

# NURSING BULLETIN



**YES, WE CAN!**

**YOUR VOICE, YOUR VOTE: NCBON ELECTION 2020**  
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**2020 SLATE OF CANDIDATES**  
*page 12*





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SUMMER 2020  
BULLETIN  
NC BOARD OF  
NURSING

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# letter from the **Chief Executive Officer**

As the world and our nation face a pandemic of epic proportions, health care providers on the front line — the heroes of 2020 — in the greatest number — are nurses. How apropos for this year, when the World Health Organization designated 2020 as “The International Year of the Nurse and the Midwife.”

While the challenges we have all faced have been numerous, nothing has deterred nurses from carrying out their professional responsibilities. In North Carolina we are so proud of all of you working to provide care to both COVID19 patients and their families, and also to patients needing non-COVID clinical care. It is amazing that over 2,500 North Carolina nurses responded to the email from the Department of Health and Human Services’ request for assistance. Hundreds of licensees have returned to the profession to assist with the pandemic. The Board of Nursing has worked with the General Assembly to make sure that all qualified nurses who want to assist during this emergency, can do so.



We recognize these are difficult times in so many ways. With that in mind, please remember to take care of yourselves. For the more than ten million North Carolinians, our nurses represent a precious resource that fellow citizens appreciate and count on every day.

In conclusion, I am proud of nurses and our profession. We are care givers regardless of sex, color or creed of the patient. At the Board we work as a team to give ALL the people of North Carolina safe nursing care. It is in this spirit of caring that we can all find ways to acknowledge our neighbors and improve our communities.

On behalf of the North Carolina Board of Nursing, I feel both privileged and honored to say “Thank you for your service!”

Sincerely,

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



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



### Board Meeting:

September 17-18, 2020

### Education/Practice

#### Committee:

November 4, 2020

### Hearing Committee:

August 27, 2020

October 29, 2020

### Administrative Hearings:

July 30, 2020

August 19, 2020

September 17, 2020

**The Board office remains closed to the public.  
Please visit [www.ncbon.com](http://www.ncbon.com) for updates to our calendar  
and call-in information to attend public meetings.**



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# Your Voice, Your Vote:

# NCBON Election 2020

## CE 1 CONTACT HOUR

Licensed nurses will increase their knowledge related to board composition, duties and responsibilities of the Board, use of the candidate biographies, and the election process. Knowledge regarding the Election of Nurse Members will increase the number of nurses participating in the election annually.

### 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 North Carolina (N.C.) licensed nurses a historical overview of the North Carolina Board of Nursing's (NCBON) establishment of an election system whereby the nurses elect the majority of the board members. Additionally, this article will provide information regarding the Board's major duties and responsibilities, Board composition and positions, reflections from current and past Board members and past voters. Lastly the information in this article will provide licensees information regarding qualifications to become a candidate, and instructions to access slate of candidates to assist.

**Outcome:** Licensed nurses will increase their knowledge related to board composition, duties and responsibilities of the Board, use of the candidate biographies, and the election process. Knowledge regarding the Election of Nurse Members will increase the number of nurses participating in the election annually.

### We stand alone!

North Carolina is the only state in the nation that elects its nurse members. Eleven of the fourteen members are elected by nurses holding N.C. nursing licenses. This is a unique process and opportunity for the licensed nurses of N.C. In other states, the board members are appointed by government officials. Election of Nurse Members provides the licensed nurses of N.C. a voice in the selection process, and provides licensed nurses the opportunity for leadership on a state level. This could be an opportunity for N.C. licensed nurses to be at the table during discussions to raise questions, dialogue, and develop the policies that impact the profession of nursing.

### But wait. . . in order to know where you are going, you have to first look at where you have been.

Founded in 1903, the N.C. Board of Examiners, now known as the NCBON, was the first board of nursing in the nation. Mary Lewis Wyche, recognized as the first registered nurse in the United States, was the first individual appointed to the N.C. Board of Examiners. At that time there were only 35 nurses licensed. Of those 35 licensed, Josephine Burton from Craven County was the first state-registered nurse and Annie Lowe Rutherford, a graduate of Freedman's Hospital in Washington, DC, was the first African American Nurse. In 1929, the first male registered

nurse endorsed into North Carolina from Pennsylvania. From those early years, the Board has grown to license over 160,000 registered nurses and licensed practical nurses statewide. Today, your board of nursing is recognized statewide and nationally for its leadership in healthcare regulation and innovation. For more information on the NCBON's rich history, visit our website at <https://www.ncbon.com/board-information-historical-information>.

### Present Day Mission and Vision!

The NCBON's ("Board") mission to "protect the public by regulating the practice of nursing" and vision "exemplary nursing care for all" drive the work of Board members as they set policy regarding nursing practice in the state. The Board's values of professionalism, accountability, commitment and equity drive Board members and staff in carrying out the Board's daily responsibilities. In addition to focusing on our present, the Board also serves as visionaries to project the Board's growth in an everchanging healthcare and regulatory environment. The Mission, Vision and Values are a driving force for the Board's 4-year Strategic Plan. The components of quality improvement, effective communication, and utilization of relevant technology are integral to the plan and inherently woven into each of the strategic initiatives. Learn more about the Board's vision by accessing the current Strategic Plan at <https://www.ncbon.com/board-information-governance-strategic-plan>.

## Oh, the possibilities!

“You’re off to Great Places!  
Today is your day!  
Your mountain is waiting,  
So . . . get on your way!” (Seuss, 1990)  
Why not follow Dr. Seuss’ lead  
to climb the mountain and consider  
running as a candidate for the Board  
of Nursing?

When reflecting on her service with the Board, Martha Ann Harrell, 2020 Chair, wrote: “The responsibility of being a NCBON board member is one that should be approached with the utmost respect and attention, but is also one that provides the highest personal reward along with professional growth and development. I would encourage any interested person to pursue this opportunity and, along with their fellow board members, build upon the great tradition of enhancing public protection and nursing practice in N.C. Your experience on the NCBON will further enrich your understanding of nursing regulation and healthcare practice while providing the greatest insight into how nursing practice is vital to our communities across the state” (personal communication, May 15, 2020).

## Why are public members important to the Board’s composition?

You might be asking yourself “what does it mean to be a public member?” The NCBON has three public members. One public member is appointed by the Governor and the remaining two are appointed by the General Assembly. Public members bring different perspectives and expertise to the discussions. Public members are eligible to serve on all committees, serve as chair or vice-chair of the NCBON, and discuss and vote on all decisions coming before the NCBON for consideration.

Martha Ann Harrell, a public member and NCBON 2020 Chair, reflected on her service: “Through my experiences and interactions with the members of this board and with the North Carolina Health Care Community as a whole, I have

grown to understand and know that policies and procedures are in place to protect the public. I see today how the public’s healthcare experiences, including my own personal experiences, have been positively impacted by decisions and programs enacted by this board and the health and safety of our community is better for it. Additionally, through the multiple roles that I have served within this board, I have gained valuable leadership skills and the unique ability to engage and encourage all thoughts and opinions from others to access situations through an objective lens and with the collective best interest as a goal” (personal communication, April 7, 2019).

Additionally, Martha Ann Harrell reflected: “Serving as a public member to this board, allows me to be a voice of the general public, and my voice is valued by all members and within all decisions to ensure that our mission and our focus is never lost” (personal communication, April 7, 2019).

## Let’s look at how your professional climb up the mountain begins. . . Are you qualified for a Board Position?

The Board, in accordance with the Nursing Practice Act and Administrative Rules Chapter 36, defines the minimum requirements for nurses to both seek election to the Board and maintain the position once elected. Minimum requirements include:

- Hold a current unencumbered license to practice in North Carolina;
- Declare North Carolina as the primary state of residence;
- Have a minimum of five years of experience in nursing; and
- 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.

In addition, licensees must have continuous employment equal to or greater than 50% of a full-time position that meets the criteria for the specified Board member position.

## You meet the minimum qualifications to run for a position. Now let’s review the individual position requirements.

REGISTERED NURSES (8)
<ul style="list-style-type: none"><li>• Nurse Administrator employed by a hospital or hospital system (1)</li><li>• Advanced Practice Nurse (1)</li><li>• Staff Nurse (2)</li><li>• At-Large Registered Nurse (1)</li><li>• Nurse Educator (3)</li></ul>
LICENSED PRACTICAL NURSES (3)
Any practice setting
PUBLIC MEMBERS (3)
Appointed by: <ul style="list-style-type: none"><li>• Governor</li><li>• Senate</li><li>• House</li></ul>

Positions on the Board are defined within the Nursing Practice Act (G.S. 90-171.21) as follows:

- Nurse Administrator employed by hospital or hospital system must be a Chief Nurse Executive or director of nursing services for a major service division that includes inpatient care. The Nurse Administrator is accountable for administration of nursing services and not directly involved in patient care.
- Advanced Practice Registered Nurse may be a Nurse Practitioner (NP), Certified Nurse Midwife (CNM), Certified Nurse Specialist (CNS) or a Certified Registered Nurse Anesthetist (CRNA).
- Staff Nurses are primarily involved in direct patient care regardless of practice setting. The legislative intent is that staff level RNs, not those in APRN roles, fill this position.
- At-Large Registered Nurse is defined as any currently licensed RN other than a nurse eligible for a nurse educator position. This position permits a retired nurse if the minimum requirements are met to include a current, unencumbered license.
- Nurse Educator is any nurse who teaches in or directs a Board approved nursing program.

*continued on page 8*

The individual must meet the minimum education requirements as established by the Board's education program standards for nursing faculty. A nurse educator is not eligible to run in the At-Large position as there are 3 Nurse Educator positions on the Board: Practical Nurse Educator, ADN/Diploma Nurse Educator and BSN/Higher Degree Nurse Educator.

- Licensed Practical Nurses in any practice setting may run for a position on the Board if they meet the minimum requirements.
- Public Members shall not be a provider of health services, employed in the health services field or hold a vested interest at any level in the provision of health services. In addition, no public member or person in the public member's immediate family (spouse or dependent's minor child) shall be currently employed as a licensed nurse or been previously employed as a licensed nurse.

Once the nomination process is complete, nominees for each of the nurse positions complete and submit a candidate packet which provides information related to licensure and employment. Board Staff then determines if the nominee qualifies to run in the selected Board position. Once the qualification process is complete and a slate of candidates is determined, the rest is up to the candidates to engage the licensed nurses in N.C. to participate in the election process!

### **Congratulations! You have been elected to the Board! Now let's get started!**

If elected to the Board, nurses serve a 4-year term. Newly elected and appointed Board members are sworn into office at the January Board meeting following the election and serve through December 31st of the 4th year. At the end of the 4-year term, a nurse may choose to run for re-election. No Board member shall

serve more than 2 consecutive 4-year terms or 8 consecutive years.

It is estimated an average of 30 days per year is required to carry out the duties and responsibilities of the Board. The time commitment for Board members is based on the number of committee assignments. In addition to the three full Board meetings held in January, May and September of each year and the five scheduled Administrative Hearings, Board members serve on additional NCBON committees. These committees are assigned yearly and are based on the Board member's area of interest or expertise. The various NCBON committees include Education and Practice, Licensure Review Panel, Finance, Board Governance, Settlement, Hearing Committee, Joint Sub and Midwifery Committee. Each of these committees support the work of the Board and are driven by mission of public protection. In addition to attendance at meetings, there is time required to prepare for meetings by reviewing any documents provided pertinent to the meeting. The documents are provided electronically and in advance of meetings. Preparation is key to efficient, productive, mission-driven decisions and dialogue.

Anne Marie Milner, NCBON 2020 Board member, provided the following insight regarding service on the Board: "North Carolina is the only state that allows nurses to elect their board members and I am honored to currently serve as an elected member. The experience I have had serving on the board has been amazing and I have grown both professionally and personally. Serving also is a way to give back to the profession I love. If you want to influence change, I highly recommend becoming a board member. You will have a chance to advocate for nursing practice and set policy regarding nursing practice all while protecting the public. Because it is not what happens to you in your practice, it is what you do about it!" (personal communication, May 18, 2020).

### **As a Board member, what are the major duties and responsibilities of my position?**

The major duties and responsibilities of NCBON Board members are defined in the Nursing Practice Act (GS 90-171.23). A portion of the duties are listed below:

- Issue its interpretations of the Nursing Practice Act (i.e. position statements and decision trees). These can be found on the NCBON website [www.ncbon.com](http://www.ncbon.com);
- Adopt, amend or repeal rules and regulations as may be necessary to carry out the provisions of the Nursing Practice Act (NPA);
- Establish qualifications of, employ, and set the compensation of an executive officer who shall be a registered nurse and who shall not be a member of the Board;
- Examine, license, and renew the licenses of duly qualified applicants for licensure;
- Investigate and take appropriate action for violations of NPA;
- Establish standards and monitor nursing programs that lead to initial licensure;
- Implement and monitor continuing education of nurses;
- Appoint advisory committees;
- Appoint and maintain a subcommittee of the Board to work jointly with the subcommittee of the North Carolina Medical Board to develop rules and regulations to govern the performance of medical acts by registered nurses;
- Recommend and collect such fees for licensure, license renewal, examinations and reexaminations;
- Implement the interstate compact;
- Establish programs for aiding in the recovery and rehabilitation of nurses who experience chemical addiction or abuse or mental or physical disabilities and programs for monitoring such nurses for safe practice; and
- Establish programs for aiding in the remediation of nurses who experience practice deficiencies.



## Now that you've learned more about your Board, why is voting so important?

Participating in the election is a significant way to influence the decisions that affect your nursing practice in N.C. Just like in governmental elections, you have the ability to elect candidates you feel are best qualified to carry out the duties and responsibilities related to your nursing practice. The Slate of Candidates, which contains biographical information, is available on page 12 of this issue. Take the time to get to know your candidates prior to casting your vote!

**Speaking of voting, the process** is quick and easy! In fact, the process is even more streamlined this year! Licensees will access the electronic election system through their individual Gateway accounts. Licensees are no longer required to provide a license number or year of birth in order to vote. Simply log into your individual Gateway account, locate the logo for the electronic election system and you're on your way! Before you cast your vote, be sure to review the Slate of Candidates which will be posted on your Gateway account. For more information on the new voting system, see the article Gateway to Voting on page 11 of this issue.

Voting is open from July 1st through August 15th annually.

## Still not convinced your vote has any value to the patients of North Carolina and the nursing profession? Let's see what licensed nurse voters say about their experience participating in the NCBON election process.

"Being a nurse is a true honor. Being allowed to vote on an annual basis helps further empowerment for all those in our profession. We should all embrace and participate in this election." - Janis P.

"It is a part of my professional duty and it gives me the opportunity to have some influence on the decision-making process that affects the practice of nursing in North Carolina." - Hope Y.

"It gives me a voice in the selection of a candidate. I love being a nurse and I want to be involved in every aspect of the profession." - Dot T.

"I am honored to have a voice in selecting each position that is open. Reading backgrounds lets me know what they have accomplished in their career and how each has made a difference in the practice of nursing." - Hutch A.

"Nurses in many states don't have this important right - it's a way of making my voice count in my profession." - Pamela B.

"It is a professional obligation to ensure qualified persons are selected to make decisions about professional behavior and protect the public from irresponsible practice." - Susan R.

"As a registered nurse, I (now) understand the importance of having highly qualified board members who are charged with making policy changes that will affect my practice. Having a diverse group at the table for decision-making is vital." - Carlene C.

"The NC Board has been extremely successful and is viewed by many state boards across the country as one of the most progressive high performing boards. It is imperative that we maintain ability to vote our members in as I feel that is a major success factor for the NCBON." - Jan W.

"It's quick, the process gives you information needed to select from the candidates. It is the first step in getting involved as a leader in your profession." - Cathy L.

"Voting on the NCBON site is an easy process with bio's that allows you to quickly read about the nominees and make an educated decision. It is a quick simple process so why not have your voice heard." - Peggy T.

"Your voice is important in selecting our NCBON leaders. I want a voice in my government leaders, and I want a voice in my state nursing leaders directing my profession! NCBON provides easy to locate details on the candidates." - Anonymous

"I tell others, including my students, that it is a privilege that we can elect

BON members! If not used, we may lose it one day. Also, we know that there are people on the Board who truly understand nursing "in the trenches!" - Anonymous

## Are you ready to climb that mountain?

Each year in the Fall and Winter issues of the Bulletin, the magazine published by the NCBON, a nomination form is published seeking licensed nurses in N.C. who are interested in running for a position on the NCBON. The nomination form includes the guidelines for submitting a nomination along with the positions available for the upcoming election. Keep in mind:

- RNs nominate RNs; LPNs nominate LPNs
- Petitioners provide certificate number and signature
- Information is verified with the records of the Board to validate each nominee and petitioner holds appropriate N.C. licensure
- Nomination forms must be postmarked on or before April 1st to be considered for candidacy
- For detailed information regarding the nomination process and to view a 3-minute video titled "Being a Board Member," visit the Board's website at <https://www.ncbon.com/board-information-election-general-information>.

Pam Edwards, NCBON 2020 Vice-Chair, reflected on her Board service: "This is my fourth term on the board, and I have learned more with each year of service. The NCBON protects the public through the regulation of nursing, but it also supports our profession overall. The board supports the new graduate RN or LPN, being licensed for the first time in our state, or the nurse relocating to NC. The board supports the practice of all nurses in NC through the Nursing Practice Act, and lastly the board supports nurses in a very unique and distinct way through the discipline process, where the goal is to inform, align practice to recommended levels, and mentor and support those nurses

wanting to return to our profession while providing protection to the public” (personal communication, May 10, 2020).

Nomination forms are due April 1st each year.

Positions available for the 2021 elections are....

- At Large Registered Nurse
- Licensed Practical Nurse

**Are you still unsure about running for a Board position? Perhaps our current and past Board Members can convince you to start climbing the mountain.**

Yolanda M. VanRiel, NCBON 2019 Vice-Chair, provided the following advice for a nurse considering seeking nomination to serve on the Board: “NCBON is the only board of nursing in which members are elected to serve on and it is a great honor to be a board member. Additionally, I would say that being a member of the NCBON sets you apart from other BONs and that you are looked upon as a leader. I would tell them to research the position that they are interested in and make sure that they fulfill the requirements. Lastly, I would tell them that it is a rewarding experience” (personal communication, April 5, 2019).

As a public member who is appointed, Martha Ann Harrell provided the following advice for anyone seeking an appointment: “I would tell them that their time, their

experience and their learnings will be invaluable and irreplaceable. I underestimated the time I anticipated to spend working with board-related activities, however, I found that much of the time spent was driven by my own personal desire to learn and understand better the board’s role and how I could best be an asset to it. The colleagues I interact with through this board are truly some of the most talented, knowledgeable, and respected persons I have had the pleasure of working with in my professional career. Learning from those I was partnered and engaged with, in combination with the robust training and education provided to board members made my time and my efforts more than worth it. This is a very strong working board, and for anyone seeking an appointment to this board, they will greatly benefit from their experiences” (personal communication, April 7, 2019).

Former Board member Frank DeMarco, NCBON 2019 Chair, provided the following advice to nurses considering nomination to serve on the Board: “I would strongly encourage anyone that is interested in becoming a board member to do so. It is a responsibility that should not be taken lightly. At the same time, you will grow professionally. It provides one the opportunity to impact nursing practice in a unique way while obtaining a better understanding of

nursing regulation and practice. It is an amazing experience that only enhances your practice as a nurse” (personal communication, April 5, 2019).

**Questions?**

Contact Chandra Graves at [election@ncbon.com](mailto:election@ncbon.com) or visit our website at <https://www.ncbon.com/board-information-election-general-information>.

**We hope to see you as a future nominee for a Board Member position!**

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**Required Reflective Questions:**

- |   |  |
|---|--|
| 1. What is the mission of the NCBON?                                    | 6. What are the overall responsibilities for NCBON Board members?                      |
| 2. Where are the candidate biographies located?                         | 7. What is the composition of the NCBON Board members?                                 |
| 3. Why are the candidate biographies important in the election process? | 8. What are the qualifications to be a NCBON Board member?                             |
| 4. Where is access to the Electronic Election located?                  | 9. How are public members appointed to the NCBON?                                      |
| 5. When does the Election take place?                                   | 10. Locate and review the position statements and decision trees on the NCBON website. |

## EARN CE CREDIT

“Your Voice, Your Vote: NCBON Election 2020” (1 CH)

### INSTRUCTIONS

Read the article, online reference documents (if applicable), view the 3-minute video, and reflect on the 10 questions listed under the “Required Reflective Questions” section of this article.

### RECEIVE CONTACT HOUR CERTIFICATE

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, “Your Voice, Your Vote: NCBON Election 2020.” 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 (Your Voice, Your Vote: NCBON Election 2020).

Registration deadline is 8-15-2020.

### PROVIDER ACCREDITATION

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

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 CNE CONTACT HOUR ACTIVITY DISCLOSURE STATEMENT

The following disclosure applies to the NCBON continuing nursing education article entitled “Your Voice, Your Vote: NCBON Election 2020.”

Participants must read the CE article, online reference documents (if applicable), view the 3-minute video, and reflect on the 10 questions listed under the “Required Reflective Questions” section of this article in order to be awarded CNE 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.

## Gateway to Voting!

*“Every election is determined by the people who show up”*

*- Larry J. Sabato, “Pendulum Swing”*

It’s time to vote and the Board has opened your “Gateway” for easier access!

But wait! Before you vote, take the time to read the CE election article on page 6 to learn more about your Board and the importance of voting as well as review the Slate of Candidates on page 12 to learn more about your candidates.

Once you’re ready, it’s as simple as 1 – 2 – 3!

1. Log onto your Gateway account on the Board’s website at [www.ncbon.com](http://www.ncbon.com)
2. Locate the election logo
3. To the right of the logo click ‘View Candidates’
4. Review the Bios and responses to Candidate questions
5. Once you review the Bio of each Candidate and have made your decision, you are now ready to cast your vote.
6. Click on the photo of the candidate you would like to select
7. There will be a pop-up asking you to confirm your selection
8. Click ‘OK’ to cast your vote



It’s that simple! Voting is open from July 1st through August 15th. Exercise your right to vote today!

Questions?  
Contact the Board of Nursing at [election@ncbon.com](mailto:election@ncbon.com)





## Your Voice, Your Vote

# 2020 Slate of Candidates

Voting begins July 1, 2020 and closes at midnight on August 15, 2020

The Board invites you to visit the Gateway to learn more about the candidates and cast your vote.

[www.ncbon.com](http://www.ncbon.com)



### RN – PN EDUCATOR



**Lora Bartlett**  
*Marion*

I received a Doctorate (Ed.D) in Educational Leadership from Liberty University, an MSN in Nursing Education from Western Carolina University (WCU) and a BSN from Gardner-Webb University (GWU), an Associate Degree in Nursing from Catawba Valley Community College (CVCC) and a diploma in nursing from McDowell Technical Community College (MTCC). I began as an LPN and as an RN I have experience in a variety of healthcare settings to include long-term care, critical care, medical-surgical, home health, orthopedic nursing, and nursing education. I currently serve as the Assistant Director of Practical Nursing Education (PNE) at McDowell Technical Community College (MTCC).

Science in Nursing from Queens University of Charlotte. She received her Master of Science in Nursing with a focus on Child Health Nursing from SUNY-Stony Brook. She has a hemostasis nursing certification as well.



**Barbara Black**  
*Aulander*

Barbara earned her RN, AAS in 1976 from Brookdale Community College in New Jersey, completed her BSN in 1989, and MSN, FNP in 2007 with University of Phoenix, in California. Her skills in Critical Care and appreciation of cultural diversity compelled her to take her career to England, and University of Zurich, Switzerland, which included leadership and teaching roles. Experience with the combined approach of alternative and traditional practice as a more cost efficient, conservative approach to healthcare, lead to current primary care in a rural practice setting.

### RN – APRN



**Alzora Benjamin**  
*Durham*

My name is Alzora Benjamin and I am an Acute Care Nurse Practitioner offering twenty years of nursing experience with my nomination as an APRN representative. My nursing career has been heavily influenced by the undergraduate and advanced practice programs I attended at Case Western Reserve University and Duke University, respectively. I received a Doctorate of Nursing practice from UNC in December. My professional background has centered mostly around critical care and the surgical field but includes lead positions in nursing recruitment and advanced practice. Currently, I practice on the Pulmonary Transplant service at Duke University Medical Center.



**John Brion**  
*Durham*

Dr. John Brion has over 30 years of nursing experience including current roles as a psychiatric mental health Nurse Practitioner in community-based mental health/substance abuse treatment and as Associate Professor at Duke University. Previous positions include: Executive Director of the Ohio Board of Nursing; Director of the Ohio AIDS Drug Assistance Program, Ohio Dept of Health; Associate Professor, Ohio State University; Nursing Faculty, Mount Carmel College and Columbus State Community College; RN Clinical Practice in emergency/trauma nursing. He earned a BSN ('89), MS in nursing ('93) and PhD nursing ('07) and a BA in history ('85), psychology ('90) and sociology ('07).



**Courtney Carr**  
*Charlotte*

Courtney is a pediatric nurse practitioner for the Hemophilia Treatment Center at St. Jude Affiliate Clinic at Novant Health Hemby Children's Hospital. She has been caring for pediatric patients in Charlotte since 2002. Since 2013, she has focused solely on pediatric hematology patients. She enjoys educating patients, families, and staff regarding bleeding disorders across the US. Courtney received her Bachelor of



**Paul Packard**  
*Shelby*

Dr. Packard began his nursing career in 1992 upon graduating from Gardner-Webb University with an AA degree. He completed his BSN and Paramedic certification prior to receiving an MSNA from MUSC and becoming a CRNA in 2007. He then completed his Doctorate of Nurse Anesthesia Practice in 2012. Over his 28-year career, he has worked in multiple areas of nursing and served on numerous committees and boards. He served in the NCARING and

US Army Reserves. He holds NEA-BC, CPPS, and CCRN certifications. Currently, he practices anesthesia as a CRNA at Atrium Health Cleveland, Shelby, NC.



**LaDonna Thomas**  
*Durham*

Dr. LaDonna C. Thomas is the Chief Nurse Practitioner (NP) and Community Care Coordinator at the Durham VA Health Care System where she is responsible for implementing Full Practice Authority (FPA). She received a BS Degree

in Biology from North Carolina A&T State University, a BSN from North Carolina Central University, an MSN from UNC-Greensboro and a DNP from Chatham University. Currently, she serves as the NP Representative for the Professional Standards Board, Medical Executive Board, and Nursing Executive Committee. She has also worked closely with the staff at the NC Board of Nursing, facilitating FPA for VA Nurse Practitioners.



**Glenda Parker**  
*Charlotte*

I received my diploma in nursing from Cabarrus College of Health Sciences, my baccalaureate from Wingate University, and my Master of Science/Family Nurse Practitioner from UNC-Charlotte. I worked at Atrium Health

Northeast for many years in various positions on various units: medical surgical, ICU, surgery with cross nursing and surgical technology faculty. I have also worked for Wingate University, Cabarrus Family Medicine Urgent Care and William Hefner VA Medical Center in acute psychiatry. I am currently a Family Nurse Practitioner in retail healthcare for Minute Clinic/CVS Health and a nursing instructor for Cabarrus College of Health Sciences/Atrium Health. I am a member of NCNA, AANP, NLN, Sigma Theta Tau, and the NCBON.



**LaToya McCurdy**  
*Rocky Mount*

Education: Master of Science in Nursing – Family Nurse Practitioner: George Washington University (2017); Bachelor of Science in Nursing: Chamberlain College of Nursing (2013); Associate Degree in Nursing: Nash Community College (2010).

Work experience: Family Nurse Practitioner – Eastern NC Medical Group, PLLC (current employer); Family Medicine – primary care; Internal Medicine – acute care and long-term care settings. RN: IV Therapy (UNC Nash); Assistant Director of Nursing (Genesis Health Care); Staff Development Manager (Sava Senior Care); Clinical Nurse II/Clinical instructor Associate (Duke University Hospital).



**Sarah Tallent**  
*Durham*

I am an experienced pediatric NP, dedicated to improving the health of children through my practice in the pediatric heart center at Duke Health. I am also an instructor and mentor, committed to supporting the next generation of

nurse practitioners at Duke University School of Nursing (DUSON). I received my BSN from Georgia Southern University, MSN from the University of Alabama at Birmingham (UAB) and anticipate finishing my DNP this fall at DUSON. I live in Durham with my husband, and new setter puppy, Frank.



**Jimmy (Lee) Thompson**  
*Rocky Mount*

I currently work for Nash UNC Healthcare in the Critical Care Unit. I started my nursing career after graduating from Nash Community College. I have worked on a telemetry and step-down unit before coming to Critical Care in

2008. I have since obtained my BSN and MSN from Liberty University in Lynchburg, Va. This resulted in my obtaining certification as a Critical Care Clinical Nurse Specialist and I continue to apply those skills as I seek to provide high quality care to the critically ill.



**Amy Mangum**  
*Durham*

As the Assistant Vice President – Nursing for Advanced Practice at Duke University Health System I am responsible for providing oversight for the practice of our NPs, PAs, CNMs, and CNS in both the ambulatory and inpatient settings.

Previously served as NNP Co-Team Lead and Assistant Director for Advanced Practice. Currently Practice as an NNP in the Intensive Care Nursery and Intermediate Care Nurseries at Duke University Hospital and Duke Regional Hospital. Received my BSN from Auburn University in 1989, MSN and PNP in 1996, and a post master's certificate as an NNP in 1997 – both from Duke University.



**Maria Colandrea**  
*Durham*

Dr. Colandrea is a nurse practitioner specializing in otolaryngology at the Durham Veterans Administration Medical Center. She received her bachelor's degree in nursing from Plattsburg University, her master's and Doctor of Nursing practice

from Stony Brook University. As the Chair of the National

*continued on page 14*

VA APRN Council, she represents all APRNs. She is on clinical faculty for Duke School of Nursing. Her excellence in clinical practice and leadership is demonstrated by her national appointments as APRN Chair, induction in Sigma Theta Tau and induction as Fellow of the American Association of Nurse Practitioners. These honors demonstrate her exceptional commitment to the nursing profession.



**Kristie Hertel**  
Greenville

Completed my BSN in 1992. Worked as bedside RN on med-surg floor for 1 year. Then I worked 13 years as a bedside/charge RN in the Trauma/Neuro/Burn ICU. Returned to school in 2002 and graduated from Rush University in December 2005

with my MSN as Acute Care Nurse Practitioner. My first NP position was at my current employer, Vidant Medical Center (VMC). Due to family illness, spent 18 months working as a NP for trauma service in Indiana prior to returning to my current position. Currently work with the Trauma and Surgical Critical Care division at (VMC) in Greenville, NC.



**Stacy Yancey**  
High Point

Stacy Yancey earned her BSN from the University of North Carolina at Greensboro in 2011 before joining the incredible nurses in the surgical intensive unit at Moses Cone Hospital where she learned much about the art of nursing.

Three years later she attended Wake Forest School of Medicine where she earned a Master of Science in Nurse Anesthesia. She is currently working as a Certified Registered Nurse Anesthetist for Carolina Anesthesiology and is very involved in her profession having served on the North Carolina Association of Nurse Anesthetists Board of Directors for the past three years.



**John Wallace**  
Valdese

John H. Wallace, DNP, FNP-C, ENP-C is a family/emergency nurse practitioner at Caldwell Memorial Hospital Emergency Department with Mountain Emergency Physicians. He completed his BSN at Lenoir-Rhyne University. He completed

his MSN (FNP) at Winston-Salem State University and went on to complete his DNP at Grand Canyon University while working full-time in emergency medicine. His prior nursing work experience includes: CNA, ER nurse, ICU nurse, interventional radiology nurse prior to his FNP certification. John is a husband and father of two children, ages one and three. He is an avid whitewater kayaker, banjo/guitar player, beekeeper, Eagle Scout, and Army Veteran.



**Melissa Coble**  
Winston-Salem

Melissa F. Coble, DNP, APRN, NNP-BC, NEA-BC, serves as the Director of Advanced Practice Registered Nurse Services for Wake Forest Baptist Health. Melissa completed an ADN from Surry Community College in 1993,

BSN from Winston Salem State University in 2001, MSN concentrations in Neonatal and Pediatric Nurse Practitioner from Duke University in 2003, DNP from East Carolina University in 2014. She holds current Neonatal Nurse Practitioner and Nurse Executive Advanced certifications. Melissa has 27 years of nursing experience and has served in many capacities during her time at the medical center. She has worked as a RN in the NICU, Neonatal Nurse Practitioner (NNP) since 2003, NNP Manager since 2007 and Director of Advanced Practice Registered Nurses since 2017. She serves on many departmental, organizational, state and national committees. She is a member of NCNA, NANNP, CANNP, FANNP, ANN and AONL.

#### RN – STAFF NURSE



**Michelle Edwards**  
Lewiston

I graduated with my ADN in 1996, while working with my LPN. After passing the RN exam, I began working in a small local ER, then worked in a trauma center until 2007. I was offered a change in the form of an occupational health role with

a local employer. In the last ten years I have expanded my experience in both industrial and hospital OH. During my OH career, I obtained my CAOHC certification, NIOSH credentials, COHN certification, and a certificate from the UNC-CH. Currently I lead an onsite clinic for a large poultry company.



**Barbara Spencer**  
Durham

My name is Barbara Spencer, 2013 graduate of East Carolina University. After receiving my BSN, I began my nursing career at Duke University Hospital in September 2013. My passion for nursing developed shortly after receiving my certificate in assisting nurses in high school. In 2016, I received my certification in medical surgical nursing. In July 2018, I decided to continue on in my nursing journey and accepted a position as a circulator in the operating room at Duke Regional Hospital where I currently enjoy working.





**Kimberly McKnight**  
*Raleigh*

I am currently a Clinical Educator/ Supervisor in the Emergency Department at WakeMed North Hospital. I am currently enrolled in the Wake Way 2 Excellence for Leaders Program, the goal of which is to lead employees to adapt a cultural transformation in order to redesign processes and workflows to enhance productivity and eliminate waste. I am a Board Member of the WakeMed Foundation and an active member of the Magnet Champion Advisory Board. I have been an employee of WakeMed Health and Hospitals since 1997. I worked in the Neuro Critical Care Unit and was a member of the Critical Care Transport Team both on the ground crew and member of the flight team. I graduated from Mercy School of Nursing with a Diploma and completed by Bachelor's of Science in Nursing from Winston Salem State University.



**Edna Ennis**  
*Kenansville*

Education: East Carolina University; Bachelor Science in Nursing 1993. Work Experience: Pender Memorial Hospital Certified Nursing Assistance 1983-1984. Cape Fear Hospital Wilmington, Certified Nursing Assistance 1984-1987, Certified Health Unit Clerk 1987 to 1994, Registered Nurse Progressive Care Unit, Medical surgical Unit, Orthopedic Care Unit, OB-GYN unit, 1993-2006. Raised the bar for medical-surgical nurses by creating and establishing the first medical-surgical local chapter in Wilmington, North Carolina in 2003 and recruiting over 200 nurses. Was the local chapter president from 2002 to 2006. Medical Surgical review instructor and Health unit clerk review instructor 2003 to 2007. BLS instructor 2003 to 2006. Med-surg unit Educator 2003-2006. Director of Nursing Brian Center & Rehabilitation 2006, Pender Memorial Hospital ED staff nurse, adult SANE and charge nurse 2006-2015, Owner of Franchise Butterfly Life Women Fitness Center of Mayfaire 2008-2013, Board of Director for Academy of Medical Surgical Nurses 2003-2007, I am currently employed by Vidant Duplin Hospital-Kenansville as a staff emergency room nurse, Adult SANE. Certification-Medical Surgical by ANCC 1994-2004, transfer to AMSN 2004 to present. Membership Academy of Medical-Surgical Nurses, International Association of Forensic Nurses, Emergency Nurse Association.



**Ann Marie Patterson-Powell**  
*Durham*

I received my associate degree from Johnston Community College, and BSN from Fayetteville State University. I am currently pursuing my MSN in nursing leadership from Queens University

(expected graduation date August 2020). I am a full-time staff nurse on the med-surg oncology unit at the Veteran Administration Health System. I also work per-diem at Central Regional Hospital. I have a passion for nursing and always looking for opportunities to serve. I am an active member of the North Carolina Nurses Association.



**Juli Pankow**  
*Raleigh*

My educational background is quite varied. I hold a dual Bachelor's degree (BA) in English and Psychology from Bard College located in Annandale-on-Hudson, NY, another Bachelor's degree in Nursing (BSN) from UNC-W, and Associates degrees in both Nursing and Mental Health Services. I have worked in healthcare as an emergency medical technician in NYC, a nurse on surgical telemetry floor, a cardiac intensive care unit, infectious disease and most recently, I am proud to be a part of the Heart and Vascular Recovery Unit at the UNC Rex Heart and Vascular Hospital.

**To read full Candidate Bios and Responses,  
please log onto your Gateway account**



**“Like”  
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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 12,200 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!

**Like and Follow us today!**

# Newly Revised NC Nurse Aide II Curriculum



*Rebecca Walters, BSN, RN*

The North Carolina Board of Nursing (NCBON) as a regulatory agency, serves the public through the regulation of nursing practice through the implementation and enforcement of laws, rules, and policies, which are designed to ensure minimum standards of competency and public protection. In addition to issuing, renewing, and reinstating nursing licenses for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs), the NCBON also approves and monitors the state's nursing education programs and evaluates core curricula associated with RNs, LPNs, and Nurse Aide II (NA IIs) respectively.

Routinely, these educational curricula are assessed and evaluated by the NCBON for needed changes or updates to better serve the needs of the public and ensure appropriate competencies. The Nurse Aide II (NA II) Curriculum has recently been reviewed and updated.

The updated and revised NA II Curricula includes the following changes:

- Module 1- Role of the Nurse Aide II: The time allocation has been increased from 2 to 4 hours to allow for enhanced education regarding the importance of the NA II as a member of the healthcare team. The intent of this change is to allow time for more exploration and discussion with students regarding NA II responsibilities and communication strategies to enhance their team participation. NA II Course coordinators are also

encouraged to include related activities in the clinical course experiences.

- Module 10- Elimination Procedures: Ostomy Care: The task of ostomy irrigation has been removed based upon stakeholder feedback concerning the infrequency of this task in the clinical setting and the need for nurse assessment if implemented. The current module content remains detailed and complex; therefore, the allotted module hours of 5 hours remains unchanged.
- Module 11- Fecal Impaction: This module has been removed from the curriculum based upon stakeholder feedback concerning the infrequency of this task in the clinical setting and the need for nurse assessment if implemented. The 2 hours previously allotted for this module were redistributed to Module 1- Role of the Nurse Aide II.
- The total hours for the NA II Curriculum remain unchanged (80 hours classroom instruction and 80 hours clinical experience).

Course Coordinators have been directed to implement these changes effective no later than September 1, 2020.

Please visit the NCBON website at [www.ncbon.com](http://www.ncbon.com) to review the updated NA II Curriculum modules. Contact the NCBON at [education@ncbon.com](mailto:education@ncbon.com) or 919-782-3211, ext. 226 for any questions or concerns regarding the NA II curricula updates or revisions.

To view this, visit [www.ncbon.com](http://www.ncbon.com) > Practice > Nurse Aides > Nurse Aide II Teaching Modules



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**LaQuana Palmer**

*Program Manager, Healthy Opportunities NC DHHS*

### **Covid 19 and Social Determinants**

Ms. Palmer will address the Covid 19 pandemic and the correlation and impact of social determinants on patient outcomes.



**John Jenkins, MD**

*Faculty AHEC/Cone Health*

### **Digital Health and Lean Process Improvement**

Telehealth: Advancements and Opportunities. Dr. Jenkins will outline the increasing value of telehealth and its role optimizing patient care, in context of the pandemic and its implications for rural nursing.



**Melissa Zook, MD**

*London, KY / Family Medicine*

### **Healing Through Storytelling: Insights from a Practitioner**

A family physician practicing cradle-to-grave medicine in the Appalachian foothills of Eastern KY, Dr. Zook will share her journey of becoming a 21st century country physician.

**Please register by visiting [www. Registration link: NC](http://www.ncahec.org)  
**AHEC Rural Nursing Conference****





# 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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Inquiries: **Dr. Daniel Erb** (Search Committee Chair)  
 at 336.841.4595 or [derb@highpoint.edu](mailto:derb@highpoint.edu)

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# Veteran Affairs Nurse Practitioners Full Practice Authority

Crystal Tillman DNP, RN, NP-BC, FRE, NCBON Director of Education and Practice

LaDonna C. Thomas, DNP, ANP-C, VHA-CM, Facility Lead Nurse Practitioner, Durham VA Health Care System

On December 14, 2016, the Department of Veterans Affairs (VA) published a final rule to amend medical regulations, permitting Full Practice Authority (FPA) to Advanced Practice Registered Nurses (APRNs) when practicing within his/her scope of VA employment. The final rule became effective on January 13, 2017, and grants FPA to three of the four recognized APRN roles, which are Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), and Certified Nurse-Midwives (CNMs). The APRN role of Certified Registered Nurse Anesthetists (CRNAs) was not included in the final rule. The Final Rule authorizes APRNs to practice to the full extent of their education and training without physician supervision.

The rule takes precedence over individual state laws regulating APRN's scope of practice and must be implemented on or before September 30, 2020. However, FPA is subject to limitations imposed by the Controlled Substances Act, 21 U.S.C. 801 et seq., which is enforced by the Drug Enforcement Administration (DEA). Since the DEA and the VA are both Federal entities, VA must abide by DEA regulations regarding prescribing controlled substances, which includes adhering to individual state laws. Therefore, because laws differ from state to state; implementation of FPA will vary in terms of prescribing controlled substances. The FAQs in this article pertain only to nurse practitioners practicing in a NC VA.

## What are the requirements for an NP with FPA at the VA who prescribes controlled substances in NC?

If you are prescribing controlled substances, you will need to meet NC law and rules regarding prescribing controlled substances. The NP will be required to have a supervising physician, Collaborative Practice Agreement (CPA) and Quality Improvement (QI) meetings specifically for prescribing controlled substances. You will need to go to the Nurse Gateway portal at [www.ncbon.com](http://www.ncbon.com) to submit NP applications.

### 21 NCAC 36 .0809 PRESCRIBING AUTHORITY

- (a) The prescribing stipulations contained in this Rule apply to writing prescriptions and ordering the administration of medications.
- (b) Prescribing and dispensing stipulations are as follows:
  - (1) Drugs and devices that may be prescribed by the nurse practitioner in each practice site shall be included

in the collaborative practice agreement as outlined in Rule .0810(2) of this Section.

(2) Controlled Substances (Schedules II, IIN, III, IIIN, IV, V) defined by the State and Federal Controlled Substances Acts may be procured, prescribed, or ordered as established in the collaborative practice agreement, providing all of the following requirements are met:

- (A) the nurse practitioner has an assigned DEA number that is entered on each prescription for a controlled substance;
- (B) refills may be issued consistent with Controlled Substance laws and regulations; and
- (C) the supervising physician(s) shall possess the same schedule(s) of controlled substances as the nurse practitioner's DEA registration.

## What are the requirements for an NP with FPA at the VA who does not prescribe controlled substances in NC?

Veteran's Administration Practice

\* Is this practice with the Veteran's Health Administration (VHA)?

Yes No

\* Have you been granted full practice authority by the Veteran's Health Administration (VHA)?

Yes No

\* Prior to approval, you must submit the completed "Notice of Existing Grant of Full Practice Authority in the Veterans Health Administration" form. This form can be obtained from the VHA Office of Nursing Services. Email this form to [teretaw@ncbon.com](mailto:teretaw@ncbon.com) or fax to 915-862-3582, attention APRN Coordinator.

I Agree I Disagree

\* I have reviewed and certify that the information contained in this application is correct to the best of my knowledge. I understand that I am applying for approval to practice, in an VA facility only, to the full extent of my education, training and certification, without the clinical supervision or mandatory collaboration of a physician. I neither have a DEA number for use in the VA system and am NOT prescribing controlled substances within the VA facility.

I Agree I Disagree

Continue

If you are not prescribing controlled substances, then a supervising physician, CPA and QI meetings are not required. You will need to go to the Nurse Gateway portal at [www.ncbon.com](http://www.ncbon.com) to submit an application for NP FPA. When asked on the NP application, please select Add VA Practice. When the Add VA Practice option is selected, a pop-up screen appears asking 4 questions, one-at-a-time. The 3rd question within the pop-up addresses the required form; the 4th question within the pop-up addresses prescribing.





State Board of Nursing  
Advanced Practice Registered Nurse (APRN)

Notice of Existing Grant of Full Practice Authority in the Veterans Health Administration (VHA)

APRN's Name: \_\_\_\_\_

Please Select:

☐ CNP ☐ CNS ☐ CNM

List all states of licensure:

State: _____	License #: _____	Exp. Date: _____	DEA#: _____	Exp. Date: _____
State: _____	License #: _____	Exp. Date: _____	DEA#: _____	Exp. Date: _____
State: _____	License #: _____	Exp. Date: _____	DEA#: _____	Exp. Date: _____

1 VA facility: \_\_\_\_\_  
Address: \_\_\_\_\_

2 VA facility: \_\_\_\_\_  
Address: \_\_\_\_\_

3 VA facility: \_\_\_\_\_  
Address: \_\_\_\_\_

Participates in Telehealth:

☐ Yes ☐ No

If yes, list the state(s) in which telehealth patients reside: \_\_\_\_\_

This document will serve to verify that I am employed by the Department of Veterans Affairs as a Certified Nurse Practitioner (CNP), Clinical Nurse Specialist (CNS), or Certified Nurse Midwife (CNM), who has been granted full practice authority under VA regulation 38 C.F.R. 17.415, Full practice authority for advanced practice registered nurses, and am therefore exempt from clinical supervision or mandatory collaboration of a physician when acting within the scope of my VA employment.

APRN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credentials: \_\_\_\_\_

VA Service Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_

July 2017

Office of Nursing Services (ONS)

You will need to complete the "Notice of Existing Grant of Full Practice Authority in the Veterans Health Administration" form which can be obtained from the Office of Nursing Services (ONS). Please submit form to the NC Board of Nursing to [teresaw@ncbon.com](mailto:teresaw@ncbon.com).

**What are the requirements for an NP with FPA at the VA who also works outside the VA in NC?**

If you choose to work outside the VA as an NP, you will need to meet NC law and rules as any other NP working in NC. The NP will be required to have a supervising physician, Collaborative Practice

Agreement (CPA), Continuing Education hours and Quality Improvement (QI) meetings. Please go through the NP application process on the Nurse Gateway portal at [www.ncbon.com](http://www.ncbon.com).

**Resources:**

Department of Veterans Affairs (2019). Implementation Guidance for Veterans Health Administration (VHA) Directive 1350, Advanced Practice Registered Nurse Full Practice Authority. Washington, D.C.

Department of Veterans Affairs Veterans Health Administration (2017). VHA Directive 1350, Advanced Practice Registered Nurse Full Practice Authority. Washington, D.C.



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# Occupational Health Nurses: Protecting North Carolina's Workforce

*Jeanna Stamatoukos, BSN, RN, COHN/CM*



The COVID-19 crisis brought the routine lives of Americans to a halt as people were compelled to shelter in place. The media images were of healthcare workers walking into crisis zones exposing a shortage of protective supplies. Headlines announced that many businesses and industries were shuttering their doors while others were closing in on economical unsustainability. Millions of workers were terminated, and others indefinitely furloughed generating the highest numbers of unemployment since the Great Depression. As North Carolina continues to re-open businesses and industries, many pursue ways to prevent a surge of COVID-19 cases and reduce workers' fears in their return to the workplace. Many employers have turned to nurses with expertise in employee health and safety. Occupational Health Nurses (OHNs) are well positioned to mitigate the risks to North Carolinians as they utilize research and known mitigation strategies, knowledge of human factors, safety design principles, and best practices in the design and implementation of workplace preparedness and response plans.

Occupational health nursing specializes in the healthcare needs of the working population. The Industrial Revolution brought people into factories where close working conditions caused widespread disease outbreaks. This prompted industries to hire nurses to promote the health

and safety of employees and reduce the costs associated with sick and injured employees (American Association of Occupational Health Nurses (AAOHN), 2020). Today's OHNs work in a variety of settings and their roles include health and wellness promotion, case management, ergonomics, workplace safety, infection control, disaster preparedness, travel health, and more (American Board for Occupational Health Nurses, 2020). These competencies assure employers and employees that OHNs are the best sources for COVID-19 workplace preparedness.

OHNs have developed mitigation strategies for businesses and industries to reduce workplace transmission of COVID-19. Through their network of resources, OHNs implement and revise increased infection control practices as studies identify new and more extensive information on this novel virus. Employees reporting to work go through a questionnaire and temperature screening and are not allowed to enter the workplace if they have a positive response to questions or exhibit a fever. OHNs follow up with any employees that are denied entry. Employees become ill or miss work for a multitude of health-related reasons. Employers need their employees to be present to be profitable, and employees need to stay home when sick to prevent workplace transmission. Regulations exist to protect the rights of both. A crucial role of OHNs is that of liaison

in the formation of pandemic and sick leave policies to promote the interests of employers while maintaining the wellbeing of employees. Kumer et al. (2013) found that as many as 42% of people will come to work sick, but most will stay home if they have paid sick days resulting in an estimated 5.86% decrease in workplace illness transmission (p.1406). A key function of OHNs is assisting businesses and industries in pandemic policies that allow employees to take paid sick days that meet eligibility requirements. The Health Insurance Portability and Accountability Act (HIPAA) does not apply to employers except in limited circumstances; however, confidentiality needs to be maintained. OHNs can guide employers through these legalities while protecting the employee's information.

The most important strategy in any infection control practice is hand hygiene. OHNs educate employees on proper hand hygiene practices and ensure employers provide sufficient access to soap and water and hand sanitizer. Educating employees on adequate hand washing with soap and water and the use and limitations of hand sanitizer remarkably improves the efficiency in employees' hand hygiene (Yang, Park, Lee, & Lee, 2019, p. 160). The next strategy OHNs promote is social distancing. OHNs assist employers in developing policies that allow eligible employees to work from home, staggering break times and shift changes to reduce the number of people congregating in an area and utilizing barriers such as plexiglass to protect employees that must work in close proximity to others. Facial coverings are another barrier to inhibit the spread by those that may be infected but are asymptomatic. OHNs educate employees on the proper use and limitations of the various face coverings. When work environments require the use of respirators, OHNs evaluate the employee's ability to safely wear the respirator and follow government regulations for requirements such as fit testing for effective protection from the intended contaminants and provide training in donning, doffing, and cleaning procedures for the respirator. OHNs coordinate with company environmental health and safety staff to establish increased workplace disinfecting procedures while using products approved for the workplace by the Environmental Protection Agency (EPA). Guidelines are established that clarify who is responsible for disinfecting and when these procedures will take place. OHNs develop and coordinate effective supply chains to make sure all protective supplies are available for ongoing protection in the workplace.

COVID-19 infection affects people differently; therefore, OHNs assess cases individually and propose a plan that best meets the needs of both the employees and the working environment. OHNs coordinate with health officials on when COVID-19 infected employees are able to safely return to work. Employees may be exposed to someone who tests positive to COVID-19, in which case OHNs evaluate the circumstances, determine if these employees need to be quarantined, and monitor them for potential infection. When an outbreak occurs

in the workplace, OHNs coordinate with the North Carolina Department of Health and Human Services (DHHS) in the testing of employees, contact tracing, and appropriate workplace disinfection methods with guidelines on when to resume workplace operations. Many OHNs are routinely involved with employee testing and contact tracing regardless of the number of workplace cases. OHNs determine if COVID-19 cases are covered under workers' compensation or their health insurance plans. Additionally, OHNs investigate to determine if employees with COVID-19 infection should be recorded on the employer's Occupational Safety and Health Administration (OSHA) log.

OHNs are a great asset to employers and employees in any workplace environment through services such as health and wellness programs, safety and health regulations, case management, disaster preparedness, and many others. Although close working conditions have long been known to be a potential vector for the spread of illnesses, it is in these unprecedented times of COVID-19 that employers rely on the expertise of OHNs to protect their most valuable assets – their employees. OHNs, in coordination with key business and industry stakeholders, develop and implement workplace policies that mitigate the spread of this virus to employees including paid sick days, social distancing or barriers, and increased disinfecting procedures. OHNs assist with employee education in areas such as hand hygiene and correct use of protective items such as face coverings that have been shown to slow the spread. Privacy of employees and their potential exposures is a priority of OHNs even where HIPAA does not apply. OHNs serve as the liaison to outside agencies such as DHHS. These specialty practices of OHNs add up to workplaces that employers and employees feel safer entering.

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Submitted by:  
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The North Carolina AHEC (Area Health Education Center) mission is to provide and support educational activities and services with a focus on primary care in rural communities and those with less access to resources to recruit, train and retain the workforce needed to create a healthy North Carolina.

NC AHEC strives to meet the educational needs of healthcare providers as well as preparing them to deliver high quality care in rural and underserved areas and communities. The County Development Tier Designation 2020 data reveals that 40 of the 100 counties in NC are considered Tier 1 (most distressed counties); 40 counties are considered Tier 2; and 20 counties are considered Tier 3 (least distressed) (North Carolina Department of Commerce, 2020). What do this all mean? Tier rankings are calculated based on the average unemployment rate, median household income, percent growth in population, and adjusted property base per capita. A low tier number indicates a county that is distressed, whereas a high tier number indicates a county that is not distressed. Distressed counties may exhibit low employment rates, lower household incomes, population growth that is slow or stagnant, and a low property base per capita (North Carolina Department of Commerce, 2020).

Approximately 40% of North Carolinians which is about 4 million people live in one of the 80 rural counties of NC (Knopf, T., 2018). In these rural areas, individuals have more difficulty accessing healthcare, as there are fewer

hospitals and healthcare providers may be scarce. Most of the nurses who serve patients in these rural settings generally live in these communities and can face profound economic challenges in their own families. These hardships can make it difficult for nurses to continue their education beyond the point at which they are licensed (Robert Wood Johnson Foundation, 2010). Access to educational opportunities is an important factor that contributes to nurse retention in rural areas. Many nurses in rural areas feel isolated and find it challenging to connect with their peers. They may also have little professional development or continuing education opportunities because of poor or non-existent internet connections, long travel times to workshops, coverage issues, or financial costs associated with professional meetings. All of these factors may lead to a sense of disconnection professionally.

The National Organization of State Offices of Rural Health designates the third Thursday of each November as National Rural Health Day, with the 2020 date being set for November 19 (National Organization of State Offices of Rural Health, 2020). The NC AHEC also recognizes the importance of this day and rural nursing. The NC AHEC Nurse Council consists of nurses from all nine Area Health Education Centers in the state of North Carolina. With funds granted through the NC AHEC Program Office, the NC AHEC Nurse Council provided a concurrent, multi-site conference called The Inaugural Celebration of Rural Health Nursing on December 1, 2017 with a total of 329

participants attending across 6 sites. The 2020 Celebration of Rural Health Nursing conference will be held on Friday November 6 with continued grant funding from the NC AHEC Program Office. Due to the COVID-19 pandemic, this conference will be held via live webinar and the event will be recorded which will allow for access across the entire state.

This conference is a coordinated project among all nine NC Area Health Education Centers, focusing on emerging trends and results from a statewide nursing needs assessment. Dr. Elizabeth Tilson, NC State Health Director and Chief Medical Officer for the Department of Health and Human Services will join us to address the impact of the COVID-19 pandemic on the Social Determinants of Health. Dr. John Jenkins of the Greensboro AHEC will share best practices in leveraging virtual visits – moving from a nice-to-have to a necessity. Dr. Melissa Zook, a family physician practicing cradle-to-grave medicine in the Appalachian foothills of Eastern Kentucky will

share her journey in becoming a 21st century country physician and healing through storytelling. Nursing contact hours will be awarded for this conference. For more information, please visit NC AHEC at <https://www.ncahec.net>.

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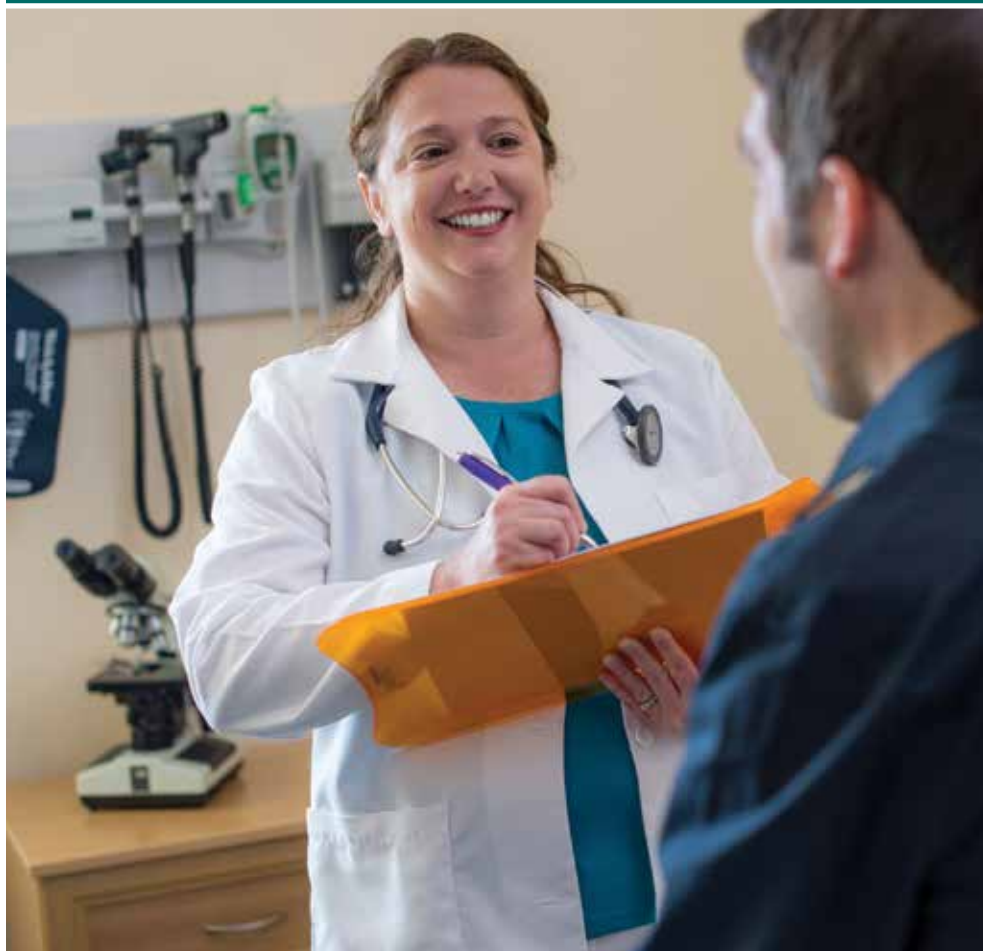
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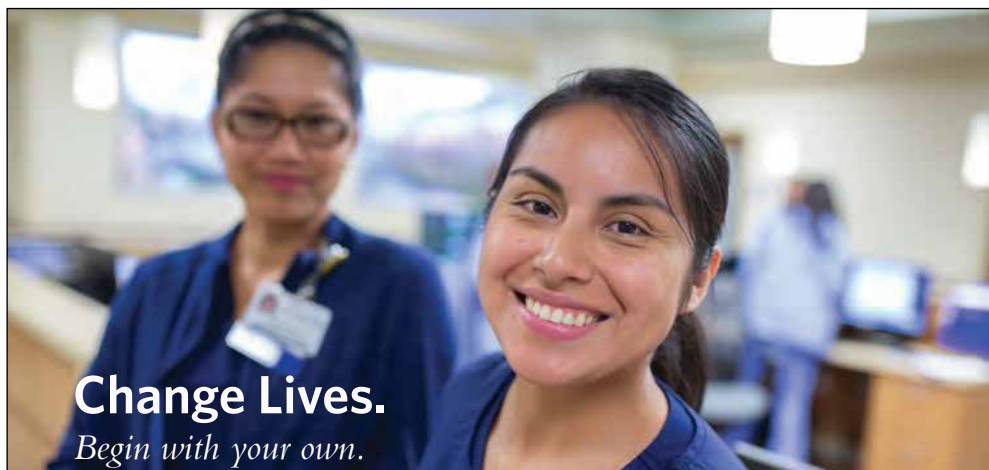
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- **Understanding the Scope of Practice and Role of the LPN** (1 CH) – 1 hour – Assists RNs, LPNs, and employers of nurses in understanding the LPN scope of practice. Also available as webcast.
- **Nursing Regulation in NC** (1 CH) – 1 hour – Describes 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.

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- Implications for Use of Marijuana and Marijuana Containing Products Among Nurses (1 CH). No fee.
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- Protect Your Nursing License: Safe Handling, Administration, and Documentation of Controlled Substances (1 CH). No fee.
- Continuing Competence Self-Assessment: Have You Met Your Professional Responsibility? (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).

Session Dates

November 18, 2020

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

\$40.00 fee (non-refundable)

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 an approved 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.





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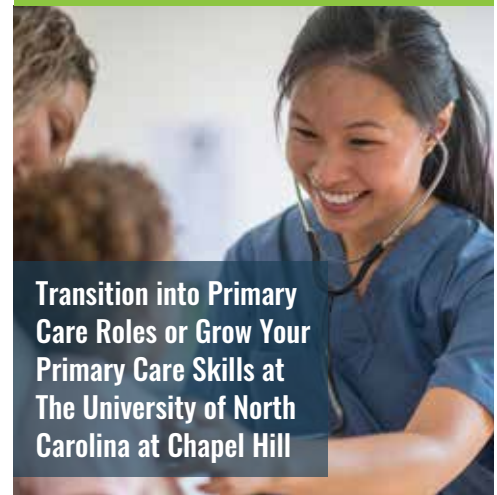
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## SAVE THE DATE

April 16, 2021

8:00 am – 3:30 pm

## ATTENTION NURSING PROGRAM DIRECTORS AND NURSING FACULTY

Please remember to share this  
information with your faculty

Event Fee: \$100

Registration Ends April 2, 2021

Registration and Continental Breakfast –  
8:00 am to 8:30 am

### 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  
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Crystal Tillman, DNP, RN, NP-BC, FRE  
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# SUMMARY of ACTIVITIES

## Administrative Matters:

- Approved the proposed fiscal year 2020-2021 budget and designation of funds
- Approved proposed amendments to:
  - 21 NCAC 36 .0226 Nurse Anesthesia Practice
  - 21 NCAC 36 .0228 Clinical Nurse Specialist Practice
  - 21 NCAC 36 .0323 Records and Reports
- Approved proposed adoption of:
  - Petitions for Declaratory Rulings
  - Petitioning for Rulemaking

## Education Matters:

### Ratification of Full Approval Status

- Methodist University, Fayetteville – BSN
- Watts School of Nursing, Durham – Diploma

### Ratification of Approved Enrollment Expansions

- ECPI Greensboro, Greensboro – LPN, increase enrollment by 20 for a total enrollment of 180 students beginning March 2020.

### Ratification of Program Status Change per Protocol

- Region A Nursing Consortium, Clyde – ADN
- Southwestern Community College, Sylva – ADN

### Ratification of Approval of NA II Courses

- Lenoir Community College, Kinston – Continuing Education Traditional Hybrid

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

- Bladen Community College, Dublin – LPN – Pre-Accreditation Status Granted – February 2023
- Lenoir Community College, Kinston – ADN and LPN – Pre-Accreditation Status Granted – February 2023
- Sandhills Community College, Pinehurst – ADN – Pre-Accreditation Status Granted – June 2021
- Stanly Community, Locust – ADN – Initial Accreditation Status Granted – February 2026

### NCLEX Quarterly Pass Rates

- 1st Quarter

### NA II Course Curriculum Changes

- OXYGEN THERAPY
- STERILE TECHNIQUE
- WOUND CARE
- SUCTIONING
- TRACH CARE
- PERIPHERAL IV FLUIDS
- URINARY CATH
- G-TUBE FEEDING
- NA II TASK LIST
- ROLE OF THE NURSE AIDE II
- ELIMINATION PROCEDURES: OSTOMY CARE AND IRRIGATION
- FECAL IMPACTION

### New Program Approval:

- St. Andrews University, Laurinburg – BSN



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