

Nebraska Nursing NEWS

Volume 21 • Number 2 / Fall 2004



School
Nurses:
Caring for Nebraska's
children

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Fall 2004

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Nebraska Nursing NEWS

contents

f a l l 2 0 0 4

features

6 GORDON NURSE TELLS HER STORY *I appreciate the Board of Nursing wanting to hear from 'seasoned' nurses. In Gordon Hospital I am introduced as the 'OLD' nurse and to my ears 'seasoned' has a nicer ring ...*

15 SCHOOL NURSES: CARING FOR NEBRASKA'S CHILDREN *The roles of school nurses have become much more complex over the years. Today, school nurses must be knowledgeable about numerous medications, complex medical procedures...*

26 BACCALAUREATE NURSING EDUCATION *This is the second in a series of articles on the different types of nursing education programs ...*

28 ONLINE RENEWAL A HUGE SUCCESS *The option to renew licenses online is available to RNs for the first time this year. The first week in August all RNs were sent a renewal notice ...*

departments

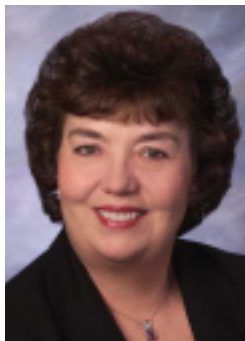
- 4** Executive Director Message
- 5** President's Message
- 7** Nebraska Board Meeting Dates
- 8** Featured Hospital: *Methodist*
- 11** Nurse Renewal Audits
- 13** Nebraska Nursing History
- 14** Practice Q & A
- 18** Disciplinary Actions
- 24** For More Information
- 26** Continuing Education
- 30** Nursing Employment Opportunities

on the
COVER

Cynthia Tiedman, RN, is the school nurse at Liberty Elementary - Omaha's newest grade school.



Executive Director's Message



It's fall! It is hard to believe that schools are back in session, the Olympics are over and another football season has begun. This month's feature article on school nursing is in keeping with the season. School nursing has changed dramatically over the years. What was once a role dealing primarily with health screenings and treating minor bumps and bruises and childhood illnesses is now a role of managing care for children with serious chronic illnesses and conditions. We hope you enjoy reading the interviews with the school nurses who agreed to share their experiences with us.

Your response to our new format was overwhelming. We had so many notes and comments complimentary of the July issue that we can't publish them individually. Several people commented that they didn't recognize the magazine and therefore tossed it aside and didn't read it. We anticipated that recognition would take some time, but hopefully the format will prove easy to read and contain information that readers will find useful. Each issue will have a different picture on the cover, but the heading and logo on the cover will remain unchanged to help with recognition. We did hear from one person who said they would miss the old brown newsletter. Thank you to everyone who took time to send us notes about the new format.

This publication is the primary communication tool between the Board of Nursing and nurses. When changes occur this is how you are notified of those changes. Nurses frequently tell us, "I didn't know that the law had changed," or "I didn't know I had to report that." When reminded that they were notified through publication of the information in Nursing News, the response is often, "I get the newsletter, but I don't read it." The Board of Nursing position statement on professional accountability holds the nurse accountable for knowing the legal, ethical, and prevailing accepted parameters of practice. One of the best ways for nurses to stay informed about legal aspects of licensure is to read the Nursing News. We will do our best to present information as it becomes available and to make the information easily understood. The July and October issues are on our Web site at <http://www.hhs.state.ne.us/crl/nursing/Rn-Lpn/rn-lpn.htm#Brochures>. Each subsequent issue will be added to this site. Save this site as a favorite as an option to filing the paper copies.

Charlene Kelly

Charlene Kelly

A Nurse is a Nurse is a Nurse? Not Always!



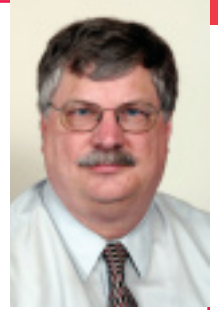
Sometimes a person who is not a Registered Nurse or a Licensed Practical Nurse is incorrectly called "nurse."

Nebraska law (Neb. Rev. Stat. 71-1,132.17) makes it unlawful for any person to use the title nurse in reference to himself or herself...except individuals who are... licensed as a registered nurse or a licensed practical nurse.

If you are receiving care from a "nurse," you have a right to know the qualifications of that individual.

If your "nurse's" name tag or introduction does not make his/her status clear, do not hesitate to ask if he/she is a licensed nurse.

For more information call the Nebraska Board of Nursing (402) 471-0317. You are encouraged to post this notice in areas where persons receive health care.



President's Message

I am into my last four months as a member of the Nebraska Board of Nursing. The eight years I have served on the Board have provided for personal growth related to the understanding of how state statutes and regulations provide for public protection. An issue that has been most interesting to me is what little information nurses have, related to their responsibility in understanding those provisions of law that govern their practice. This isn't due to a lack of available information but is related to an individual's responsibility to review and keep close at hand those publications that define the practice of nursing.

Here is a list of published items each nurse should be aware of, each nurse should have access to those related to their practice:

- Statutes Relating to Nursing
- Statutes Relating to Licensed Practical Nurse-Certified
- Uniform Licensing Law
- Nursing Regulations
 - Chapter 99 – Regulations Governing the Provision of Nursing Care
 - Chapter 101 – Regulations Governing the Practice of Nursing
 - Chapter 102 – Regulations Governing the Practice of Licensed Practical Nurse Certified
- Advisory Opinions
- Statutes Related to Certified Nurse Anesthetists
- Regulations Governing the Practice of Certified Registered Nurse Anesthetists
- Nebraska Certified Nurse Midwifery Practice Act
- Regulations Governing the Practice of Certified Nurse Midwives
- Statutes Relating to Nursing, Advanced Registered Nurse Practitioners
- Regulations Governing the Practice of Advanced Registered Nurse Practitioners
- Summary of Mandatory Reporting Requirements
- "Nursing News"

Most of this information can be accessed in two ways. You can request copies from the Board of Nursing through the Nebraska Department of Health and Human Services Regulation and Licensure, Credentialing Division, or this information can be reviewed on the Internet at www.hhs.state.ne.us; click on Department of Regulation and Licensure. I recommend using the web site for this information. You can focus in on nursing by doing a search, key word 'nursing'. Then click on **Nebraska HHS System: Credentialing Division: Registered Nurse/Licensed Practical Nurse**. On this nursing page you will find a menu with an assortment of information related to current nursing practice including nursing statutes and regulations. I encourage you to spend some time reviewing this site and the information provided. Make sure you add it to your favorites for ease of access in the future.

Well, if you've read this far, I know you read the "Nursing News." "Nursing News" has been used over the years to provide contemporary information on the practice of nursing. This publication provides information on current issues including licensure, education and practice. I would suggest you retain the "Nursing News" for future reference.

While I'm giving advice, I would like to share some general information on specific items that have been problematic for nurses. The nursing license renewal process has been improved significantly over the past several years. Today we can renew on line; it's simple and requires minimal information. But, remember 10% of renewals are audited for compliance with the continued competency requirements. This means that you have a one in ten opportunity to be audited. I

have been audited and found it an easy process because at the time of renewal I checked the location and content of my continuing education requirements. It is important that you make sure you have met the requirements for the renewal of your license before you apply. This ensures that your renewal documentation is accurate and truthful.

It is not easy for your renewal or other information from the Board to reach you if you have not made the Regulation and Licensure, Credentialing Division aware of any address changes. As important as your nursing license is to you, please make sure that the appropriate request for an address change reaches the Credentialing Division. This form can also be found on the Health and Human Services web site.

The last issue I would like to address is the Mandatory Reporting. The topic of mandatory reporting has appeared in several past articles of "Nursing News," but because of increased disciplinary action being taken for failure to report, I think it is appropriate to cover this information once more. The following is taken from the July 2003 "Nursing News".

Mandatory Reporting

Holding a nursing license carries with it many responsibilities. One of those is Mandatory Reporting. Did you know your license could be disciplined for violating the Mandatory Reporting Laws? The Mandatory Reporting Laws have been in effect since 1995. There are situations that require you to report another licensee and situations that require you to report yourself. You need to be familiar with the Mandatory Reporting requirements and your responsibilities. Listed below are some of the reportable situations.

- Practice Without a License
- Gross Incompetence
- Pattern of Negligent Conduct
- Unprofessional Conduct
- Practice while Impaired by Alcohol/Drugs or Physical, Mental, or Emotional Disability
- Violations of Other Regulatory Provisions of the Profession
- Resignation of Staff or Loss of Employment due to Alleged Incompetence, Negligence, Unethical or Unprofessional Conduct, or Physical, Mental, or Chemical Impairment
- Conviction of a Misdemeanor or Felony in this or any other State or Jurisdiction

Reporting forms are available online. Go to www.hhs.state.ne.us, and then click on Regulation and Licensure.

If at any time you have any questions about nursing practice or mandatory reporting, call the nursing staff at the Department of Regulation and Licensure.

I would like to thank the members of the Board of Nursing and the nursing staff for their on-going activities in support of nursing practice and regulations. The public is well served and can be assured their interests are the foundation of these activities.

Charles Meyer, RN, CRNA

Gordon Nurse Tells Her Story

Storytelling predates the written word, people have been telling stories for as long as we have had speech. Stories pass from lips to ears, changing as each teller forgets things, or deliberately leaves them out, and replaces them with their own inventions. Even now we think in narrative and tell anecdotes, urban myths and personal stories almost without realizing it. Stories are learned image by image, rather than word by word, and are retold from the heart in gatherings with friends or in public performance. In the July issue of Nursing News we invited "seasoned" nurses to tell us their stories. Correne Wilbite sent us her story and now we share it with you.

I appreciate the Board of Nursing wanting to hear from 'seasoned' nurses. In Gordon Hospital I am introduced as the 'OLD' nurse and to my ears 'seasoned' has a nicer ring.

I graduated from Bryan Memorial Hospital in 1967 as a diploma nurse. I returned to my small hometown hospital wanting to work in the operating room as Gordon was getting a general surgeon the summer I graduated. As it happened two nurses were already hired for

"We had a variety of cases that we did including an appendectomy, Cesarean Section, broken arms that had to be set under anesthesia, and our last case was an abdominal aortic aneurysm repair."

that job, so I worked as a floor nurse and then helped in surgery when needed. A floor nurse in a small hospital does Med-Surgical nursing, Emergency Room (ER), Obstetrics, Pediatrics, and Intensive. The two months training I had at Bryan was invaluable in my job in Gordon, not only in being capable to work in Operating Room (OR) but in ER. In later years when the OR nurses had not had relief for a long time another nurse, Susan Wallace, and I offered to take call for OR for the week between Christmas and New Years so they could have a week off. We still laugh about our offer because both of us thought it would not be a problem as there was no surgery scheduled that week. We were to take turns circulating every other day for that week. We worked on the floor and took call. As it happened we had cases every day or

night. A new OR tech fainted at the beginning of the first two cases so we had to take turns circulating and scrubbing in for the cases, so we both worked every day. We had a variety of cases that we did including an appendectomy, Cesarean Section, broken arms that had to be set under anesthesia, and our last case was an abdominal aortic aneurysm

repair. Our OR was not big by today's standards but we did major cases, i.e., abdominal aneurysms, hip pinning, splenectomies, pneumonectomies, and trauma cases sent to our hospital such as car accidents, shootings, and stabbings. Our OR would be running night and day many days a week. Our sur-

continued on Page 21

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Nebraska Board of Nursing 2004 Meeting Schedule

Meetings of the Nebraska Board of Nursing convene at 9:00 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.hhs.state.ne.us/crl/brdmtgs.htm#Nursing> or you can obtain an agenda by calling (402)471-4376.

All meetings will be held at Staybridge Suites in Lincoln unless otherwise noted.*

Day/Date	Time	Meetings	Location
Thursday, October 14	9:00 a.m.	Board of Nursing (Investigation cases only – most of meeting in closed session)	Lincoln, Staybridge
Thursday, October 14	1:30 p.m.	Education Committee	"
Thursday, October 14	1:30 p.m.	Practice Committee	"
Thursday, November 18	9:00 a.m.	Board of Nursing	"
Thursday, December 9	9:00 a.m.	Board of Nursing (Investigation cases only – most of meeting in closed session)	"
Thursday, December 9	1:30 p.m.	Education Committee	"
Thursday, December 9	1:30 p.m.	Practice Committee	"

*Staybridge Suites by Holiday Inn, 2701 Fletcher Avenue, (27 Street & Fletcher Avenue), Interstate-80, Exit 403, Lincoln, Nebraska 68504, (402) 438-7829/(800) 238-8000, <http://www.sbs-lincoln.com/>



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Recent Awards Put the Spotlight on Staff...

METHODIST HOSPITAL'S PEOPLE MAKE IT POSSIBLE

By Ed Rider, Public Relations Manager, Methodist Health System



What is a hospital?

By definition, a hospital is an institution for the treatment of the sick and injured.

But what really defines a hospital? Bricks and mortar, shiny linoleum, the latest technology? These are key components, but are useless tools without the human element.

According to Methodist Hospital administrators, it's the people inside those walls and operating those high-tech gadgets who provide patients and their families with positive experiences and affirmative outcomes. They point to recent prestigious awards bestowed upon Methodist Hospital as proof that

“our people make it possible.”

In September, Methodist Hospital was named one of Omaha's Most Preferred Hospitals for overall quality and image by local consumers, according to results of the 2004/2005 National Research Corporation (NRC) Healthcare Market Guide Study. In April, Methodist Hospital became the first hospital in Nebraska to earn Magnet status, considered to be the Nobel Prize of nursing.

Consumers Consistently Choose Methodist Hospital as Most Preferred

Methodist Hospital is the only hospital in the Omaha region to be named a winner or co-winner of the annual NRC Consumer Choice Award since the program's inception 15 years ago. The award honors hospitals in 154 markets whose quality and image receive top ratings from their consumers. Nearly 140,000 households, representing 400,000 consumers in the continental United States and the District of Columbia were surveyed for the study. A total of 186 hospitals nationwide received the honor.

“Once again, consumers in the Omaha market have recognized the nurses, physicians and staff of Methodist Hospital for their hard work and dedication,” said John Fraser, president and CEO of Methodist Hospital. “The Consumer Choice Award demonstrates that providing patients with a positive experience, as well as positive outcomes, is our priority.”





Methodist Hospital Is First in Nebraska to Attain Magnet Status

Methodist Hospital was the first hospital in Nebraska and 107th in the nation to earn Magnet status, the highest honor the American Nurses Credentialing Center (ANCC) can bestow. Developed in 1993 to recognize health care organizations with the highest quality indicators and standards of professional nursing practice, Magnet represents the ultimate benchmark of nursing excellence. In addition to Methodist Hospital in Omaha, the elite few of the nation's 6,000 hospitals to attain Magnet status include Baylor University Medical Center in Dallas and Johns Hopkins Hospital in Maryland.

"The world now knows what we've known for a long time: Our nurses and staff are among the best in the world," Fraser said. "Our people make it possible for Methodist Hospital to be a nationally recognized health care provider. We're

proud of the effort they put forth every day to maintain a culture of empowerment, pride, respect, teamwork and integrity."

Positive Outcomes Come from Putting the Patient at the Center of Care

The success of Methodist Hospital's patient-centered culture of caring and nursing empowerment is well evidenced by more than recent awards. Methodist Hospital is a leader in evidence-based medicine, with a continuous quality improvement process that is raising the bar on the performance and documentation of best practice services.

National clinical performance measures of quality developed by the American College of Cardiology, Hospital Quality Initiative, Leapfrog Group, Joint Commission on Accreditation of Healthcare Organizations, Society of Thoracic Surgeons and other respected

organizations show that Methodist Hospital's outcomes are among the best in the region.

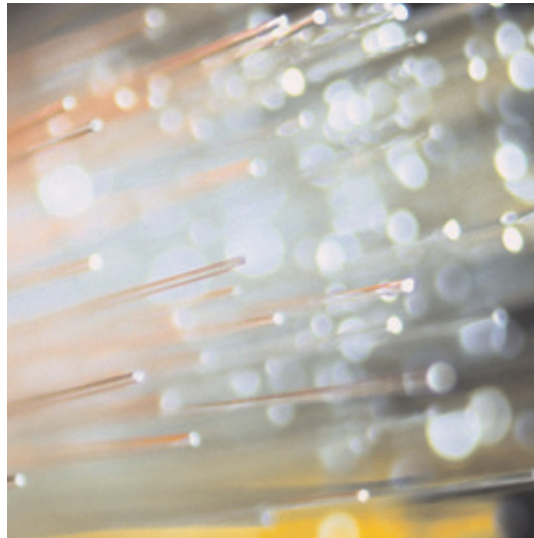
"Methodist Hospital's quality outcomes and awards are attainable only because of the united efforts of the entire hospital staff. We have total hospital commitment to caring for our patients as if they were members of our own families," said Ruth Freed, PhD, RN, vice president of nursing services.

The continuous focus on quality, strengthened by a growing shared governance of decision-making in patient care, is translating into better outcomes, shorter lengths of stays, higher satisfaction rates for patients and employees, high employee retention and consistently low vacancy rates for Methodist Hospital, even during local and national nursing shortages.

An affiliate of Methodist Health System, Methodist Hospital is a not-for-profit, 430-bed acute care hospital serving the metropolitan-Omaha area. Methodist Hospital has a 113-year tradition of providing quality health care to the region.

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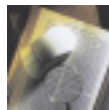
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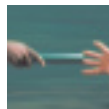
Disciplinary Actions



Nurse Practice Acts



Documentation



Professional Accountability & Legal Liability



Ethics of Nursing Practice



Sharpening Critical Thinking Skills



Medication Errors

Nursing Renewal Audits

The Regulations Governing the Practice of Nursing 172 NAC 101-005.05 authorizes the Board to randomly select a sample of license renewal applications for audit of continuing competency requirements following each renewal period. Our computerized License Information System automatically selects nurses at random for audit. We currently audit 10% of all nurses who renew. Following are some of the applicable provisions from the regulations:

- Licensees will be notified by mail of their selection for audit.
- Licensees must submit the requested validation materials within 30 days of the notice of audit. Extension of time may be granted at the discretion of the Department.
- The licensee selected for audit must submit to the Department materials validating that s/he has met the requirements for continuing competency.
- Validating records will not be returned.
- Nursing practice hours, inservice education, and continuing education hours for which no documentation is produced will not be included in the calculation of the total requirements for renewal.
- Failure to notify the Department of a current mailing address will not absolve the licensee from the audit requirement.
- The Board reserves the right to audit the continuing competency requirements of any licensee by notifying the licensee and requesting the licensee to produce within 30 days of mailing, documents validating hours worked and/or atten-

dance at acceptable continuing education/in-service programs.

- The Board will notify the licensee upon satisfactory completion of the audit.

- If the licensee fails to complete the audit satisfactorily her/his license will be placed on lapsed status. The licensee may reinstate her/his license pursuant to 172 NAC 101-006.

We frequently get calls from nurses expressing concern because they have been selected for audit multiple times. Each CE Audit sampling is done via a mathematical random number-generation algorithm. It is therefore statistically possible to be selected for CE audit each time the 10% are selected randomly. If you are selected once, you are not removed from selection the next time.

Think about it this way. You put 9 red marbles and 1 white marble into a hat, shook up the marbles, blindfolded yourself and picked a marble out of the hat. You took off your blindfold and discovered you had selected the white marble. The chance that you would select the white marble was one in ten. If you put the white marble back into the hat, blindfold yourself again and select another marble, the chance that you will select the white marble again, is still one in ten.

Likewise, all renewed licensees are placed "in the hat" and 10% are selected by the computer for audit. At the next renewal all of the licensees are placed "back in the hat." So your chances of being selected again are just as good as those licensees who were not selected last time. That is the nature of random selection.



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Great Plains Regional Medical Center, a 116-bed hospital located in North Platte, NE invites you to apply for the opportunity to become a member of a dynamic team of qualified employees as a Medical Oncology Nurse Practitioner.

Responsibilities: The Medical Oncology Nurse Practitioner is responsible for providing medical care to patients seeking services at Great Plains Regional Medical Center Callahan Cancer Clinic including, but not limited to evaluation, diagnosis, and treatment. The Medical Oncology Nurse Practitioner formulates findings into a working diagnosis and treatment recommendations and communicates regularly with treatment teams on treatment planning and clinical observations. The Medical Oncology Nurse Practitioner remains responsible for the patient throughout the course of treatment, provides physical exam, the diagnosis and the health care plan, determines when the patient has recovered and releases the patient. The Medical Oncology Nurse Practitioner also submits an integrated practice agreement with a collaborating physician with a current member(s) of the active or provisional active medical staff whom have an appropriate level of clinical privileges in the pertinent clinical area.

Qualifications: This job requires a current Nebraska license to practice as a Registered Nurse and as an Advance Practice Registered Nurse with a minimum of one year experience in clinical practice. Experience in medical oncology as a nurse practitioner and a minimum of 6 years of oncology nursing experience is preferred for this position.

GREAT PLAINS REGIONAL MEDICAL CENTER (GPRMC) is an acute care facility that offers competitive salaries, tuition reimbursement and an excellent benefit package. Interview assistance and relocation allowance available. GPRMC is centrally located between Denver, CO and Omaha, NE; North Platte offers a unique blend of rural and urban living with a pleasant climate, abundant outdoor recreation and community activities to provide a family-oriented lifestyle. Enjoy a low cost of living while maintaining a high quality lifestyle. For immediate consideration in joining our team please send your resume to:

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 543-6629 or view our website www.gprmc.com



Registry Action on Nurse Aides and Medication Aides

From 05/01/04 to 07/31/04, 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	Name	Nurse Aide Registry #	Action	Date Entered
Baker, Tiffany	49108	Finding of Abuse	06/30/04	Hopkins, Hunter	1146 ICF-MR Only	Finding of Conviction	06/20/04
Bankole-Farrow, Mobolanle	51903	Finding of Abuse	05/26/04	Hruza, Sheril	10707	Finding of Conviction	07/16/04
Bingham, Rudy	45182	Finding of Abuse	07/29/04	Johnson, Christine	63481	Finding of Conviction	05/21/04
Cotton, Annita	63871	Finding of Conviction	07/29/04	Maryska, Ashley	59145	Finding of Neglect	07/20/04
DeGarmo, Susan	54849	Finding of Neglect	06/18/04	Mayhew, Tracy	38649	Finding of Abuse	06/18/04
Dibelka, Susan	55807	Finding of Misappropriation	05/18/04	Minzey, Krystal	59825	Finding of Misappropriation	05/26/04
Gray, Sherry	24466	Finding of Conviction	06/19/04	Pickering, Crystal	31425	Finding of Misappropriation	05/18/04
Gutierrez, Cynthia	39210	Finding of Conviction	06/04/04	Ross, Theresa	55462	Finding of Conviction	07/29/04
Harpham Lang, Knatacha	46249	Finding of Neglect	07/20/04	Slifer, Courtney	56254	Finding of Conviction	06/15/04
				Svoboda, Lacy	45178	Finding of Neglect	07/20/04

From 05/01/04 to 07/31/04, the following medication aides have been removed from the Medication Aide Registry:

Name	Medication Aide Reg #	Action	Date Entered
Dibelka, Susan	50403	Moral Character	06/25/04
Gutierrez, Cynthia	45782	Moral Character	06/04/04
Hernandez, Reynada	47633	Moral Character	06/02/04
Lewis, Jami	47541	Moral Character	06/25/04
Penney, Frances	1296	Competency Violation	06/20/04

The following names were inadvertently omitted from the July issue.

Kittoe, Jerrold	47351	Competency Violation	03/31/04
Lorance, Mary	5271	Competency Violation	03/31/04
Ouderkirk, Kristina	49015	Competency Violation	04/01/04
Wylie, Olinda	41303	Competency Violation	04/15/04

A Moment in Nebraska Nursing History

Last issue we chronicled the events that led up to the Board of Health's appointment of the three secretaries who would eventually become known as the Board of Nursing. The secretaries, appointed for three-year terms, were given the authority to 'examine' applicants. The law required nurses to be twenty-one years old, possess good moral character, be educated to the level of high school admission (not graduation) and be graduates of a two-year (or longer) training school. An acceptable training school had to have a systematic course of instruction. On the effective date of the new law it became unlawful for any person to practice nursing as a registered nurse unless the person had obtained a certificate of registration.

The new secretaries elected a president, vice-president and secretary/treasurer. Their headquarters were in the state capital, they had a common seal (to affix to documents) and the president and secretary had the power to administer oaths. The secretaries received five dollars per day for each day of service and ten cents per mile for attendance at meetings. They were required to make an annual report to the governor of the work of the board, the amount of fees collected, and the amount paid out for salary and expenses. The balance of the fees were

required to be paid into the state treasury for the benefit of the state's general fund.

Examinations were required to be held twice a year at Lincoln, Nebraska. The fee for a certificate was \$10. Applicants appeared before the secretaries to be examined and determined to be eligible for certification. Examination subjects included theoretical and practical nursing, physiology and anatomy, materia medica (the science dealing with drugs, their preparation, dosage and use), and practical and surgical nursing in mental and nervous diseases. Each licensed nurse's name was entered in a registry book.

Nurses with certificates in other states could be certified in Nebraska without examination if the other state's requirements were substantially similar to the Nebraska requirements and provided the other state recognized certificates issued by Nebraska. The gratuitous nursing of the sick by friends or members of the family or any person nursing the sick for hire, but not claiming to be a registered nurse, was exempted from requiring certification. The secretaries could revoke any certificate for sufficient cause after thirty days notice and after a full and fair hearing of the charges.

The next issue's article will explore who the first board members were and the early decisions that they made.

FAQ'S About the Medication Aide Act



In licensed facilities, who can work with oxygen; including removing and replacing nasal prongs or masks, switching the oxygen source (example moving from wall oxygen to portable tank), or just taking someone off oxygen for a period of time (example to go take a shower, to go have a test done, and/or to transport the person to the dining room)?



According to the FDA, oxygen is considered a legend drug, requires a prescription and is a medication. Therefore the act of giving oxygen, including starting or stopping the flow of oxygen by either removing or applying nasal prongs or mask or turning oxygen tanks/ concentrators on and off, or actually adjusting the flow rate is administering a medication. Medication administration is a regulated activity and is limited to only those licensed individuals who have medication administration in their scope of practice, competent individuals and/or caretakers.

The Medication Aide Act does allow for unlicensed individuals who have meet certain requirements to participate in the provision of medications when directed and monitored by a competent individual, a caretaker or a licensed health care professional that has medication administration in their scope of practice.

Therefore, the only individuals who can legally administer or provide oxygen are competent individuals, caretakers, licensed health care professionals with medication administration in their scope of practice, (includes any category of licensed nurses, physicians and physician assistants, pharmacists and respiratory therapists, who are limited to only respiratory medications) and individuals who are on the Medication Aide Registry.

Practice Q & A



Mary, Director of Nursing in a long term care facility, asks the following question; "I recently hired an individual that has just graduated from a nursing program. She is working as a nurse aide until she can take the NCLEX-RN® exam. If I have an RN on duty, can the new graduate pass medications?"



No. Even though they have the knowledge and ability, the new graduate can not perform any aspects of nursing practice until they have an active nursing license. There is a provision in the nursing statutes that permits the student nurse to perform nursing care as a student. Neb.Rev.Stat. §71-1,132.06 "Nursing; practice permitted. ...The act does not prohibit: (7) Nursing services rendered by a student enrolled in an approved program of nursing when the services are part of the student's course of study". Once the student nurse has graduated, they may not practice as a nurse in any capacity until they have become licensed as a nurse.

If the new graduate is employed as a Medication Aide, they may be permitted to assist with medication administration. They must have met the requirements to be on the Medication Aide Registry, have made application, provided evidence of competency assessment, and have been placed on the Registry. For employment as a Medication Aide in a long-term care facility, the competency assessment includes completion of a 40-hour course (which can be met through their nursing education), demonstration of the 14 competency standards (which may or may not be met through their nursing education) and successful completion of the state written examination (this can not be met through their nursing education). Medication Aides in long-term care facilities must also be on the Nurse Aide Registry. They may provide medications only in accordance with the Medication Aide Act.

They must also refer to themselves as a Medication Aide, not as a nurse. Neb.Rev.Stat. §71-1,132.17 "Nursing; use of title; restriction. (1) In the interest of public safety and consumer awareness, it is unlawful for any person to use the title nurse in reference to himself or herself in any capacity, except individuals who are or have been licensed as a registered nurse or licensed practical nurse".

Nebraska Licensee Assistance Program (NE LAP) <http://www.lapne.org/>

Available research indicates about one in six health care professionals in the state of Nebraska experience substance abuse or addiction problems.¹

Funded by a portion of the fee for each license issued, renewed, or reinstated, the Nebraska Licensee Assistance Program (NE LAP) is available to health care professionals. At the heart of the NE LAP program is help for eligible individuals with substance abuse and addiction problems. In addition to providing an opportunity for individuals seeking confidential evaluation and assessment, NE LAP offers educational programs that may be customized to differing audiences. Following is a partial list of presentation topics and their potential audiences: Introduction to the Licensee Assistance Program and Other Peer Assistance Programs (targeted to employers, human resource specialists, students, and supervisors); Chemical Dependency and the Health Care Professional (targeted for students, health care professionals and administrators); and Intervention for the Chemically Dependent Health Care Professional (targeted for administrators and supervisors).

Whether desiring to arrange for an individual contact or making arrangements for an educational program, NE LAP may be reached at (402) 354-8055 or (800) 851-2336. Judi Leibrock MHR, LPC, CADAC, licensee assistance coordinator, may be reached by e-mail at: jleibro@bestcareep.org.

¹ May 6, 2004 NE LAP Chemical Dependency and the Health Care Professional Workshop

School Nurses: Caring for Nebraska's children



The roles of school nurses have become much more complex over the years. Today, school nurses must be knowledgeable about numerous medications, complex medical procedures and the care of children with chronic conditions such as Hepatitis B and AIDS, while managing their routine roles of health assessment and screenings.

School nurses provide first aid and triage for illness and injuries, direct services for children with special needs and they promote health education for students, faculty and parents. School nurses play an integral role in the continuum of care that is necessary to maintain students' health, enabling them to participate optimally in their education.

325,000 Nebraska Children Depend on School Nurses

Over 300 nurses are employed as school nurses in Nebraska. They are responsible for over 325,000 children enrolled in over 1,500 public and private schools. State/federal laws require that all children be screened and receive health assessments. In addition, by law, children need to be up-to-date on their immunizations. Not all schools have a full time nurse. Many schools rely on parents that are nurses or physicians to volunteer their time. Other school districts contract with local hospitals, educational service units or visiting nurses organizations. In many of Nebraska's school districts, one full-time school nurse works for several different schools, perhaps in several different towns. Lincoln and Omaha have the largest number of children and schools in the state. In western Nebraska one school nurse may travel to several counties to provide nursing services to schools.

According to Rose Ann L'Heureux, RN, BSN, Child and Health Nursing Coordinator for the State of Nebraska, "The role of the school nurse has changed over the years—they are responsible for so much more." In addition to the screening and assessment, nurses are managing the care of many more physically and mentally challenged children than ever before. School nurses have become community health professionals—relying more than ever on community resources.

"By and large, this came about because of the

Federal Individuals with Disabilities in Education Act," according to L'Heureux. By law, the schools have to make "reasonable accommodations" for all children. This means that children with tracheostomies, feeding tubes, those requiring insulin injections, and even dialysis must have their health needs met while at school.

The Medication Aide Act that passed in 1999 authorizes a school nurse, a parent or anyone trained by the school nurse or parent/guardian to assist with administration of medication to children. Before the passage of this Act, only parents or registered nurses could provide medication. The Medication Aide Act was implemented specifically to allow those individuals who can legally administer medications to receive assistance from unlicensed individuals if they feel it is safe and appropriate and to set out the circumstances and conditions under which assistance with administration of medication may be provided. Since most parents work outside the home and many schools do not have a full-time nurse, the Medication Aide Act allows the parent or the school nurse to direct school staff who have been determined competent to provide medications so that children can attend school and receive medication as necessary.

According to Nancy Holmgren, RN, BSN, Program Manager for the Medication Aide program, the Medication Aide Act states that medications can be provided by a staff member of a school who has been determined competent and has been directed by the parent or school nurse. The Medication Aide Act clearly states that the

"I see my job as providing a nursing diagnosis that enables the child to get the intervention he needs—often by plugging into a system or resources that may be unfamiliar or unattainable by his family." -



-Jan Thede, RN, Grand Island High School

school staff member is the “provider” of the medication and is not responsible for monitoring or assessing the individual. Direction and monitoring can be provided by either the parent or the school nurse.

Some school nurses have expressed concerns that they will be held liable if the medication is not delivered accurately or if a reaction occurs. The nurses also feel they are responsible for the health care of that child while in school. “School nurses are consultants to parents—they can advise and recommend to parents, but the actual decision on whether or not to give a drug or treatment is the parent’s or guardian’s responsibility and the nurse must adhere to their wishes,” said Holmgren.

School Nurses Meet the Challenges of Their Respective Populations

Wherever they are located, school nurses are charged with routine screenings, health assessment, managing a child’s health needs while at school and educating the children, faculty, staff and parents on health issues.



“The American family does not look like it did fifteen years ago. These changes have had a large impact on the school nurse’s role in the school.”

-- Sharon Moran, RN

Supervisor of Health Services Omaha Public School

L’Heureux says that school officials are concerned with the liabilities. Registered nurses are concerned with their licensure and the scope of their practice when it comes to the Medication Aide Act. School staff have expressed concern about having to take on this tremendous responsibility. Parents often hesitate handing over their child’s care to someone who is not a health care professional.

It is L’Heureux’s job to keep school nurses abreast of important health issues. She also manages a listserv entitled Answers4Families. Through the University of Nebraska’s Center for Children, Families and the Law, school nurses are able to access other school nurses and ask for their advice and recommendations. School policies are shared and education and information can be provided in a quick and universal manner.

“Lately, we have had an increasing number of questions about diabetes,” L’Heureux said. “It is increasing at an alarming rate—and that is puzzling us. We have implemented many programs dealing with obesity, but the problem of diabetes seems to go beyond that.”

Sharon Moran is Supervisor of Health

Services for the Omaha Public Schools (OPS). There are 60 nurses serving 46,000 students in 86 schools in OPS including 8,000 special education students. “It has become more complicated to identify all the needs of today’s students. Meeting the physical and emotional needs of our population is truly a challenge. The school nurses in OPS are a very dedicated group but frustration is common because it seems we are only able to scratch the surface,” Moran explained. Building a relationship with administrators, staff, students and their parents is very important to being a successful school nurse. When asked how the health needs of our children have changed in recent years, Moran said, “The American family does not look like it did fifteen years ago. These changes have had a large impact on the school nurse’s role in the school.” Moran likes school nursing because it is very rewarding when all of the pieces come together to work for that child to be his best in the classroom, in spite of a medical condition.

In western Nebraska, Tammy Dean, RN, BSN, has been a school nurse for the Bridgeport School district for 11 years. She is responsible for the health concerns of the 500 children enrolled in her school district. She says the biggest change has been the nurse’s increased responsibility to train more lay people (teachers and aides). For instance, by school policy it is mandatory she must train them to administer a nebulizer treatment for asthma attacks in her absence. In addition, her health aides are giving more medications than ever before.

At Liberty School in Omaha, School Nurse Cynthia Tiedeman, MSN, RN, has challenges of a different nature. It is the newest elementary school located in downtown Omaha, serving the most economically challenged children in the city. Children come to Liberty from over 30 different countries and cultures. In addition to language barriers and cultural differences, poverty poses the greatest challenges to the children of Liberty School.

After 12 years at Prairie Wind, a west Omaha school serving mostly upper-middle class children, Tiedeman came to Liberty.



Creighton faculty do health screening for students in Catholic schools in Omaha.



Cynthia Tiedeman, School nurse at Liberty Elementary School and Nicky Johnson, nurse with OneWorld clinic at Liberty School.

“Preventative health is almost non-existent for our children at Liberty,” said Tiedeman, “Our children are below the poverty level, live in sub-standard housing and move around frequently—all these factors are detrimental to a child’s ability to learn.”

When asked about the language barriers, she laughed and said, “Like many school nurses, throughout Nebraska, I have had to learn limited Spanish...and I rely a lot on translators and cheat sheets.” In most cases the children act as translators between the school nurses and their parents.

School Nursing Depends on Community Resources

School nurses depend a great deal on community resources. Even schools that have a full-time school nurse must rely more and more on social and health care agencies to supplement what the schools can offer. Innovative collaborative efforts have been sought and implemented. Nursing students in colleges perform the screening and health education under the supervision of faculty members. The schools provide a much-needed “well child” clinical site for the nursing school, and the children receive the health care they need and deserve.

OneWorld Community Health Center in Omaha provides medical, dental and behavioral health care services to people from more than 30 countries. OneWorld has a clinic located inside Liberty School. The clinic has a full staff and services that are also available during evening hours for families of the students. Last year a pilot program, Obesity Prevention Program, was begun at Liberty School. OXYGEN, a group of Omaha philanthropists, funded the program to enable nurses to educate children and their families on healthy lifestyles. Nicky Johnson, RN, works closely with Cynthia Tiedeman, Liberty’s school nurse, on the program. Johnson is employed by OneWorld, but she spends her days working at Liberty School managing the OXYGEN Kids Program.

Seven years ago, Grand Island’s St. Francis Hospital opened a clinic on the Grand Island High School premises. The first of its kind in Nebraska, the Student Wellness Center delivers health care to over 1100 students each year. The Student Wellness Center is staffed by a nurse practitioner, a mental health therapist and a drug and alcohol counselor.

“Amidst all of the complexity . . . being a school nurse is a good career. You are able to deliver health care, provide education and have access to fascinating research and data.”

Jan Thede, BSN, RN, has been the high school’s school nurse for 19 years. It was through her advocacy and determination that the independent clinic was started. She is clear that the school nurse’s office and the clinic are separate; yet she called their working relationship “awesome.”

When a young man with a severe earache came to see Thede, she was able to refer him next door to see the nurse practitioner. Parents must provide written consent for students to go to the clinic.

When asked how her job has changed in almost twenty years, she said what once was the major part of her job (the screenings, the immunization data, etc.) is now the minor part of what she does. She deals frequently with children with mental illnesses, like depression and anxiety. The drug therapies recommended for mental health change on a daily basis and she needs to keep informed.

“I see my job as providing a nursing diagnosis that enables the

“As school nurses we are able to use our professional judgment every day, in many different ways. We are able to make a difference each day in our children’s progress.”



-- Cynthia Tiedeman, MSN, RN
Liberty Elementary School, Omaha

child to get the intervention he needs—often by plugging into a system or resources that may be unfamiliar or unattainable by his family,”

Thede offered.

State policies can also be a challenge, she said. “In Grand Island we have worked very hard to meet the asthma requirements to have one person in the building trained. We are lucky—we have either an RN or an LPN in every one of our schools—and that helps!”

Amidst all of the complexity, those interviewed agreed being a school nurse is a good career. You are able to deliver health care, provide education and have access to fascinating research and data. Most agreed they loved the “school hours” that enabled them to be home with their children weekends and summers.

“School nursing has been the best of both worlds for me, said Dean, “Growing up I either wanted to be a teacher or a nurse. As a school nurse I am able to develop education programs for all levels of children—from simple hygiene for the little ones to adolescent development. I educate students, faculty and parents on topics ranging from AIDS to diabetes. I really feel that I am making a positive impact on the health and wellness within my school and my community.”

* * *

Licensure Actions

The following is a list of licensure actions taken between May 1, 2004 and July 30, 2004. Additional information on any of these actions is available by calling (402) 471-4923.

Licensee	License #	Date of Action	Action	Violation
Greggory Kilburn	RN 60646	5/3/04	Revocation	Licensure Probation Violation- Violation of the terms and conditions of an Order previously imposing probation.
Charlene Stribling	RN 58355	5/3/04	Retroactive Suspension Probation	Misappropriation of medication from employer. Practice of profession beyond authorized scope. Failure to report loss of employment due to unprofessional conduct in accordance with the mandatory reporting law.
Vicki Luellman	LPN 7237	5/3/04	Revocation	Violation of the Uniform Controlled Substances Act. Failure of a licensee to furnish the Board of Nursing or its investigator with requested information.
Laurie Schacht	LPN 17391	5/3/04	Probation	Failure to utilize appropriate judgment in administering safe nursing practice. Failure to exercise technical competence.
Dawn Sulley	LPN 19256	5/12/04	Initial License	Issued on Probation/Limitation Misdemeanor convictions having a rational connection with fitness to practice nursing.
Iretha Langford	LPN 12603	5/19/04	Nondisciplinary Letter of Concern	Failure to utilize appropriate judgment in administering safe nursing practice.
Melissa Feldhaus	RN 57062	5/26/04	Censure	Failure to utilize appropriate judgment in administering safe nursing practice. Failure to follow policies or procedures implemented to safeguard patient care.
Jacalyn Hamm	RN 58948	5/26/04	Censure	Failure to follow policies or procedures implemented in the practice situation to safeguard patient care.
Dian Rogers	RN 22085	5/26/04	Censure	Failure to follow policies or procedures implemented in the practice situation to safeguard patient care.
Dian Shweki	RN 56887	5/26/04	Voluntary Surrender in Lieu of Discipline	
Kim Kirkland	RN Compact	5/26/04	Multi-state Privilege to Practice Nursing in the State of Nebraska Revoked	Falsification of material facts in attempting to procure nursing employment. Conviction of a misdemeanor or felony that has a rational connection with fitness to practice nursing. Having had license disciplined by another state.
Lori Carraher	LPN 18078	5/26/04	Civil Penalty	Failure to report misdemeanor conviction in accordance with mandatory reporting law.
Ruth Fox	LPN 14951	5/26/04	Revocation	Failure to utilize appropriate judgment in administering safe nursing practice. Falsification of patient records.
Kelly Karr	LPN 17821	5/26/04	Civil Penalty	Misrepresentation of material facts in attempting to procure a nursing license by failing to provide accurate information regarding the practice of nursing during the period of time her license was lapsed.
Debra Mabey	LPN 17259	5/26/04	Civil Penalty 30 day Suspension	Misappropriation of medication from a patient. Failure to report employment suspension in accordance with mandatory reporting law.
Dori Thompson	LPN 19058	5/26/04	Censure Civil Penalty	Licensure Probation Violation- Failure to report for random body fluid screen testing as directed by the Department.
Ellen Young	LPN 6531	5/26/04	Censure Civil Penalty	Failure to exercise supervision over persons who are authorized to practice only under the direction of a licensed professional. Leaving a patient care nursing assignment without notifying personnel. Committing any act which endangers patient safety.
Amber Rairigh	RN 55207	5/26/04	Voluntary Surrender in Lieu of Discipline	
Nancy Peterson	RN 46371	6/10/04	Nondisciplinary Letter of Concern	Unprofessional Conduct.
Penelope Reimers	RN 44040	6/10/04	Nondisciplinary Letter of Concern	Failure to utilize appropriate judgment and failure to exercise technical competence in administering safe nursing practice based upon level of nursing for which the individual is licensed.
Michelle Schoreder	LPN 18164	6/10/04	Nondisciplinary Letter of Concern	Failure to report a misdemeanor conviction on initial application for licensure.

Licensee	License #	Date of Action	Action	Violation
Jeannie Linder	RN 51089	6/12/04	Probation	Knowingly or intentionally acquiring controlled substances by theft or deception. Misappropriation of medication from patient and or employer.
Therese Williams	RN 58395	7/7/04	Application for Reinstatement Denied	
Jeanne Fredrickson	RN 41141	6/17/04	Application for Reinstatement Denied	
Timothy Pillen	RN 35910 CRNA 10049	6/17/04	Application for Reinstatement Denied	
Allene Cherek	RN 62105	6/30/04	Initial License Issued on Probation	Misdemeanor conviction having a rational connection with fitness to practice nursing.
Cheryl Kroenke	RN 35770	7/13/04	Probation Suspension for 60 Days with Credit Given for 45 Days Penalty	Misappropriation of medication. Habitual dependence upon a controlled substance. Violation of the Uniform Controlled Substances Act by diverting and ingesting controlled substances without prescription authorization.
Kendra Neel	RN 57621	7/13/04	Probation	Violation of the Uniform Controlled Substances Act by altering a prescription.
Samantha Prentice	RN 58602	7/13/04	Probation	Practice of the profession while ability to practice is impaired by mental or emotional disability.
Mary Reid	RN 28761	7/13/04	Voluntary Surrender in Lieu of Discipline	
Sarah Young	RN	7/13/04	Censure Civil Penalty	Failure to report misdemeanor conviction in accordance with mandatory reporting law.
Anna Dedic	RN 53905	7/13/04	Voluntary Surrender in Lieu of Discipline	
Heidi Donner	RN 51202	7/13/04	Voluntary Surrender in Lieu of Discipline	
Mary Fleming	RN 54256	7/13/04	Probation	Habitual intoxication or dependence on alcohol. Misdemeanor conviction having a rational connection to the fitness to practice nursing. Practicing nursing while ability to practice was impaired.
Merlann Gusman	RN 46011	7/13/04	Voluntary Surrender in Lieu of Discipline	
Laurie (Knudsen) Sprague	LPN 17541	7/13/04	Censure Civil Penalty	Failure to report misdemeanor conviction in accordance with mandatory reporting law.
Kala Kontos	LPN 17618	7/13/04	Probation	Misdemeanor conviction having a rational connection to fitness to practice nursing. Failure to report misdemeanor conviction and loss of employment due to unprofessional conduct in accordance with mandatory reporting law. Violation of the Uniform Controlled Substances Act-Unlawful possession of a controlled substance.
Diane Lockling	LPN 17936	7/13/04	Censure Civil Penalty	Failure to report loss of employment due to unprofessional conduct in accordance with the mandatory reporting law.
Jessica Willhoit	LPN 18005	7/13/04	Censure Civil Penalty	Failure to report misdemeanor conviction in accordance with mandatory reporting law.
Marcia Williams	LPN 16312	7/13/04	Censure	Practice of profession beyond authorized scope.
Kathryn Barr	LPN 17504	7/13/04	Suspension for 30 days Probation	Practicing nursing while ability to practice was impaired. Misrepresentation of material facts in attempting to procure a nursing license by failing to disclose a misdemeanor conviction on application for licensure.
Amber Hanson	LPN 17652	7/13/04	Censure Civil Penalty	Failure to report misdemeanor conviction in accordance with mandatory reporting law.
Susan Wilcox	LPN 12315	7/16/04	Application for Reinstatement Denied	
Kathleen Schiffers	LPN 9916	7/20/04	Probation	Disciplinary action taken by another state for failure to appropriately assess a resident condition.
Talya Burk	RN 60866	7/20/04	Censure Civil Penalty	Failure to report misdemeanor convictions in accordance with mandatory reporting law.
Sara Schmidt	LPN 1723	7/21/04	Civil Penalty Suspension for 90 days followed by License Limitation conduct	Falsification of patient records. Failure to utilize appropriate judgment in administering safe nursing practice. Dishonorable Failure to report loss of employment due to unprofessional conduct in accordance with the mandatory reporting law.

Licensee	License #	Date of Action	Action	Violation
Karla Bashara	RN 52668	7/26/04	License Reinstated on Probation	Misappropriation of medication from patients. Knowingly or intentionally acquiring controlled substances by theft or deception. Falsifying patient records. Practicing nursing while ability to practice was impaired.
Debra Udell	RN 55910	7/29/04	Voluntary Surrender in Lieu of Discipline	
Mary Price	LPN 15350	7/29/04	Suspension for 30 days Civil Penalty Probation	Habitual dependence upon a controlled substance. Violation of the Uniform Controlled Substances Act by diverting and ingesting controlled substances without prescription authorization. Falsification of patient records. Failure to report loss of employment due to unprofessional conduct in accordance with the mandatory reporting law.
Patricia Wheeler	LPN 10583	7/29/04	Voluntary Surrender in Lieu of Discipline	
Tammy Douglas	LPN 15824	7/29/04	Censure Civil Penalty	Practice of profession beyond authorized scope. Falsification of facts in a material document connected with the practice of nursing. Failure to maintain an accurate patient record.
Sephara Jones	LPN 19370	7/29/04	Probation	Conviction of a misdemeanor having a rational connection to the practice of nursing. Dependence on alcohol.
Jeane Arnette	LPN 57185	7/29/04	Application for Reinstatement Denied	
John Paulsen	CRNA Endorsement	7/30/04	Application for Licensure Denied	

FAQ's About Mandatory Reporting



Who should I ask if I have a question about what I am required to report?



Licensees with questions regarding mandatory reporting requirements should contact the Investigations Division of the Nebraska Department of Health and Human Services System at (402) 471-0175. When calling for information, be sure to record the name of the person you spoke with as well as the date of the conversation.

As a professional licensee you are responsible for knowing and complying with the statutes, rules and regulations governing your license. You are responsible for your compliance with the mandatory reporting requirements, regardless of any information or direction you may have been given by friends, co-workers, supervisors, instructors, attorneys, or any other source who is not a representative of the Health and Human Services System's Department of Regulation and Licensure.

*All reports are to be made to the Department **within thirty days of the occurrence**. Reporting forms may be requested by contacting the Investigations Division at (402) 471-0175.*

Licensees who fail to report in compliance with the regulations are subject to disciplinary or non-disciplinary action on their license. Any disciplinary action is a permanent part of the license record and is reported to the national nursing disciplinary data bank, Nursys®, where it can be accessed by any board of nursing.

A summary of the mandatory reporting requirements can be found on our Web site at www.hhs.state.ne.us/crl/SMRRequire.pdf

Gordon Nurse Tells Her Story continued from Page 6

geon would sleep when he could between cases when the room was being cleaned. We only had one room to start then increased to two when we remodeled and now we have an OR suite that was added on a few years ago.

When I started working we were scheduled on 8-hour shifts only but we were so busy that we would go to work at 6 a.m. so we could set up our 8 a.m. medication. We then had report, gave meds, made rounds with the doctors, and then took off the orders. Many times we would not finish the shift until 5 or 6 p.m. We received no pay for the extra hours until the law was passed that overtime must be paid for over 40 hours per week. We worked five days a week, and staffing then, as now, was scant because we did not have enough nurses. At one point we had only three nurses full time. The Director of Nursing worked 7 a.m. to 3 p.m. and Barb Moser and I took turns working 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. The hospital was able to get non-working nurses to come in and relieve us so we could get a day off. Gradually nurses came – and went, but I stayed because this was MY hospital and I felt like I was needed.

I have started IVs at night for patients who were in hallways surrounded by screens with someone holding a flashlight because the lights were off. All treatments on those patients were also done in their hallway room. They had commodes by their beds in the hall. Rooms were so dark we used flashlights to do patient checks at night. I would try to hold the light so it wouldn't wake the patient, but would still allow me to see if they were OK. Occasionally my heart would stop when someone spoke to me when I wasn't expecting him or her to be awake.

Three of us took classes in cardiac care when we first installed monitors in our hospital. We worked 7 a.m. to 3 p.m. and then drove to Chadron Hospital 47 miles away and took a two-hour class and then drove home. We did this two days a week for six weeks. Then my Director of Nursing and I took additional classes by extension from the University of Nebraska.

The Director of Nursing, Janet Jones, was my mentor and I learned so much from her as well as physicians who were willing to teach me. Thankfully we have had many excellent doctors in our community who have worked hand in hand with the nursing staff to get the work done. We have open communication with our physicians.

There is satisfaction in working in your hometown where you know many of the people and are able to help them when they are hurt or ill. There is also heartache when your

neighbors, friends or relatives are very ill or are in pain – and when they die. I have had people who know I have worked as a nurse for 37 years ask me if I get used to death. I don't think people understand that most nurses became nurses to help patients. It will always hurt when we can't do anything but keep a patient comfortable until death comes and brings relief from suffering.

Nurses celebrate the good results of their care and feel sad about the bad things people have to endure. We go to work every day and do both.

New nurses need to know that at times it may seem like they are the only ones who know they made a difference in a patient's outcome. But in the end that is all that really matters. Nurses DO make a difference.

Correne Wilhite, RN

Thank you Correne for telling us your story. Do you have a nursing story you would like to tell? Mail your story to Charlene Kelly, RN, PhD, Executive Director, Nebraska Board of Nursing, PO Box 94986, Lincoln, NE 68509 or email it to charlene.kelly@bhss.state.ne.us

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What's New with the NCLEX®?

1. At the August, 2004 House of Delegates meeting of the National Council of State Boards of Nursing a new test plan for Practical Nurses was approved. This new test plan will be implemented in April of 2005. Test plans serve as the "blue print" for the questions that are asked on the licensing examination. The new PN test plan followed some of the same changes that were made to the RN test plan—the most noticeable being increases in the percentages of the test plan that are related to Coordination of Care and Pharmacological Therapies. The test plans are reviewed every three years and are determined from a job analysis of what is expected of the new graduate (either PN or RN). Both RN and PN test plans are available at www.ncsbn.org.

2. There are some new alternate/innovative format items on the NCLEX® exams. In addition to

the usual multiple choice (pick the correct answer from the four listed), there may be one or more of the following types:

- a. Multiple response—where the candidate has to select more than one response to the question.
- b. Fill in the blank—where the candidate has to do the calculation (I & O, IV drip rate, medication dosage, etc.) and then fill in the blank with the correct calculation.
- c. Ordered response—where the steps or components within the question need to be put into a certain order
- d. Hot spot—where the computer cursor is used to identify an area on a picture or graphic.

Examples of these questions may be found at www.ncsbn.org/testing/index.asp

3. Candidates who fail the exam may retake the exam in 45 days rather than the previous 90 days.

4. Beginning October 1, 2004 the time limit for the RN exam will be extended from 5 hours to 6 hours. The PN exam time limit will remain at 5 hours as the maximum number of items on the PN exam is 205 compared to the maximum number of items on the RN exam is 265. Reasons for extending the time are to assure that candidates with English as a second language are not disadvantaged and that there is adequate time for the more time consuming questions such as those requiring calculations.

5. Early next year it is planned that the NCLEX® exams will be offered at some foreign sites. Initially the three sites will be England, Hong Kong and South Korea. Candidates will still need to be made eligible by a U S board of nursing, but they will be able to actually take the examination at one of these sites.

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Baccalaureate Nursing Education

This is the second in a series of articles on the different types of nursing education programs.

The first University School of Nursing was in 1909. It was the new nurse training school at the University of Minnesota and was organized as an integral part of the institution. It was subsumed under the College of Medicine and offered a three year diploma but it was no longer an offshoot of the University Hospital, it was a part of the academic organization.

In 1916, 16 colleges and universities maintained schools, departments or courses in nursing education. It became a growing development for several universities to combine an academic and a professional course for four to five years leading to a nursing diploma and a Bachelor of Science degree. By 1926, 25 colleges and universities were conducting nurse training schools and granting BA or BS degrees in nursing. Total enrollments at that time were 368.

The Goldmark report initiated in 1918 by Adelaide Nutting approaching officials of the Rockefeller Foundation and stressing the need for improvement in the education of public health nurses resulted from the appointment of a 19-member committee for the study of nursing education. An intensive survey of the over 1800 hospital training schools seemed overwhelming, so 23 schools were chosen to be studied. The report, which came out in 1922, emphasized the desirability of establishing university schools of nursing to train nurse leaders. The report pointed out the fundamental faults in hospital training schools and identified the primary obstacles to higher standards as the lack of funds set apart for nursing education. The committee concluded that although training schools for nursing had made remarkable progress, the average hospital training school was not organized on a solid enough basis to be compared favorably with the standards required of other professions. Formal instruction in schools of nursing was too casual and uncorrelated and the educational

needs and health and strength of the students were often sacrificed to hospital service demands.

As a direct result of the Goldmark report, Yale University, Western Reserve University and Vanderbilt University developed collegiate schools of nursing characterized by quality of both theory and clinical experience. Yale school of nursing was the first autonomous collegiate school. It opened in 1924 as the first in the world as a separate university department with its own independent budget and its own dean. Affiliations were arranged with the New Haven Hospital, which then discontinued operation of the Connecticut Training School for nurses. The 28-month course had a definite educational plan which included public health, community work and hospital service. The students needed to have two years of college work of at least 15 hours of academic study per week in relevant subjects such as chemistry, psychology and biological sciences. Students were assigned to cases or patients rather than to nursing procedures. Five years later, Yale offered a thirty-month course leading to a Master's Degree in Nursing.

Overall the growth of truly collegiate programs lagged. Opposition came from many private physicians who argued that nurses were over trained, that the service they gave was too costly and that women with brief training in bedside routines would be satisfactory. Hospital training

schools continued to insist that nursing education meant acquisition of technical skills and manual dexterity only. They believed that intelligence and sound knowledge were unnecessary and might handicap the prospective nurse. (Note below)

In regard to the educational requirements for nurses registered in the early 1920s, there was no agreement between states. In most states, registration was permissive rather than mandatory. Today all states have mandatory registration (licensure), but the educational requirements are not specific. Nurses may be licensed as RNs with their basic training/education being an associate degree from a community/junior college, with a diploma from a hospital-based program, or with a bachelors, masters, or doctoral degree from a college or university.

In 1965 the American Nurses Association developed a position paper that states, "Education for those who work in nursing

continued on Page 24



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should take place in institutions of learning with the general system of education." The position paper further supported the two levels of nursing, one being the associate degree and the other a baccalaureate degree. For a time North Dakota required a baccalaureate degree to be licensed as an RN and an associate degree to be licensed as an LPN,

but that state was the only state with this requirement and it has subsequently been changed.

In Nebraska, baccalaureate education gradually replaced hospital based training programs. Today, of the

nursing programs in Nebraska that prepare nurses for initial licensure, seven are baccalaureate programs (at eleven locations), one is a hospital based diploma program (planning to graduate its last class in three years) and six are associate degree programs. There are also two baccalaureate programs for already licensed RNs. Of the baccalaureate programs, two are located in universities, two in private liberal arts colleges, and three in health care/science colleges. Of the baccalaureate programs for already licensed RNs, one is in a university and one in a private women's college.

There are three nurse educators on the Board of Nursing, Mary Megel representing baccalaureate education, Marcy Echternacht representing associate degree and diploma education and Iris Winkelhake representing practical nurse education. In 2003 there were 1,781 students enrolled in Nebraska baccalaureate nursing programs.

Note: Most of this historical information was obtained from various editions of the nursing textbook The Advance of American Nursing by Philip A. Kalisch and Beatrice J. Kalisch



For More Information...

Nursing and Nursing Support

General Issues

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

Advanced Practice Nursing (CRNA, CNM, APRN)

Licensure Issues
Jamie Phelps
(402) 471-2666
jamie.phelps@hss.state.ne.us
Nursing Practice Issues
Karen Bowen, R.N., M.S.
(402) 471-6443
karen.bowen@hss.state.ne.us

RN or LPN

Licensure Based on Examination (NCLEX®)

Mary Ann Moore
(402) 471-4925
maryann.moore@hss.state.ne.us

Foreign Educated Nurses

Sheila Exstrom, R.N., Ph.D.
(402) 471-4917
sheila.exstrom@hss.state.ne.us

Licensure Based on Endorsement

Stephanie Kasten
(402) 471-4375
stephanie.kasten@hss.state.ne.us

Reinstatement of Licensure

Jamie Phelps
(402) 471-2666
jamie.phelps@hss.state.ne.us

Nursing Statutes

Rules and Regulations
Charlene Kelly, R.N., Ph.D.
(402) 471-0317
charlene.kelly@hss.state.ne.us

Scope of Practice and Practice Standards

Karen Bowen, R.N., M.S., Nursing Practice Consultant
(402) 471-4376
karen.bowen@hss.state.ne.us

Education Issues, Curriculum Revisions and Nursing Program Surveys

Sheila Exstrom, R.N., Ph.D.
(402) 471-4917
sheila.exstrom@hss.state.ne.us

Refresher Course/Designing Own Review Course of Study

Sheila Exstrom, R.N., Ph.D.
(402) 471-4917
Sheila.Exstrom@hss.state.ne.us

Renewal Requirements Staff

(402) 471-4376
Renewal Requirements Audit Staff

Name and/or Address Change

(Please provide your name and social security number)
Jamie Phelps
(402) 471-2666
jamie.phelps@hss.state.ne.us

Certifications/Verifications Staff

(402) 471-4376
Duplicate/Reissue Licenses Staff
(402) 471-4376

Probation Compliance Monitoring

Ruth Schuldt, R.N., B.S.
(402) 471-0313
ruth.schuldt@hss.state.ne.us

Complaint Filing Investigations Division

(402) 471-0175

Medication Aide

Medication Aide Role and Practice Standards

Nancy Holmgren, R.N., B.S.N., Program Manager
(402) 471-4969
nancy.holmgren@hss.state.ne.us

Name and/or Address Change

(Please provide your name and social security number)
Ty Baskin
(402) 471-4910
tyrone.baskin@hss.state.ne.us

Medication Aide Registry and Applications

Ty Baskin
(402) 471-4910
tyrone.baskin@hss.state.ne.us

Medication Aide Testing

Kathy Eberly
(402) 471-4364
kathy.eberly@hss.state.ne.us

Nurse Aide

Nurse Aide Role and Practice Standards

Nancy Holmgren, R.N., B.S.N., Program Manager
Nancy.holmgren@hss.state.ne.us

Nurse Aide Registry

Wanda Wiese
(402) 471-0537
wanda.wiese@hss.state.ne.us

Name and/or Address Change

(Please provide your name and social security number)
Wanda Wiese at (402) 471-0537
wanda.wiese@hss.state.ne.us

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

Nancy Stava
(402) 471-4971
e-mail: nancy.stava@hss.state.ne.us

Nurse Aide Testing

Kathy Eberly
(402) 471-4364
kathy.eberly@hss.state.ne.us

General

Mailing Labels

Carla Brandt
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Center for Nursing Plans Continuing Education Programs

The [Nebraska Center](#) for Nursing is sponsoring two upcoming events designed to provide enrichment and education for nurses and to spotlight nursing as a career of choice for young people.

Nursing Expo:

On Tuesday, October 26, 2004, the Center for Nursing is sponsoring the Nursing Expo at the Holiday Inn Central in Omaha, Nebraska. The event will begin at 1:00 p.m. and run until 7:00 p.m. This event is co-sponsored by KM-3 Television and Her Magazine. The Expo will feature exhibits by representatives from area employers and nursing education programs. Break-out sessions on nursing as a career and 30-minute presentations on various roles in nursing will be presented for junior high, high school and college students.

Professionalism: Becoming a nursing "Pro"essional

What separates a career from a job? Tips on how to grow professionally and stimulate professionalism in your colleagues.

*1.0 Contact Hour**

1:30 – 2:20 p.m.

Repeated 5:30 – 6:20 p.m.

Who Will Teach Tomorrow's Nurses? It Could Be You!

A presentation on a career in nursing education. What are the attributes and preparation required to teach nursing? Faculty members share their career experiences.

*1.0 Contact Hour**

2:30 – 3:20 p.m.

Repeated 4:30-5:20 p.m.

Nebraska's Nursing Workforce

A presentation on the current supply and demand for nurses in Nebraska including enrollment in nursing education programs. What lies ahead for the citizens of Nebraska who will need nursing care?

*1.0 Contact Hour**

3:30 – 4:20 p.m.

Nursing Recruitment and Retention: What Works and What Doesn't

Information from the literature, principles from the Magnet Hospital Program, Center for Nursing survey and real life.

*1.0 Contact Hour**

2:30-3:20 p.m.

*Approved by the Nebraska Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission Accreditation.

[Nursing Leadership for the Future](#)

On Friday, November 5, 2004, the Center for Nursing will sponsor a workshop in Sidney, Nebraska, on "Creating a Place to Come and Stay: Nursing Leadership for the Future." The workshop will be held at the Sidney Holiday Inn, just off I-80 at 664 Chase Blvd., from 8:30 a.m. to 4:00 p.m. MST. Learn how to build a culture of nursing leadership and discover how individual elements of the Magnet Hospital Program can be implemented in your facility. The agenda for this workshop can be found in this issue of Nursing News. For registration you can call 1-800-348-4435 or 308-635-6701 and identify the conference. The cost of the workshop is \$25 which includes workshop materials, refreshment breaks and lunch. To reserve an overnight room at the hotel call 308-254-2000.

Review the schedule on the next page for more information on seminar topics.

Creating a Place to Come and Stay: Nursing Leadership for the Future

November 5, 2004
8:30-4:00 pm

8:30-9:00 Registration
9:00-9:15 Welcome
9:15-10:45 **Building a Culture of Leadership and Empowerment in Nursing**

New Trends in Nursing Related to Leadership

*Magnet Culture and Various Concepts
*Toolbox Approach with Practical Applications

Presenters: Pat Lenaghan & Kim Rouse

10:45-11:00 Break
11:00-12:00 Leadership Styles
"What Works and What Doesn't"

Presenters: Diana Stevens & Judy McGee

12:00-1:00 Lunch and Networking
1:00-2:00 **Creating a Professional Culture**

Healing and Leadership Facilitating and Initiating Change in an Organization

Presenter: Rita van Fleet

2:00-2:15 Break
2:15-2:45 Review Center for Nursing Survey Results
Presenter: Karen Bowen

2:45-3:45 Panel Discussion: Practical Applications for Leaders: "What Works in Nursing"

Kim Rouse Pat Lenaghan
Maxine Guy Rita van Fleet
Diana Stevens Judy McGee

3:45-4:00 Wrap-up and Evaluations



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NATIONAL COUNCIL OF STATE BOARDS OF NURSING

The National Council of State Boards of Nursing held their annual meeting August 3-6, 2004 in Kansas City, Missouri. Several Nebraska board members and staff attended the meeting. Following are the highlights and decisions made at the meeting.

- Election of new NCSBN officers and directors-at-large to the Board of Directors.
- Adoption of the new NCLEX-PN test plan for licensed practical and vocational nurses.
- Ratification of the NCSBN Board of Directors' Strategic Initiatives for fiscal years 2005-2007.
- Adoption of the revised NCSBN Model Nursing Practice Act and Model Administrative Rules for use by member boards of nursing.
- Resolution that NCSBN and its member boards support the necessity for inclusion of planned, structured, and supervised clinical instruction as an essential to nursing education for nurses at all points in their careers. The concept of clinical competence will be referred to NCSBN's Practice, Regulation and Education standing committee for the development of a formal position statement.
- Adoption of the NCSBN publication entitled: "Minimal Data Set for the Evaluation of International Nurses," for use by regulators and organizations who evaluate the credentials of internationally-educated nurses for purposes of meeting state and national regulations for initial licensure and endorsement.

The National Council of State Boards of Nursing, Inc. (NCSBN) is looking for a few good nurses. Qualified, highly motivated and professionally committed nurses are needed to assist in developing test items (questions) for the National Council Licensure Examinations (NCLEX-RN® and NCLEX-PN®). A description of the panels can be found at <https://ncsecure.ncsbn.org/itemdevelopment/>. If you are interested in participating, please fill out the application online or you can call 312.525.3775 and request an application.

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ONLINE RN RENEWAL A HUGE SUCCESS

The option to renew licenses online is available to RNs for the first time this year. The first week in August all RNs were sent a renewal notice. Instead of the traditional renewal packet, each RN received a postcard with directions for renewing online, downloading the form for mailing or requesting that a packet of information be mailed to him/her. Hundreds of postcards were returned to our office because the individual's address has changed, and in most cases the forwarding order had expired. If you did not receive a renewal notice you can renew your license online at www.mylicense.com. If your address is incorrect in our database you can correct it online. All you will need to renew is your license number, the last six digits of your social security number and a credit card (Visa or Mastercard). If you do not wish to renew online you can download a renewal form at <http://www.hhs.state.ne.us/crl/nursing/Rn-Lpn/rn-lpn.htm#Applications> or you can call or write our office and we will send you a form.



Telephone: (402) 471-4376 Address: Nursing, PO Box 94986, Lincoln, NE 68509. Through the first month of the renewal period over 5,000 RNs had renewed online. When you renew online your renewal is processed and mailed the next business day. Most RNs receive their renewed licenses in two to three days after renewing.

RN licenses expire October 31, 2004. If you haven't yet renewed your license you need to do so immediately. Please allow at least two weeks for processing mailed renewals. You can deliver your renewal application to our office in person, but your license will not be issued the same day. Your application will be placed with those waiting to be processed. The most efficient way to renew at this time and ensure that your application will be processed before the expiration date is to renew online.

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