developed to keep the test plan and passing standard current. A PDF of the 2008 NCLEX-PN Test Plan is available free of charge from the NCSBN Web site https://www.ncsbn.org/2008_PN_Test_Plan_Web.pdf.

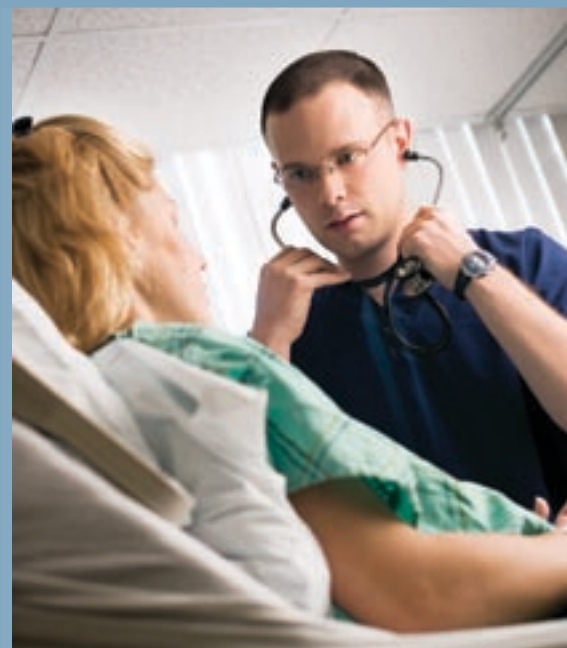
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By Joyce Davis Bunger

Simulated Clinical Experiences



Julie Manz, Kim Hawkins and Martha Todd, Faculty at Creighton University with one of their simulators.

Labor and Delivery has just transferred Noelle to her private room on Postpartum. She is accompanied by her frantic mother who speaks little or no English.

Noelle is a G5P5. She had Gestational Diabetes and mild preeclampsia with this pregnancy. Her EDC was 01-12-08, and she was 38.4 weeks gestation. Noelle was admitted last evening for cervical ripening due to macrosomia. An oxytocin induction was started at 0600. She had a 3-hour labor.

The Certified Nursing Assistant reports that Noelle is bleeding heavily. The nursing team rushes to Noelle's room.

A typical situation for Labor and Delivery nurses, except—they aren't in a hospital, they are in the University of Nebraska College of Nursing Health Assessment Lab and they are working under the supervision of "Charge Nurse/Faculty Member" Barbara Sittner. And, finally, Noelle isn't a real person, but a simulation mannequin capable of delivering a baby!

Simulation mannequins have been used to train and educate health care professionals for over 50 years. "Mrs. Chase," the original simulation mannequin had all sorts of holes and ports

for catheters. Later, “Resusci Annie” became popular as a training method for CPR. Earlier versions were not interactive and were used as practice devices.

High-fidelity simulators are machines that are able to mimic the physiology of the body and react to real-time interventions. Nursing school instructors are able to replicate situations that occur in a clinical setting; simulators can blink, breathe, bleed and talk. “Patients” can have heart attacks, gun-shot wounds, diabetic comas, strokes, even have babies. There are several levels of fidelity (realism) of simulators—high fidelity, medium and low. Generally, the METI HPS (Human Patient Simulator), ECS (Emergency Care Simulator) and Laerdal SimMan are considered high-fidelity, although the HPS is the highest fidelity there is at this time. The Nursing Anne, Nursing Kelly, Noelle, and

others are considered medium fidelity. Low fidelity would be for devices like the IV arms that are used to practice starting IVs.



Kim Leighton teaches students at BryanLGH College of Nursing using a simulator. L to R: Krystle Hajek, Kim Leighton, Torry Bridger and Donley Duree.

In Nebraska, nine of the nursing schools have simulators that are medium and high fidelity.

Nurse educators are challenged with increased class sizes, limited clinical sites and a greater need to prepare students who are competent to provide safe and competent care. Likewise, the public is increasingly aware of the need for increased safety. The use of simulators as a teaching tool is helping to meet these challenges.

It is the teamwork that produces the optimum learning experience. Students are given scenarios and roles to perform. One student may be the charge nurse, another the frantic parent or the physician. Instructors are often the “voice”

continued on page 16

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continued from page 15

inside the mannequin and are providing the patient feedback.

“Simulators are especially effective at teaching high acuity/low frequency situations. Students are able to practice assessment and technological skills, using teamwork and communication, to critically evaluate a patient’s condition and utilize nursing principals in a safe and controlled environment,” noted Julie Manz, a Creighton University faculty member.

“Access to clinical sites is a problem, especially in the areas of pediatrics,” agreed Dr. Mary Megal, associate dean at UNMC and vice chair of the Nebraska State Board of Nursing. She has seen a positive evolution in the design of simulators, noting that they have become lighter and feel more like real people.

Heart failure is one of the most common reasons people enter the hospital, yet few nursing students have the opportunity to experience these scenarios. With simulators, nursing students are guaranteed exposure and are able to practice with the equipment and technology.

“Most of all, working with simulators gives a student nurse confidence,” said Kim Leighton, perhaps Nebraska’s leading expert on the use of simulation mannequins. She completed her doctoral thesis on the learning needs of undergraduate nursing students and exploring how well their learning needs were met using simulators versus traditional nursing methods. Dr. Leighton is currently the dean of instructional technology at BryanLGH.

“As clinical sites become scarcer, you will find more mannequins in nursing schools,” said Leighton. She added that the industry is doing an excellent job in designing mannequins that meet the needs of nursing schools, both from a technology standpoint and affordability.

Using simulators do have several pitfalls. Simulators can’t talk and tell people how they feel unless there is someone “talking” for them. And it is difficult to provide holistic care to a mannequin. The more effective scenarios include questions that challenge the students to come up with ways to make the “patient” and their families more comfortable. Often they are asked to suggest funding sources and home care options for families who are taking the patient home for continued care.

While little formal research has been conducted to determine if learning outcomes are on target, student evaluations indicate they enjoy working with simulators

and appreciate the many intervention opportunities that working with a simulator provides. However, Dr. Megal has been pondering whether educating nursing students with simulators is working because of the simulators or because faculty teaching methods are changing.

Dr. Sittner is very confident about the learning outcomes. Students conduct a vaginal exam on Noelle and then measure their findings against the dilatation chart.

“In many ways, we are better able to confirm that teaching outcomes have been met by using simulators. As instructors we know how the simulators have been programmed, and we know what the students is expected to detect,” said Sittner.

“Assessment skills are often taught, but with Noelle, they can practice the skill and perfect it before they have to perform it on a real live person. We can assume that the students’ anxiety levels are greatly reduced when they are in a live clinical situation because they have practiced.”

Simulation enthusiasts encourage faculty to take the plunge and incorporate simulations into the curriculum. There is no doubt that this can be challenging to faculty. Familiarity with the mannequin’s technology can be daunting. BryanLGH and UNMC both have full-time technicians devoted to ensuring the mannequins are in working order and providing support and education to the faculty. Most agreed that a 4-8 hour training session enables most faculty members to get up to speed.

“You would be surprised what creative faculty members are capable of doing when simulators are used to teach students,” said Martha Todd, a Creighton faculty member.

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Barb Sittner, PhD, RN, faculty member, UNMC College of Nursing - Lincoln campus with Noelle, one of the college's simulators.

“While it is a steep learning curve, and a process that may come easier to those that enjoy technology, our faculty find working with simulators to be very rewarding. Our students love it!”

Simulators are also used to train and educate personnel in several hospitals. Mary Lanning Memorial Hospital in

Hastings and Bryan LGH are two examples where simulators are being used for continuing education and certification testing. DurRay Torres, clinical educator at Mary Lanning, needed a way to help their nurses “quick think” situations. Mary Lanning will also offer the use of their simulation mannequin to surrounding rural hospitals, enabling them to have access to the same high-technology training.

Simulation mannequins range in cost from \$20,000 to the newest model that costs over \$200,000 which becomes cyanotic as oxygen saturation decreases. State-of-the-art simulators are capable of sweating, respond in real time to anesthesia and even have nail beds that change color.

Nursing education has changed dramatically over the years. Simulators have become integral members of the nursing education team.

As one student noted, “I am glad that I was able to practice on the simulator. I made a mistake and was able to re-do the procedure and learn how to do it correctly. I know I won’t make the same mistake again when I do it to a patient in the hospital.”

Joyce Davis Bunger is Assistant Dean at Creighton University School of Nursing and a public member on the Nebraska Board of Nursing.

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Licensure Actions

The following is a list of licensure actions taken between September 1, 2007, and November 30, 2007, additional information on any of these actions is available by calling (402) 471-4923.

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Shon Peterson, RN	6/1/07	Probation	Alcohol Dependency Misdemeanor conviction which has a rational connection with fitness or capacity to practice the profession.
Daniel Sorgenfrei, RN	6/12/07	Non-Disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Kimberly Cosgrove, LPN	9/6/07	Initial License Issued on Probation	Misdemeanor Convictions having a rational connection with fitness or capacity to practice the profession.
Joanne Thompson, LPN	9/18/07	Initial License Issued on Probation	Misdemeanor convictions having a rational connection with fitness or capacity to practice the profession.
Barry Wycoff, LPN	9/18/07	License Reinstated on Probation	Reinstatement from Voluntary Surrender in Lieu of Discipline.
Yaman Lu, RN	9/18/07	Initial License Issued on Limitation	Previous LPN disciplinary action.
Kathryn Dohring, LPN	9/19/07	Voluntary Surrender in Lieu of Discipline	
Rosemary Loftis, RN	9/20/07	Voluntary Surrender in Lieu of Discipline	
Jennifer Ward, LPN	9/21/07	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to maintain an accurate patient record.
Dianna Jackson, LPN	10/3/07	Initial License Issued on Probation	Misdemeanor Convictions having a rational connection with fitness or capacity to practice the profession.
Jocelyn Hubbard, RN	10/3/07	Initial License Issued on Probation	Misdemeanor convictions having a rational connection with fitness or capacity to practice the profession.
John Neal, RN	10/5/07	Initial License Issued on Probation	Misdemeanor convictions having a rational connection with fitness or capacity to practice the profession.
Amy Rohloff, LPN, LPN-C	10/15/07	License Reinstated on Probation	Reinstatement from Voluntary Surrender in Lieu of Discipline.
Amber Thieman, LPN	10/15/07	Initial License Issued on Probation	Misdemeanor convictions having a rational connection with fitness or capacity to practice the profession.
Stephanie Carolus, LPN	10/16/07	Initial License Issued on Probation	Misdemeanor Convictions having a rational connection with fitness or capacity to practice the profession.
Leslee Mosley, LPN	10/25/07	Censure Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed; Failure to exercise technical competence.
Stacy Polenske, LPN	10/25/07	Suspension	Habitual intoxication or dependence. Failure to report misdemeanor conviction in accordance with the state mandatory reporting law.
Janice Staman, LPN	10/25/07	Censure	Practice beyond authorized scope.
Geraldine Tanderup,	10/25/07	Probation	Misdemeanor conviction which has a rational connection with fitness or
LPN-Expired, RN			capacity to practice the profession.

Nancy Brtek, RN	10/25/07	Censure Suspension	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Misrepresentation of material facts in procuring a certificate.
Carol Cheetsos, RN	10/25/07	Censure	Unprofessional Conduct-Failure to safeguard patient's dignity or right to privacy. Violating confidentiality of information or knowledge concerning the patient, accessing patient records and sharing confidential information.
Bridget Fox, RN	10/25/07	Extension of Current Probation	Violation of previously imposed conditions of probation.
Jeannette Nielsen, LPN	10/31/07	Revocation	Unprofessional Conduct-Failure to cooperate with the investigation. Habitual intoxication or dependence. Failure to report employment termination in accordance with the state mandatory reporting law.
Sharon Malolepszy, RN	10/31/07	Retroactive Suspension Probation	Habitual intoxication or dependence.
Jack McCord, RN	10/31/07	Censure	Unprofessional Conduct-Committing any act which endangers patient safety and welfare.
Marcy Erickson, LPN	11/5/07	Initial License Issued on Probation	Misdemeanor Convictions having a rational connection with fitness or capacity to practice the profession.
Deanna Timothy, LPN	11/9/07	Revocation	Felony conviction which has a rational connection with fitness or capacity to practice the profession.
Jennifer Doyle, RN	11/9/07	Censure Civil Penalty	Practice beyond authorized scope.
Christopher Wanamaker, RN	11/9/07	Revocation	Habitual intoxication or dependence. Violation of the Uniform Controlled Substance Act. Unprofessional Conduct-Failure to maintain an accurate patient record.
Jenifer Weeks, LPN, LPN-C	11/09/07	Voluntary Surrender in Lieu of Discipline	
Rachel Rhoades, LPN	11/9/07	Voluntary Surrender in Lieu of Discipline	
Susan Akers, RN	11/14/07	Suspension	Unprofessional Conduct-Committing any act which endangers patient safety or welfare; failure to follow policies or procedures implemented to safeguard patient care. Misdemeanor conviction having a rational connection with fitness or capacity to practice the profession.
Lawrence Jensen, LPN	11/14/07	License Reinstatement Denied	Disciplinary action in another state.
Katie Lenz, LPN	11/15/07	Non-Disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Kenda Kuehner, RN	11/26/07	License Reinstated on Probation	Previous disciplinary action.
Cynthia Lenahan, RN	11/29/07	Extension of Current Probation	Violation of previously imposed conditions of probation.
Mark Norris, RN	11/29/07	Voluntary Surrender in Lieu of Discipline	
Marcus Johnson, LPN	11/29/07	Censure Civil Penalty	Violation of previously imposed conditions of probation.
Kathryn Urbauer, RN	11/29/07	Suspension	Unprofessional Conduct-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.

Nurse Licensure Compact Update

The Nurse Licensure Compact (NLC) now has 22 states participating. The twenty-third state, Rhode Island, will implement the compact in July 1, 2008. The NLC is based on the mutual recognition model of nurse licensure. This model allows a nurse to have one license (in his or her state of residency) and to practice in other states (both physical and electronic), subject to each state's practice law and regulation. Under mutual recognition, a nurse may practice across state lines unless otherwise restricted.

In order to achieve mutual recognition, each state must enact legislation or regulation authorizing the NLC. States entering the compact also adopt administrative rules and regulations for implementation of the compact.

Following is the current list of states participating in the compact.

Arizona	7/1/2002
Arkansas	7/1/2000
Colorado	10/1/2007
Delaware	7/1/2000
Idaho	7/1/2001
Iowa	7/1/2000
Kentucky	6/1/2007
Maine	7/1/2001
Maryland	7/1/1999
Mississippi	7/1/2001
Nebraska	1/1/2001
New Hampshire	1/1/2006
New Mexico	1/1/2004
North Carolina	7/1/2000
North Dakota	1/1/2004
South Carolina	2/1/2006
South Dakota	1/1/2001
Tennessee	7/1/2003
Texas	1/1/2000
Utah	1/1/2000
Virginia	1/1/2005
Wisconsin	1/1/2000

Nebraska has participated in the NLC since 2001. All RNs and LPNs who are both licensed in Nebraska and reside in Nebraska are issued a multi-state license. Nurses who meet these criteria hold licenses that are marked "multi-state." This license is valid in all of the twenty-two states in the NLC. This is very helpful for nurses whose practice responsibilities require them to travel to other compact states to provide care or to provide care to persons in other compact states via telephone, video-conferencing, computer technology or other electronic means.

Nurses who practice in Nebraska, but reside in a non-compact state must be licensed in Nebraska. Their licenses are marked "single state." Nurses who reside in Nebraska and hold a multi-state license who practice in a non-compact state must obtain a license in the non-compact state prior to commencing practice in that state.

Nurses who change their residence from another compact state to Nebraska may practice 30 days while their application for a Nebraska license is pending. Since 2001, Nebraska has interpreted the 30-day rule to mean thirty working days. Effective January 1, 2008, this rule will be interpreted as 30 calendar days. This change is being made to be consistent with other compact state's interpretation of the rule.

Nurses who change their residence from a non-compact state to Nebraska must obtain a Nebraska license or temporary permit prior to commencing practice in Nebraska.

Nebraska Licensee Assistance Program

Alcohol/drug abuse assistance for health professionals licensed, certified, or registered by the State of Nebraska

Licensee Assistance Program

Q and A

Q: I have a coworker who has just acknowledged that she is dependent on controlled substances. If she seeks help from the Nebraska Licensee Assistance Program (LAP), will she avoid having her license disciplined?

A: Your coworker's seeking help is a positive step. But participation in the LAP program does not guarantee that she will not face disciplinary action. If a complaint is filed against your coworker, disciplinary action could result. Neb. Rev. Stat. § 71-172.01(2) (b) states, "Participation in the program shall not preclude the investigation of alleged statutory violation, which could result in disciplinary action against the person's credential or criminal action against the person..." Or if your coworker does not comply with the recommendations of the LAP, the LAP is required to report the lack of compliance to the department's investigation division. Neb. Rev. Stat. § 71-172.01(2)(a) states, "Participation in the program shall

be confidential, except that if any evaluation by the program determines that the intoxication or dependence may be of a nature which constitutes a danger to the public health and safety by the person's continued practice or if the person fails to comply with any term or condition of a treatment plan, the program shall report the same to the Director of the Division of Public Health." Following an investigation, your coworker could face disciplinary action.

Many states have diversion programs for health care licensees. Entering a diversion program ensures that the licensee will not face disciplinary action as long as they follow the provisions put in place by the diversion program. The Nebraska LAP is not a diversion program.

There is a provision in the mandatory reporting law that exempts anyone with firsthand knowledge that a licensee is chemically impaired from reporting the violation if the licensee enters the LAP program. Just because there is not a requirement to report someone who has entered the LAP program does not mean that a report cannot be filed.

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MANDATORY REPORTING Q & A

Q

I was recently convicted of Reckless Driving. I asked my attorney if I needed to report this. He told me I did not. I wanted to check and make sure if I did or not.

A

Yes, you do need to report your conviction. Reckless driving is a misdemeanor. The mandatory reporting laws require you to report all convictions of any misdemeanors or felonies. The Uniform Licensing Law [Neb. Rev. Stat. § 71-168 4(c) (vii)] states that every credentialed person has a duty to report “any misdemeanor or felony in this or any other state, territory, or jurisdiction, including any federal or military jurisdiction.” As a licensed nurse in Nebraska, you are responsible for knowing and abiding by the mandatory reporting laws. It was good that you asked since you were not sure.

Reporting forms can be obtained from the Department’s Web site at www.dhhs.ne.gov/reg/investi.htm. The form should be printed and sent via US Mail. E-mailed reports are not acceptable. When the report is received, the Department will make a determination if an investigation should be conducted. Not all convictions result in an investigation. Failure to report a conviction is grounds for action against a license.

Practice Q & A

Q

I am employed in a Long Term Care facility. They have asked me to do the blood draws. As an LPN, am I allowed to do that?

A

Phlebotomy (drawing blood) is not a regulated activity in Nebraska. Anyone who has had proper training and is competent may draw blood. There is no requirement that the individual be licensed. An unlicensed person may also perform phlebotomy. It is up to the individual facility or responsible health care practitioner to develop policies/protocols and to ensure persons are competent to perform blood draws. It is also the responsibility of each nurse to ensure they are competent enough to perform any procedure.

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An event co-sponsored by the following organizations: American Cancer Society, American Heart Association, American Lung Association, Nebraska Hospital Association, Nebraska Medical Association, Nebraska Nurses Association, Nebraska Rural Health Association, and the Public Health Association of Nebraska.

This event is designed for “Smoke-free Nebraska” advocates from across the state to visit with their legislators and advocate for a smoke-free Nebraska. The Legislature can save lives by passing legislation that provides clean air for all Nebraskans. Our state senators must hear from advocates like YOU for this to become a reality.

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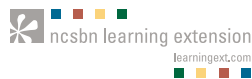
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7:30 a.m. – 11:00 a.m.

(Registration begins at 7:30 a.m. and Breakfast Program begins at 8:00 a.m.)

Please RSVP by January 12 by clicking on the following link:

http://www.surveymonkey.com/s.aspx?sm=2OyBj0che23WSMaAjHFICw_3d_3d

If you have questions, please call Jenny at 402-489-5115.

What Can A Graduate Nurse Do?

Q: What are the correct titles, abbreviations and scopes of practice for persons who have completed/graduated from a nursing program but who have not taken and passed the licensing examination?

A: What an easy question!! There is no correct or legal title, abbreviation or scope of practice for persons who have graduated from a nursing program but have not passed the licensing examination. There is no legal status for the term graduate nurse or GN, and therefore, those terms should not be used. In the past, when licensing examinations were administered only twice a year for either RNs or PNs, there was a legal definition and scope of practice for “graduate nurse” or “GN.” These terms were eliminated in the early 1990s when computer-adapted testing was implemented and testing was available on nearly a daily basis. This was one of the many advantages of implementing computer-adapted testing.

There are only two basic scopes of practice, and these are for an LPN or an RN. Anyone that is not either an LPN or an RN must work in an unlicensed capacity.

According to the Nurse Practice Act 71-1,132.06 (7), nursing students may practice nursing without a license based upon allowing the practice of nursing without a license in certain circumstances, one being, “Nursing services rendered by a student enrolled in an approved program of nursing **when the services are a part of the student’s course of study.**” When students have graduated, they are no longer practicing nursing as a part of their course of study and therefore can no longer do so. They will only be able to practice nursing once they have been licensed as either an RN or an LPN. At that point, a person is either licensed or unlicensed; there is no in-between.

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Experienced nurses needed to provide nursing care to residents and direction and leadership to designated staff. Interested candidates will have:

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Registry Action on Nurse Aides Medication Aides

From 08/01/2007 to 10/31/2007, the following nurse aides have become ineligible for employment in long-term care facilities and/or intermediate care facilities for persons with mental retardation:

Name	Nurse Aide Registry #	Action	Date Entered
Area, Amanda Marie	71500	Finding of Misappropriation	09/14/07
Hughes, Tracey L.	54111	Finding of Conviction	08/16/07

The following name(s) was/were omitted from the last issue. Person(s) named on this report have become ineligible for employment in long-term care facilities and/or intermediate facilities for persons with mental retardation:

Name	Medication Aide Reg #	Action	Date Entered
Desoe, Velva	23614	Finding of Conviction	06/25/07

From 08/01/2007 to 10/31/2007, the following medication aides have been removed from the Medication Aide Registry:

Name	Medication Aide Reg #	Action	Date Entered
Kneifl, Rebecca Sue	58475	Failure to Pay Fees	09/10/07
Shrauger, Hillary Lynn	51555	Moral Character	09/10/07

Nebraska Nursing Leadership Coalition Summit

ENERGIZING YOUR DAILY PRACTICE

Guest Presenters –Pam Williams & Marci Moore

March 6, 2008

Holiday Inn, 110 S 2nd Ave., Kearney, NE

308-237-5971

Target audience – all licensed nurses in Nebraska

8:30 a.m.

Registration

9:00 a.m. – 4:30 p.m.

Energizing Your Daily Practice

Objectives:

1. Recognize the critical importance of recovering from stressors to stay motivated and engaged
2. Reflect on personal values and understand how incongruence between values and actions can drain energy
3. Identify individual strengths (“personal superpowers”) and understand the importance of calling on them during times of difficulty and change
4. Identify and create a personal action and accountability plan to eliminate personal and professional energy drains

and supercharge energy

5. Listen and communicate without judgments or stories
6. Value the points of view of others
7. Approach relationships and conversations with others from an appreciative perspective
8. Identify and overcome barriers to effective communication
9. Create an action plan for improving communication skills

For information on the program contact LPNAN at 402-435-3551.

Registration information

Registration fee - \$30 (includes lunch and breaks, handout materials)

Application has been made for approval for 6.0 contact hours of continuing education acceptable for nursing license renewal in Nebraska.

Hotel information

A block of rooms is reserved through February 6 at a rate of \$69.95 for one to four people in a room.

When making reservations, ask for the Nebraska Leadership Summit.

Name (type or clearly print) _____

Address _____

Daytime phone _____ **Circle:** RN ___ LPN ___ student ___

Make check payable to NHCF.

Mail Registration to: Nursing Leadership Summit, c/o NHCF, 3900 NW 12th Street, Suite 100, Lincoln, NE 68521.

REGISTRATION MUST BE RECEIVED BY/OR POSTMARKED FEBRUARY 28.

Late Fee: Registrations received after February 28 will be charged an additional \$10 late fee.

Refunds for cancellations in full prior to February 28 only. No refunds after February 28, 2008.

If a facility is paying for your attendance please include the Tax ID NO: _____



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Name	Address	City	Telephone	E-mail address
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Jeff Vinson	3406 W Capital Ave.	Grand Island	(308) 382-3404	jvinson@farmersagent.com
Vern Schmidt	602 N Hwy 6	Gretna	(402) 332-3300	vschmidt@farmersagent.com
Carla Cosier	7160 S 29 St. #F	Lincoln	(402) 423-3114	ccosier@farmersagent.com
Henry Hagedorn	2120 S 56 St. #202	Lincoln	(402) 486-0007	hhagedorn@farmersagent.com
Charles Hanna	4535 Normal Blvd. #232	Lincoln	(402) 488-4663	channa@farmersagent.com
Mike Landerfield	916 N 70 St.	Lincoln	(402) 488-5277	mlanderfield@farmersagent.com
Kim Mittelstadt	1001 S 70 #224	Lincoln	(402) 434-3993	kmittelstadt@farmersagent.com
Bob Roche	1601 Old Cheney Rd.	Lincoln	(402) 441-4330	broche@farmersagent.com
Angela Vinduska	7160 S 29 St. #F	Lincoln	(402) 423-3114	avinduska@farmersagent.com
Darwin Barker	2608 S 158th Plaza	Omaha	(402) 330-9881	dbarker@farmersagent.com
Frank Bisarek	2939 S 120th St.	Omaha	(402) 505-3414	fbisarek@farmersagent.com
Scott Edgar	405 N 115th St. #203	Omaha	(402) 933-9800	sedgar@farmersagent.com
Ryan Emerson	2201 N. 90th St.	Omaha	(402) 991-3505	remerson@farmersagent.com
Matt Garvey	2201 N. 90th St.	Omaha	(402) 991-3505	mgarvey@farmersagent.com
Mike Hokanson	11315 P St.	Omaha	(402) 896-6565	mhokanson@farmersagent.com
Rhonda Juarez	4601 S 50 St. #309	Omaha	(402) 292-1210	rjuarez@farmersagent.com
Vanessa Jurden	6324 Maple St.	Omaha	(402) 556-1373	vjurden@farmersagent.com
Michael Kidd	11315 P St.	Omaha	(402) 330-9218	mkidd@farmersagent.com
Rob Kuhl	920 S 107 Ave. #304	Omaha	(402) 884-1055	rkuhl@farmersagent.com
Pat Lemmers	11720 W Dodge Rd.	Omaha	(402) 493-3033	plemmers@farmersagent.com
Mick Manley	9001 Arbor St. #111	Omaha	(402) 391-1656	mmanley@farmersagent.com
Bill Parsons	11329 P St. #105	Omaha	(402) 597-2371	bparsons@farmersagent.com
Gerene Ridpath	4848 S 120 St. #210	Omaha	(402) 895-0885	gridpath@farmersagent.com
Larry Schmitz	2726 S 148th Ave. Cir.	Omaha	(402) 895-3663	lschmitz@farmersagent.com
Mary Sladek	5332 S 138 St. #203	Omaha	(402) 991-9229	mssladek@farmersagent.com
Ron Sladek	2722 S 148 Ave. Cir.	Omaha	(402) 330-8911	rsladek@farmersagent.com
Jerry Stone	2707 S 134 St. #2	Omaha	(402) 333-9090	jstone@farmersagent.com
David Strunc	2707 S 134 St. #2	Omaha	(402) 330-3333	dstrunc@farmersagent.com
Kevin Sulley	2608 S 158 Plaza	Omaha	(402) 697-1010	ksulley@farmersagent.com
David Carbaugh	11605 West Dodge Rd.	Omaha	(402) 330-2879	dcarbaugh@farmersagent.com

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Two New Members Appointed to the Board of Nursing

At their November meeting, the Nebraska Board of Health appointed two new members and reappointed one member to the Board of Nursing. The new members replace Jacqueline Ross, RN, and Sandra Mann, public member. Their terms had expired and both decided not to seek a second term.

Nancy Gondringer, RN, CRNA, was reappointed for a second term. The two new members are

Pamela Johnson-Carlson, RN, MSN, from Omaha and Donald Osentowski from York.

Johnson-Carlson is Vice President, Patient Care Services/Chief Nursing Officer at Children's Hospital in Omaha. She holds a Bachelor of Science degree in Nursing from Midland Lutheran College and a Master of Science in Nursing degree from the University of Nebraska College of Nursing, with a major in Maternal/Child Nursing and a minor in



Pamela Johnson-Carlson, MSN, RN, CNA, BC




Donald Osentowski

Administration and Clinical Nurse Specialist. She is nationally certified in Nursing Administration through ANCC. Johnson-Carlson represents nursing administration on the Board. She and her husband have two children.

Osentowski is a former public member on the Cosmetology Board. He retired after twenty-five years as a Health Facility Surveyor for the Department of Health and Human Services. He holds a Bachelor of Arts degree in Medical Technology from Nebraska Wesleyan and Bryan Hospital. He

was certified and owned a company that performed body fluid alcohol determinations for twenty-five years. He also has owned a photography studio. He served in the U.S. Navy as a hospital corpsman and worked as a medical technician at York General Hospital. Osentowski is a public member on the Board.



Johnson-Carlson participated in the New Board Member Orientation held December 4 in Lincoln. The Board welcomes these two new members.



Nursing Continuing Education Cruise

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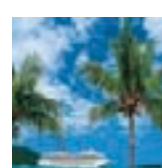


DAY	PORT	ARRIVE	DEPART
Sun.	Miami		4:00 PM
Mon.	Nassau	7:00 AM	2:00 PM
Tues.	"Fun Day" at Sea		
Wed.	St. Thomas/St. John*	9:00 AM	8:00 PM
Thurs.	St. Maarten	7:00 AM	6:00 PM
Fri.	"Fun Day" at Sea		
Sat.	"Fun Day" at Sea		
Sun.	Miami	8:00 AM	

*Optional shore excursion to St. John available

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APRIL 6-13, 2008

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1987 Twenty Years Ago in Nursing News

- There were 15,406 RNs, 6,834 LPNs, 22 Nurse Practitioners and 230 CRNAs licensed in Nebraska. (There are currently 22,037 RNs, 6,694 LPNs, 806 LPN-Cs, 738 Nurse Practitioners, 23 Certified Nurse Midwives, 468 CRNAs and 73 CNSs licensed in Nebraska.)
- A summary of the disciplinary process was printed. The process, as described, was very similar to the process in place today (see article in this issue).
- The 1987 meeting of the National Council of State Boards of Nursing delegate assembly resulted in the raising of the fee for NCLEX® from \$25 to \$35 per candidate. (The current fee is \$200.) The delegates also approved the policy of reporting scores as pass/fail.
- Revised Regulations Governing the Conduct of Nurses were printed. The regulations define professional conduct and establish grounds for discipline for unprofessional conduct.
- The Board reviewed the proposed plan for the closing of West Nebraska General Hospital School of Nursing Diploma Program.
- Reviewed a letter from the College of Saint Mary stating their plan to establish a satellite program in Lincoln.
- Made recommendations on the following nursing practice questions:
 - Critical care nurses drawing blood from a Swan Ganz catheter.
 - RNs performing tracheal intubations in emergency or code situations.
- Results from the July 14-15, 1987 NCLEX® examination were reported. Two hundred and fifty-five first-time candidates took the examination, and 246 passed for a pass rate of 96 percent. The national pass rate on the examination was 91 percent. (The NCLEX® was only administered twice a year in 1987.)
- The department received notice that the proposed regulations to address the role of the LPN through the nursing process were disapproved by the Attorney General. Their opinion is that defining the scope of practice of a profession is a legislative function carried through in the laws governing that profession. Rules and regulation should not be adopted to clarify the scope of practice.



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

Nursing and Nursing Support

General Issues

Charlene Kelly, R.N., Ph.D.
Section Administrator
(402) 471-0317
charlene.kelly@hhss.ne.gov

Advanced Practice Nursing

(CRNA, CNM, APRN)

Initial Licensure

Licensure by Endorsement

Reinstatement of Licensure

License Renewal/Audit Questions

Kathy Anderson
(402) 471-2666
kathy.anderson@hhss.ne.gov

Nursing Practice Issues

Karen Bowen, R.N., M.S.
(402) 471-6443
karen.bowen@hhss.ne.gov

Registered Nurse

Licensure Based on Examination (NCLEX®)

Licensure Based on Endorsement

Renewal/Audit Questions

Kelli Dalrymple
(402) 471-4375
kelli.dalrymple@hhss.ne.gov

Licensed Practical Nurse

Licensure Based on Examination (NCLEX®)

Licensure Based on Endorsement

Renewal/Audit Questions

Mary Ann Moore
(402) 471-4925
maryann.moore@hhss.ne.gov

Licensed Practical Nurse

CERTIFIED

Certification by Examination

Certification Renewal/Audit Questions

Mary Ann Moore
(402) 471-4925
maryann.moore@hhss.ne.gov

Foreign Educated Nurses

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

Nursing Statutes

Rules and Regulations

Charlene Kelly, R.N., Ph.D.
(402) 471-0317
charlene.kelly@hhss.ne.gov

Scope of Practice and Practice Standards

Karen Bowen, R.N., M.S.,
(402) 471-4376
karen.bowen@hhss.ne.gov

Education Issues, Curriculum Revisions and Nursing Program Surveys

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

Refresher Course/Designing Own Review Course of Study

Sheila Exstrom, R.N., Ph.D.
(402) 471-4917
Sheila.Exstrom@hhss.ne.gov

RN and LPN license reinstatement

Name and/or Address Change

(Please provide your name and Social Security number)

Certifications/Verifications

Duplicate/Reissue Licenses

Kathy Anderson
(402) 471-2666
kathy.anderson@hhss.ne.gov

Nursing Student Loan Program

Shirley Nave
(402) 471-0136

Probation Compliance Monitoring

Ruth Schuldt, R.N., B.S.
(402) 471-0313
ruth.schuldt@hhss.ne.gov
OR
Shirley Nave
(402) 471-0136
Shirley.nave@hhss.ne.gov

Complaint Filing

Investigations Division
(402) 471-0175

Medication Aide

Medication Aide Role and Practice Standards

Marletta Stark, R.N., B.S.N., Program Manager
(402) 471-4969
marletta.stark@hhss.ne.gov

Name and/or Address Change

(Please provide your name and social security number)

Teresa Luse
(402) 471-4910
teresa.luse@hhss.ne.gov

Medication Aide Registry and Applications

Teresa Luse
(402) 471-4910
teresa.luse@hhss.ne.gov

Medication Aide Testing

Kathy Eberly
(402) 471-4364
kathy.eberly@hhss.ne.gov

Nurse Aide

Nurse Aide Role and Practice Standards

Marletta Stark, R.N., B.S.N.
marletta.stark@hhss.ne.gov

Nurse Aide Registry

Wanda Wiese
(402) 471-0537
wanda.wiese@hhss.ne.gov

Name and/or Address Change

(Please provide your name and social security number)

Wanda Wiese at (402) 471-0537
wanda.wiese@hhss.ne.gov

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

Nancy Stava
(402) 471-4971
nancy.stava@hhss.ne.gov

Nurse Aide Testing

Kathy Eberly
(402) 471-4364
kathy.eberly@hhss.ne.gov

General

Mailing Labels

Available online at: <http://www.hhs.state.ne.us/crl/orders.htm>

Information on Disciplinary Actions

Carmen Bachle
(402) 471-4923
Carmen.bachle@hhss.ne.gov

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