

NURSING BULLETIN



2018 NC Nurses Vote for
**BOARD
MEMBERS**

– page 6

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SUMMER 2018 BULLETIN
NC BOARD OF NURSING
Nursing Bulletin is the official
publication of the North
Carolina Board of Nursing.

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8 a.m. to 5 p.m.,
Monday through Friday

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Mission Statement

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NC BOARD
OF NURSING
**NURSING
BULLETIN**

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from the **EDITOR**

Vacation and Voting ...

...And the Bulletin Magazine—as you like it!

It's that time of year again to exercise your opportunity to vote for the candidates of your choice to NC Board of Nursing. We introduce the candidates to you in this issue and to read each candidate's full interview and biography, please visit the information on the Board's homepage at www.ncbon.com.

The window for voting runs from July 1 through August 15th.

The growth trend in nursing continues as we begin the second half of 2018. On the bottom of the Board's homepage we report—and update regularly—the number of licensed nurses in the state. Currently, we are fast approaching 160,000 licensed nurses and among that number are almost 12,000 advanced practice nurses; NPs, CRNAs, CNSs and CNMs.

The summer CE article in this expanded issue of the Nursing Bulletin Magazine is our traditional article on voting which has been updated for 2018. Additionally, a very timely article titled: The Role of Nurses in Mitigating the Impact of the Opioid Epidemic, is authored by co-workers Bobby Lowery, Ph.D, FNP-BC, FAANP and Kathleen Privette, MSN, NEA-BC FRE also appears in this current issue. See Page 28.

Speaking of the magazine—the inaugural issue of the Nurse Bulletin, in magazine format, was sent out to NC nurses in October of 2004. Considering the growth in the number of nurses over this time period, a rough calculation comes to a total of the more than 5 million copies of the magazine produced and mailed.

Our random readership surveys indicate that the majority of readers still want to receive a hard copy of the magazine. However, in the months ahead we will investigate ways for electronic distribution of the magazine to nurses who may prefer to receive it in that format.

Sincerely,

David Kalbacker

Editor, NC Board of Nursing



NORTH CAROLINA BOARD OF NURSING **CALENDAR OF EVENTS**



Board Meeting:
September 14, 2018

Administrative Hearings:
July 26, 2018
September 13, 2018
November 29, 2018

Education/Practice Committee:
August 1, 2018

Hearing Committee:
August 30, 2018
October 25, 2018

Licensure Review Panel:
August 9, 2018
September 12, 2018
October 11, 2018
November 8, 2018



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2018 NC Nurses Vote for BOARD MEMBERS

Joyce V. Winstead, MSN, RN, FRC and David Kalbacker

Purpose:

North Carolina is the only state in the United States in which the nurses have the privilege to nominate and elect nursing members for their Board of Nursing. The purpose of this article is to provide information about the NC Board of Nursing elections and the importance of participation, candidate biographical information, and Board member qualifications.

Outcome:

Nurses will have an increased awareness of the importance of participation in the Board member elections and the knowledge to make appropriate candidate selections.

You Are Unique! Opportunity Awaits You!

You are unique because ... as a North Carolina (NC) nurse, you have the special *privilege* to nominate and elect the nursing members of the NC Board of Nursing (Board). NC is the only state in the nation in which nurses have this privilege. Privilege is defined as a special right or entitlement given only to a specific group of people. An example of a privilege is the freedom to pursue "life, liberty, and the pursuit of happiness" available to all citizens of the United States. Possessing a nursing license is a *privilege* that holds responsibilities and commitment to the public for the provision of safe competent nursing



care. NC nurses sustain their privilege to vote for nursing Board members through active participation in the annual elections.

Every nurse who holds an active NC license is eligible to vote in the annual Board elections.

- Registered Nurses (RN) with an active NC license are eligible to vote in the election of the RN Board members.
- Licensed Practical Nurses (LPN) with an active NC license are eligible to vote in the election of the LPN Board members.

The opportunity that awaits you is ... the privilege to vote for the Board member(s) that you think would make appropriate choices to better serve nursing regulation in NC. The elected Board members determine the direction for the regulation of nursing practice in NC and are responsible for overseeing the activities of the Board of Nursing. Just as the privilege to participate in national, state, and local elections is the cornerstone of democracy; participating in the election of Board members serves to allow nurses the opportunity to voice

their opinions and pro-actively influence the direction of nursing practice. Each individual nurse's vote is important! The vote of one nurses builds collectively upon the votes of other nurses to result in the election of the Board members who will impact nursing regulation. Elections for the Board are conducted annually between July 1st and August 15th.

The 2018 Board Elections Candidate Positions Are:

- RN: Nurse Educator for Associate Degree Nursing and/or Diploma Programs
- RN: Staff Nurse
- LPN

When considering which candidate to vote for, the nurse is encouraged to carefully review the candidate's qualifications:

- educational preparation,
- length of experience,
- areas of expertise,
- leadership abilities, and
- reputation for professionalism and transparency.

How Many Nurses Voted in the 2017 Board Elections?

NC currently has over 157,000 licensed nurses (RNs and LPNs). The percentage of nurses, both RNs and LPNs, that voted in the 2017 Board member election was *only* 3.27% (see Figure 1). Of the 134,831 RNs in the state, 3.61% voted in the election (see Figure 2) and two hundred forty-three of the 22,401 LPNs or 1.08% voted in the election (see Figure 3).

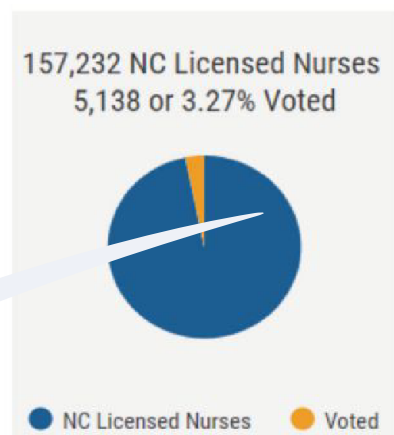


Figure 1

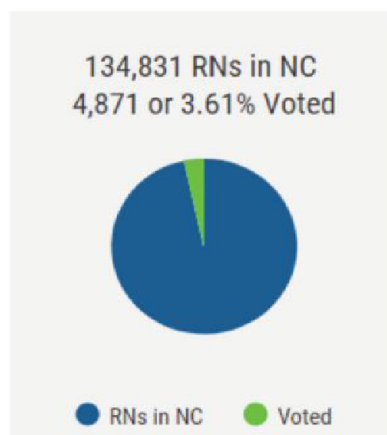


Figure 2

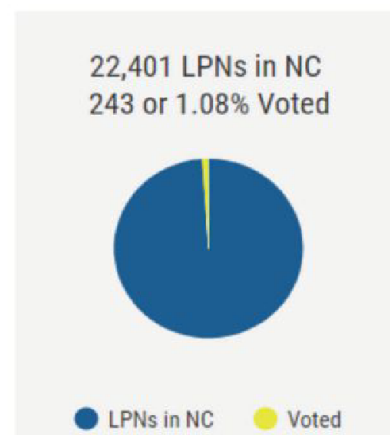


Figure 3

Historical Importance

In 1903, NC became the first state in the nation to have a Board of Nursing and to mandate nursing registration for nurses. The first NC Board of Nurse Examiners was composed of two physicians (elected by the NC Medical Society) and three nurses from the NC State Nurses' Association. Gene Tranbarger, EdD, RN, MSN, FAAN, a former Board member that served from 1979 to 1986 shared a historical perspective regarding the challenges and successes for achieving the privilege for nurses to be elected to the Board by the nurses of NC. During an interview Dr. Tranbarger stated that in the 1970's a Task-force of nurse leaders were charged with the responsibility to rewrite the Nursing Practice Act (NPA). It was during this time that nurse leaders also recognized the Board's need to strengthen the regulation of nursing practice in NC and revamp the current Board member composition to include nurses with a variety of expertise. At that time, the Board member composition was by Governor appointment only and consisted of nurses, two physicians, and two hospital administrators. Dr. Tranbarger stated,

Conversations between the Governor and a representative of the Task-force ... led eventually to a decision to change appointment by the Governor to election by individuals licensed to practice as registered nurses in NC for the RN members and by individuals licensed to practice as LPN's for the LPN members. The general wisdom was the election versus governor appointment could be used as a bargaining chip to succeed in writing in qualifications for appointment to the Board.

In 1981, legislation was passed that made significant changes to the Board's composition and appointment of members. The new changes required Board member composition

to include RNs, LPNs, and several public members. The changes also included the requirement that the nurse Board members would be nominated and elected by the nurses of NC. Dr. Tranbarger encourages nurses with these words:

Most individuals motivated to serve on the Board of Nursing over the years have served the Board with distinction. The Board of Nursing has continued to demonstrate excellence in regulating nursing practice. The public has been well-served by an elected Board. Our responsibility is to continue to demand excellence by monitoring the election process and voting for the best qualified candidates.

Former Board member, Jennifer Kaylor, BSN, RN, CWON, stated:

Nurses regulating nursing is the best way to ensure that the people of North Carolina are cared for by professionally trained, safe practicing nurses.

Powers and Duties of the Board of Nursing [G.S. 90-171.23]

The NPA defines nursing as a dynamic discipline which includes assessing, caring, counseling, teaching, referring and implementing of prescribe treatment in the maintenance of health, prevention and management of illness, injury, disability or 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 NPA authorizes the Board to protect the public by regulating the practice of nursing and defines the Board member composition. The Board is composed of 14 members: eight RNs; three LPNs; and three appointed public members, one by the Governor and two by the General Assembly. Board members serve a four-year term. The four-year terms are staggered so that Board vacancies are consistently filled while maintaining a Board of experienced members. The Board meets three (3) times per year in the following months: January, May, and September. Board meetings are open to the public and attendance is encouraged.

Former Board member, Jennifer Kaylor, BSN, RN, CWON, shared insight regarding her experience as a member of the Board:

Over those next four years I was fortunate to have a professional experience that only the state of North Carolina provides: to be chosen by one's peers to serve on the Board of Nursing, to protect its citizens through ensuring that they receive the highest quality, safest, nursing care available. What an honor to collaborate and learn from such a dedicated group of fellow nurses and lay people committed to the nursing profession and the people of North Carolina. I have been able to employ the leadership skills I gained while on the Board in my institution's nursing governance, my team, and in a new Board role on my neighborhood association.

The duties and responsibilities empowered to the Board by the NPA are:

- Administer and issue interpretations of the NPA.
- Adopt, amend, or repeal rules and regulation necessary to implement the NPA.
- Examine, license, and renew the licenses of duly qualified applicants for nursing licensure.
- Investigate and take appropriate disciplinary action for all persons violating the NPA.
- Establish standards for nursing

education programs; and grant or deny approval of programs.

- Appoint advisory committees on an as needed basis, to explore initiatives.
- Appoint and maintain a subcommittee of the Board to work jointly with the subcommittee of the Board of Medical Examiners to develop rules and regulations to govern the performance of medical acts by RNs.
- Implement programs for assisting in the recovery and rehabilitation of nurses who experience chemical addiction or abuse, or mental or physical disabilities.
- Implement and regulate the continuing competence requirements.
- Employ an RN executive officer and other personnel to implement the NPA.
- Recommend and collect fees for licensure, renewals, examinations, and re-examinations.
- Maintain records of all proceedings and provide an annual summary of actions.
- Request criminal background checks for applicants applying for licensure.
- Implement the interstate compacts to facilitate the practice and regulation of nursing.

Nomination Process for RN and LPN Positions on the Board

The election process begins with the nomination of nurse candidates to fill the Board member vacancies for the upcoming year. Candidate nominations for Board vacancies are submitted to the Board annually between **January 1st** and **April 1st**:

- Candidates nominated for the RN member positions would need to submit the written petition of nomination (available from the Board) along with at least 10 RN signatures endorsing the nomination. The endorsing RNs must be eligible to vote in the election.
- Candidates nominated for the LPN

member position would need to submit a written petition of nomination (available from the Board) along with at least 10 LPN signatures endorsing the nomination. The LPNs must be eligible to vote in the election.

NC nurses, both RNs and LPNs, should consider nomination for the 2019 Board elections. The Board position vacancies for 2019 will be:

- RN: Nurse Administrator Hospital or Hospital Setting
- RN: Nurse Educator Baccalaureate or Higher
- LPN

Board Member Qualifications

The Board nursing members are composed of eight RNs and three LPNs. The minimum employment requirement for each RN and LPN on the Board is continuous employment equal to or greater than fifty percent (50%) of a full-time position.

The qualifications for each RN position are:

- Nurse administrator (1 position) — is employed by a hospital or a hospital system, has accountability for the administration of nursing services, and is not directly involved in patient care;
- Advanced Practice RN (APRN) (1 position) – meets the requirements to practice as a certified RN anesthetist, a certified nurse midwife, a clinical nurse specialist, or a nurse practitioner;
- Staff nurses (2 positions) – individuals primarily involved in direct patient care regardless of the practice setting;
- At-large RN (1 position) – RN that is not currently an educator in a nursing program that leads to licensure or granting a degree;
- Nurse Educators (3 positions): must meet the minimum education requirements established by the Board's education program standards for nurse faculty. The positions are:

- Practical nurse educator (1 position)
- Associate degree or diploma nurse educator (1 position)
- Baccalaureate or higher degree nurse educator (1 position)
- Hold a current, unencumbered license to practice as an RN in NC and be a resident of NC;
- Have a minimum of five years of experience as an RN;
- 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; and
- Provide evidence that the RN's employer is aware of the nurse's intentions to serve on the Board.

The APRN member (nurse practitioner, certified RN anesthetist, certified nurse midwife, or clinical nurse specialist) is an RN that:

- Graduated from or completed a graduate level advanced practice nursing education program accredited by a national accrediting body,
- Maintains current certification or recertification by a national credentialing body approved by the Board or meets other requirements established by rules adopted by the Board, and
- Practices in a manner consistent with rules adopted by the Board and other applicable law.

The qualifications for the three LPN positions are:

- Hold a current, unencumbered license to practice as an LPN in NC and be a resident of NC;
- Have a minimum of five years of experience as an LPN;
- Have been engaged continuously in the position of an LPN for at least three years immediately preceding election; and
- Provide evidence that the employer of the LPN is aware of the nurse's intentions to serve on the Board.

Perspective from Former Board Member

Patricia A Beverage, LPN served as an LPN member on the Board from 1996 to 2001 and shares her perspective,

I have recently retired after serving as a Licensed Practical Nurse for 41 years. As most new retirees do, I reflect on my professional experiences, and look forward to the future. Beyond working with the many patients, I can honestly say that being an



active North Carolina Board member was especially rewarding. There was so much to learn about the process of regulation, education and practice of our profession. During my two terms I participated in numerous hearings keeping the goal of protecting the public foremost, while maintaining compassion for the licensees who appeared before the Board. In addition, as a Board member I was afforded the opportunity to travel and was privileged to meet others in the nursing profession on a state and national level.

We are so privileged to be able to vote for the representatives on our Nursing Board. I believe it gives nurses genuine input into regulating our own profession, as opposed to outsiders telling us what needs to be done. In North Carolina the Board is independent, as opposed to an "umbrella" agency. This independence allows Board members and staff opportunities to research many topics to improve nursing not only for

those in practice, but for those we care for.

I cannot encourage NC nurses enough to take the time to serve on their Board of Nursing. The privilege of being able to vote for that representation should be exercised by ALL RNs and LPNs in this state. It is comparable to political voting, if you don't vote, then your voice is not heard.

I want to take this opportunity to thank the many nurses who voted for me during my two terms on the Board. They made it

possible for me to serve all the citizens of North Carolina in a very meaningful way. I am also indebted to NC Board Executive Directors Carol Osman and Polly Johnson and to the Board staff for the guidance and friendship they extended to me during my tenure.

In closing, not only do I recommend that each licensed nurse vote in North Carolina, but I also recommend that you consider running for the Board yourself should you have inclination. I can't help but think that you will find it a most rewarding experience.

A Nursing Privilege

The opportunity to elect nursing members to the Board of Nursing is a privilege held by nurses of the state of NC. **Seize your opportunity by voting July 1 – August 15th, 2018! The Slate of Candidates for the 2018 NC Board of Nursing Election is available on Page 12.**

Reference:

1. Nursing Practice Act State of North Carolina August 2009, GS 90-171.21, GS 90-171.23
2. Wyche, M.L. (1938). The History of Nursing in North Carolina. University of North Carolina. Press: Chapel Hill, NC.

NCBON CNE Contact Hour Activity Disclosure Statement

The North Carolina Board of Nursing will award 2.0 contact hours 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.

Instructions for Voting

Voting begins July 1, 2018 and continues to August 15, 2018 at midnight
Voting for Board members is easy!
Vote online from any location via computer, 24 hours a day, 7 days a week!

Vote with or without Receiving Continuing Education Credit

Steps for voting are:

- Have available your nursing license number and year of birth
 - An easy way to obtain your license number is to verify it on-line at the NCBON website www.ncbon.com, select "Verify License" and enter your name or social security number.
- Access the NCBON website if not already done so at www.ncbon.com.
- On the Homepage, click on the vote logo under Information Spotlight.
- Then follow the instructions as indicated.
- You will have two options:
 1. Vote and receive Continuing Education Contact Hours (See EARN CE CREDIT below for instructions), or
 2. Vote without Receiving Continuing Education Credit.
- Follow the instructions on the appropriate link.



EARN CE CREDIT

"NORTH CAROLINA NURSES VOTE in 2018!" (2 CH)

INSTRUCTIONS

Read the article. There is not a test requirement, although reading for comprehension and self-assessment of knowledge is encouraged.

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, NORTH CAROLINA NURSES VOTE in 2018!

Register, be sure to write down your confirmation number, complete and submit the evaluation, and print your certificate immediately.

If you experience issues with printing your CE certificate, please email practice@ncbon.com. In the email, please provide your full name and the name of the CE offering (North Carolina Nurses Vote in 2018).

Registration deadline is 8-15-2018.

PROVIDER ACCREDITATION

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NCBON CNE CONTACT HOUR ACTIVITY DISCLOSURE STATEMENT

The following disclosure applies to the NCBON continuing nursing education article entitled "NORTH CAROLINA NURSES VOTE in 2018!"

Participants must read the CE article 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.

NC BOARD
OF NURSING



YOUR
VOTE
COUNTS



**VOTING BEGINS JULY 1st
THROUGH AUGUST 15th!**

Participating in the NC Board of Nursing election is a significant way to influence who will make the decisions that affect your nursing practice. North Carolina remains the only state in the nation that allows nurses to elect a Board of their peers. **YOUR VOTE COUNTS!**

2018 Election Positions:

- LPN
- Staff Nurse
- ADN/Diploma Nurse Educator

Review the slate of candidates for each position in this, Summer 2018, edition of the *Nursing Bulletin*. Elected candidates will serve a term from January 2019 – December 2022 to uphold the NCBON Mission of public protection.

Voting is quick and easy and can be done from any location... home, work and even your mobile device! Simply visit **www.ncbon.com** and look for the vote icon. All you need to participate in the election is your license number and year of birth. Good luck to all of the candidates and keep an eye out for the winners announced in the Fall 2018 *Nursing Bulletin*!

2018 Slate of Candidates

The Board invites you to take the opportunity to learn more about the candidates nominated for the upcoming 2018 Board Election for LPN, ADN/Diploma Nurse Educator and Staff Nurse positions. Due to the large number of candidates for

2018, full interviews and biographical information are available under the "Information Spotlight" on the NCBON website, www.ncbon.com. On the following pages, you can find each candidates' answer to the following question:

"How will the experience you have had as a nurse contribute to the Board's work?"

Voting begins July 1, 2018 and closes at midnight on August 15, 2018.

LPN



Eric Cahn

I have worked with geriatric, adults, children, and infants interacting with their concerned families. Each client/patient is unique in needed care and environmental concerns. Being a frontline nurse means being an interface for families and the entire health care team. Communication between nurses and family, in a constructive way, is ESSENTIAL in the safety of the patient and nurse, satisfaction of care for patients and family members.



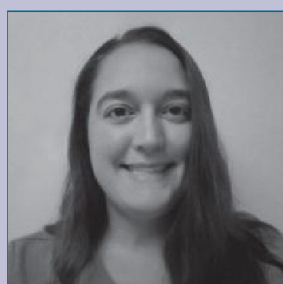
Arlene Imes

With having 31 years of experience, passion for nursing, enthusiasm and dedication is the best contribution. I have served on many committees and boards related to nursing. I have worked in various areas throughout the hospital from Long Term Care to Telehealth. This has helped me understand patients' needs in different areas in healthcare. I'm dedicated to anything I'm involved in and can be counted on to complete commitment.



Robert (Bob) Newsom

I feel that my 20 years of experience as an LPN practicing in skilled nursing will be particularly important in the next several years, as the Board reviews the role of the LPN as charge nurse in skilled nursing facilities, and the LPN scope of practice. I hope to serve on the Education and Practice committee when it studies these issues, and I believe I can make a unique and valuable contribution to this work.



Kimberly Crawley

Working for the federal government I have been a board member of several committees. I have been tasked with presenting new information and procedures to groups of employees. I have handled the schedule for every employee on the cardiology/oncology unit and was able to work through staffing challenges without compromising patient safety. I look forward to new challenges and productive outcomes.

ADN/DIPLOMA NURSE EDUCATOR



Renee Harrison

My experience with being able to make decisions based on policies and procedures; as well as my commitment to honor the profession of nursing, and maintain the integrity of the profession will help me contribute to the work of the board. It is my goal to continue the rich historical values and ensure the best future for nursing.



Cyra Kussman

I see the difficulties of my students trying to balance the rigor of the nursing curriculum with the need to pay their bills and work, the struggles of ESL students, the difficulty of attracting trained faculty to the community college landscape, and the constant turnover of the bedside nurse. With increasing demand for nurses expected, but increasing complexity in teaching I would now like to be a small voice in figuring out solutions.

“How will the experience you have had as a nurse contribute to the Board’s work?”

Voting begins July 1, 2018 and closes at midnight on August 15, 2018.

Full interviews and biographical information are available under the “Information Spotlight” on the NCBON website, www.ncbon.com.

ADN/DIPLOMA NURSE EDUCATOR



Barbara Knopp

Having worked as both LPN and RN, I have appreciation of the contribution of each. I have served as an Education Consultant and Manager of Education and NCLEX. I am actively keeping abreast of best practices in nursing practice, regulation and education. I have current experience as faculty (classroom and clinical) and as program director in nursing education and actively work with clinical agencies in addressing increasing demands of the health care systems.



Ann Marie Millner

With more than 25 years of diverse nursing experience, I have passion for education nursing professionals. I am skilled in team management and have a preference for leading by example. I think it is important to form collaborations with other healthcare professionals within the community. I am informed on current nursing education standards, accreditation requirements and importance of community relationships and affiliations. I have a strong commitment to nursing education at every level.



Alexis Welch

My nursing experience prepares me to serve the citizens of North Carolina and represent nurses in all practice settings. My desire for unparalleled nursing care is influenced by my roles as a consumer, mother, daughter and friend. Leadership graduate courses, educational opportunities and the positions I have held affords me valuable experiences to serve in leadership positions such as the NCBON.



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“How will the experience you have had as a nurse contribute to the Board’s work?”

Voting begins July 1, 2018 and closes at midnight on August 15, 2018.

Full interviews and biographical information are available under the “Information Spotlight” on the NCBON website, www.ncbon.com.

RN / STAFF NURSE



April Turner

The NCBON's mission to protect the public by regulating the practice of nursing. My experience as a bedside clinician and team member of multiple healthcare entities is invaluable. I have impacted care and contributed to change through professionalism, accountability, commitment and equity. My goal is to see that exemplary nursing care is provided for all. I support the NCBON vision and values and want the opportunity to represent the voice of nurses state wide.



Chester Farley

The knowledge and skills gained from experience as an RN and LPN provide a foundation to the work I can contribute to the Board. I will use this experience to guide my decisions and uphold the ethics and regulations of nursing practice. Understanding and practicing exemplary nursing care are the core to making educated and unbiased decisions. I will support disciplinary actions as necessary using my experience to enhance nursing practice and the Board's work.



Becky Ezell

I have been a staff nurse in a hospital setting for over 33 years. I have worked in Pediatrics and Imaging with adults. I have seen the changes throughout the 22 years including Electronic records, medication Pyxis, and the in and out nursing shortage with increasing pt. census.



Jimmy (Lee) Thompson

My experiences and desire to see continuous improvement in nursing care throughout North Carolina; is the standard from which I will approach any work done with the Board of Nursing.



Gilbert Mata

I believe that my experiences, both in and out of nursing, will bring a new and fresh perspective to the Board. I have an advantage that I have been a nurse since 1989 but I also tend to think forward and am not afraid to look to our future and how new ideas and technology will make nursing and nurses better. The Board is what should be guiding our profession and only with nurses to help in that endeavor will we succeed.

YOUR
VOTE
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Vacancy #: 976118

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Closing Date: Open Until Filled

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Job Duties: East Carolina University College of Nursing is currently seeking applications for a full-time 12 month faculty position to teach MSN and Post-Master's students in the Psychiatric/Mental Health Nurse Practitioner concentration. The College of Nursing research emphasis areas are broad and include Quality Improvement. This position reports to the Chair of the Department of Advanced Nursing Practice and Education.

Responsibilities will include: teaching courses in the BSN to MSN Program (Psych NP) and Post Masters certificate option, assisting with clinical evaluation (site visits), academic advising, and participating in collaboration with other disciplines.

Tenure-track or fixed-term position available.

Minimum Qualifications:

- A valid non-restricted North Carolina registered nurse license is required upon employment.
- Master's degree in Nursing required.
- Qualifying degrees must be received from appropriately accredited institutions.
- A minimum of three years of advanced practice clinical experience.
- Approval to practice as a nurse practitioner in North Carolina upon employment.
- Current national ANCC certification as a Psychiatric Mental Health Nurse Practitioner.
- Scholarship activity, effective oral and written communication skills, and effective interpersonal skills to work with a diverse population of students.

Preferred Education and Experience:

- PhD preferred for tenure-track at the title/rank of Assistant Professor or higher. Candidates with a DNP may be considered for fixed term at the title/rank of Clinical Assistant Professor or higher. Commitment to complete doctorate upon employment.
- Demonstrated experience, credentials, and scholarship in psychiatric mental health nursing (PMH NP).
- Teaching experience in online programs.
- Desirable characteristics include a program of research and/or quality improvement activities, experience in mentoring students, the ability to work collaboratively with a diverse faculty and student body, and expertise in areas of need (e.g., Psych Mental Health NP).

Special Instructions to Applicants: East Carolina University requires applicants to submit a candidate profile online in order to be considered for the position. In addition to submitting a candidate profile online, please submit online the following required applicant documents: Curriculum Vitae, Letter of Interest, List of Three References (noting contact information).

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Becky Bagley, DNP, CNM
Chair, PSYCH/MHNP Faculty Search Committee
3160 Health Sciences Bldg.
Mailstop# 162
Greenville, NC 27858
Phone: (252)744-6358
Email: bagleyr@ecu.edu

Additional Instructions to Applicants: In order to be considered for this position, applicants must complete a candidate profile online via the PeopleAdmin system and submit any requested documents.

Application Types Accepted: Applications will be considered until position is filled. Please submit an online ECU application for vacancy # 976118 to ECU Human Resources at <http://jobs.ecu.edu>.

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Excerpt from “A Study of Non-Disciplinary Consent Orders Effectiveness”

Melissa McDonald, MS, NC Board of Nursing, Chief Human Resources Officer

Abstract:

Since 2004, the North Carolina Board of Nursing has been utilizing Non-Disciplinary Consent Orders (NDCOs) as an option to resolve minor practice complaints when the nurse acknowledges her/his action in the reported matter is a violation of nursing law/rules. The NDCO is an optional resolution that imposes a mandatory educational remedy as a means of protecting the public and helping the nurse to improve and maintain safe practice. Since the inception of the NDCO option for resolving minor practice violations, more than 826 NDCOs have been issued. This retrospective research study reviewed the data of 826 NDCOs over an eleven-year timeframe [2005 – 2016] to provide evidence-based results of the appropriateness and effectiveness in relation to the various types of minor practice violations of the Nurse Practice Act. This review of NDCO data is driven by two important issues that impact the use of NDCOs: effectiveness and transparency.

Study Background

The purpose of this study was to take an in-depth look at the North Carolina Board of Nursing’s (NCBON) Non-Disciplinary Consent Order (NDCO) process. Since 2004, the North Carolina Board of Nursing has utilized Non-Disciplinary Consent Orders (NDCOs) as an option to resolve minor practice complaints when the nurse acknowledges her/his action in the reported practice matter is a violation of nursing law/rules. The NDCO is an optional resolution that imposes a mandatory educational remedy as a means of protecting the public and helping the nurse to improve and maintain safe practice.

North Carolina is a mandatory reporting state, meaning any suspected violation of the Nursing Practice Act must be reported to the Board. The North Carolina Board of Nursing can only take formal action if there is clear

and convincing evidence that the nurse violated state nursing laws and rules. The standard of proof differs among jurisdictions. In the majority (58%) of jurisdictions the preponderance of the evidence is the accepted standard of proof. Table 1 provides a listing of the Boards and their requirement for standards of proof obtained from National Council State Board of Nursing (NCSBN) Member Board Profiles (2017). Only (33%) of Boards, including North Carolina, require clear and convincing evidence as standard of proof.

Laws governing nursing practice are enforced by regulators to help ensure that licensees are safe and competent to practice. Through responding to, assessing, and investigating complaints about nurses and their practice, and taking appropriate action, the regulatory body upholds professional standards

Table 1		NCSBN Standards of Proof by State	
Standards of Proof	Jurisdictions	Number of Boards	Percentage of Boards
Clear and convincing evidence	AL, CA-RN, CA-VN, CNMI, FL, GU, IL, MD, MS, NC, OK, SC, SD, VA, WA, WY	16	33%
Preponderance of the evidence	AZ, CO, CT, DE, GA, IA, ID, KY, LA-RN, MA, ME, MN, MO, MT, ND, NH, NJ, NM, NV, OH, OR, PA, TN, TX, UT, VT, WI, WV-PN	28	58%
Substantial evidence	AR, HI, KS	3	6%
Reasonable cause/suspicion evidence	DC	1	2%

and contributes to maintaining public confidence in the profession and the integrity of the Board. A fundamental and important aspect of the Board's disciplinary work is to remediate, whenever possible, the behavior or practice that led the Board to take action.

Since inception of the NDCO option for resolving minor practice violations, in NC, more than 826 NDCOs have been issued. This research study reviewed the data of all 826 NDCOs that have been issued over an eleven-year time-frame [2005 – 2016] to provide evidence-based results of the appropriateness and effectiveness in relation to the various types of violations of the NPA. Board approved protocols/sanctioning guidelines provide consistent guidance for when to issue a NDCO and when to pursue a disciplinary action. The results of this study help to clarify the appropriateness and effectiveness of the NDCO option for adequately addressing minor practice breakdown. This verification serves to increase public confidence in the NDCO process as a preventative to recidivism. Analyzing and evaluating this data was important for establishing evidence regarding the North Carolina NDCO processes. Benton, Perez-Raya, Gonzalez-Jurado, Rodriguez-Lopez (2015) indicate although there is a shift to more research in the area of nursing regulation, much more is required to keep pace with the ever-changing world.

The review of the NDCO data was driven by two important issues that impact the use of NDCOs, effectiveness and transparency. Specifically, do the non-disciplinary intervention options effectively prevent recidivism; and second, is the regulatory board meeting their mandate in protecting the public by not publicizing the orders. The research question guiding this study is:

- Are non-disciplinary remediation plans effective as measured by recidivism rates?



Statement of the Problem

As regulators, the Board of Nursing's primary purpose is to protect the public. Adamson (2012) indicates that today's critical and inquiring public demands are for an honest, unguarded representation of facts, figures, recommendations, and actions that are not masking ulterior motives or hidden agendas. NDCOs are nonpublished Board Orders between the regulatory board and the licensee. This poses the problem of transparency to the public. Because of the demand for transparency and publicizing sanctioning, non-published sanctioning such as NDCOs should be evaluated to validate its effectiveness in assuring public safety.

Many programs that provide alternatives to disciplinary action for nurses with substance use disorders are in place across the country. However, few Boards offer alternative programs for practice deficiencies. The significance of this study is the systematic evaluation of the efficacy of NDCOs in preventing recidivism among violators of the Nursing Practice Act and protecting the public. In this study, recidivism is defined as a substantiated subsequent complaint for the same or related issue. Analysis of the data provides the Board evidence for continuing the remediation

program, identifying it as an effective approach for reducing the incidents of practice breakdown without hindering public safety.

Summary of Literature Review

As professions look for ways to make members more responsible for their own behavior and successes, more innovative approaches have developed to not only concentrate on the punishment but to correct the behavior. According to the literature, alternative disciplinary approaches like NDCOs have become more prevalent throughout industry and professions. Instead of punishing members for their actions, Boards or organizations can remind individuals of the standards and ask for their agreement to solve the problem. This is not just a difference in semantics, but a difference in values, attitudes, and behavior.

Non-disciplinary agreements and alternative approaches to discipline are not new concepts. Professions have morphed away from the traditional approaches of discipline, and realized the use of punitive forms of discipline should be reserved for the unadjusted, discontented, nonconformist who has not been amenable to other, more positive methods.

Discussion

Reviewing recidivism for the effectiveness of the NDCO resolution is the foundation for this research study. The study reviewed 11 years of NDCO data and found results from the research and analysis are supportive of the continuation of the NDCO resolution

for minor practice violations. The results of this study can support other Boards of Nursing considering implementation of remedial programs for minor practice violations. With recidivism at less than 2.5% (21 related complaints out of 826) it is evident that a remedial nonpublic program can be a

viable option for resolution.

As presented in the literature review, public discipline can be detrimental to a nurse's career even after the license is restored to an unencumbered status. Disciplinary actions are considered public information and may compromise a nurse's employability. NDCOs provide a resolution options for minor practice violators to avoid the irreversible results of public discipline action on the license.

In addition, resolving minor practice violations without public discipline can benefit employers by allowing them to retain an experienced nurse. At the time of referral to the Board, 60% of the licensees in this study had been terminated from their job but could potentially have remained employed without jeopardizing public safety. The NDCO can assist employers in maintaining an experienced nurse without having to recruit, employ, and orient a new employee.

The data presented in this study supports maintaining NDCOs as a resolution option for minor practice violations. The continued appropriateness and effectiveness of the resolution option will rely on continued review of the NDCO resolution to monitor recidivism rates. Ongoing review can be beneficial in improving eligibility criteria, monitoring appropriate remedial resolutions and assuring patient safety is maintained.

Limitations and Further Research

Although the findings of this study support continued use of the NDCOs, limitations should be considered. This study was limited in reviewing exclusively the data of licensees who were offered and signed non-disciplinary consent orders (NDCO) and their recidivism rates. A study of the Public Consent Orders (PCO) versus the

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NDCO would not provide an equitable review of comparison. A Public Consent Order (PCO) is a public discipline action that is issued when there is a clear and convincing evidence of a violation of the Nursing Practice Act and the licensee's behavior was a moderate to severe risk of harm, was reckless and/or intentional. The PCO is in contrast of the NDCO which is offered when the licensee's behavior would not pose a threat to public safety.

PCOs offer disciplinary sanctions that include any or a combination of the following: reprimand, probation (with or without remediation)/limitation to practice, monitoring or suspension from practice. NDCOs offer remediation. Reviewing a published discipline order in contrast to the non-discipline orders would be evaluating "at risk behavior" in comparison to reckless or intentional behavior. The decision to assess NDCO recidivism was to determine if remediation was effective in preventing licensees' from escalating to reckless behaviors.

However, for complete transparency and to provide the reader with the data of the PCOs, there were 2,605 discipline orders issued during the same time frame as NDCOs, 2005-2016. Of the 2,605 discipline cases, 783 were drug related complaints. Therefore, 1,822 of the cases were practice violations in which there was clear and convincing evidence of a violation that the behavior was high risk, reckless or intentional. A general review of these 1,822 cases was done to identify licensees with repeat violations for the same or related issue yielded a total of 43 "repeat offenders." An additional 121 licensees were identified for noncompliance with their Board Order.

Further research regarding the subsequent violators of PCOs and NDCOs for the causes of recidivism may provide better insight of when disciplinary action is needed. An in-depth review

of the NDCO recidivism and types of remediation required in comparison to successful completion with no further recidivism would be beneficial in guiding staff with selections of remedial courses for future offerings.

Additionally, as previously mentioned, 60% of the licensees receiving NDCO's in this study were terminated from their employment as a result of the minor practice incident that was reported to the Board. These were nurses that could potentially have remained employed without jeopardizing public safety. Further research could investigate the success of the nurse who was issued a NDCO and remained employed and the cost savings to employers. Additionally, researcher could survey employers for information regarding reasons for termination for minor incidents; the employers support of remediation; and their willingness to retain licensees who have minor practice deficits.

Conclusion

The NDCO offers an alternative method of handling minor practice complaints in lieu of traditional public discipline. This study reveals that NDCOs are successful in enabling nurses to maintain their career without public discipline while demonstrating there have been no reports of failure to maintain patient safety throughout the eleven-year history of the program. Information concerning NDCO success rate is important to Boards of nursing as it provides evidence based data to support nonpublished disciplinary actions. Overall, the vast majority of licensees that signed NDCOs did not repeat the remediated behaviors with 686 (83%) licensees having no subsequent complaints and 805 (97.46%) licensees having no substantiated subsequent complaint for the same or related violation.

For a copy of the full study contact:
Melissa@ncbon.com.

References

1. Adamson, M. T. (2012). Transparency and good governance. *School Administrator*, 69(1), 11.
2. Benton, D., Pérez-Raya, F., González-Jurado, & M., Rodríguez-López, M. (2015). Keeping pace with an ever-changing world: A policy imperative. *Journal of Nursing Regulation*, 6 (1), 20 – 24.
3. Brous, E. (2012). Professional licensure: Investigation and disciplinary action. *AJN, American Journal of Nursing*. 112(11), 53-60.
4. Brous, E. (2012). Professional licensure protection strategies. *AJN, American Journal of Nursing*. 112(11):43-47.
5. Burhans, L.D., Chastain, K., & George, J.L. (2012). Just culture and nursing regulation: Learning to improve patient safety. *Journal of Nursing Regulation*. 2, 43-49.
6. George, J. (2009). Practitioner Remediation and Enhancement Partnership: Prep 4 Patient Safety. Federation Forum Summer 2009. https://www.fsbpt.org/download/Forum_Summer09_Patient_Safety.pdf.
7. Hughes, R. & Ortiz, E. (2005). Medication errors: Why they happen, and how they can be prevented. *AJN, American Journal of Nursing*. 105(3) Supplement: 14-24.
8. Mace, K. (2005). Notes from the field. Is employee discipline the solution for patient safety?. *Nursing Management*, 36(12), 57-59.
9. Marberry, S. O., E.D.A.C. (2013). Solid evidence. *Health Facilities Management*, 26, 33-35.
10. Marx, D. (2001). Patient safety and the "Just Culture": A primer for health care executives. Prepared for Columbia University under a grant provided by the National Heart, Lung, and Blood Institute.
11. Laduke, S. (2000). The effects of professional discipline on nurses. *American Journal of Nursing*, 100(6), 26-33.
12. Lazarus I. (2011). On the road to find out...transparency and just culture offer significant return on investment. *J Health Manag*. 56(4), 223-7.

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- Campbell University, Buies Creek – BSN
- Chamberlain University, Charlotte – BSN
- Mars Hill University, Mars Hill – BSN
- Mayland Community College, Spruce Pine – LPN
- Northeastern University, Charlotte – BSN

Ratification of Full Approval Status:

- Barton College, Wilson – BSN
- Brunswick Community College, Bolivia – ADN
- Cabarrus College of Health Sciences, Concord – ADN
- Carolinas College of Health Sciences, Charlotte – ADN
- ECPI University, Greensboro – LPN
- Lenoir Rhyne University, Hickory – BSN
- Pfeiffer University, Misenheimer – BSN
- Richmond Community College, Hamlet – ADN and LPN
- Sandhills Community College, Pinehurst – ADN

Ratification to Approve the Following Enrollment Expansions:

- Johnston Community College, Smithfield – ADN, increase enrollment by 20 for a total of 125 students beginning Fall 2018
- Rowan Cabarrus Community College, Kannapolis – ADN, increase enrollment by 40 for a total of 180 students beginning Spring 2019

Ratification of NDCO's or other legal proceedings against programs for any reason:

- Halifax Community College, Weldon – LPN
- Methodist University, Fayetteville – BSN

Ratification of Approval of NA II Courses:

- Guilford Technical Community College, Jamestown
- Pitt Community College, Greenville
- Rowan-Cabarrus Community College, Kannapolis

Notification of Alternate Scheduling Options:

- Robeson Community College, Lumberton – LPN to RN Option
- Rowan-Cabarrus Community College, Salisbury – LPN to ADN Option

Notification of Program Closing:

- Carolinas College of Health Sciences, Charlotte – NA II – March 2018
- Cone Health, Greensboro – NA II – March 2018
- South College, Asheville – ADN – March 2018

FYI Accreditation Decisions by CNEA (Initial or Continuing Approval – Next Visit):

- Forsyth Technical Community College, Winston-Salem – ADN and LPN – Pre-Accreditation Status Granted – February 2020
- Pitt Community College, Winterville – ADN – Pre-Accreditation Status Granted – February 2020
- Stanly Community College, Albemarle – ADN – Pre-Accreditation Status Granted – June 2020

FYI Accreditation Decisions by CCNE (Initial or Continuing Approval – Next Visit):

- Lees-McRae College, Banner Elk – BSN – Continuing Approval – Spring 2027

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The North Carolina Board of Nursing remains committed to communicating with the nurses and public of North Carolina regarding matters that affect your nursing license, practice and the safety of the public. The NCBON continues to update our communications platforms and currently uses a variety of communication tools to reach you, including our website, this magazine, email marketing and Facebook.

The NCBON joined Facebook in November 2017 and we're happy to report that over 7,600 friends have liked and followed our page to remain engaged with nursing regulation and practice in our state. Our NCBON Facebook page (NC Board of Nursing) routinely posts information related to the new enhanced Nurse Licensure Compact (eNLC), nursing in the news, regulation affecting your license, license renewal reminders, updates on Board Meetings, office closures and much more!

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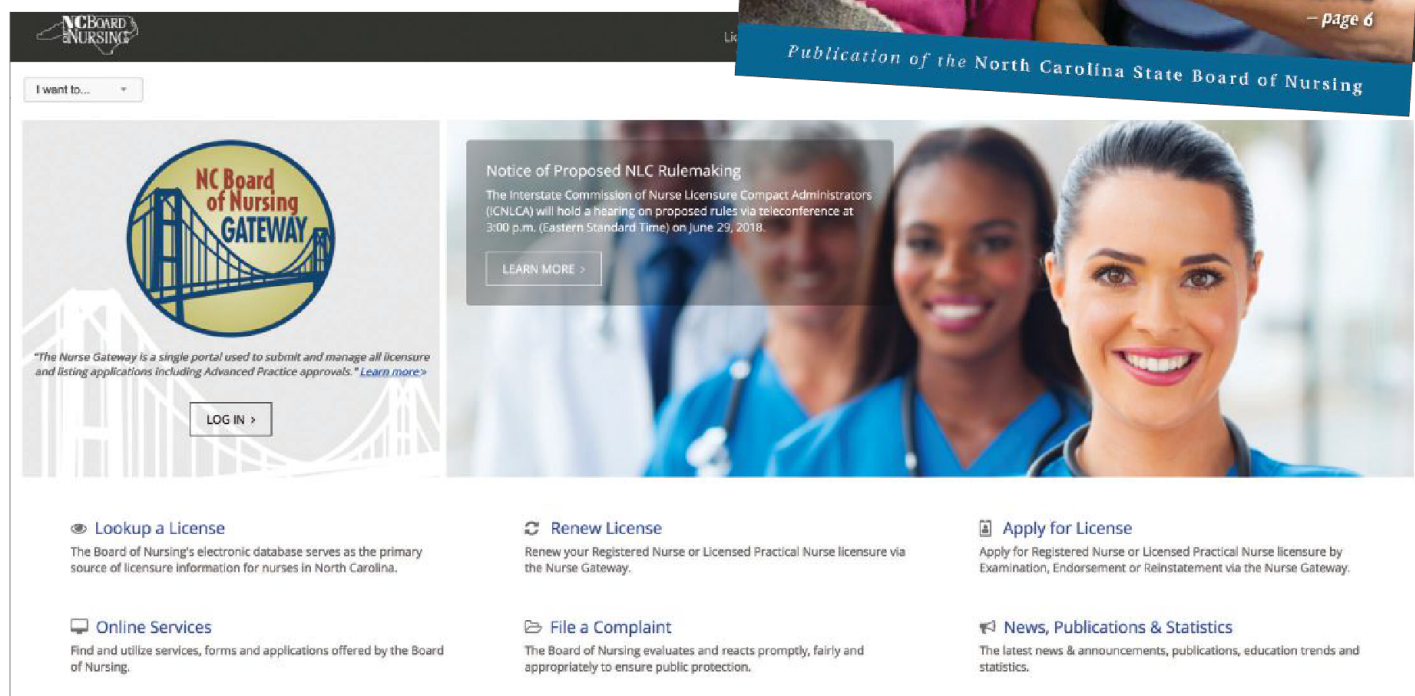
NCBON Wins GOLD for Nursing Bulletin & Newly Redesigned Website

The North Carolina Board of Nursing works hard to deliver you information in the best format with an eye for detail and design. This year, our Chief Communications Officer entered the NCBON Nursing Bulletin and newly redesigned website into a marketing and communications competition, known as the Aster Awards. Our goal was to measure how well we are supplying you with information compared to other similarly sized and structured organizations.

The Aster Awards program is an elite competition dedicated to recognizing the nation's most talented healthcare marketing professionals for outstanding excellence in publications and advertising.

We're happy to report that the NCBON won GOLD for the NC Board of Nursing Nursing Bulletin in the Magazine Publication – Series category and GOLD for the NCBON website, www.ncbon.com, in the Website category. Both submissions were entered to compete in the Non-Hospital Organization/Association group.

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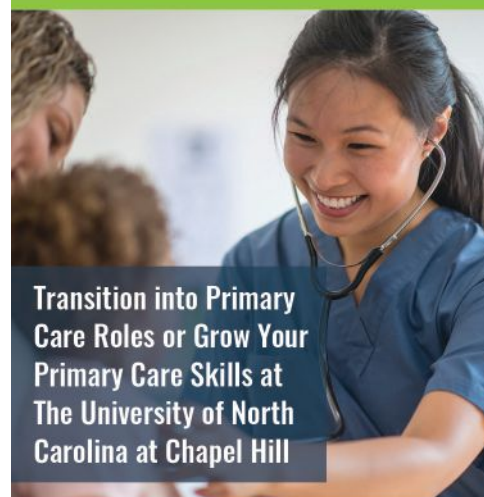
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The Role of Nurses in Mitigating the Impact of the OPIOID EPIDEMIC

Bobby Lowery, Ph. D, FNP-BC, FAANP
Education and Advanced Practice Nursing Consultant
North Carolina Board of Nursing

Kathleen Privette, MSN, NEA-BC, FRE
Director, Regulatory Compliance
North Carolina Board of Nursing

New research and mortality data reveal an increasing severity and impact of the opioid epidemic in the U.S. Despite inter-professional efforts to integrate resources across multiple agencies and stakeholders, Americans are living shorter lives because of Substance Use Disorder (SUD) involving opioids, newer and more lethal synthetic opioid derivatives, and other substances of abuse (Vivolo-Kantor, Seth. P, Gladden, & et al., 2018). Figure 1 provides a graphic representation of the growth and mortality impacts related to unintentional Opioid overdose deaths observed in North Carolina since 1999. It is imperative that nurses and other Interprofessional team members have a clear knowledge and increased index of diagnostic suspicion for risk factors for SUD, including opioid abuse. The purpose of this brief article is to amplify the role of nurses in mitigating the impact of the opioid epidemic by understanding red-flag behaviors suggestive of SUD, integrating assessment and interventions about the risks of opioid diversion, providing leadership in the diagnostic process, providing patients and caregivers with information on current evidence-based guidance on safe opioid prescribing, and finally, the safekeeping, proper disposal, and tracking patients' use of controlled substance.

Background

Prescription medications, mostly opioids, are often the precursor to the development of SUD and are a major source of deaths from drug overdoses: the leading cause of death by drug overdose in the United States (Scher, C., Meador, L., Van Cleave, J. & Reid, M., 2018). The Centers for Disease Control (CDC) found that 41,918 Americans died from an opioid overdose in 2016, marking a one-year, 29 percent increase from 2015 (Vivolo-Kantor, Seth. P, Gladden, & et al., 2018). In November 2017, the White House Council of Economic Advisors (CEA) estimated that in 2015, the economic cost of the opioid crisis was \$504 billion, or 2.8 percent of gross domestic product (GDP) that year. This six-fold increase far exceeded previous estimates (Council of Economic Advisors, 2017).

Nearly four North Carolinians die every day because of unintentional opioid poisoning (DHHS. & DMH/DD/SAS, 2016). Interprofessional stakeholders continue to implement strategies designed to reverse the devastating impact of this epidemic. When considering the interprofessional resources available to patients, what group has the potential to make the most significant impact?

Nurses as Key Leaders

Nursing practice in North Carolina is regulated by the North Carolina Board of Nursing (NCBON). The mission of the NCBON is to protect the public by regulating the practice of nursing as authorized by the nursing practice act (NCBON1, 2018 & Article 9. Nurse Practice Act, 1981). Consistent with national data, nurses comprise the largest segment of the NC healthcare workforce with more than 157,000 licensees as noted in figure 2 (NCBON2. 2018). The practice of nursing is a scientific process founded on a professional body of knowledge. It is a learned profession based on an understanding of the human condition across the lifespan and the relationship of a client with others and within the environment (NCBON 1, 2018).

The 2010 landmark report, the Future of Nursing: Leading Change, Advancing Health, calls for nurses to be fully engaged with other health professionals and assume leadership roles in

FIGURE 1

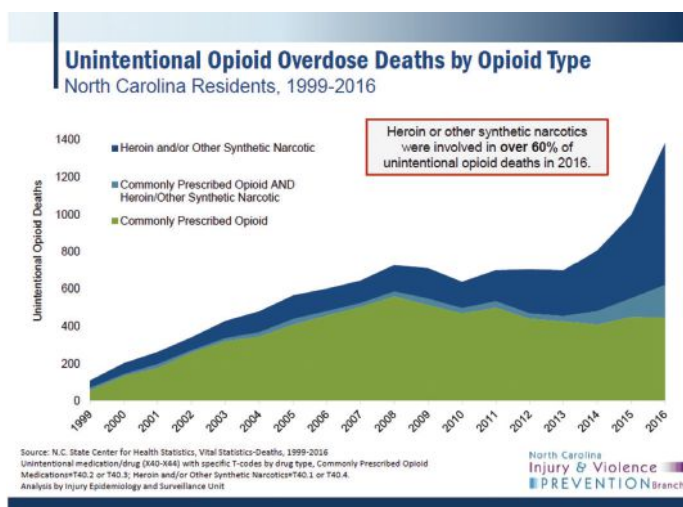


FIGURE 2



redesigning care in the United States. Nurses are key leaders and team members essential to mitigating the impact of the prescription opioid epidemic. Nurses comprise the largest segment of the health care work force in the United States (U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis., 2014). Nurses have consistently surpassed all other professions in Gallup poll ratings for honesty and ethics every year but one since 1999 (Brenan, M. 2017). In comparison to other health professionals, nurses spend the most time in direct contact with patients in every setting (IOM, 2010). Nurses are key leaders in any effort to combat this epidemic because of their nexus to direct patient contact. Nurses have the opportunity and responsibility to contribute to the diagnostic process and to provide essential anticipatory guidance every time a patient receives prescription medication (IOM, 2010; Manworren.R. & Glison.A, 2015; NCBON1, 2018, NCSBN & Graber, M., 2018, & Scher, C., Meador, L., Van Cleave, et al, 2018).

Red Flags for SUD/ Opioid Dependence

The risk factors for SUD include multifactorial physiologic and social determinants that cross socioeconomic and professional boundaries are listed

in Figure 3 as documented in the Winter 2018 Bulletin (Privette & Lowery, 2018). This epidemic is reflected in the aggregate representation of all of humankind. What is the role of nurses in impacting this devastating epidemic? Nurses are well- equipped and well-poised to help mitigate the occurrence and potentially fatal consequences of prescription opioid diversion through assessment and intervention.

Assessment and Interventions

Providing pain relief and symptom management is a clinical responsibility of nurses in all settings. In the evolving world of evidence-based pain management, what are the responsibilities of the nurse in assuring that safe and appropriate nursing care is provided?

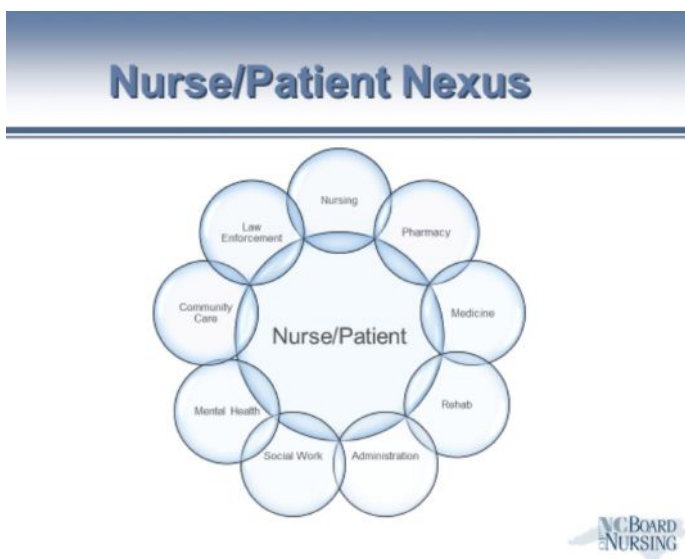
Practice environments and individual clinicians may differ significantly in their approaches to pain management. However, the licensed nurse's scope of practice remains constant, regardless of practice setting.

Registered Nurse (RN) scope of practice is independent, comprehensive and does not change with practice setting or clinician preference. The practice of the RN does not require assignment or supervision by a higher-level health care provider (NCBON3, 2017). In contrast, the Licensed Practical

FIGURE 3



FIGURE 4



Nurse (LPN) scope of practice is limited and focused; requiring assignment or delegation by and performance under the supervision, orders, or directions of a registered nurse (RN), physician, dentist, or other person authorized by State law to provide the supervision (NCBON6, 2017). For example, while the LPN may participate in both initial and ongoing nursing assessments of the client's pain and response to intervention, it is the RN or other person authorized by state law that retains overall responsibility for verifying data collected, interpreting data, and formulating a diagnoses. An agency/employer, including authorized licensed health care providers, may restrict the nurse's practice but never expand the practice beyond the legal scope as defined by the nursing practice act (NCBON1, 2014).

The licensed nurse is responsible to ensure that the patient receives evidence-based pain assessment and interventions consistent with the standard of care and within the nursing scope of practice. To meet this responsibility, the nurse must have a knowledge of self, a knowledge of pain, and a knowledge of the standard of care.

Knowledge of Self

One's values, beliefs and cultural background, and personal experiences influence the assessment, evaluation, and interpretation of pain. The biases arising from the aforementioned factors may be further compounded when accompanied by a lack of knowledge regarding evidence-based standards related to pain management. The nurse is responsible for ensuring that he or she is competent and has the requisite knowledge and skills to appropriately assess and manage pain. In response to the 1995 Pew Health Professions Commission recommenda-

tions, the NCBON developed and implemented a requirement that nurses implement Continuing Competence processes. This requirement provides documentation of the ongoing application of knowledge and the decision-making, psychomotor, and interpersonal skills expected of the licensed nurse within a specific practice setting resulting in nursing care that contributes to the health and welfare of clients served. The criteria are specified in rule 21 NCAC 36.0232 (NCBON, 2008). This requires a reflective assessment of one's own practice to identify and seek learning opportunities to promote continuing competence. Inherent in this process is the evaluation and incorporation of this learning into one's practice. Moreover, advanced practice registered nurses who have prescriptive authority are required to demonstrate continuing competence through specific continuing education and evidence-based standards, monitoring programs, and administrative codes as reflected on the NCBON's link for controlled substance prescribing information (NCBON5, 2017).

Knowledge of Pain

Pain has both subjective and objective components. The nurse must recognize how previously discussed biases can impact the objective pain assessment. Continuing competence in pain management requires the nurse to understand and utilize evidence-based pain assessment tools. A variety of evidence-based resources on pain management appropriate for the licensed nurse including both non-pharmacologic and pharmacologic approaches are provided on the NCBON website link Controlled Substance Prescribing Information (NCBON5, 2017). These resources contain information for nurses with and without prescriptive authority.

Knowledge of the Standard of Care

The opioid epidemic and SUD are serious public health problems. Nurses are in an ideal position to strongly advocate for implementation of safe disposal centers for medications, including controlled substances, within the community. Opportunities to reinforce these important measures include initial and ongoing assessment and education for patients, families and communities. This education can further reinforce surveillance and safety checks through medication reconciliation, pill counts, ensuring that all patients are informed about institutional policies, through consents to prescribe controlled substances, and controlled substance prescribing agreements. Nurses are key leaders in ensuring a multidisciplinary approach to pain management including but not limited to physical therapy, mental health consultation, and pain specialists. Moreover, the nurse may serve as a provider's delegate in monitoring



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Diagnostic Process

It has long-been established that working in silos creates a dangerous scenario increasing risk for patient care errors in the diagnostic and management process. The number one recommendation from the National Academy report was to facilitate more effective teamwork in the diagnostic process (NCSBN & Graber. M. 2018).

No other professional group has the level of direct patient care contact that we see from nurses (IOM, 2010; NCSBN & Graber. M. 2018). Patient safety is enhanced when nurses are part of the diagnostic process. Nurses are at the nexus of patient care as noted in Figure 4. Nurses serve a critical role in ensuring that communication, coordination of care, patient education, monitoring, and surveillance serve to enhance patient safety. For example, the RN care coordinator in the primary care clinic is a vital diagnostic team member who coordinates care and services from the point of admission to a practice, during transitions to other levels of care, and among consultation and referral sources. These roles and the documentation process may vary depending on the setting and the electronic health record documentation process, but it is the nurse who is most proximal to the nexus of care and can provide

and documenting the patient's use of controlled substances through the NC Controlled Substance Registry, Reference to this Registry is a standard of care and legal requirement for those prescribing controlled substances. Participation in these measures will amplify the role of the licensed nurse as a contributing member of the diagnostic team.

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valuable information to the diagnostic process. Reciprocal sharing of this information is critical to optimizing patient outcomes and mitigating the impact of the opioid epidemic.

Conclusion

Nurses are essential leaders in mitigating the impact of the opioid epidemic. A clear understanding of red-flag behaviors suggestive of SUD, whether noted in assessing patients at the point of care or in behaviors noted among peers, is a critical skill in protecting the public. Current evidence-based resources that can be useful in integrating assessment, management, and ongoing evaluation using an interprofessional model for pain management are located on the NCBON website. These resources include evidence about the risks of opioid diversion, safe opioid prescribing, and the safekeeping and proper disposal of opioids. Nurses may partner with prescribers in tracking patients' analgesic use of prescription analgesics and other controlled substances through the controlled substance registry. This tracking is a legal requirement and is essential to evidence-based pain management. Nurses, being most central to the nexus of patient care, are essential leaders on diagnostic teams; optimizing safe, patient-centered care in a manner that mitigates the impact of SUD and the opioid epidemic. Continuing a rich history of excellence, the NCBON remains a nimble leader and committed partner in protecting the public through the regulation of nursing practice. The Board will continue to provide guidance and resources addressing issues including but not limited to SUD and opioid abuse as the healthcare environment continues to evolve.

References

1. Article 9. Nurse Practice Act (1981). § 90-171.20 (4). Definitions. "Nursing".

- Retrieved from https://www.ncleg.net/enactedlegislation/statutes/html/byarticle/chapter_90/article_9a.html
2. Brenan, M. (2017). Nurses keep health lead as most honest, ethical profession. Retrieved from http://news.gallup.com/poll/224639/nurses-keep-healthy-lead-honest-ethical-profession.aspx?g_source=CATEGORY_SOCIAL_POLICY_ISSUES&g_medium=topic&g_campaign=tiles
 3. Bureau of Labor Statistics, U.S. Department of Labor. (2017). Occupational outlook handbook, 2016-17 edition, registered nurses, Retrieved from <https://www.bls.gov/ooh/healthcare/registered-nurses.htm>
 4. Council of Economic Advisors. (2017). The underestimated cost of the opioid

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crisis, (Council of Economic Advisors). Washington, DC: White House. Retrieved from <https://www.whitehouse.gov/sites/whitehouse.gov/files/images/The%20Underestimated%20Cost%20of%20the%20Opioid%20Crisis.pdf>. (Opioid Crisis)

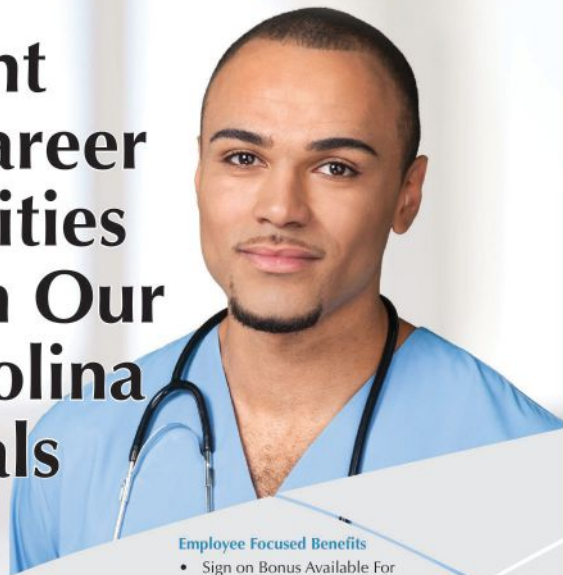
5. Institute of Medicine. (2010). The future of nursing: Leading change, advancing health National Academies Press. Retrieved from <http://www.iom.edu/>

Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx

6. Manworren, R. C., & Gilson, A. M. (2015). Nurses' role in preventing prescription opioid diversion. The American Journal of Nursing, 115(8), 34-40; quiz 41. doi:10.1097/01.NAJ.0000470398.43930.10 [doi]
7. NCBON1. (2018). Registered Nurse. Retrieved from <https://www.ncbon.com/practice-registered-nurse>

8. NCBON2. (2018). Licensure statistics. Retrieved from <https://www.ncbon.com/>.
9. NCBON3 (2017). RN scope of practice clarification position statement. Retrieved from <https://www.ncbon.com/licensure-listing-continuing-competence-submission-of-evidence>
10. NCBON4 (2008). Continuing Competence. Retrieved from <https://www.ncbon.com/vdownloads/position-statements-decision-trees/rn-position-statement.pdf>
11. NCBON5. (2017). Controlled substance prescribing information. Retrieved from <http://www.ncbon.com/practice-advanced-practice-registered-nurse-controlled-substance-prescribing-information>
12. NCBON6. (2017). LPN scope of practice clarification position statement. Retrieved from <https://www.ncbon.com/vdownloads/position-statements-decision-trees/lpn-position-statement.pdf>
13. NCSBN & Graber, M. (2018). 2018 NCSBN APRN roundtable - the role of the RN and APRN in diagnosis Paper presented at the Rosewood, IL. Retrieved from <https://www.ncsbn.org/11049.htm>
14. Pace, J., Battista, V., Drick, C., Schreiner, E. (2018). Nursing's role in providing pain and symptom management. Journal of Hospice and Palliative Nursing; 20(1): 30-35; Retrieved from https://www.ncsbn.org/2018_Nurse_Role_Pain_Management.pdf.
15. Privette, K., & Lowery, B. (2018). Substance use disorder. Nursing Bulletin, 14(2), 5/10/18. Retrieved from [http://epubs.democratprinting.com/publication/?i=479103&ver=html5#\(%22issue_id%22:479103,%22view%22:%22articleBrowser%22,%22article_id%22:%223025812%22\)](http://epubs.democratprinting.com/publication/?i=479103&ver=html5#(%22issue_id%22:479103,%22view%22:%22articleBrowser%22,%22article_id%22:%223025812%22))
16. Scher, C., Meador, L., Van Cleave, J. H., & Reid, M. C. (2018). Moving beyond pain as the fifth vital sign and patient satisfaction scores to improve pain care in the 21st century. Pain Management Nursing: Official Journal of the American Society of Pain Management Nurses, 19(2), 125-129. doi:S1524-9042(17)30468-X [pii]
17. Vivolo-Kantor, A., Seth, P., Gladden, R., & et al. (2018). Vital signs: Trends in emergency department visits for suspected opioid overdoses — united states, july 2016–September 2017. . (MMWR Morb Mortal Wkly Rep No. 67). CDC. doi: <http://dx.doi.org/10.15585/mmwr.mm6709e1>. (Opioid Overdoses)

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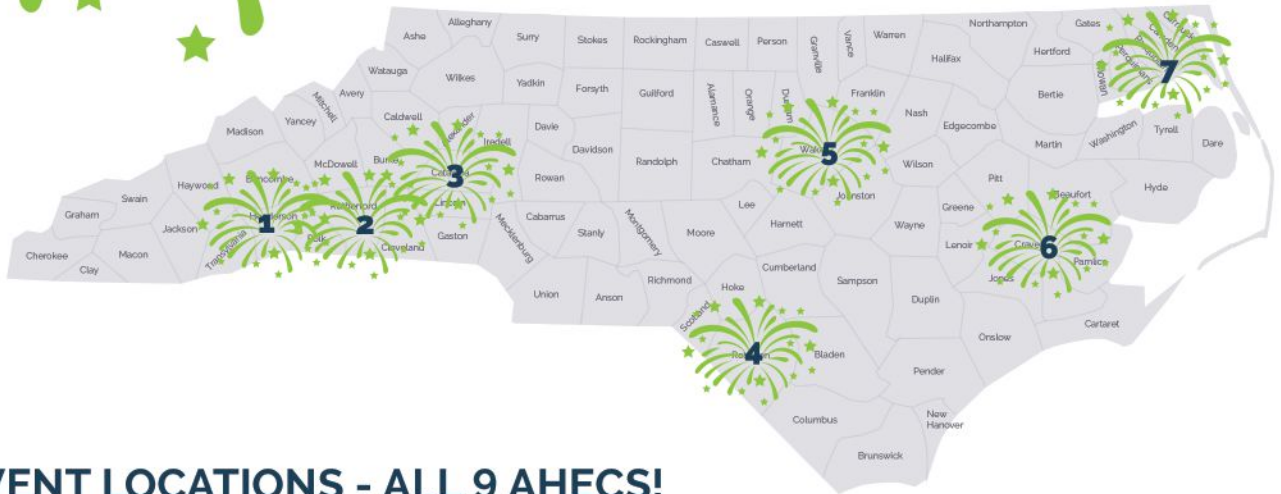
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