

NURSING BULLETIN

“Who’s Your Supervisor or Manager? Nursing Practice: The Management and Supervision of Nursing Services.”



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NC BOARD OF NURSING
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**NURSING
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from the **EDITOR**

Looking forward...

During 2014 the Program Evaluation Division (PED) of the North Carolina General Assembly was charged with studying all of the state's occupational licensing boards. It turns out that the N.C. Board of Nursing is the largest board in terms of licensees. With more than 147,000 licensed nurses we were way out in front of the number two board, which was the real estate board. The study was requested by the legislature to study three specific goals: (1) whether or not all the boards should be combined under a single new state agency. (2) Should some boards be combined with others to achieve greater efficiency and (3) determine whether greater efficiency and cost effectiveness could be realized by combining the administrative functions of the boards while allowing the boards to continue performing regulatory functions. In December of 2014 the PED recommended NO CHANGE for the Board of Nursing and the majority of the state's 55 occupational licensing boards.

Looking forward, we plan to change, change with the times to improve our overall efficiency. This past year we published an annual report which is available for reading on our website (from our homepage, click on: news, publications and statistics, click publications). The CORE data report from the National Council of State Boards of Nursing (NCSBN) points to North Carolina consistently scoring among the top tier of nursing boards nationwide. We highlight some of these metrics in our report and will be looking to improve upon these benchmarks in the new year.

In this issue we introduce the Board of Nursing members for 2015. Also, consider our cover CE story to add to your list of things to read.

As always, we are open to suggestions for improving our publication as well as communicating with you on subjects of nursing regulation. You can contact me at: david@ncbon.com

Sincerely

David Kalbacker

Editor and Dir. of Public Information

Effective Workplace Partnerships – Learning From Inter-Generational Colleagues

For the first time in history there are four distinct generations in the workplace and this includes the healthcare workforce. In many respects the values and behaviors of the individuals in these generations can be traced, to some extent, to the environment in which they were brought up. These different values and behaviors have led to many instances of conflict between co-workers and often creates disharmony and misunderstanding in the healthcare environment.

What generations are we talking about? The four generations currently in the workplace include: The Traditionalists, born between 1922-1943; the Baby Boomers 1943-1960; the Gen-Xers 1960-1980 and the Millennials 1980-2000. The exact years and names of these generations are still a matter of some discussion, but much has been written about these groups and the background and experience they bring to the worksite. Once you know the influences on the specific generation, it may be easier to understand and develop strategies for effective communication with an individual from that generation.

How can the different generations benefit from each other, and how can this benefit be transferred to the patient? Much has been written about nursing being both an art and a science. The science part of nursing is easier to grasp. A visit to almost any state of the art healthcare facility will quickly showcase technology in patient

rooms, operating rooms, procedure rooms, rehabilitation facilities and the like. The art of nursing is perhaps more difficult to recognize. However, in an article titled “The Art of Nursing” in Advance healthcare Network for Nurses, author Gina M. Bright, PhD, RN, OCN writes, “Nurses seamlessly incorporate certain practices in the management of a sick room that make this art of nursing possible: observation, communication and advocacy.”

Perhaps, more importantly, as Bright states, “To understand our patients’ worlds, we need an awareness of cultural diversity that includes, but is not limited to, an individual’s race, ethnicity, gender, sexual orientation, religion, socioeconomic status, educational level and personality traits. These factors influence people’s interactions with and reactions to the world, especially the medical world where we meet them.

If we do not understand aspects of different cultures, we are ill equipped to accurately observe our patients,” concludes Bright. But equally important, is our understanding of the generational influences and how they affect relationships and workplace harmony.

The art of nursing is not easily encapsulated into a semester, an internship or any kind of training module. It is developed over a considerable span of time spent working and communicating with patients and co-workers. One would hope that this finesse is what older generations of nurses contribute to the patient care setting and endeavor to transfer to new generations of nurses.

The key to the whole issue of dealing with the different generations in the workplace is COMMUNICATION! We have to learn to talk with each other, honestly and in a non-threatening



manner. Each generation brings value to the workplace through their unique way of viewing the world. Having each of the generations in the workplace allows for the opportunity for growth and diversity.

Encouraging relationships between generational colleagues can lead to improved workplace environments. By pairing the strengths of one generational nurse to the challenges of another, allows a learning environment to be created. Younger generations, for example, can provide a niche in bridging the technological gap that Traditionalists and Baby Boomers may face. At the same time the Gen X-er's and Millennial's can learn the art of nursing from their elder counterparts. Effective communication through generational workplace partnerships stands to enhance patient safety and practice environments.





Pat Campbell



Margaret Conklin



Martha Ann Harrell
Board Chair



Cheryl Duke



Deborah Herring



Mary Jones



Jennifer Kaylor



Bobby Lowery



Sharon Moore



Robert Newsom



Peggy Walters



Jacqueline Ring
Board Vice-Chair



Christina Weaver



Carol Wilson

Meeting your Board of Nursing Members

The 2015 Board includes:

Martha Ann Harrell, Public Member and Board Chair. Ms. Harrell is a private business owner.

Jacqueline Ring, RN, Vice Chair: Ms. Ring is serving in the nursing administrator category

Pat Campbell, Public Member: Ms. Campbell is serving her first term.

Margaret Conklin, Public Member: Ms. Conklin is serving her first term.

Cheryl Duke, RN is an Advanced Practice Nurse serving her first term in the APRN category.

Deborah Herring, RN is serving her first term on the Board in the RN-at-large category. Herring is the Director of Nursing for a county Health Department.

Mary Jones, LPN is serving her first term in the LPN category

Jennifer Kaylor, RN, is serving her first term in the RN staff nurse category.

Bobby Lowery, RN is serving his first term in the BSN/Higher Degree education program category.

Sharon Moore, RN, is serving her first term in the PN-Nurse Educator category.

Bob Newsom, LPN is serving his second term in the LPN category.

Peggy Walters, RN is serving in the ADN/Diploma Nurse/Educator category

Christina Weaver, RN is serving her first term in the RN-staff nurse category.

Carol Wilson, LPN is serving her first term in the LPN category.

CNS RULE CHANGES

Amendments to 21 NCAC 36 .0228, CLINICAL NURSE SPECIALIST PRACTICE will make recognition by the NC Board of Nursing REQUIRED for practice at the advanced practice clinical nurse specialist (CNS) level.

This means that CNSs who currently have voluntary recognition from the Board of Nursing and all those who

wish to practice as a CNS will need to qualify under the new requirements.

In the next few months, visit www.ncbon.com under News & Announcements to learn about the new CNS process. You will be instructed as to when and how the CNS information is to be submitted.

Please do not send CNS-related information to the NCBON at this time.

“Who’s Your Supervisor or Manager? Nursing Practice: The Management and Supervision of Nursing Services.”

Purpose, Objectives, Required Reading and References

Purpose: To assist nurses in understanding the North Carolina nursing laws and Rules regarding the clinical management and supervision of nurses and those to whom they delegate nursing tasks.

Objectives:

1. Recognize nursing management and supervision assignments/job descriptions that are within or exceed NC nursing laws and rules.
2. Understand the responsibility to clarify NC nursing laws and rules requiring RNs to clinically manage and supervise nurses and those to whom they delegate.

North Carolina Board of Nursing (NCBON) staff are frequently asked, **“Who may manage or supervise licensed nurses?”** A familiar scenario given is, “I am an RN (Registered Nurse) and work in a hospital department other than a patient care unit. Until recently my clinical supervisor has always been an RN. An administrator has now announced that the agency intends to place a non-nurse as the supervisor of the department. **“May a non-nurse manage or supervise an RN?”** It should be noted this query is not unique to the hospital practice setting.

Definition and Components of Nursing Practice

To answer this and other related questions it is important to establish a baseline of understanding regarding nursing practice in North Carolina (NC.) The NC Nursing Practice Act (NPA) G.S. 90-171.20(4) defines nursing as:

“a dynamic discipline which includes the assessing, caring, counseling, teaching, referring and implementing of prescribed treatment in the maintenance of health, prevention and management of illness, injury, disability or the achievement of a dignified death. It is ministering to, assisting, and sustained, vigilant, and continuous care of those acutely or chronically ill; supervising patients during convalescence and rehabilitation; the supportive and restorative care given to maintain the optimum health level of individuals, groups, and communities; the supervision, teaching, and evaluation of those who perform or are preparing to perform these functions, and the administration of nursing programs and nursing services.”

The NC Administrative Code Rules 21 NCAC 36 .0224 Components of Nursing Practice for the Registered Nurse, sometimes referred as the RN scope of practice Rules, further clarify the NC NPA and carry the full weight of law. These Rules state, in part, that the RN is responsible for the “on-going” assessment of clients to determine “nursing care needs based upon collection and interpretation” of relevant data. The RN is also responsible to plan nursing care based on the “findings of the nursing assessment,” and assure the plan of care is implemented by “assigning, delegating and supervising nursing activities of other licensed and unlicensed personnel.” These same Rules state that managing the delivery of nursing care is the respon-

sibility of the RN “through the on-going supervision, teaching and evaluation of nursing personnel.” And, that administering nursing services is also the responsibility of the RN.

The NC NPA and RN Rules clearly authorize only RNs to supervise, teach and evaluate licensed nurses and those unlicensed individuals who assist licensed nurses in their care delivery to clients. It is important to note that an RN may practice independently and does not require supervision. The NC NPA requires the Licensed Practical Nurse’s (LPN) practice to be clinically supervised by an RN, or by another healthcare provider specifically authorized by law to do so, at all times.

There are a multitude of settings in which licensed nurses practice. Nursing responsibilities and activities may vary based on agency policies, services provided, and available resources (e.g. large metropolitan hospital versus small out patient clinic). Individual agency policies and procedures, and the knowledge, skill and competencies of the licensed nurses employed have the potential to vary in each practice setting.

However, the scope of nursing practice, including the definition and components of nursing practice, always remains the same. In all settings where licensed nurses practice and an RN is assigning and delegating nursing activities and tasks, the RN is accountable for the overall outcome of care provided.

In answering the posed questions about management and supervision, it may be helpful to clarify what is meant by certain terms related to overseeing the work of another.

What does it mean to supervise?

Merriam-Webster online defines supervising as the “monitoring and regulating

of processes, or delegated activities, responsibilities, or tasks.” This reference lists the following as synonyms for supervising: “administering, overseeing, conducting, directing, inspecting, quarterbacking, managing, and being responsible for.”

Wikipedia describes a supervisor as “one who oversees the work or tasks of another.” In a 2006 joint statement regarding delegation issued by the American Nurses Association (ANA) and the National Council State Boards of Nursing (NCSBN), the ANA defined “supervision” to be the “active process of directing, guiding, and influencing the outcome of an individual’s performance of a task.” The NCSBN defined nursing supervision as the “provision of guidance or direction, oversight, evaluation and follow-up by the licensed nurse.”

The NC Administrative Code Rule 21 NCAC 36 .0120(42) defines supervision as “the provision of guidance or direction, evaluation, and follow-up by the licensed nurse (RN or LPN) for accomplishment of an assigned or delegated nursing activity or set of activi-

ties.” **Note:** Supervision by the LPN is limited to validation that tasks have been performed as assigned or delegated and according to established standards of practice.

The NC Components of Nursing Practice for the Licensed Practical Nurse (LPN) Rule 21 NCAC 36 .0225 (d)(3), sometimes referred to as the LPN scope of practice Rules, defines the supervision LPN practice requires. The Rules state the degree of supervision should be determined by variables which include, but are not limited to:

- educational preparation both basic and continuing education;
- stability of the client’s clinical condition;
- complexity of the nursing task;
- complexity and frequency of nursing care needed by the client;
- proximity of clients to personnel;
- the qualifications and number of staff;
- the accessible resources; and
- established policies, procedures, practices and channels of communication.

What does it mean to manage?

Merriam-Webster online states, in part, to manage is to: have control of (e.g. a department); take care of and make decisions (e.g. regarding someone’s time); and to direct someone’s professional career. Merriam-Webster also states to manage is to:

1. Handle or direct with a degree of skill, and to exercise executive, administrative and supervisory direction of someone or something;
2. Work upon or try to alter for a purpose; and
3. Achieve one’s purpose.

Wikipedia online defines management in business and organizations as the function that coordinates the efforts of people to accomplish goals and objectives using available resources efficiently and effectively. Wikipedia identifies five basic functions of management as:

- **Planning:** Deciding what needs to happen in the future and generating plans for action



- **Organizing:** Making sure the human and nonhuman resources are put into place
- **Coordinating:** Creating a structure through which an organization's goals can be accomplished.
- **Commanding:** Determining what must be done in a situation and getting people to do it.
- **Controlling:** Checking progress against plans.

Wikipedia also identifies three basic roles of management as:

- **Interpersonal** – roles that involve coordination and interaction with employees
- **Informational** – roles that involve handling, sharing, and analyzing information
- **Decision** – roles that require decision-making.

The NC RN Rules define the management of the delivery of nursing care as the responsibility of the RN “through the on-going supervision, teaching and evaluation of nursing personnel” and includes, “but is not limited to:

- 1) continuous availability for direct participation in nursing care;
- 2) assessing capabilities of personnel in relation to client status and plan of nursing care;
- 3) delegating responsibility or assigning nursing care functions to personnel qualified to assume such responsibility and to perform such functions;
- 4) accountability for nursing care given by personnel to whom that care is assigned and delegated; and
- 5) direct observation of clients and evaluation of nursing care given.”

Pamela Cipriano, PhD, RN, FAAN, NEA-BC, former Editor-in-Chief of American Nurse Today, Nurse Scholar-in-Residence and current President of the ANA in American Nurse Today, March 2011, described nurse managers as needing to address emerging trends, adopt innovative ideas, and work towards shared goals of quality, efficiency, and excellence in practice. She stated, “The nurse manager is responsible for nursing practice and quality of care among frontline nurses or nurses in a single unit or department

– as well as overseeing all personnel and budget matters and creating an environment that supports professional practice and employee engagement.” Previously titled head nurse, the frontline manager is now commonly known as nurse manager or director.

Cipriano further identified nurse managers as translating and promoting “organizational goals to frontline staff” and as removing “barriers that could hinder their performance. Managers must keep pace with current advances in care and technology as well as regulatory and legal requirements.” Additionally, Cipriano stated nurse managers “encourage personal development and professional growth among staff,” as well as see the impact of the care provided and its effect on patients and families. “Managers set the stage and expectations for excellence,” and have the skill and breadth of experience to manage complex operations as well as diverse personnel.”

In this same article Cipriano also identified that nurse managers “help set the organization’s direction and goals,” while striving “for consistent practices and accountability across an organization” by encouraging and monitoring performance at the unit and/or department level, and evaluating results that build across the organization.

Now that we have clarified specific terms and the RN’s responsibility to manage and supervise the delivery of nursing care under NC nursing laws and rules, the foundation is set to return to the original issue, “**May an unlicensed person, or person licensed in a discipline other than nursing, manage or supervise a licensed nurse?**” The answer is “Yes” ONLY when the activities or tasks managed or supervised are of a non-clinical nature and do not involve clinical assessment, judgment or decision-making, or involve any activity performed by a licensed nurse and included in the NC NPA’s definition of nursing and further clarified in the RN Rules. This same interpretation is true for the supervision and/or management of an LPN’s practice as stated in the NC NPA and further defined in the LPN Rules.

“What are administrative or non-clinical tasks for which a non-RN may manage or supervise licensed nurses?” Examples of administrative functions that

may be supervised by a non-RN include, but are not limited to, work schedule and attendance, tardiness, absenteeism, dress code and assuring compliance in maintaining certifications required to remain employed by the agency. These items do not require a nursing license or professional nursing knowledge or decision-making to implement.

“Who, other than an RN, may clinically manage, supervise, and evaluate the clinical performance of an LPN, or Unlicensed Assistive Personnel (UAP) providing nursing care?”

The LPN Rules require the LPN to have clinical supervision at all times, and UAP providing nursing care are also required to have clinical supervision at all times. In practice settings where there is no nursing organizational structure, or an RN is not present or required by other state laws to manage and supervise clinical care, those requiring clinical supervision (LPN and UAP) may be supervised per NC NPA by a “physician licensed to practice medicine, dentist, or other person authorized by State law to provide the supervision.” Others authorized by law are nurse practitioners and physician assistants.

Other than as stated above, a non-RN may NOT manage or supervise nursing activities or tasks, nor evaluate the performance of nursing personnel in carrying out delegated or assigned nursing functions. A non-RN may not direct a licensed nurse as to how or when to provide nursing care. Each licensed nurse, RN and LPN, is responsible and accountable for the nursing services they provide. Only an RN may direct, manage, supervise and evaluate nursing care, including as stated in the RN scope of practice Rule (j) “appropriate allocation of human resources (staffing) to promote safe and effective nursing care.”

“When is it permissible for a non-RN (other than those healthcare providers listed previously) to clinically supervise or manage a licensed nurse?” A non-RN may NEVER supervise or manage the clinical performance of a licensed nurse. When a position requires an individual with a nursing license, or when a job description requires clinical nursing knowledge, experience, judgment or decision-making in order to successfully fulfill

the role, that position must be filled by a nurse with appropriate licensure. This includes the functions and responsibilities of assignment and delegation (staffing), and the development and/or implementation of clinical policies and procedures.

“May an LPN supervise an RN?”

NO, it is beyond the LPN scope of practice to supervise an RN’s nursing practice. An LPN may not perform in the roles of Nurse Manager, Head Nurse, or Charge Nurse, which are understood to be management/supervisory roles. In the Board of Nursing’s (Board) Position Statement “Nurse-in-Charge Assignment to LPN” it distinguishes the difference between the “Charge Nurse” and “Nurse-in-Charge” roles in settings where client care needs are somewhat predictable.

RN nursing practice requires a higher level of education, skill, and knowledge than does LPN practice. The NC NPA and RN Rules require that when an agency has a nursing organizational structure, an RN must be responsible for the management, supervision, and clinical nursing responsibilities of that agency.

This includes providing the necessary agency guidelines for practice through policies and procedures. In a small agency employing only one RN, that RN may be responsible to assume all RN roles and responsibilities as listed in the RN Rules.

Another frequent question posed to NCBON staff is, **“If I am not providing ‘hands on’ nursing care to a client (e.g. telephone triage, case management, teaching nursing courses, etc.) am I still considered to be practicing nursing?”**

Who can then be my nursing manager or supervisor?” Returning to the NC NPA definition of nursing it states nursing is “assessing, counseling, teaching, referring...” “...in the maintenance of health, prevention and management of illness ...” The practice of nursing does not require “hands on” care, but rather requires nursing knowledge, judgment and decision-making. The nurse who maintains an “active” nursing license, whether functioning as a volunteer or employed, is practicing nursing whenever they use their nursing knowledge, experience, or judgment to implement any of the activities listed in the NC NPA. In addition, the



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prior information concerning management and supervision apply to such roles.

Employers have sometimes erroneously communicated that a nurse did not need to maintain an active nursing license because the position did not involve direct “hands on” client care. Some nurses permitted their nursing licenses to lapse, and later were informed by the Board they had been practicing nursing without a license. In some instances clinical supervision had also been inappropriately assigned as previously described.

Administering Nursing Services

NC Rules state administering nursing services is the responsibility of the RN. Those Rules further state the nurse administrator is responsible to: identify, develop and update standards, and policies and procedures related to the delivery of nursing care; implement those identified standards, and policies and procedures to promote safe and effective nursing care for





clients; plan for and evaluate the nursing care delivery system; and, manage licensed and unlicensed personnel providing nursing care by:

1. The appropriate allocation of human resources to promote safe and effective nursing care,
2. Defining levels of accountability and responsibility within the nursing organization,
3. Providing a mechanism to validate the qualifications and competencies of nursing personnel.

Cipriano in the American Nurse Today March 2011 article describes directors/administrators “responsible for more than one department” as those who take a systematic approach with managers, providing clear expectations and direction so staff know their roles and accountabilities.” She further states, “the nurse executive is responsible for practice, fiscal matters, strategic planning, advocacy for human resource issues, promoting professional achievement, and assuring an environment that supports clinical excellence.” “The nurse executive collaborates with multidisciplinary colleagues,” “representing their profession and organization as internal and external ambassadors while establishing collaborative relationships with the public.” All of these responsibilities require nursing knowledge,

judgment and decision-making.

Title “Nurse” and Identification

A frequent and related question asked by the public involves the title “nurse.” **“During my appointment with my physician a person called themselves a “nurse” but had NA (or MA or MOA) on their name pin. Can they call themselves a nurse?”**

In the interest of public safety and consumer protection, any person in NC who refers to himself or herself in any capacity as a “nurse” **must** be licensed as an RN or LPN. This is as stated in the NC NPA G.S. 90-171.43 “License required.” An unlicensed person may not be referred to as a “nurse” or refer to themselves as a “nurse” as this would mislead clients and the public into thinking the person had the education, knowledge and skill of a licensed nurse. Each licensed nurse is responsible to protect the title and not permit the title to be used inappropriately.

The NC Badge Law defines a “health care practitioner” as “an individual who is licensed, certified or registered to engage in the practice of medicine, nursing, dentistry, pharmacy, or any related occupation involving the direct provision of health care to patients.” The law states that when providing health care to a patient, whether employed or volunteering, the practitioner “shall wear a badge or other

form of identification displaying in readily visible type the individual’s name and the license, certification, or registration held by the practitioner.”

Because nurses have a healthcare license, by law they have accountability and responsibility the unlicensed individual does not have and the public has a right to know who is providing them healthcare services. Only in a few specific instances does NC law not require the healthcare practitioner to wear an identification badge.

The Future of Nursing

The Future of Nursing: Campaign for Action is a joint initiative of the Robert Wood Johnson Foundation and AARP to transform health care through nursing. Susan B. Hassmiller, PhD, RN, FAAN and Susan Reinhard, PhD, RN, FAAN, oversee the Campaign for Action initiative. In the Campaign’s October 2014 newsletter Advancing Health: News from the Campaign for Action it reported that Hassmiller and Reinhard had expressed their intent that the initiative would change nurses’ views about themselves, as well as society’s views about nurses. They asserted wanting more nurses to recognize themselves as potential agents of change since they are the group of providers with the most contact with patients and families. One of the Campaign’s key solutions is stated to be to emphasize that nurses must step into leadership roles to improve access to care.

It is each licensed nurse’s responsibility to know and uphold the NC NPA and nursing Rules. It is the responsibility of each licensed nurse in all instances to clarify for a current or potential employer those laws and rules. No matter an employer’s reasoning or justifications, it is the nurse’s responsibility to accurately follow the laws and rules of their profession.

Licensed nurses are called to take an active role in clarifying to all they meet: friend, neighbor, potential employer, colleagues in other professions and roles, and the public, the role and scope of nursing practice; especially as it relates to the management, supervision and administration of nursing services.

Board of Nursing Position Statements:

- **Competency Validation**

- Delegation and Assignment of Nursing Activities
- LPN Scope of Practice – Clarification: Position Statement for LPN Practice
- Nurse in Charge Assignment to LPN
- RN Scope of Practice – Clarification: Position Statement for RN Practice
- Staffing and Patient Safety
- Required reading for successful course completion can be found on the BON's website www.ncbon.com > Nursing Practice, and Laws and Rules.

References:

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EARN CE CREDIT

“Who’s Your Supervisor or Manager? Nursing Practice: The Management and Supervision of Nursing Services.”

Nursing Law and Rules:

- G.S. 90-171.20 North Carolina Nursing Practice Act, (4)(7) & (8)
- G.S. 90-171.43 NC NPA License required
- G.S. 90-640 NC Badge Law

RECEIVE CONTACT HOUR CERTIFICATE

Go to www.ncbon.com and scroll over “Nursing Education”; under “Continuing Education” select “Board Sponsored Bulletin Offerings,” scroll down to the link, **“Who’s Your Supervisor or Manager? Nursing Practice: The Management and Supervision of Nursing Services.”** Register, be sure to write down your confirmation number, complete and submit the evaluation, and print your certificate immediately.

Registration deadline is February 1, 2018.

PROVIDER ACCREDITATION

The North Carolina Board of Nursing will award 1.0 contact hour for this continuing nursing education activity.

The North Carolina Board of Nursing is an approved provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

NCBON CNE Contact Hour Activity Disclosure Statement

The following disclosure applies to the NCBON continuing nursing education article entitled **“Who’s Your Supervisor or Manager? Nursing Practice: The Management and Supervision of Nursing Services.”**

Participants must read the CE article and online reference documents (if applicable) in order to be awarded CNE contact hours. Verification of participation will be noted by online registration. No financial relationships or commercial support have been disclosed by planners or writers which would influence the planning of educational objectives and content of the article. There is no endorsement of any product by NCNA or ANCC associated with the article. No article information relates to products governed by the Food and Drug Administration.



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to the right of the homepage.

Questions on Online Bulletin Articles

Contact:: Linda Blain

919-782-3211 ext. 238 lindab@ncbon.com

For Webcasts and Orientation Session see bottom of columns for contact info.

Online Bulletin Articles

Who's Your Supervisor or Manager? Nursing Practice: The Management and Supervision of Nursing Services (1 CH)
No fee required

Getting to Know your Licensing Board: the North Carolina Board of Nursing at a Glance (1 CH)
No fee required

Uh oh...the Board of Nursing called...Complaint Reporting & Resolution (1 CH)
No fee required

Social Networking and Nurses (1 CH)
No fee required

Delegation: What are the Nurse's Responsibilities? (2 CHs)
No fee required

Continuing Competence Self Assessment: Have You Met Your Professional Responsibility? (1 CH)
No fee required

More offerings on website

Webcasts

Understanding the Scope of Practice and Role of the LPN (1 CH)
Provides information clarifying the LPN scope of practice. An important course for RNs, LPNs, and employers of LPNs.
No fee required.

LEGAL SCOPE OF PRACTICE (2,3 CHs)
Provides information and clarification regarding the legal scope of practice parameters for licensed nurses in North Carolina.

\$40.00 Fee.

Questions:

Pamela Trantham
919-782-3211 ext. 279
pamela@ncbon.com

Orientation Session

Face-to-face workshop at NC Board of Nursing office.
Information session regarding the functions of the Board of Nursing and how these functions impact the roles of the **nurse administrator and the mid-level nurse manager** in all types of nursing services.

Session Dates

April 23, 2015
September 16, 2015
November 5, 2015

\$40.00 fee (non-refundable unless session is canceled)

Register online at www.ncbon.com.

Registration at least two weeks in advance of a scheduled session is required.

Seating is limited. There is usually a waiting list for this workshop. If you are unable to attend and do not have a substitute to go in your place, please inform the NCBON so someone on the waiting list can attend.

Paper registration request, contact:

Paulette Hampton
919-782-3211 ext. 244
paulette@ncbon.com

PRACTICE CONSULTANT AVAILABLE TO PRESENT AT YOUR FACILITY!

An NCBON practice consultant is available to provide educational presentations upon request from agencies or organizations.

To request a practice consultant to speak at your facility, please complete the Presentation Request Form online and submit it per form instructions. The NCBON will contact you to arrange a presentation.

Standard presentations offered are as follows:

- **Continuing Competence (1 CH)** – 1 hour – Presentation is for all nurses with an active license in NC and is an overview of continuing competency requirements.
- **Legal Scope of Practice (2.0 CHs)** – 2 hours – Defines and contrasts each scope, explains delegation and accountability of nurse with unlicensed assistive personnel, and provides examples of exceeding scope. Also available as webcast.
- **Understanding the Scope of Practice and Role of the LPN (1 CH)** – 1 hour – Assists RNs, LPNs, and employers of nurses in understanding the LPN scope of practice. Also available as webcast.
- **Documentation and Medication Errors (1 CH)** – 1 hour – Explains purpose, importance, and desirable characteristics of documentation; describes relationship between nursing regulation and documentation; identifies practices to avoid and those that may violate NPA; and identifies most common medication errors and contributing factors.
- **Nursing Regulation in NC (1 CH)** – 1 hour – Describes Board authority, composition, vision, function, activities, strategic initiatives, and resources.
- **Introduction to Just Culture and NCBON Complaint Evaluation Tool (1.5 CHs)** – 1 hour and 30 minutes – Provides information about Just Culture concepts, role of nursing regulation in practice errors, instructions in use of NCBON CET, consultation with NCBON about practice errors, and mandatory reporting. Suggested for audience NOT familiar with Just Culture.
- **Introduction to the NCBON Complaint Evaluation Tool (1 CH)** – 1 hour – Provides brief information about Just Culture concepts and instructions for use of the NC Board of Nursing's Complaint Evaluation Tool, consultation with NCBON about practice errors, and mandatory reporting. Suggested for audience already familiar with Just Culture.

SUMMARY of ACTIVITIES

ADMINISTRATIVE MATTERS

- Approved 2015 Strategic Plan Roadmap
- Approved proposed revisions to Committee Profiles

REGULATORY COMPLIANCE ACTIONS

Received reports and Granted Absolutions to 2 RNs and 2 LPNs.
Removed probation from the license of 9 RNs and 1 LPN.
Accepted the Voluntary Surrender from 10 RNs and 1 LPN.
Suspended the license of 12 RNs and 5 LPNs.
Reinstated the license of 8 RNs and 1 LPN.
Number of Participants in the Alternative Program for Chemical
Dependency: 156 RNs and 8 LPNs (Total = 164)
Number of Participants in the Chemical Dependency Program (CDDP):
101 RNs, 10 LPNs (Total = 111)
Number of Participants in Illicit Drug and Alcohol/Intervention Program:
27 RNs, 1 Compact RN, 14 LPNs (Total = 42)

EDUCATION MATTERS:

Summary of Actions related to Education Programs
Ratification of Full Approval Status – 5 programs
Notification of Alternate Scheduling Option – 1 program
FYI Accreditation Decision by CCNE – 1 program
FYI Accreditation Decision by ACEN – 2 programs
FYI Substantive Changes/ACEN – 1 program
Determination of Program Approval Status:
Initial Approval – 1 program
Denied Initial Approval – 2 programs
Initial to Full Approval – 1 program
Remained on Initial Approval – 1 program
Assigned Warning Status – 1 program

NORTH CAROLINA BOARD of Nursing Calendar

**BOARD MEETING:
MAY 28-29**

**LICENSURE REVIEW PANELS:
MAY 14
APRIL 9
JUNE 11**

**ADMINISTRATIVE HEARING:
MAY 28
JULY 23**

**EDUCATION PRACTICE
COMMITTEE:
MARCH 25
AUGUST 5**

NOMINATION FORM FOR 2015 ELECTION

Although we just completed a successful Board of Nursing election, we are already getting ready for our next election. In 2015 the Board will have three openings: one Nurse Administrator in a Hospital or Hospital System, one Nurse educator BSN/Higher Degree and one LPN. This form is for you to tear out and use. This nomination form must be completed on or before April 1, 2015. Read the nomination instructions and make sure the candidate(s) meet all the requirements.

Instructions

Nominations for both RN and LPN positions shall be made by submitting a completed petition signed by no fewer than 10 RNs (for an RN nominee) or 10 LPNs (for an LPN nominee) eligible to vote in the election. The minimum requirements for an RN or an LPN to seek election to the Board and to maintain membership on it are as follows:

1. Hold a current unencumbered license to practice in North Carolina
2. Be a resident of North Carolina
3. Have a minimum of five years experience in nursing
4. Have been engaged continuously in a position that meets the criteria for the specified Board position, for at least three years immediately preceding the election.

Minimum ongoing-employment requirements for **both RNs and LPNs** shall include continuous employment equal to or greater than 50% of a full-time position that meets the criteria for the specified Board member position, except for the RN at-large position.

If you are interested in being a candidate for one of the positions, visit our website at www.ncbon.com for additional information, including a Board Member Job Description and other Board-related information. You also may contact Chandra, Administrative Coordinator, at chandra@ncbon.com or (919) 782-3211, ext. 232. After careful review of the information

packet, you must complete the nomination form and submit it to the Board office by April 1, 2015.

Guidelines for Nomination

1. RNs can petition only for RN nominations and LPNs can petition only for LPN nominations.
2. Only petitions submitted on the nomination form will be considered. Photocopies or faxes are not acceptable
3. The certificate number of the nominee and each petitioner must be listed on the form.
4. Names and certificate numbers (for each petitioner) must be legible and accurate.
5. Each petition shall be verified with the records of the Board to validate that each nominee and petitioner holds appropriate North Carolina licensure.
6. If the license of the nominee is not current, the petition shall be declared invalid.
7. If the license of any petitioner listed on the nomination form is not current, and that finding decreases the number of petitioners to fewer than ten, the petition shall be declared invalid.
8. The envelope containing the petition must be postmarked on or before April 1, 2015, for the nominee to be considered for candidacy. Petitions received before the April 1, 2015, deadline will be processed on receipt.
9. Elections will be held between July 1 and August 15, 2015. Those elected will begin their terms of office in January 2016.

Please complete and return nomination forms to 2015 Board Election, North Carolina Board of Nursing, P.O. Box 2129, Raleigh NC 27602-2129.

Nomination of Candidate for Membership on the North Carolina Board of Nursing for 2015

We, the undersigned currently licensed nurses, do hereby petition for the name of _____, RN / LPN (circle one), whose Certificated Number is _____, to be placed in nomination as a Member of the N.C. Board of Nursing in the category of (check one):

☐ Nurse Administrator in Hospital or Hospital System ☐ Nurse Educator BSN/Higher Degree ☐ Licensed Practical Nurse

Address of Nominee: _____

Telephone Number: (Home) _____ (Work) _____

E-mail Address: _____

PETITIONER - (At least 10 petitioners per candidate required. Only RNs may petition for RN nominations).

TO BE POSTMARKED ON OR BEFORE APRIL 1, 2015

NAME	SIGNATURE	CERTIFICATE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please complete and return nomination forms to 2015 Board Election, North Carolina Board of Nursing, P.O. Box 2129, Raleigh, NC 27602-2129.

Are You Considering an Out-of-State Nursing Program?

The Board of Nursing receives many questions from individuals who are exploring nursing education originating from out-of-state. If you are interested in attending an out of-state nursing program, please read these FAQs.

Does the NCBON approve nursing graduate-level (masters and doctoral) out-of-state programs/online programs/correspondence courses?

The NCBON does not approve or disapprove graduate-level nursing programs, in-state, nor out-of-state, regardless of teaching methodologies used. Programs over which the NCBON does NOT have jurisdiction include: RN-BSN, masters, and doctoral programs. While some states do have jurisdiction over programs beyond those leading to initial licensure, the NCBON does not. The NCBON has jurisdiction only over pre-licensure nursing programs located in NC that prepare graduates to take the initial LPN or RN licensure examination.

Is the NCBON imposing restrictions on out-of-state nursing education programs? I am being told by an out-of-state program that the NCBON is preventing them from admitting NC residents as students.

The NCBON is not imposing restrictions on out-of-state nursing education programs. However, there are regulations in NC which require out-of-state institutions that conduct educational activities in NC, that require a field experience (i.e. student clinical/practicum, student teaching, internship or externship), to be licensed by the University of North Carolina (UNC) System General Administration/Board of Governors. This is a mandate from the United States Department of Education and not associated with the NC Board

of Nursing. If the education program is truly a 100% online degree program that does not require a field experience, students may enroll. When considering enrollment in ANY out-of-state nursing program with field requirements, individuals should check with the UNC System to verify licensure status by calling 919-962-4558 or on the UNC System web site at:

<http://www.northcarolina.edu/?q=content/approved-degree-programs-licensed-institutions>

If I attend a pre-licensure nursing education program in another state, am I able to complete my student clinical experiences in NC?

a) Pre-licensure (RN or LPN) students who are attending out-of-state programs and wish to complete clinical experiences in North Carolina must contact the NCBON by email at education@ncbon.com to obtain information regarding requirements.

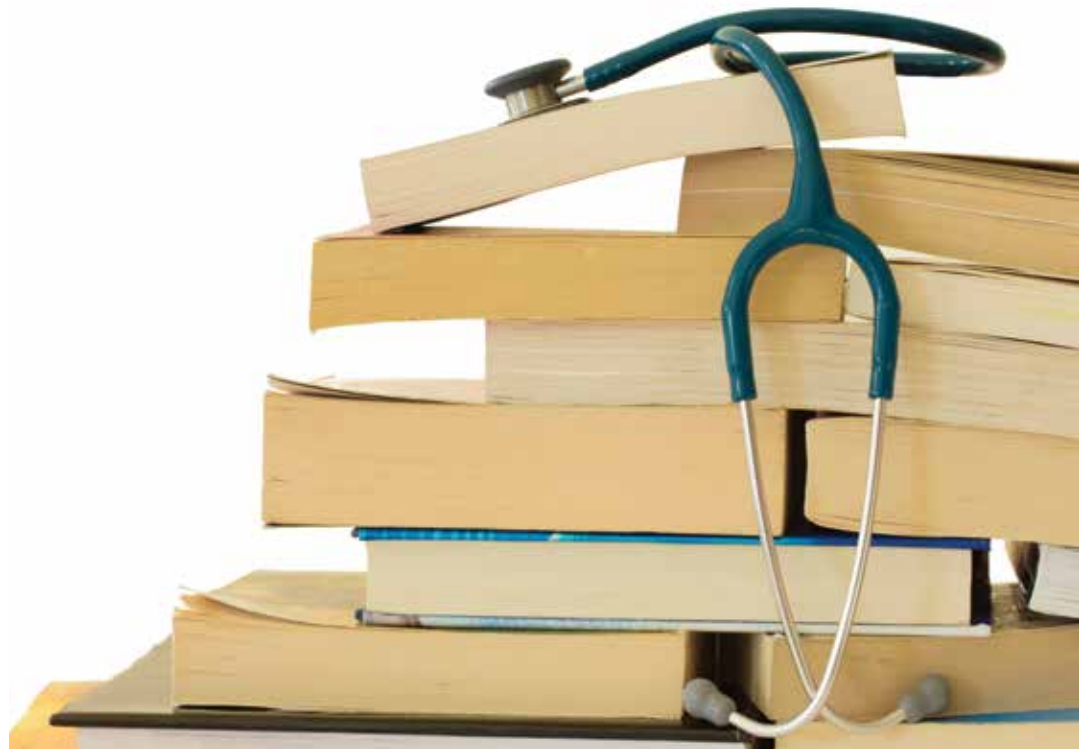
b) Graduate (master's or doctoral)

students who do not hold a NC or multistate nursing license must contact the NCBON by email at practice@ncbon.com to obtain information regarding requirements for the completion of clinical experiences in NC.

c) Graduate (master's or doctoral) students who hold a NC or multistate nursing license may seek clinical experiences in NC without NCBON notification or approval.

Additional FAQs can be found on our website at: <http://www.ncbon.com/dcp/i/nursing-education-faq~nursing-education>

(NOTE: The UNC System requires that all out-of-state degree granting institutions be licensed as described in the above question. Although not an NCBON requirement, all students are urged to ascertain their institution's NC licensure status.)



PROCEDURAL SEDATION POSITION STATEMENT REVISED

At the January 2015 NC Board of Nursing meeting a revision of the Conscious (Moderate) Sedation Position Statement was presented and approved under the new title PROCEDURAL SEDATION/ANALGESIA. The revised statement provides even more detailed information defining the role and scope of the non-anesthetist RN when administering sedative, analgesic and anesthetic pharmacological agents to non-intubated clients.

The revised statement details all requirements to be in place before an RN may proceed in administering the medications for these purposes. The requirements include: policies and procedures employing agency must have, the specific knowledge and validated competencies the RN must demonstrate, the role and responsibilities of the RN, and the physical location of the ordering provider.

The newly revised statement also includes more related terms and their definitions, and addresses the RN's role and responsibilities administering anesthetic medications. The statement clarifies the LPN's role and scope regarding these interventions.

It is important that all RNs administering sedative, analgesic and anesthetic medications and participating in procedures with the intent of providing sedation at any level review this revised statement provided by the Board.

IMPORTANT REMINDER FROM THE NORTH CAROLINA BOARD OF NURSING REGARDING NURSE PRACTITIONER DOCUMENTATION REQUIREMENTS

3 THINGS EVERY NURSE PRACTITIONER (NP) NEEDS TO KNOW

1) QUALITY IMPROVEMENT (QI) MEETINGS

The QI Meetings are to be completed any time the NP changes or adds a primary supervising physician (monthly for the first six months and every six months thereafter). These meetings are to be documented and signed/dated by the NP and primary supervising physician.

2) COLLABORATIVE PRACTICE AGREEMENT (CPA)

The NP and primary supervising physician must have a CPA, signed/dated by NP and primary supervising physician.

The CPA must address the following elements:

- describe how the NP and the primary supervising physician are continuously

available to each other

- include drugs, devices, medical treatments, tests, and procedures that may be prescribed, ordered, and performed by the NP
- include a predetermined plan for emergency services

CPAs are to be reviewed annually. The evidence can either be a signature sheet appended to the CPA, signed and dated by the NP and the primary supervising physician, or individual CPAs for each year signed and dated as mentioned.

3) CONTINUING EDUCATION (CE)

NPs must obtain 50 CE's for each NP renewal cycle (birth month to birth month).

The above documentation is to be maintained for the previous five calendar years. Failure to have said documentation may result in disciplinary action. NC NP Rules.

Detailed information related to each of the above elements can be found on the NCBON website: www.ncbon.com – Nursing Practice – Nurse Practitioner.

Please email questions re: the above information to: aprnpractice@ncbon.com.

Avoiding Unprofessional Behavior Allegations

By Angie Matthes, RN, MBA/MHA



Nurses seem to be under more pressure today due to higher patient acuity, fewer staff and resources, and increased demands. In response to these stressors, nurses may react abruptly and convey a negative attitude without meaning to. However, patients and their loved ones rightfully expect to receive appropriate quality nursing care in a timely manner by caring and professional nurses.

Have you ever been treated poorly or received poor customer service? What was your impression of the person or business? What do you consider rude and unprofessional behavior? We can all recognize these behaviors in someone else, but can we recognize this within our own behavior?

The Board of Nursing has been receiving a growing number of public complaints about nurses who are “perceived” as unprofessional, rude, uncaring, condescending and impatient.

For example, have you ever heard or made comments like these? “That patient is such a pain.” “I am so sick of that patient calling me every 5 minutes.” Consider how this would make you feel if this were said about a loved one. While most of the time comments like these are said out of frustration and not meant for the patient to hear, you never know when you may be overheard.

Nurses seem to be under more pressure today due to higher patient acuity, fewer staff and resources, and increased demands. In response to these stressors, nurses may react abruptly and convey a negative attitude without meaning to. However, patients and their loved ones rightfully expect to receive appropriate quality nursing care in a timely manner by caring and professional nurses. It is important to remember that it is how nurses present themselves to patients that can frame how patients view their entire healthcare encounter.

Consider the following scenarios:

Scenario # 1

Shortly after coming on duty, a patient lashes out at the nurse because he had not received his medication when he requested it. The nurse responded, “I just got here. We are short of staff and you are not our only patient.” What kind of impression do you think this made on the patient? Did this demonstrate care and concern for his well being? What if instead, the nurse responded with, “I am sorry for the delay. Is the pain medication effective in relieving your pain or are you beginning to have pain before your next medication dose is allowed.” How would you expect the patient receiving this response might feel? Did the nurse show empathy and a desire to help?

Scenario # 2

A confused patient is yelling at the nurse telling her to stop hurting her. The nurse

responds, “Quiet. I am tired of listening to you whine all the time.” A visitor overhears this interaction and reports that the nurse was disrespectful and abusive.

Consider how you might feel if someone said this to your loved one. Do you think you would feel comfortable leaving your loved one with someone that seemingly demonstrated no concern?

Everyone wants to feel like they have been heard when they share concerns or needs. No matter how exceptional the nursing care is, a nurse that has been perceived as rude or uncaring may end up being the nurse that the patient or family remembers the most.

Most nurses report that the very reason they became a nurse was to help people. In order to do this effectively, nurses have to consider how they react and respond in stressful situations. The time it takes to respond positively and professionally is much less than the time it will take to

respond to complaints down the road.

There will always be a difficult day or a challenging situation, but it is worth the effort when a nurse remains professional and carries out his/her role to the best of his/her ability in the most caring and compassionate manner. Remember, when patients experience anxiety and fear, these feelings can often be displayed as frustration and anger. Nurses must recognize this and display compassion and understanding.

When all is said and done, patients and their loved ones will not likely remember every health care provider involved in their care, but they usually will remember their best and worst experiences. Only you can control in which group you will be placed. Few kind words and sincere compassion will leave your patients with a positive experience and perception of their nursing care. Attitudes are contagious: let yours be positive!



P.O. Box 2129
Raleigh, NC 27602-2129