

# NURSING BULLETIN



## FIRST NURSING PRACTICE ACT March 3, 1903

— . . . —  
Governor Charles Aycock  
signed legislation to create the  
first Nursing Practice Act in the  
U.S. Under this act, the first  
Board of Nursing was appointed  
and on June 4, 1903, Josephine  
Burton, Craven County, became  
the first nurse licensed in the U.S.

First in Nursing  
1903-2003

**NURSING REGULATORY AGENCIES AND ADVOCACY ORGANIZATIONS:  
WHAT IS THE DIFFERENCE?**

*page 6*





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FALL 2020  
BULLETIN  
NC BOARD OF  
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# letter from the Chief Executive Officer

Fall Greetings to all of you!

Thank you to all North Carolina nurses for your sustained efforts, diligence and commitment during this COVID pandemic. I know that because of COVID, bedside care has expanded the demand on all nursing staff. Since family, friends and even pastors may not be allowed to see patients, the added interaction with a nurse becomes even more important. Caring for each other has never been more important for all of us. Please check out article, "Caring for our Own" on page 16.

The Board of Nursing had a very successful election this year. More than ten thousand nurses cast their vote for nurses running in the 2020 Board of Nursing election! I think this was our all time high. The election results provided us with three new nurse members- Lora Bartlett, PN Educator, LaDonna Thomas, APRN and Kimberly McKnight, staff nurse. We also have a new public member, Dianne Layden, appointed by the President Pro Tempore of the Senate, Phil Berger. A fifth Board member will be appointed by Governor Cooper before the beginning of the new year. As always, I want to thank those who put their names forward as candidates and for all nurses who took the time to vote.

I also want to acknowledge and thank our outgoing Board members: Sharon Moore, PN Educator, Glenda Parker, APRN and Lisa Halman, staff nurse. I especially want to acknowledge and thank our Chair and outgoing public member-Martha Ann Harrell. As a public member, Ms. Harrell has generously devoted her time and energy to the success of the Board of Nursing. She has Chaired the Board multiple times and has served in numerous leadership positions.

In closing, I must admit this is a bittersweet letter for me to write. This is my final letter for the Bulletin, as I am retiring the end of this year. I have had the great pleasure of working for the NC Board of Nursing for 25 years and serving as the Chief Executive Officer since 2008. I have also been honored to represent the NC Board of Nursing at the national level, serving on the Board of Directors for the National Council of State Boards of Nursing since 2008, serving as President 2018-2020. The NC Board of Nursing is recognized nationally and internationally as a leader in nursing regulation and it has been a privilege for me to have been a part of that journey.

Earlier this fall, the Board announced the selection of Dr. Crystal Tillman as the new Chief Executive Officer. Dr. Tillman has been staff to the Board for the past 10 years and is widely respected in nursing regulation at both the state and national levels. Please join me in congratulating her and looking forward to great things ahead!

All my best for the future,

Sincerely,

Julia L. (Julie) George, RN, MSN, FRE



## NORTH CAROLINA BOARD OF NURSING CALENDAR OF EVENTS



Board Meeting:  
January 21-22, 2021

Administrative Hearings:  
December 3, 2020  
February 25, 2021

Education/Practice  
Committee:  
November 4, 2020  
March 17, 2021

Hearing Committee:  
October 29, 2020  
October 30, 2020  
January 28, 2021  
March 25, 2021

Directors of Nursing  
(DON) Session:  
March 3, 2021

Education Program Director  
Orientation (EPDO):  
February 10, 2021

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# Nursing Regulatory Agencies and Advocacy Organizations: What is the Difference?

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*Note. The author would like to thank Chris Cowperthwaite, APR, North Carolina Nurses Association (NCNA) Director of Communications and Outreach, for his editorial assistance related to the NCNA content for this article.*

## CE 1 CONTACT HOUR

Learning Outcome: Nurses will gain an increase in knowledge related to the ability to identify the differences between the NC Board of Nursing, NC Nurses Association, and their policy-related activities.

### Disclosure:

The authors and planners of this CE activity have disclosed that there are no conflicts of interest related to the content of this activity. See the last page of the article to learn how to earn CE credit.

Purpose: The purpose of this article is to provide information on the differences between the North Carolina Board of Nursing, the North Carolina Nurses Association, and their policy-related activities.

## Nursing Regulatory Agencies and Advocacy Organizations: What is the Difference?

Nurses may not recognize the differences between the policy-related activities of the North Carolina Board of Nursing (NCBON) and the North Carolina Nurses Association (NCNA). In this article, the NCBON and the NCNA will be compared in terms of their history, purpose, organization, and policy-related activities to provide clarity on the differences between the two organizations. Examples of the activities of the NCBON and the NCNA during the coronavirus disease 2019 (COVID-19) response in NC will be used to compare recent policy-related activities of the NCBON and the NCNA. Reflection questions are provided to encourage nurses to reflect on the history of the two organizations, the policy-related role of each organization, and potential situations in which the two organizations may interact.

### Brief North Carolina History

A conversation on North Carolina (NC) nursing history should begin with a discussion of Mary Lewis Wyche. Wyche is credited with accomplishments which include establishment of the first school of nursing in NC (Rex Hospital Training School for Nurses), creation of the first professional nursing organization in NC, passage of the first nursing registration law in the United States (U.S.), and publication of the first book about the history of nursing in NC (Appalachian State University, 2020). Wyche returned to NC from an International Council of Nurses meeting in New York with the goal of creating a statewide nursing organization in NC that would improve

the profession of nursing and the delivery of patient care through nursing registration and legislative advocacy. Through her persistence and creativity, the first meeting of the North Carolina State Nurses Association [now named the North Carolina Nurses Association (NCNA)] took place on October 28, 1902 (Pollitt, 2014). As NC's first women's organization to lobby the North Carolina General Assembly (NCGA) on professional matters, the North Carolina State Nurses Association was successful in its legislative efforts when a bill was signed into law on March 3, 1903, which established a Board of Examiners of Trained Nurses of North Carolina – the first in the nation. In 1925, the NCGA repealed the statutes pertaining to the board and recreated the board under the name, Board of Nurse Examiners of North Carolina, which was later referred to in legislation as the North Carolina Board of Nursing (NCBON) [North Carolina Board of Nursing (NCBON), 2020a]. In 1965, the NCGA revised the NC Nursing Practice Act (NPA) and added a mandatory requirement for a nurse to be registered with the NC Board of Nursing in order to be employed as a registered nurse in the state (Pollitt, 2014). Additional historical information on the NCBON may be obtained from the NCBON website (NCBON, 2020a). Additional information on the history of the NCNA may be obtained from the NCNA website (North Carolina Nurses Association [NCNA], 2020e; NCNA 2020h).

### Regulatory Bodies and Professional Associations

The brief synopsis above describes the creation of the NCSNA (now NCNA) and NCBON with their

*continued on page 7*

# ▶ REGULATORY



related history. However, it should be noted that regulatory agencies in the U.S., such as the NCBON, are separate from professional associations, such as NCNA. The roles of regulatory agencies and professional associations constantly evolve, which can lead to confusion among members of the public, and nurses, regarding the similarities and differences between the two entities (Benton et al., 2017). In an integrative review of the literature which assessed how regulatory bodies, professional associations, and trade union organizations differ and interact, Benton and colleagues (2017) noted that all three types of organizations can claim to act in the interest of the public, but the ways in which they act in the public interest are very different. In their review, Benton and colleagues (2017) noted that regulatory bodies set and enforce minimum standards, approve educational programs, and ensure continuing competence while professional associations promote standards of optimum practice. Regulatory bodies address issues from a narrow, focused lens specific to public protection. The culture within a regulatory body should be impartial and is empowered by legal and societal mandates. Professional associations address issues from a broader professional focus through advocacy that promotes the profession (Benton et al., 2017).

## **North Carolina Board of Nursing**

As of August 12, 2020, NC had more than 160,000 nurses – 142,147 RNs and 22,182 LPNs (NCBON, 2020b). The mission of the NCBON is to protect the public by regulating the practice of nursing (NCBON, 2020b). As discussed previously, the NCBON was created through legislation that was passed by the NCGA in 1903. Nurses in NC must maintain an active license to practice, which includes requirements for continued competence and license renewal every two years with a renewal fee (NCBON, 2020d). The NCBON is comprised of a 14-member board of directors, which includes licensed nurses and three public members. North Carolina is a leader in nursing regulation in many ways, including

its method of electing nurse members to serve on the board...the NCBON remains the only BON in the U.S. in which the nurse members are elected by nurses who are licensed to practice in the state. The Governor, Speaker of the House, and President Pro Tempore of the Senate each appoint one of the three public members on the board of directors (N.C. Gen Stat § 90-171.21). The NCBON is authorized to regulate the practice of all nurses [licensed practical nurses (LPNs), registered nurses (RNs), and advanced practice registered nurses (APRNs)] in NC through provisions outlined in the state's nursing practice act (NPA) (N.C. Gen Stat § 90-171.19-90-171.49). Within this authority, the NCBON may adopt, amend, or repeal rules and regulations necessary to protect the public. Examples of some of the regulatory activities of the NCBON are outlined in Table 1 (located on page 12). Privette (2018) provides further, detailed information on the primary functions of the NCBON and use of the NPA in evaluating nursing practice.

**Policy activities.** The extent of the NCBON's involvement in policy-related activities is focused on those activities that uphold the mission of the NCBON to protect the safety of the public. An example of a specific policy reform activity of the NCBON from the 2019-2020 legislative session is Session Law 2019-180, which updated the NPA and became effective on October 1, 2019. The updates to the NPA were made to reflect the current practice of nursing and to ensure that the laws outlined in the NPA properly facilitate the work of the NCBON in its legislated mandate to protect the safety of the public. The legislation included a revision of outdated pre-HIPAA language, formatting and definition revisions, clarification of subpoena power and disciplinary authority of the NCBON, and confidentiality protections for materials gathered by the NCBON. Another important provision within this law was the authority to create waivers to allow emergency health services to the public during a declared state of emergency (SOE). This provision allowed the NCBON to respond in an efficient manner and create

*continued on page 8*



waivers to address the nursing workforce needs during NC’s response to the coronavirus disease 2019 (COVID-19) pandemic (NCBON, 2020e).

Reflection Questions:

- 1. Review the provisions of the 2019 Session law that updated the NC Nursing Practice Act (Session Law 2019-180) available via the link below and reflect on how these changes are aligned with the NCBON’s mission to protect the safety of the public.  
Note. The Nursing Practice Act changes begin on Part II (page 3) of the document: <https://www.ncleg.gov/Sessions/2019/Bills/Senate/PDF/S302v5.pdf>



North Carolina Nurses Association

Nurses join professional organizations for a variety of reasons which may include opportunities to network with colleagues, develop leadership skills, remain informed on professional practice issues, participate in activities that influence health policy, and/or engage in continuing

education activities (Black, 2017). The NCNA is a broad purpose professional nursing organization – it has a wide-ranging focus and related organizational activities. A specialty purpose professional nursing organization (like the National Association of Neonatal Nurses) has a more limited clinical focus and related organizational activities. As of August 12, 2020, NCNA had approximately 7,600 members. Membership in an organization like NCNA allows a nurse to support work related to the entire profession of nursing while membership in the specialty organization has a more limited focus related to the standards of the specific specialty area (Black, 2017). The NCNA states the following as the organization’s mission: “The North Carolina Nurses Association serves the changing needs of its members, addresses nursing issues, and advocates for the health and wellbeing of all people” (NCNA, 2020a). Furthermore, the NCNA asserts that it is NC’s leading professional organization for RNs; the organization works towards this mission by assisting NC nurses to remain on the forefront of issues related to nursing practice, policy, and education (NCNA, 2020a). As noted in Table 1, NCNA membership is voluntary. Members pay an annual rate to belong to the organization – rates vary according to the level of membership chosen.

Opportunities available to NCNA members include networking with other nurses in the profession, continuing education, updates and information about professional issues through the organization’s publications, development of leadership skills through council participation, and influencing health policy through nursing and patient-care

advocacy efforts (NCNA, 2020f). Ten specialty councils and a commission on advanced practice nursing are within the umbrella of NCNA’s “broad purpose” framework. Members of NCNA drive the formation of councils and commissions, which provide opportunities for members to focus on more specialized areas of interest (NCNA, 2020g). Table 1 includes a list of other NCNA-related activities, as compared to activities of the NCBON. It should be noted that a NC nurse must be an RN to qualify for NCNA membership. Licensed practical nurses in NC have the opportunity to join the NC chapter of the National Association of Licensed Practical Nurses (National Association of Licensed Practical Nurses, 2020).

**Policy activities.** The NCNA’s involvement in policy-related activities includes interactions with a focus on advocacy for issues that the organization identifies as being critical to patients and the nursing profession (NCNA, 2020c). The membership of the organization determines the political platform and related activities of the organization; the current legislative, regulatory, and political platform for NCNA is available on the organization’s website (NCNA, 2020b). Most of the organization’s focus in recent years has been advocating for increased access to care, through strategies such as modernization of APRN regulations, Medicaid expansion, school nurse funding, and nursing workforce issues (C. Cowperthwaite, personal communication, August 27, 2020). One specific advocacy effort that NCNA has pursued for the past several legislative sessions is legislation to grant APRNs in NC full practice authority (NCNA, 2020d; NCNA, 2020i; The SAVE Act, 2019). If enacted, this legislation would modernize regulations for APRNs in NC to align with recommendations in a model for APRN regulation that is recognized across the U.S. – the APRN Consensus Model (National Council of State Boards of Nursing, 2020). Specifically, this proposed legislation would allow APRNs to use the full scope of their abilities, based on their education and training, to assist with NC’s needs for access to care while maintaining standards for high quality health care services and controlling costs (NCNA, 2020i).

Reflection Questions:

- 1. Compare the mission of the NCBON and the NCNA. Reflect on the differences in the mission statements of the organizations and how each mission statement directs the work of its organization.
- 2. Using the information above and within Table 1, compare and contrast the NCBON with the NCNA in terms of the foundation of each organization, membership, board of directors, and organizational activities.
- 3. Advanced Practice Registered Nurse full practice authority is an example of an issue in which the policy-related activities of the NCBON and the NCNA may



overlap. If enacted, the proposed legislation for APRN full practice authority would update laws for APRN regulation to align more closely with recommendations in the APRN Consensus Model. Recall that the NCNA advocates for patients and the nursing profession while the NCBON regulates the practice of nursing in order to protect the safety of the public. Based on your reading here and information available through the following additional online resources, reflect on the differences in the policy-related activities of the NCNA and NCBON related to this issue.

Work Group & National Council of State Boards of Nursing. (2008). Consensus model for APRN Regulation: Licensure, accreditation, certification, and education. [https://www.ncsbn.org/Consensus\\_Model\\_Report.pdf](https://www.ncsbn.org/Consensus_Model_Report.pdf)

National Council of State Boards of Nursing. (2020). APRN consensus model. <https://www.ncsbn.org/aprn-consensus.htm>

NCNA. (2020b). The SAVE act: Key talking points: House bill 185 & Senate bill 143. <https://pubs.ncnurses.org/pub.cfm?id=75FBE52D-FED7-53C1-D3DB-4CD8E3949EFA>

NCNA. (2020d). Advocacy: SAVE act. <https://ncnurses.org/advocacy/legislative/save-act/>

## The International Year of the Nurse and the Midwife

In commemoration of the 200th anniversary of Florence Nightingale's birth, and to highlight the work of nurses and midwives globally, the World Health Organization declared 2020 as the International Year of the Nurse and the Midwife (McSpedon, 2020; Nursing Center, 2020). The International Year of the Nurse and the Midwife offers an opportunity to highlight the significance of nurses in improving access to health care for people in countries around the world (McSpedon, 2020). The critical importance of nurses and the application of Florence Nightingale's practices, including handwashing, standards of cleanliness, and learning from data have unexpectedly been brought into sharp focus during the International Year of the Nurse and Midwife due to the COVID-19 pandemic (Barnes & Barnes, 2020 ).



### COVID-19

The World Health Organization declared the COVID-19 crisis a pandemic on March 11, 2020 (World Health Organization, 2020). Healthcare system process changes related to the care for patients during the pandemic were required due to the impact of COVID-19 patient surges and the

lack of adequate personal protective equipment (PPE) available to care for patients during the crisis. During April 2020, the North Carolina Department of Health and Human Services reached out to nurses across NC with a request for assistance in responding to the nursing workforce needs to combat COVID-19. More than 2,000 nurses, including RNs, LPNs, and APRNs answered this call (Hoban, 2020). Additionally, representatives from the NCBON and the NCNA were invited on separate occasions to provide testimony to the North Carolina General Assembly (NCGA) as the NCGA made plans for legislation to address the acute needs, next steps, and long-term response to the COVID-19 pandemic in NC. The following information will provide examples of the legislative activities of the NCNA and the NCBON during NC's response to COVID-19.

**North Carolina Nurses Association.** The NCNA is known at the NCGA as the “voice” for nurses. With this in mind, the NC House Subcommittee on COVID-19, Health Care Working Group reached out to NCNA with a request for information from nurses on the front lines and their concerns as they cared for patients during the pandemic. NCNA president, Dennis Taylor, and chief executive officer, Tina Gordon, responded by providing a joint presentation to the committee on April 2, 2020. The NCNA gathered data for the presentation by surveying its membership; membership concerns included a lack of personal protective equipment (PPE), the availability of childcare for nurses while they were working to care for patients, fear and anxiety due to uncertainties related to COVID-19, and concerns regarding safety issues and not wanting to spread the virus (Gordon & Taylor, 2020). NCNA shared specific comments from NC nurses with legislators to “voice” the concerns from the nursing workforce related to their work in caring for patients during the COVID-19 crisis. Among the requests shared with legislators at the conclusion of the presentation was a request that legislators support the stay-at-home orders issued by the Governor to reduce the rate of COVID-19 transmission throughout the state, a request for legislators to use their influence to call for the expedited manufacture and distribution of PPE throughout the state, and a request for flexibility to allow the nursing workforce to maximize its contributions in the response to COVID-19 (Gordon & Taylor, 2020). After this presentation, the NCNA conducted a few non-scientific membership follow-up surveys. The follow-up surveys noted a decrease in the number of members who reported PPE shortages at their place of employment, although over one third of respondents still reported PPE shortages. Additionally, members responding to the surveys reported an increase in workload related to COVID-19 (Cowperthwaite, 2020).

**North Carolina Board of Nursing.** As mentioned previously, provisions within Session Law 2019-180 granted the NCBON the authority to create regulatory waivers

*continued on page 10*

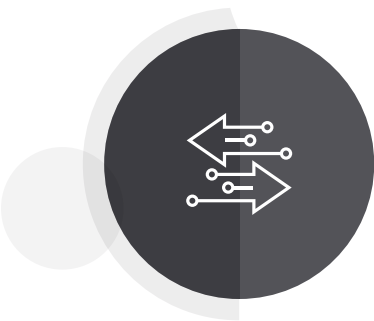


during a declared SOE in order to allow emergency health services to the public (N.C. Gen Stat § 90-171.49). On March 10, 2020, Governor Roy Cooper’s Executive Order 116 declared a SOE for NC. In response to the declared SOE and pursuant to the authority granted to the NCBON by the legislature, the NCBON

was able to efficiently create regulatory waivers to address nursing workforce-related concerns in response to the COVID-19 SOE. The NC House Subcommittee on COVID-19, Health Care Working Group reached out to the NCBON with a request for a presentation on May 14, 2020 to include updates on the activities of the NCBON in response to COVID-19. Legislators also requested information regarding the implementation of provisions from the COVID-19 Recovery Act which included temporary flexibility related to the regulations for quality improvement plans, meetings, and associated documentation for experienced nurse practitioners and physician assistants (COVID-19 Recovery Act, 2020). The presentation provided to legislators by NCBON legislative liaison, Catherine Moore, included updates on the many nursing-related waivers implemented, including waivers related to LPNs, RNs, APRNs, Medication Aides, Nurse Aide IIs, nursing education programs, and refresher courses (Moore, 2020). The list of waivers and their specific details is available on the NCBON website (NCBON, 2020c). The presentation also included updates on the collaborative efforts of the NCBON in response to COVID-19, updates on the anticipated numbers of nursing and APRN program graduates, the response to waiver implementation from the nursing workforce and educational/refresher programs, and an update on the actions of the NCBON to notify the nurse practitioners in NC of the legislation for temporary flexibility of regulations related to quality improvement plan requirements (Moore, 2020). The NCBON presentation concluded with an outline of issues for the NCGA to consider. Information included an update on the calls and reports received by the NCBON related to the safety concerns due to the lack of PPE available for patient care throughout the state and comments related to the importance of statutory provisions for regulatory waivers which facilitate an efficient response by regulatory boards during a SOE (Moore, 2020).

**Reflection Questions:**

1. Review the information above and the slides for the presentations given by NCNA and the NCBON to the NC House Subcommittee on COVID-19, Health Care Working Group. Reflect on the differences in the information provided by the two organizations and the consistency between the mission of each organization and the information provided to the legislative committee by representatives of each organization.
  - Gordon, T., & Taylor, D. (2020). North Carolina Nurses Association comments to the NC House Select Committee on COVID-19, Health Care Working Group. <https://www.ncleg.gov/documentsites/committees/house2019-199/Health%20Care%20Working%20Group/04-02-2020/V.-1.%20NCNA%20%20Presentation%20Slides.pdf>
  - Moore, C. (2020). North Carolina Board of Nursing comments to the NC House Select Committee on COVID-19, Health Care Working Group. <https://www.ncleg.gov/documentsites/committees/house2019-199/Health%20Care%20Working%20Group/05-14-2020/IV.%20Moore-NCBON.pdf>
2. Consider your previous thoughts related to the purpose of the NCBON, the NCNA, and their related activities. Reflect on the ways in which the information provided in this article enhanced your knowledge of the organizations and their related activities/functions.



**Conclusion**

This article compared the NCBON and the NCNA in terms of their history, purpose, organization, and policy-related activities. Examples of the activities of the NCBON and the NCNA during the COVID-19 response in NC were used to compare recent

legislative activities of the two organizations. Reflection questions were provided to encourage nurses to reflect on the history of the two organizations, the policy-related role of each organization, and potential situations in which the two organizations may interact. Nurses can use this information to enhance their knowledge of the differences between the NCBON, the NCNA, and their policy-related activities.



## EARN CE CREDIT

“Nursing Regulatory Agencies and Advocacy Organizations: What is the Difference?” (1 CH)

### INSTRUCTIONS

Read the article, online reference documents (if applicable), and reflect on questions listed under the Reflection Questions section.

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Go to [www.ncbon.com](http://www.ncbon.com) and scroll over “Nursing Education”; under “Continuing Education,” select “Board Sponsored Bulletin Offerings,” scroll down to the link, “Nursing Regulatory Agencies and Advocacy Organizations: What is the Difference?”.

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](mailto:practice@ncbon.com). In the email, please provide your full name and the name of the CE offering (Nursing Regulatory Agencies and Advocacy Organizations: What is the Difference?).

The North Carolina Board of Nursing will award 1 contact hour for this continuing nursing education activity.

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The North Carolina Board of Nursing is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

### NCBON CE CONTACT HOUR ACTIVITY DISCLOSURE STATEMENT

The following disclosure applies to the NCBON continuing nursing education article entitled “Nursing Regulatory Agencies and Advocacy Organizations: What is the Difference?”.

Participants must read the article, online reference documents (if applicable), and reflect on questions listed under the Reflection Questions sections of this article in order to be awarded CE contact hours. Verification of participation will be noted by online registration. Neither the author nor members of the planning committee have any conflicts of interest related to the content of this activity.

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TABLE 1. North Carolina Board of Nursing and North Carolina Nurses Association Comparison		
	North Carolina Board of Nursing	North Carolina Nurses Association
Website	<a href="https://www.ncbon.com/">https://www.ncbon.com/</a>	<a href="https://www.ncnurses.org/">https://www.ncnurses.org/</a>
Mission	Protect the public by regulating the practice of nursing.	Serve the changing needs of its members, address nursing issues, and advocate for the health and well-being of all people.
Organization/ Foundation	Established by the North Carolina General Assembly in 1903. A regulatory agency composed of elected nurses, appointed citizens, and staff.	Founded in 1902. Professional membership association composed of registered nurses.
Fees	Nurses in NC must renew their license every two years. The current license renewal fee is \$100 every two years.	Membership in this organization is voluntary. Members pay an annual rate to belong to the organization; rates vary according to the level of membership chosen.
Board of Directors	Board of Directors consisting of 14 members. Three members are publicly appointed: (1) from NC House of Representatives (1) from NC Senate and (1) from Governor. Remaining members are elected by the licensed nurses in NC.	Board of directors elected by the membership of the organization.
Activities	<ul style="list-style-type: none"><li>• Sets standards and approves educational programs leading to licensure.</li><li>• Licenses registered nurses and licensed practical nurses.</li><li>• Maintains the registry for nurse aide IIs.</li><li>• Develops rules and issues interpretations to further define the practice of nursing as set forth in the Nursing Practice Act</li><li>• Participates in the Nurse Licensure Compact for multi-state regulation of RNs and LPNs</li><li>• Offers programs for licensure remediation and practice enhancement.</li><li>• Investigates complaints and disciplines nurses.</li></ul>	<ul style="list-style-type: none"><li>• Promotes standards of nursing practice, nursing education, and nursing services..</li><li>• Acts/speaks for the nursing profession in NC with regard to legislation and health policy.</li><li>• Promotes and protects the economic and general wellbeing of nurses Nursing state spokesperson to the allied professional community, governmental groups, and the public.</li></ul>
Note. Table adapted from "Fact Sheet," 2005. Copyright 2005 by the North Carolina Board of Nursing.		





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- Certificate Nursing Education – 4 online courses, meets NC BoN criteria for teaching in a pre-license program



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## NEW BOARD MEMBERS ELECTED AND APPOINTED IN 2020

Three new board members were elected in 2020 and two public members are also to be appointed. All five members will officially take their seats in January 2021.

During the election, this summer, more than ten thousand nurses from across the state voted online for candidates to the board. This year's winners include: Dr. Lora Bartlett, Dr. LaDonna Thomas and Kimberly McKnight.

A fifth new board member will be appointed by Gov. Cooper prior to the end of the year.



**Nurse Educator/PN:**  
**Lora Bartlett, RN**

Dr. Lora Bartlett, Ed.D., MSN, RN currently serves as the Assistant Director of Practical Nursing Education (PNE) at McDowell Technical Community College (MTCC) in Marion, North Carolina. Dr. Bartlett was elected to the board in the PN educator position.



**APRN:**  
**LaDonna Thomas, RN**

Dr. LaDonna Thomas, DNP, ANP-C, VHA-CM is the Chief Nurse Practitioner and Community Care Coordinator at the Durham VA Health Care System. Dr. Thomas was elected to the board in the APRN position.



**Staff Nurse:**  
**Kimberly McKnight, RN**

Kimberly McKnight, RN, BSN, CEN is currently a Clinical Educator/Supervisor in the Emergency Department at WakeMed North Hospital in Raleigh. McKnight was elected to the staff nurse position.



**Public Member:**  
**Ms. Dianne Layden**

Ms. Dianne Layden, a public member, was appointed to a four-year term by the President Pro Tempore of the Senate, Phil Berger. Layden is a retired hospital QA analyst. She currently serves on the Board of Directors for the Federation of State Massage Therapy Boards as a public member. In addition, Layden has served on the NC Board of Massage and Bodywork Therapy, been a member of the NC Human Trafficking Commission, and has served on the Perquimans County Social Services Board. She is a resident of Perquimans County.

## CHAIR AND VICE-CHAIR FOR 2021 NAMED



**Board Chair:**  
**Pam Edwards, RN**



**Vice-Chair:**  
**Ann Marie Milner, RN**





## CRYSTAL TILLMAN NAMED NEW CEO OF NORTH CAROLINA BOARD OF NURSING

**CEO-elect:**  
**Crystal Tillman,**  
**DNP, RN, CNP, FRE**

Crystal Tillman, the current Director of the Education and Practice Department at the North Carolina Board of Nursing, has been selected by the Board to succeed Julie George who will retire this coming January.

Tillman, an advanced practice registered nurse with more than 37 years of nursing experience, including 10 years of service at the Board, will assume the position of CEO elect in early October working collaboratively with Julie George.

"The Board reviewed numerous applicants for the position of CEO and after careful deliberation we felt that Dr. Tillman has a thorough understanding of the Board and her overall experience on staff made her the clear choice," said Martha Ann Harrell, Chair of the Board.

During a recent staff meeting, when the announcement of her selection was made, Tillman responded to the group, "I am truly honored to be selected to lead this wonderful organization."

Tillman received advanced degrees from Duke University; Doctor of Nursing Practice (DNP) and a Master of Science in Nursing (MSN). In addition, she holds certifications as a

Psychiatric Mental Health Nurse Practitioner (PMHNP-BC) and Primary Care Pediatric Nurse Practitioner (CPNP-PC).

During her tenure at the Board, Tillman has served internationally as a consultant related to plans for improving nursing programs and NCLEX pass rates. She has also served on numerous committees at both the state and national level including; the National Council of State Boards of Nursing (NCSBN) NCLEX Examinations Committee, NCSBN Guidelines for Prelicensure Nursing Program Approval Expert Panel Committee, Duke University School of Nursing Academic Program Advisory Board and the North Carolina Medical Society Medical Team Task Force.

In addition to clinical nursing, Tillman has also taught nursing at several colleges in North Carolina. She was the Program Chair of the BSN program at Cabarrus College of Health Science in Concord, North Carolina. Tillman, a native of Charlotte, was also an instructor of nursing at Queens University in Charlotte as well as a clinical faculty member at Carolinas College of Health Sciences in Charlotte.

Established in 1903, the North Carolina Board of Nursing was the first board of nursing in the nation. Today, the Board licenses more than 164,000 RNs and LPNs statewide.

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Marion Enzerra Kalbacker, MSW, LCSW

# Caring for Our Own



Nurses and other health care workers have been at the front lines providing professional, compassionate care to patients with Covid 19 for many months now. In addition to concern about their own health and what they might be bringing home to family members, many nurses have found themselves filling, not only their professional role but also standing in as a supportive family member, spiritual guide, advocate, and emotional support person. With family visitations restricted or unavailable, staff in hospitals and nursing facilities find themselves in these unanticipated roles, made even more stressful when a patient's medical condition quickly takes a turn for the worse.

The inherent compassion and empathy underlying good nursing care leaves this population of professionals particularly vulnerable to experiencing at least some signs of post traumatic stress syndrome (PTSS). **This pandemic has provided us with many surprises; the possible emergence of post-Covid PTSS in professional caregivers should not be one of them!**

The prolonged and unprecedented nature of this pandemic assures that many medical staff members will understandably require additional education and screening skills to identify signs of poor coping and exhaustion both in colleagues and in themselves. Proactively putting into place supportive, institution wide programs, normalizes the expectations that all healthcare workers deserve and should

be offered opportunities for healthy coping during these times. Such programs could include: small group (possibly virtual) processing sessions, check-ins with supervisors, regular monitoring, time off without repercussions, relaxation/positive coping workshops, and/or outdoor space in which to decompress. An easily accessible garden space where staff could be encouraged to take short 15-20 minute breaks - not only from patient care, but also from tiring virtual meetings - can be extremely beneficial for positive coping. **Non-judgemental, generic programs offered to all staff, but particularly to nursing staff, can go a long way. This can help to acknowledge the extraordinary work being performed, to prevent burn-out, and to retain a highly skilled nursing force.**

In the book **The Body Keeps the Score**, the impact of ongoing stress on one's body is well documented. Signs such as not sleeping well, not being able to concentrate, being short-tempered, and eating/drinking/sleeping more than is healthy, can all be indications of being stretched beyond one's limits. It can often be helpful to meet with others within the same profession who have had similar work experiences. Depending on team relationships, inter-professional groups may be helpful, however this model may be less beneficial than single profession groups. If helpful, virtual group sessions can be offered as a method of staying

*continued on page 17*

## REFERENCES AND RESOURCES

*The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma.* Bessel van der Kolk, M.D. New York, New York: Penguin Books, 2014

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"Managing Stress & Self-Care During COVID-19: Information for Nurses", American Psychiatric Nurses Association, 2020.

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in regular supportive contact with staff. Below are links to additional resources and articles related to these topics.

While everyone eagerly awaits the availability of an effective vaccine for Covid-19, the toll it is taking on those working on the front lines cannot be overlooked and helpful interventions cannot be postponed. Reaching out, maintaining connections, taking time to find out how a colleague is doing, providing and seeking out that extra level of support, will help us all come through this with resilience and hope.

*Marion Enzerra Kalbacker, MSW, LCSW is a clinical social worker with more than 35 years experience working with families and patients coping with life-threatening illnesses. She has provided formal and informal consultation and group sessions to nursing and other professional and support staff at major medical centers in N.C.*



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# Reminder: North Carolina Board of Nursing to Use Nursys E-notify as Primary Licensure Notification System

Effective July 1, 2019 notices of license renewals will no longer be mailed out. North Carolina Board of Nursing (NCBON) will be using Nursys e-notify as the primary licensure notification system. You must register with the system to receive notifications. Please log into [www.nursys.com](http://www.nursys.com) to learn more and create your account.

e-Notify for nurses is a free of charge innovative nurse licensure notification system. The system helps nurses track their license and provides license renewal reminders. The information is provided as it is entered into the Nursys database by participating boards of nursing.

**It is vital that you maintain up-to-date demographic information to include email address.** Your email address will be the primary source of communication concerning your licensure status. Every nurse licensed in North Carolina is encouraged to sign up for Nursys e-notify to receive automated reminders and updates for: license status, license expiration and discipline/final order action and resolution.

Sign up with Nursys e-notify to stay up-to-date on your nurse licensure status. Your North Carolina license to practice nursing will expire on the last day of your birth month. Renewal applications or requests for inactive or retired status must be submitted online through the Nurse Gateway prior to the expiration date of your license. To avoid a lapse in licensure, reinstatement cost or loss of multi-state status enroll in Nursys e-notify today, [www.nursys.com](http://www.nursys.com).



## Don't Forget

Having a current e-mail address on file with the NC Board of Nursing will ensure important communications will reach you in a timely manner. If you have recently changed employers, now would be a good time to update your e-mail address. Changes to your contact information can be made easily by logging into the NC Board of Nursing Gateway at [www.ncbon.com](http://www.ncbon.com).







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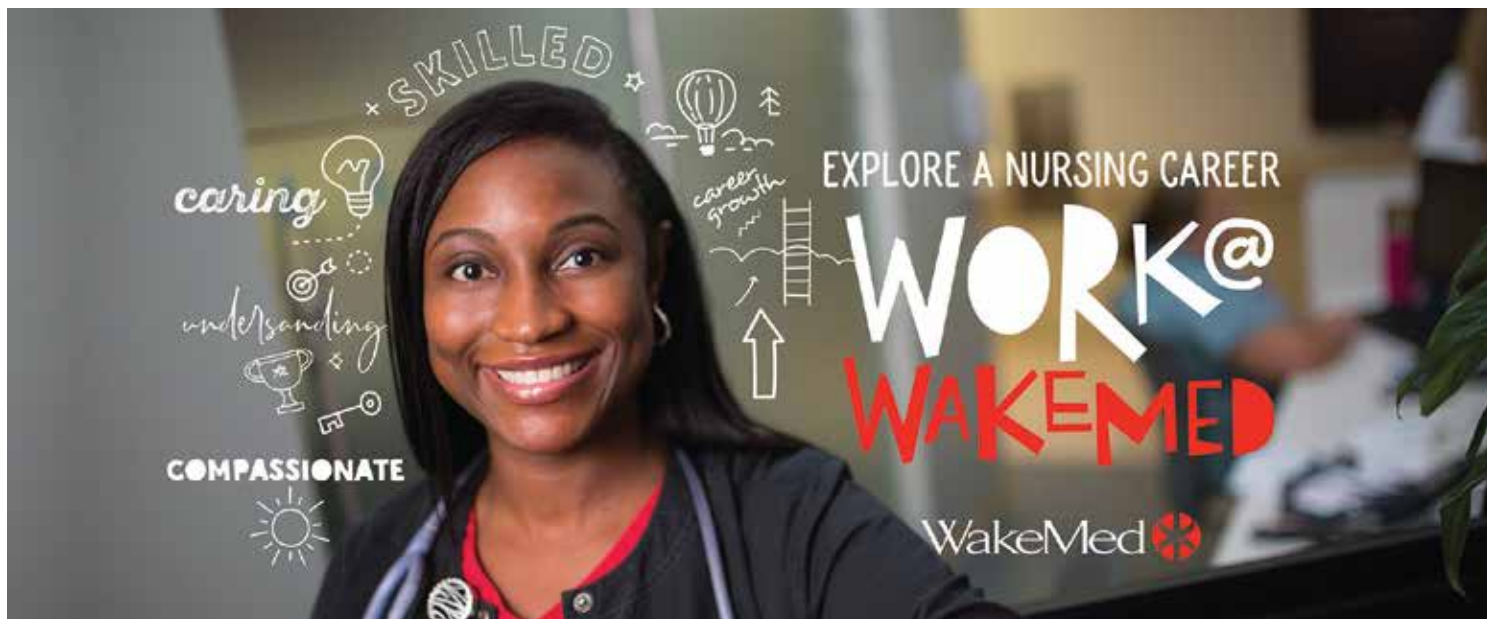
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# NOMINATION FORM FOR 2021 ELECTION

Although we just completed a successful Board of Nursing election, we are already getting ready for our next election. In 2021, the Board will have two openings: RN (At Large) and LPN. This form is for you to tear out and use. This nomination form must be completed on or before April 1, 2021. 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](http://www.ncbon.com) for additional information, including a Board Member Job Description and other Board-related information. You also may contact Chandra,

Manager, Administration, at [chandra@ncbon.com](mailto: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, 2021.

## 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, 2021, for the nominee to be considered for candidacy. Petitions received before the April 1, 2021, deadline will be processed on receipt.
9. Elections will be held July 1 through August 15, 2021. Those elected will begin their terms of office in January 2022.

*Please complete and return nomination forms to 2021 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 2021

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

☐ RN (At Large) ☐ LPN

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, 2021

NAME

SIGNATURE

CERTIFICATE NUMBER

_____	_____	_____
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# CE Opportunities

## EDUCATION & PRACTICE CONSULTANT AVAILABLE TO PRESENT VIA WEBINAR ONLY

An NCBON education & practice consultant is available to provide educational presentations upon request from agencies or organizations. To request an education & practice consultant to speak via webinar, please complete the [Presentation Request Form](#) online and submit it per form instructions. The NCBON will contact you to arrange a presentation. A minimum of 30 licensed nurses (APRN, RN, or LPN) are required for presentations.

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 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.
- **Delegation: Responsibility of the Nurse** (1 CH) – 1 hour  
Provides information about delegation that would enhance the nurse's knowledge, skills, and application of delegation principles to ensure the provision of safe competent nursing care.
- **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.
- **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 nurses in leadership positions already familiar with Just Culture.

To access online CE articles, webcasts, session registration, and the presentation request form, go to [www.ncbon.com](http://www.ncbon.com) - Nursing Education - Continuing Education

## ONLINE BULLETIN ARTICLES

- Nursing Regulatory Agencies and Advocacy Organizations: What is the Difference? (1 CH). No fee.
- Implications for Use of Marijuana and Marijuana Containing Products Among Nurses (1 CH). No fee.
- Am I Within My Scope? (1 CH). No fee.
- Protect Your Nursing License: Safe Handling, Administration, and Documentation of Controlled Substances (1 CH). No fee.

More offerings on [www.ncbon.com](http://www.ncbon.com)

## ORIENTATION SESSION FOR ADMINISTRATORS OF NURSING SERVICES AND MID-LEVEL NURSE MANAGERS

Face-to-face workshop at NC Board of Nursing office. Learn about 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. (4.5 CHs).

November 18, 2020

March 3, 2021      April 22, 2021  
October 13, 2021      November 9, 2021

\$40.00 fee (non-refundable)

(Note: You will be notified of any date or format changes)

Register online at [www.ncbon.com](http://www.ncbon.com). Registration at least two weeks in advance of a scheduled session is required. Seating is limited. 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.

## 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.
- 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 (non-refundable)

## PODCASTS

- Just Culture Podcast & Resources
- Continuing Competence Requirements

<https://www.ncbon.com/news-publications-statistics-podcasts>

(No CH provided)

The North Carolina Board of Nursing is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



# SUMMARY of ACTIVITIES

## Administrative Matters:

- Approved Adoption of Rules:
  - 21 NCAC 36 .0121 Petitioning for Rulemaking
  - 21 NCAC 36 .0122 Petitions for Declaratory Rulings
- Approved Amendment of Rules:
  - 21 NCAC 36 .0228 Clinical Nurse Specialist
  - 21 NCAC 36 .0323 Records and Reports

## Education Matters:

### Ratification of Full Approval Status

- Wake Technical Community College, Raleigh – ADN

### Ratification of Approval of NA II Courses

- Richmond Community College, Hamlet – Continuing Education
- Durham Technical Community College, Durham – Curriculum Hybrid

### FYI Accreditation Decisions by CCNE for Initial or Continuing Approval – Next Visit Date

- Catawba College, Salisbury – BSN – Initial Accreditation – June 2025
- Winston-Salem State University – BSN – Continuing Accreditation – June 2030

### FYI Accreditation Decisions by CNEA for Initial or Continuing Approval – Next Visit Date

- Forsyth Technical Community College, Winston-Salem – ADN and LPN – Continuing Accreditation – October 2025
- Pitt Community College, Greenville – ADN – Continuing Accreditation – June 2025
- Stanly Community College, Locust – ADN – Continuing Accreditation – February 2026

### NCLEX Quarterly Pass Rates:

- 2nd Quarter



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For further info, contact:

**Ram Upadhyaya, RN**

**(984) 255-6078**

[Ramesh.upadhyaya@ncdps.gov](mailto:Ramesh.upadhyaya@ncdps.gov)

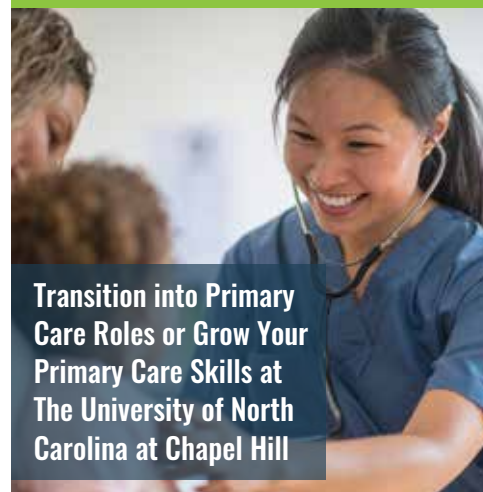


## “Like” the NCBON on Facebook!

The North Carolina Board of Nursing is committed to communicating with the nurses and public of North Carolina. In order to keep you updated and informed about nursing regulation in our state, the NCBON uses a variety of communication tools to reach you, including our website, this magazine, email marketing and just recently we’ve added social media to the mix.

The NCBON joined Facebook in November 2017 and we’re happy to report that over 12,300 people have liked and followed our page to remain engaged with nursing in our state. We routinely post updates about the new enhanced Nurse Licensure Compact (eNLC), regulation affecting your license, license renewal reminders, updates on Board Meetings, office closures, nursing in the news and much more!

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Registration Begins in November  
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Registration and Continental Breakfast  
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## Presenters:

Nancy Spector, PhD, RN, FAAN  
Director, Regulatory Innovations,  
NCSBN -

- Delphi Study

Phil Dickinson, PhD, RN  
Chief Officer of Operations and  
Examinations, NCSBN -

- The Next Generation NCLEX

Crystal Tillman, DNP, RN, CNP, FRE  
Chief Executive Officer-elect, NCBON-

- Clinical Judgement

## SAVE THE DATE

April 16, 2021

8:00 am – 3:30 pm

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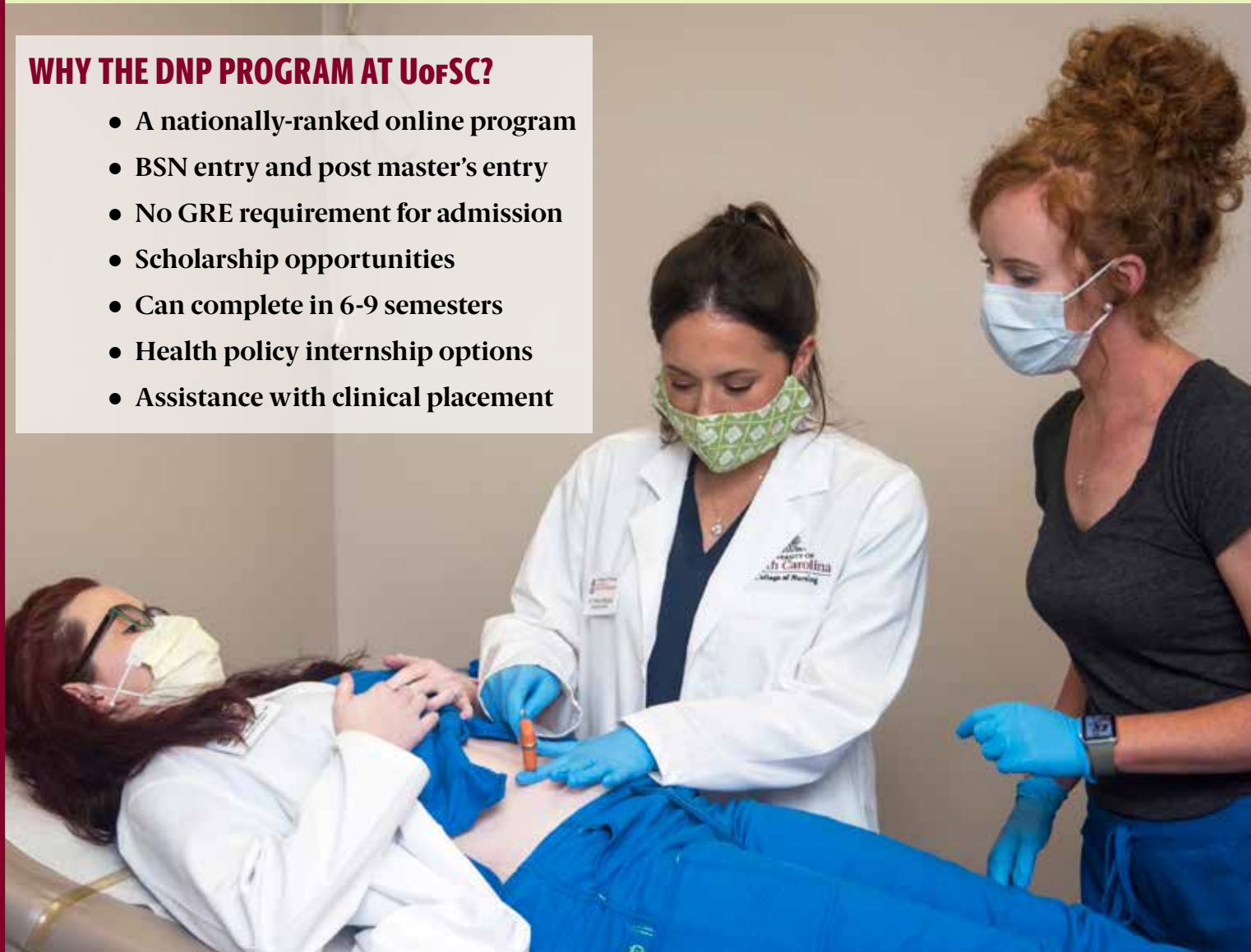
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