



SUMMER 2022 Volume 18 {Nº 2} Edition 54

The Bulletin

The Official Publication of the North Carolina Board of Nursing

NC BOARD
OF NURSING
**YOUR
VOTE
COUNTS**



CE Article

NCBON Board Member Election 2022: Your Vote Speaks (1.0 CH)

Board Member Candidate Bios Start on page 6

CE Article

**The Role of Leadership in Prevention of
Horizontal Violence** (1.0 CH)

The Bulletin

The Bulletin is the official publication of the North Carolina Board of Nursing.

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Mission

Protect the public by regulating the practice of nursing.

Vision

Exemplary nursing care for all.



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letter from the Chief Executive Officer

The Summer Edition of *The Bulletin* is focused on the 2022 Election of the NCBON Board Members. This year the following Board member positions are being elected by the licensed nurses in North Carolina (NC): ADN Educator, Staff Nurse, and LPN. Each of the elected members will serve a 4-year term. I would encourage you to read the article titled: "NCBON Board Member Election 2022: Your Vote Speaks" written by staff members: Chandra Graves, Meredith Parris, and Stacey Thompson. The candidate bios are located on pages 6 to 11. More information on each candidate is available in the Gateway. The instructions for voting in the election are located on page 12. The election is open from July 1st to August 15th. As the only state that elects the majority of its members, I encourage you to take the time to vote in this year's election.

While we are excited to welcome new Board members, this means that some Board members are completing their service with the Board. I would like to thank Dr. Anne Marie Milner and Kimberly McKnight for their time and dedication to our mission of public protection.

In each edition of *The Bulletin*, free continuing education credits are offered. This edition includes two offerings: "NCBON Board Member Election 2022: Your Vote Speaks" and "The Role of Leadership in Prevention of Horizontal Violence in Nursing."

A new focus in each edition of *The Bulletin* is the Q&A Corner for the various NCBON departments. Our goal is to highlight pertinent information to assist the public and nurses in understanding the work of the NCBON and increase knowledge of the available NCBON resources.

During our May 2022 Board Meeting, previous CEO Julie George was presented with the Order of the Long Leaf Pine Award by Representative Gale Adcock. The details of this award are on pages 20 and 21.

If there are topics you would like to see highlighted in *The Bulletin* or would like to submit an article for consideration, please contact Sara A. Griffith at publications@ncbon.com.

We hope you enjoy the content in this edition of *The Bulletin* and thank you for service and commitment to all patients.

Regards,

A handwritten signature in black ink that reads "Crystal L. Tillman". The signature is written in a cursive, flowing style.

Crystal L. Tillman, DNP, RN, CNP, FRE
Chief Executive Officer

NCBON Board Update

We would like to congratulate our *new* NCBON Board Member Leadership: Arlene Imes, LPN, Chair and Dr. Racquel Ingram Vice-Chair. Arlene Imes and Dr. Racquel Ingram assumed these new roles at the conclusion of the May 2022 Board Meeting.

This edition of *The Bulletin* is focused on the election of new Board Members. This year's Slate of Candidates* includes: (2) LPNs, (12) Staff Nurses (RN), and (2) ADN/Diploma Nurse Educators.

LPN	Staff Nurse	ADN/Diploma Nurse Educator
Michelle Hewitt Arlene Imes	Jennifer Cesare Tricia Howard Jennifer Kendrick Karen York Catherine Opladen Andrea Green Stephen Rayne Tunisha Mosley Simone McKen William Hookes Laurie Chapman Amelia Jackson	Anna Seaman Kelly Brooke Kistler

**In accordance with 21 NCAC 36. 0109 (h), the names are drawn randomly and are not in a specific order.*

To learn more about the history of the NCBON and the responsibilities of a Board member, take time to read the CE Article: "NCBON Board Member Election 2022: Your Vote Speaks." The instructions for casting your vote are located on page 5. Elections are open from July 1st to August 15th. Log-in to the NCBON Gateway to read the full responses from the candidates and cast your vote!

Your Vote is Your Voice. Be Heard!

Click to Vote!

**Vote
July 1st -
August 15th**



Gateway to Voting!

It's time to vote and the Board has opened your "Gateway" for easier access!

But wait! Before you vote, earn some CE by reading the election article on page 13 to learn more about your Board and the importance of voting. Then you'll be ready to CAST YOUR VOTE!

1. Log onto your Gateway account on the Board's website at www.ncbon.com.
2. Locate the election logo.
3. Click 'View Candidates' to the left of the logo.
4. Review the bios and responses.
5. Cast your vote once you review the Slate and make your decision.
6. Click on the photo of the candidate you would like to select.
7. Confirm your selection by clicking on the pop-up asking for confirmation.
8. Click 'OK' to cast your vote.

NC BOARD
OF NURSING



YOUR
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COUNTS

Board Member Election SLATE OF CANDIDATES

All candidate biographies are published verbatim, as submitted to the NCBON.

NC BOARD
OF NURSING
YOUR
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COUNTS



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

Vote July 1st - August 15th

Licensed Practical Nurse (2)



Michelle Hewitt

Shelby

I graduated from Cleveland Community College in 1996 from the Practical Nursing Program. The first year out of school I worked at another skilled nursing facility. Since leaving there I've been at Cleveland Pines in Shelby, NC since October 28, 1997. I started out as a floor nurse and did that for many years. I'm now the clinic coordinator and admission nurse.

I would like to serve on the North Carolina Board of Nursing because... I want to be an advocate for healthcare workers and patients.



Arlene Imes

Salisbury

With having 35 years of experience, I'm a passionate, motivated, and dedicated nurse. I have served on many committees and boards related to nursing. I received my License Practical Nursing from Rowan Community College in Salisbury, NC. I work at the Salisbury VA Medical Center in Telehealth as a Lead LPN. I think it is important to build collaboration throughout healthcare. This has helped me understand my patients needs in different areas of healthcare. I'm dedicated to anything I'm involved in and can be counted on to complete my commitment. I'm married with 3 children and 6 grandchildren.

I would like to serve on the North Carolina Board of Nursing because... I would like to serve on the NCBON because Nursing is rapidly changing with technology, especially since the COVID pandemic. I want to ensure that nursing care is delivered safely and not compromised. I would like to have influence in nursing by protecting the public. By understanding the process of how the Board works, I can share the knowledge with my peers and encourage them to get more involved. This is my dream.

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Staff Nurse (12)

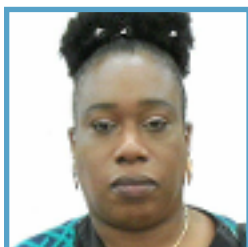


Jennifer Cesare

Raleigh

In 2008, I graduated from Durham Technical Community College with an Associate Degree in Nursing. Later, I graduated from the University of North Carolina – Wilmington in 2017 with a Bachelor of Science in Nursing. In 2021, I graduated from Grand Canyon University with a Master of Science in Nursing with an emphasis in Nursing education. I began my nursing career as a clinical nurse in the neonatal intensive care unit (NICU) at Duke University and am currently employed in the NICU at Wake Med Hospital in Raleigh, NC. I actively participate in nursing education classes and precepting opportunities throughout the unit and hospital.

I would like to serve on the North Carolina Board of Nursing because... Serving on the North Carolina Board of Nursing will afford me a unique perspective into the nursing profession. This opportunity will offer me additional leadership experience and a broader understanding of nursing.



Tricia Howard

Durham

Tricia Howard has been a registered nurse for 23 years. She graduated from City University of New York – Lehman College with a Bachelor of Science in Nursing in 2000. She then went on to obtain a Master of Health Administration from Pfeiffer University in 2013 and is currently enrolled in the Psychiatric Mental Health Nurse Practitioner program at Duke University with a slated graduation date of 2023. Mrs. Howard's 23 years of experience includes: medical-surgical nursing, utilization review, appeals analyst, home health and hospice. She is currently employed as Durham Public Schools Lead Nurse.

I would like to serve on the North Carolina Board of Nursing because... After working as a nurse for the past 23 years, I want to give back to my profession in a manner that ensures that the integrity and quality of my profession is upheld.



Jennifer Kendrick

Reidsville

I have been working within the Cone Health organization at Annie Penn Emergency Department since obtaining my RN licensure in June 2013. During my tenure there I have had progressive leadership opportunities that have allowed me to be a resource liaison, and educator for staff and patients on the departmental and system-wide levels. I also held a nursing faculty role at Guilford Technical Community College a few months after obtaining MSN in Nursing Education. My background also includes presenter in local and international research conferences, national stroke certification, and award recipient for Cone Health Nursing Excellence and NC Great 100.

I would like to serve on the North Carolina Board of Nursing because... I have a passion for teaching, advocating, and being a resource for my colleagues. It is through the experiences that I have had thus far in my career that I continue to be a proud member of the nursing profession and would like to be able to be a member of the state board to ensure that the practices and demands on today's clinicians remain safe and attainable.

Staff Nurse, cont.



Karen York

Raleigh

Karen, 20-year Wake Med nurse, cares for adult stepdown, med-surg, cardiac, ICU, and Covid patients. Karen advanced her education from CNA to RN with a MSN in Nursing Education and maintains ANCC Board-Certified Med/Surg national certification.

Leadership spans from Unit Council Chair (8yrs.), System Clinical Nurse Council Campus Liaison, to Chair-Elect, Advisory Board Member (5yrs), Night Shift Council Advisory Board member since inception in 2015, Geriatric Care Committee, and Magnet Champion. As a volunteer member of NC Brain Injury Association, she is their lead camp nurse. She is passionate about providing exemplary care creating a culture of teamwork and inclusion.

I would like to serve on the North Carolina Board of Nursing because... As the Board's vision is exemplary care for all, my compassionate advocacy for my patients, their families, and the community go hand-in-hand. Being a Board Member can provide the ties between legislation, safe and competent care, and being a fierce patient and community advocate. I offer both bedside and leadership experience, which is beneficial when collaborating with NCBON and interdisciplinary healthcare members, to advance best practices for the benefit of the community.



Catherine Opladen

Charlotte

I graduated from an associate's program in NY, currently working on my BSN. My first job was as a staff nurse on an adult acute hematology-oncology floor. I assumed charge responsibilities within six months. After completing a year in that position, I transitioned to a pediatric ICU and pediatric cardiac ICU position where positions

included charge nurse, pediatric critical care transport, and senior-level three nurse. I spent three years traveling in Pediatric ICUs in some of the top children's hospitals in the country. I am currently a pediatric Motility coordinator at Atrium Health Levine Children's Hospital.

I would like to serve on the North Carolina Board of Nursing because... I have been a nurse for over 30 years and like many nurses, my main goal is to treat patients to the full extent of my license and to protect them from harm. Nursing has changed so much in the past 30 years. I feel that I have the experience to offer other nurses to become the best provider that they can be for their patients.



Andrea Green

Washington

I currently work at Vidant Beaufort Hospital as the Nurse Manager of Case Management. My nursing career started after receiving my Associate Degree of Nursing at Edgecombe Community College and I obtained my Bachelor of Science in Nursing at Winston Salem State University. I am an experienced Surgical Services

Nurse that has served as a staff nurse within the hospital setting and physicians' practice. I have functioned within nursing education as an adjunct ADN clinical instructor and my current path includes various Case Management roles. My journey within nursing spans a great interest in education and development within the profession.

I would like to serve on the North Carolina Board of Nursing because... From the inception of my nursing career in 2005 until present day, I have worked to be a pillar in nursing to create positive influence. Being a part of the nursing board will allow me the opportunity to impact the trajectory of nursing preparedness for the community, families, and healthcare entities.

continued on page 9

Staff Nurse, cont.



Stephen Rayne

Durham

Stephen is a graduate of the Beebe School of Nursing in 2010 and earned his BSN from Wilmington University in 2015. He recently obtained his Certified Perioperative Nurse (CNOR) certification in December of 2020. His professional career has consisted of various clinical positions in perioperative services which has encompassed preop, PACU, outpatient surgery, clinical education, and the operating room. He has been involved with numerous hospital-wide councils and committees which have reinforced his drive to promote quality nursing practice and safe patient care. He is currently working as a staff nurse at Duke University Hospital in the Cardiothoracic Operating Room.

I would like to serve on the North Carolina Board of Nursing because... While this will be a challenge, I want to help the Board of Nursing accomplish its initiatives and objectives. I would provide a unique outlook as a nurse which would allow me to bring equity and diversity to the board. I have an instilled work ethic in which I strive for innovation and support the advancement of nursing as a profession. I am passionate about the integrity and equality of the practices of our profession.



Tunisha Mosley

Raleigh

I am Tunisha Mosley, a 2010 graduate of Armstrong Atlantic State University with a BASN in Nursing. I began my nursing career at Duke Raleigh Hospital in the first New to The OR program, in 2011. I worked as a circulator on the Neuro, Ortho, and ENT Teams. In 2015, I started the MSN Leadership and Management program at Barton College. Upon completion of the program in 2015, I became Team Lead for the Ortho/Neuro Spine service line. In 2019, I became Nurse Manager of Operations in the Operating Room at Duke Raleigh Hospital.

I would like to serve on the North Carolina Board of Nursing because... I feel that serving on the board is the best way to advocate for the nursing profession. I feel that serving will give me an opportunity to share my knowledge with my leaders to promote change. As a nurse, the patients that are in my care trust me to treat them with respect, kindness, dignity, and compassion. If I am elected to serve, I will offer those attributes to the community.



Simone McKen

Roxboro

My nursing career started in 2005 on a Gynecology medical-surgical unit in Jamaica. Subsequently, I completed my RN-BSN in 2011 and served as a preceptor in the ICU and at the School of Nursing. I later completed my MSN in Nursing Education in 2014. In 2016, I joined the Person Memorial Hospital team as an ICU nurse; however, in 2018 I became the Nurse Educator. During my tenure, I served as Interim Director for the Med-Surg unit and the ICU. Currently, I am the Nurse Educator and is a part of the leadership team for Med-Surg and the ICU at Person Memorial Hospital.

I would like to serve on the North Carolina Board of Nursing because... I deem myself a nurse and a patient advocate, and I am extremely passionate about the perpetuation of the nursing profession. As a result, I believe serving on the NCBON will facilitate my growth as a professional nurse and will provide a platform for me to continue to advocate for the safety of our patients and families in our communities, while maintaining the dignity and prestige of our nursing profession.

continued on page 10

Staff Nurse, cont.



William Hookes

Jacksonville

I am a native of Cleveland, OH. With Kaplan University, I obtained a Bachelor of Science in Health Science, at Chamberlain College of Nursing a Bachelor of Science in Nursing, and at Aspen University a Master of Science in Nursing Education in October 2020. He is currently studying to earn his Doctor of Nursing Practice with North Central University (April 2023). He has served as Charge Nurse, Infection Control Nurse, Division Officer and now professional nurse with 2nd Medical Battalion in Camp Lejeune, NC. Outside of his direct military leadership roles, he is the Military Liaison for North Central University.

I would like to serve on the North Carolina Board of Nursing because... Nursing is an ever-progressing practice where it is important to remain ready & relevant by implementing evidence-based knowledge & I intend to bring this drive to the board. North Carolina is my home, and I would like to be a part of the continued progression of our practice at the state level through professional collaboration. As a proponent of servant leadership, I would be honored to serve by working to advance our practice with the BON.



Laurie Chapman

Dunn

I am a native to North Carolina, residing in Raleigh for the past 26 years. Nursing has been a lifelong dream for me, and I went back to school in 2014 to achieve that goal. I have my Bachelor of Science in nursing from the University of North Carolina in Wilmington. I currently work at Central Harnett Hospital in Lillington as a critical care nurse. I have worked with Harnett Health for the entire 8 years of my nursing career.

I would like to serve on the North Carolina Board of Nursing because... As a native North Carolinian, being given the opportunity to improve and protect the health and welfare of my fellow citizens as a Board of Nursing Staff Nurse will be a great honor.



Amelia Jackson

Chapel Hill

I am a representative of the new North Carolina. I was born in New York, but my family moved to NC when I was six years old. I went to high school in Hillsborough, college in Asheville and got my nursing degree from UNC-Chapel Hill. I lived in Fayetteville, NC as an active-duty military spouse. I have worked at UNC Healthcare since 2007, specializing in critical care. In 2021, I returned to college to obtain my Master's in Public Health as hope this will help the problems that caused my fellow citizens to become my patients in the ICU.

I would like to serve on the North Carolina Board of Nursing because... I believe I can be both a fair representative for nurses and a strong patient advocate. I have embraced nursing as a second career, but I have never forgotten what it was like to navigate the healthcare system without medical knowledge

ADN/Diploma Nurse Educator (2)



Anna Seaman

Henderson

RN in North Carolina for over 25 years. My bedside experience has been in ICU and OB. I served as an inpatient nurse educator at a hospital for greater than 5 years. I have experience as a nursing faculty member and became the Program Head for the ADN program in 2016. I continue to serve in this capacity to date, and I feel that my experience in nursing and nursing education will greatly assist me in serving NC's public as it relates to safe and effective nursing practice, being an advocate for NC nurses, and nurse educators throughout the state.

I would like to serve on the North Carolina Board of Nursing because... I have a deep desire to serve North Carolina's public as it relates to safe and effective nursing practice as well as being an advocate for the nurses of NC including nurse educators. I feel that my experience in rural healthcare and rural nursing will assist me if elected as a Nurse Member to the NC Board of Nursing.



Kelly Brooke Kistler

Hickory

Brooke Kistler is an alumni and current faculty of Catawba Valley Community College. A nurse for 15 years, she has obtained certification at every level of practice including CCRN while working in Cardiovascular ICU and CNE as a Nurse Educator. During this pandemic, she was instrumental in moving CVCC's nursing program on-line and developing a hybrid LPN-RN Bridge program. Simultaneously, she earned her Doctorate in Nursing Science at East Carolina University. Dr. Kistler has prior expertise in computer programming and believes embracing technology will help build nursing competencies, increase access to care, and provide accountability that protects the public.

I would like to serve on the North Carolina Board of Nursing because... I believe my experience and expertise can contribute to the advancement of best practices in both academic and practice setting. I believe this position helps support my passion to identify pathways of change that improve healthcare and nursing practice to promote patient safety and outcomes. Further, it is another avenue to advocate for changes in the healthcare system that best benefit individuals charged to our care as nurses.

"When you do nothing you feel overwhelmed and powerless. But when you get involved you feel the sense of hope and accomplishment that comes from knowing you are working to make things better."

Maya Angelou

Time to VOTE!

NC BOARD
OF NURSING



It's time to vote and the Board has opened your "Gateway" for easier access!

YOUR
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COUNTS

Vote
July 1st - August 15th



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6. Click on the photo of the candidate you would like to select.
7. Confirm your selection by clicking on the pop-up asking for confirmation.
8. Click 'OK' to cast your vote

Want to earn some CE? By reading the election article on page 13, not only will you be eligible for 1.0 CE, but you'll also learn more about your Nursing Board and the importance of voting. Then you'll be ready to CAST YOUR VOTE!

NC BOARD
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NCBON Board Member Election 2022: Your Vote Speaks

Disclosure Statement — The following disclosure applies to the NCBON continuing nursing education article entitled "NCBON Board Member Election 2022: Your Vote Speaks." Participants must read the CE article, online reference documents (if applicable), and the Reflective Questions in order to earn CE contact hours. Verification of participation will be noted by online registration.

Provider Statement — The North Carolina Board of Nursing will offer **1.0** contact hour for this continuing nursing education activity.

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.

Learning Outcome: Nurses will indicate an increased knowledge of the history and work of the North Carolina Board of Nursing (NCBON) and an understanding of the duties of Board members.

Purpose: The purpose of this article is to provide North Carolina licensed nurses information related to a historical overview of the NCBON, the mission and work of the NCBON, Board member duties, Board member election process, and reflections from current Board members. To assist in voting decision-making, biographies of current nominees, and instructions for voting are also provided.

EARN CE CREDIT

INSTRUCTIONS

Read the article, online reference documents (if applicable), and the Reflective Questions.

EARN CONTACT HOUR CERTIFICATE

Go to www.ncbon.com and scroll over "Education"; under "Continuing Education," select "Board Sponsored Bulletin Offerings," scroll down to link, "NCBON Board Member Election 2022: Your Vote Speaks." Register. Be sure to write down your confirmation number, complete and submit the evaluation, and print your certificate immediately.

If you experience issues with printing your CE certificate, please email practice@ncbon.com. In the email, provide your full name and the title of the CE offering (NCBON Board Member Election 2022: Your Vote Speaks).

Registration deadline is August 15, 2022.

History of the NCBON: First and Only

Licensed nurses in North Carolina (NC) have the unique opportunity to contribute to nursing regulation by voting for Board members to the foremost board of nursing in the nation. In 1903, NC became the first state to enact legislation forming a group of individuals to regulate the practice of nursing. The legislature saw the need for a regulatory board which would evaluate the competencies and issue licenses of those working in the nursing profession. At its inception, the NCBON, originally known as the "Board of Examiners of Trained Nurses in North Carolina,"

was comprised of five total Board members, only three of whom were registered nurses, who regulated a total number of 35 licensed nurses. In 1947, the General Assembly voted to expand the size of the Board and add three LPNs. The number of Board members grew from there to 14 members today – eight RNs, three LPNs, and three public members who are appointed by the Governor and General Assembly. As the number of Board members grew, different categories of nurses were established among the members to reflect the various positions nurses serve in the community: staff nurse, nurse educator, advanced practice, and nursing administrator.

“Voting allows one to have a voice, and our collaborative voices ‘speak’ volumes regarding decisions that impact nursing practice in the wonderful state of North Carolina.”

Board Member Dr. Racquel Ingram

In addition to being the first state to implement a nursing board, NC remains the only state where a majority of its members are elected by the licensed nurses. Board Member Dr. Racquel Ingram states, “Voting allows one to have a voice, and our collaborative voices ‘speak’ volumes regarding decisions that impact nursing practice in the wonderful state of North Carolina.” Legislation in 1981 acknowledged the importance of RNs and LPNs voting for Board members in their respective fields. Prior to this time, Board members were appointed through the government. The process of appointing members to regulatory boards continues in other states, highlighting the significance and importance of the election process in NC. Three seats are open in this election for RN Nurse Educator, Staff RN, and LPN. Board Member Chester Farley states, “Participating in elections is one of the key freedoms of American life. Voting in the NCBON Board election is a great way to use your voice to influence decisions that directly affect the practice of nursing in NC. We are the only state that votes for our nurse representatives on the board. Electing nurse Board members that will leverage their knowledge, skills, and experience to make informed decisions and be change agents to meet the dynamic changes and challenges occurring in health care is our responsibility to the public.”

Strategic Planning: Mission, Vision, and Values of the NCBON

Though the number of members serving on the NCBON has increased since 1903, the mission of the NCBON largely remains the same, “to protect the public by regulating the practice of nursing.” Through this lens, the NCBON’s vision is, “exemplary nursing care for all.” Equity, integrity, and agility are the values which guide the work of the NCBON for both Board members and staff. Board members recently worked to develop the 2022-2025 Strategic Plan of which the initiatives and objectives support the Board’s mission, vision,

and values. More information related to the NCBON Strategic Plan is located at the NCBON website. The following four initiatives will direct the organization in its work while promoting its mission, vision, and values. The four initiatives are:

1. Enhance Public Protection through Collaborative Leadership
2. Advance Best Practices in Nursing Regulation
3. Cultivate an Organization that Supports Diversity, Equity, and Inclusion
4. Foster Mobility of Licensed Nurses and Facilitate Access to Safe Nursing Care

As part of the 2022-2025 Strategic Plan, Board members highlighted the importance of reflecting safe nursing for all by including a specific initiative on diversity, equity, and inclusion. Board Member Chester Farley shares, “As a strong proponent of diversity, equality, and inclusion, I reflect on a statement by Lyndon B. Johnson: ‘The vote is the most powerful instrument ever devised by man for breaking down injustice and destroying the terrible walls which imprison men because they are different from other men.’” Each nurse in NC has the chance to advocate for their communities, their families, and their loved ones by voting for and electing effective nurse representatives.” In reflecting on the diversity of the Board, Board Member Lynetta Howard believes, “having a diverse Board demonstrates a welcoming attitude towards inclusion of different populations and perspectives [which] increases innovation, engagement, and productivity.”

Duties and Responsibilities

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

- Issue its interpretations of the Nursing Practice Act (NPA) through position statements and decision trees. These documents can be found on the NCBON website.
- Adopt, amend, or repeal rules and regulations as may be necessary to carry out the provisions of the NPA.

- Examine, license, and renew the licenses of duly qualified applicants for licensure.
- Determine and administer appropriate disciplinary action against those found in violation of the 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.
- Enter into agreements to aid in the remediation of nurses who experience practice deficiencies.

Registered Nurses (8)	Licensed Practical Nurses (3)	Public Members (3)
<ul style="list-style-type: none"> • Nurse Administrator employed by hospital or hospital system (1) • Advanced Practice Nurse (1) • Staff Nurse (2) • At-Large Registered Nurse (1) • Nurse Educator (3) 	Any practice setting	Appointed by: <ul style="list-style-type: none"> • Governor • Senate • House

Board Composition

Positions on the NCBON are defined within the NPA (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. 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.

Board Member Qualifications

The NCBON, in accordance with the Nursing Practice Act ([Nursing Practice Act | North Carolina Board of Nursing \(ncbon.com\)](#)) and Administrative Rules Chapter [36 OAH - NCAC > Title 21 - Occupational Licensing Boards and Commissions > Chapter 36 - Nursing - Browsing \(state.nc.us\)](#), defines the minimum requirements for nurses to both seek election to the NCBON 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.



If selected to serve on the NCBON, Board members serve a four-year term. Elections occur each year staggering the four-year terms to maintain a Board of experienced members. Newly elected and appointed Board members are sworn into office during the January NCBON Board meeting following the election and serve through December 31st of the fourth year. Prior to the conclusion of the fourth year of service on the NCBON, a nurse may choose to run for re-election. The same process is required for an individual seeking re-election. No Board member shall serve more than two consecutive four-year terms or eight consecutive years.

It is estimated that an average of 30 days per year is required to carry out the duties and responsibilities of a Board member. The time commitment for Board members varies 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 Subcommittee, and Midwifery Committee. Board Member LaDonna Thomas says, "the training sessions provided by Board staff regarding the Licensure Review Panel process, the Hearing Committee process, as well as other committees, have assisted with gaining a keen sense of knowledge and awareness for serving on each committee." She further shares she "can honestly attest to the fact that being a Board member has heightened my knowledge and understanding of nursing regulations and practices."

Each of these committees support the work of the NCBON and are driven by the mission of public protection. In addition to meetings, additional time is needed to prepare for meetings by reviewing any pertinent documents. These documents are provided electronically and in advance of meetings. Preparation is key to efficient, productive, and mission-driven decisions and dialogue.

"Every election is determined by the people who show up."

Larry J. Sabato, "Pendulum Swing"

Nomination and Election Process

Each year in the Winter issue of *The Bulletin*, the official communication between the Board and NC licensed nurses, a nomination form is published seeking nominations for licensed nurses in NC to serve on the Board. 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 NC 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.

The nomination period for the upcoming election began on January 1, 2022 and ended on April 1, 2022. Once the nomination process was complete, nominees for each of the nurse positions submitted a candidate packet providing information related to licensure and employment. The submission deadline for nomination packets was April 15, 2022. The NCBON Chief Executive Officer determined the nominee's qualification to run in the selected Board position. Now that the slate of candidates is complete, it is up to NC licensed nurses to take advantage of the privilege

Voting is quick and easy!

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 electronic voting system, see the instructions for Gateway Voting on page 12 of this issue.

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

to select Board members by casting their vote in the election from **July 1st to August 15th!**

Positions available for the 2022 election are:

- ADN/Diploma Nurse Educator (1)
- Staff Nurse (1)
- Licensed Practical Nurse (1)

Why VOTE in the NCBON Board Member elections?

NCBON Chief Executive Officer Dr. Crystal Tillman says, "It is such a privilege for nurses in NC to be able to vote for the Board member positions. We are the only state that gets to vote for our nurses and have your voice heard. Your vote matters!" By voting in the upcoming election, nurses take an active role in shaping their profession.

Those elected to lead will be evaluating decisions for the future of nursing and healthcare regulation. Who you vote for and the decisions they make as a Board member should represent the mission, vision, and values of the NCBON. When preparing to vote, recall the NCBON's mission of protecting the public and reflect on what you may consider to be the characteristics of a good Board member: are they equitable, willing to listen, what is their experience, etc?

Participating in the election will also help preserve the privilege to elect members to the NCBON. Board Member Dr. LaDonna Thomas expresses, "The NCBON is unique since it is the only board where licensees have the privilege of electing the members to serve. Having this privilege and by exercising the right to vote, allows the nurse's voice to be heard."

Voting in the upcoming election is one of the unique privileges afforded to licensed nurses in NC. Do your part to elect strong leaders in regulation for the largest healthcare profession in NC so that nursing continues to be one of the most trusted professions.

Reflection Questions:

1. What is the mission of the NCBON?
2. What makes the Board election process unique in NC?
3. Why are the candidate biographies important in the election process?
4. What are the overall responsibilities for NCBON Board members?
5. What is the composition of the NCBON Board members?
6. How are public members appointed?
7. What is the term length for Board members?
8. When does the election take place each year? Who can vote? Why is your vote important?
9. What qualities would be important characteristics of NCBON Board members?
10. Have you ever thought about running for the opportunity to serve as a Board member?

NC BOARD OF NURSING YOUR VOTE COUNTS



Questions?

If there are questions regarding the election process, please contact election@ncbon.com or visit our website.

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Remember to Obtain Your CE

Go to www.ncbon.com and scroll over "Education"; under "Continuing Education," select "Board Sponsored Bulletin Offerings," scroll down to link, "NCBON Board Member Election 2022: Your Vote Speaks." Register. Be sure to write down your confirmation number, complete and submit the evaluation, and print your certificate immediately.



Make your voice heard!
Vote NOW!

Upcoming Events

Board Meeting

September 22, 2022

Administrative Hearings

July 27, 2022

September 21, 2022

Hearing Committee

August 24, 2022

October 26, 2022

Education & Practice Committee

August 10, 2022

Noontime Knowledge with the NCBON: Continuing Competence

*August 30, 2022

Orientation Session for Administrators of Nursing Services and Mid-level Nurse Managers

September 13, 2022

*October 4, 2022

Education Program Director Orientation (EPDO)

*September 14, 2022

* Virtual event

Please visit www.ncbon.com for updates
to our calendar and call-in information to attend public meetings.

NCBON Social Media

Connecting the dots on Nursing Regulation



Click any of the icons to find our pages.

Following @NCNursingBoard on Social Media gives you access to up-to-date information between issues of *The Bulletin* - Practice Changes, Renewal Reminders, Rule Revisions, and so much more.

THE ORDER OF THE LONG LEAF PINE

AWARD RECIPIENT

WRITTEN BY
ANGELA ELLIS



Julie George

RN, MSN, FRE
NCBON CEO, '08-'20

“Leadership is about making others better as a result of your presence and making sure that impact lasts in your absence.”

This quote from Sheryl Sandberg, COO of Facebook, personifies former Chief Executive Officer Julie George, RN, MSN, FRE, during her 25-year career at the NC Board of Nursing (NCBON).

It is due to Mrs. George’s exemplary leadership, dedication to nursing practice, and a long list of regulatory accomplishments that she was nominated and accepted for the Order of the Long Leaf Pine, one of the highest honors an NC Governor can bestow. This honor is reserved for “persons who have made significant contributions to the state and their communities through their exemplary service and exceptional accomplishments” (2022).

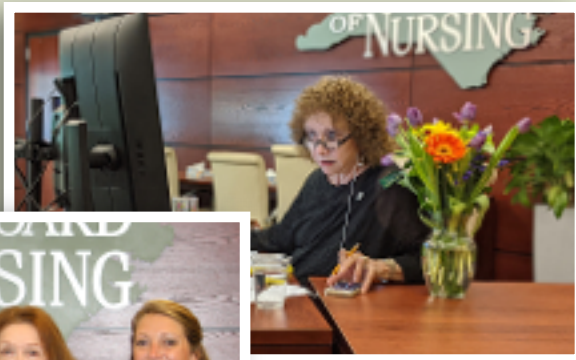
On May 19, 2022, NC House Representative Gale Adcock presented Mrs. George with the Order of the Long Leaf Pine at the Board’s Business meeting. Representative Adcock is one of four nurses in the General Assembly and the only Nurse Practitioner.

Representative Adcock stated:

“For more than 4 decades as a North Carolinian, Julie George made a permanent mark in the safe delivery of nursing care, distinguished herself as an outstanding nursing leader in the area of nursing regulation and served as an exemplary national and international ambassador for our state. She exemplifies the qualities reflected in the Order of the Long Leaf Pine, and I supported her nomination without hesitation.”

The Order of the Long Leaf Pine Anthem (2022):

*"Here's to the land
of the long leaf pine,
The summer land
where the sun doth shine,
Where the weak grow strong
and the strong grow great,
Here's to "down home",
the Old North State!"*



Representative Adcock added:

“If there has ever been a role or a person that fulfilled that role more than Julie to make the wheat grow strong and the strong to grow great, I don’t know who it is.”

In accepting the award, Mrs. George stated:

“I could have never existed, persevered or excelled in this area of regulation if not for an incredibly supportive family, incredibly supportive Board members and an immensely talented staff. I can’t thank everyone enough who helped make me successful. I’m very proud of what our Board has accomplished. It is an honor to receive this award and I consider being a part of this wonderful organization as one of the highlights of my 49-year nursing career.”

Mrs. George spent much of her nursing career in nursing regulation with 25 years of service with the NCBON, serving as the Chief Executive Officer of NCBON from 2008 - 2020. She holds a master’s degree in Nursing from the University of North Carolina at Chapel Hill and is a Fellow in the National Council of State Boards of Nursing (NCSBN) Institute of Regulatory Excellence. Mrs. George was actively involved at both the national and international levels of nursing regulation. She served for 13 years on the Board of Directors for NCSBN and served as President of NCSBN from 2018-2020. Mrs. George is also the recipient of the prestigious R. Louise McManus Award, given by NCSBN for individual leadership in regulatory excellence. During her terms as President-Elect and President of NCSBN, she served as a member of the International Nurse Regulatory Collaborative (INRC). The INRC is a group of nine international nurse regulators seeking to identify commonalities, promote research, and influence policy to protect the public’s health, safety, and welfare around the world.

Mrs. George is known for her innovation in nursing regulation. She was instrumental in moving to a philosophy of “Just Culture”, both in North Carolina and throughout the country. She made numerous presentations throughout the country related to Just Culture in health care regulation. She was involved with many nursing initiatives and public policy endeavors in North Carolina. During the last years of Board service, she resolutely engaged in crafting the modernization of the Nursing Practice Act. Mrs. George frequently served as a source of education and information for the North Carolina General Assembly in matters of nursing health policy nursing.



For more information on this prestigious award, visit [The Order of the Long Leaf Pine Society](https://longleafpinesociety.org/).

Reference:

The Order of the Long Leaf Pine Society. (2022). <https://longleafpinesociety.org/>

Board of Nursing Actions

Administrative Matters

- Approved the proposed fiscal year 2022-2023 budget and designation of funds

Education Matters

Ratification of Full Approval Status:

- Johnston Community College, Smithfield – ADN
- McDowell Community College, Marion – LPN
- NC A&T State University, Greensboro – BSN
- Piedmont Community College, Roxboro – ADN

Ratification of Approved Enrollment Expansion:

- Appalachian State University, Boone – BSN, increase enrollment by 16 for a total program enrollment of 96 students beginning May 2022.

Notification of Planned Decrease in Approved Total Enrollment:

- McDowell Community College, Marion – LPN, decrease enrollment by 20 for a total program enrollment of 28 students beginning in August 2022.

Notification of Alternate Scheduling Option:

- Alamance Community College, Graham – ADN
- Belmont Abbey College, Belmont – BSN
- Gardner-Webb University, Boiling Springs – BSN and ASN
- High Point University, High Point – BSN
- Queens University, Charlotte – BSN

FYI Accreditation Decisions by CCNE for Initial or Continuing Approval & Next Visit Date:

- University of North Carolina, Charlotte – BSN – Continued Approval – Spring 2031

Quarterly NCLEX Pass Rates:

- 1st Quarter

Practice Matters

Ratification of Approval NAI Courses:

- AIM Medical Training College, Greensboro – Proprietary
- Lenoir Community College, LaGrange – Continuing Education
- Lenoir Community College, Kinston – Career and College Promise

Sexual Assault Nurse Examiner (SANE) Program Activity:

- 16 Hour SANE Clinical Training – Adult/Adolescent: Sahari Center of Harbor – 16 hours (Traditional)
- Combined Adult/Adolescent/Pediatric Sexual Assault Nurse Examiner Training: UNC Medical Center Emergency Department – 72 hours (Traditional)
- NCSAKI SANE Training: Southern Regional Area Health Education Center – Didactic 8 hours and Clinical 16 hours (Traditional)

NAI Task List Emends:

- NAI Task List

The Role of Leadership in Prevention of Horizontal Violence in Nursing



Disclosure Statement — The following disclosure applies to the NCBON continuing nursing education article entitled "**The Role of Leadership in Prevention of Horizontal Violence in Nursing.**" Participants must read the CE article, online reference documents (if applicable), and the Reflective Questions in order to earn CE contact hours. Verification of participation will be noted by online registration.

Provider Statement — The North Carolina Board of Nursing will offer **1.0** contact hour for this continuing nursing education activity.

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

Learning Outcome: Nurses will gain an increased knowledge of identification of bullying behaviors and interventions to address the behaviors.

EARN CE CREDIT

INSTRUCTIONS

Read the article, online reference documents (if applicable), and the Reflective Questions.

EARN CONTACT HOUR CERTIFICATE

Go to www.ncbon.com and scroll over "Education"; under "Continuing Education," select "Board Sponsored Bulletin Offerings," scroll down to link, "The Role of Leadership in Prevention of Horizontal Violence in Nursing." Register. Be sure to write down your confirmation number, complete, and submit the evaluation and print your certificate immediately.

If you experience issues with printing your CE certificate, please email practice@ncbon.com. In the email, provide your full name and the title of the CE offering (The Role of Leadership in Prevention of Horizontal Violence in Nursing).

Registration deadline is July 1, 2024.

Introduction

The literature provides a variety of definitions to describe bullying, which increases the complexity to define, monitor, and manage bullying in the healthcare setting. More specific terms include horizontal violence, lateral violence, and horizontal hostility. For this article, the term horizontal violence will be used to explore the concept.

The concept of horizontal violence has evolved from an awareness brought forward by Freire (2000) to a conceptual model created by Cynthia Clark (2009) that links directly to the nursing profession (Freire, 2000; King-Jones, 2011; Nemeth et al., 2017; Tillman-Harris, 2012). Clark's continuum reveals a range of behaviors from

distracting or irritating behaviors to more aggressive and threatening behaviors. Horizontal violence behaviors have been present in nursing literature for the past 20 years. Within the past 10 years, there has been increased action to recognize and eliminate horizontal violence behaviors in the nursing profession (Balevre et al., 2018; Embree & White, 2010). Horizontal violence among nurses has an impact on nurse job satisfaction and patient care, which makes it a key factor for nursing leadership to consider in policy, culture, and retention of nursing staff. This article will explore the impact of horizontal violence on patient safety and nurse retention.

Impact of Horizontal Violence

Attrition, or the act of nursing staff that leave their place of employment, can be linked directly to the presence of horizontal violence. Effective leadership throughout an organization is essential to maintain a safe, stable work environment in the current unstable economic environment (Zangaro et al., 2009). An organization that tolerates horizontal violence will not be an attractive place for new nursing graduates to apply for a position or for patients to seek medical treatment (Armmmer & Ball, 2015; Bartholomew, 2006). Mentorship was found to be an effective tool to retain nursing staff. Conversely, a lack of leadership support leads to attrition among nursing staff (Arnetz et al., 2019). Organizations can monitor staff job satisfaction through regular staff meetings, leadership with an open-door policy, and regular surveys with specific, open-ended questions. Organizations that cultivate a positive work environment will be more likely to retain nursing staff.

Effective leadership throughout an organization is essential to maintain a safe, stable work environment...

The impact of horizontal violence on nurses, their physical and physiological well-being, and their job satisfaction is well documented throughout the literature. Long-term effects associated with horizontal violence include anxiety, depression, loss of self-esteem, decreased productivity, and absenteeism (Tedone, 2020). A descriptive, correlational study found that horizontal violence negatively influenced job satisfaction and retention of nursing staff (Armmmer & Ball, 2015). Lack of leadership support when horizontal violence was reported was identified as a factor for increased absenteeism and reported burnout across nursing groups (Brewer et al., 2020). Data related to job satisfaction is also useful as leaders and organizations plan for recruitment and retention.

Organizations and healthcare professionals strive to create a culture that supports patient safety and quality care. While there are a variety of factors that complicate patient safety, evidence suggests that horizontal violence affects all areas of nursing

Safe patient care depends on the dynamics of a healthcare team and effective communication.

and healthcare, which affects all patient populations. In an environment where horizontal violence occurs, there is a reported lack of teamwork and effective communication which are associated with errors and negative patient outcomes (Longo et al., 2016). Patient care is reliant on effective and positive nursing communication within and between units. Horizontal violence negatively affects patient safety as it decreases a nurse's ability to advocate or speak up for patients and in some cases was reported as a distraction to their ability to provide safe care (Anusiewicz et al., 2020; Townsend, 2012). Negative communication or the lack of communication between nursing staff has been shown to have negative outcomes in patient care and lead to an increase in practice errors (Johnson & Benham-Hutchins, 2020). Negative intra- and inter-departmental communication between staff may be perpetuated by the culture of an organization.

Safe patient care depends on the dynamics of a healthcare team and effective communication. Teamwork is reliant upon formal and informal communication between staff and positive communication is the responsibility of all staff (Logan & Malone, 2018). Communication between nursing staff that is cruel or undermines practice can distract nurses from tasks which increases the likelihood of errors (Plonien, 2016). Horizontal violence can create so much damage to teamwork and communication between nurses that it diminishes the safety of patients and increases sentinel events such as patient falls, medication errors, or permanent loss of function (TJC, 2018). Horizontal violence is a considerable barrier to patient safety (TJC, 2018). Timely, thorough, and professional communication is essential for the safe continuation of patient care.

Recognition of the Problem

Horizontal violence is a significant issue in nursing; however, it remains difficult for organizations and staff to recognize and remains underreported by nurses for a variety of reasons, which includes a lack of education (Plonien, 2016). Failure to address behavior that is unacceptable or causes damage can be interpreted as silent support and reinforcement (TJC, 2008). Organizations must admit horizontal violence exists in healthcare to prevent or eliminate it. Some organizations have created hospital-wide campaigns, listing examples of horizontal violence and ways to prevent and eliminate the behaviors (Tedone, 2020). Hospital-wide campaigns can be used to educate staff, patients, and visitors and demonstrate organizational commitment to recognition of the problem and the need for change. There must be education among leaders and staff for change to occur.

It is essential for an organization to consistently provide education that applies to all units and staff (Longo et al., 2016). Organizations must set clear definitions and methods for staff to report horizontal violence (Arnetz et al., 2019; Vessey et al., 2009). Leaders may recognize horizontal violence within a department but fail to address the concerns to avoid conflict. Avoidance of horizontal violence tends to precipitate bullying behavior (Bloom, 2019). Leaders who engage in the delivery of patient care will be present on the unit and supportive of staff. Also, they may notice slight changes in behaviors or consistent inappropriate behaviors among staff.

Staff must be aware of a safe and effective route to report horizontal violence without fear of retaliation.

Safe Reporting

Staff must be aware of a safe and effective route to report horizontal violence without fear of retaliation (Granst 2015; Plonien, 2016). Human resources and organizational leaders must work together to establish a safe, consistent outlet to report incidents of horizontal violence (Zangaro et

al., 2009.). It is inappropriate and damaging for nurse leaders to ignore horizontal violence or not provide staff with adequate information and support. Acts of omission tend to focus on 'overlooking' incidences of horizontal violence. When concerns are not verbalized, the behavior is allowed to continue.

To gauge the existence of and response to horizontal violence, nurse leaders need to develop strategies that support ease of reporting. One strategy is to provide anonymous surveys for staff to complete and supply locked boxes within the unit for the surveys to be submitted (Tedone, 2020). An effort from organizational leaders and commitment from the human resources department would be a positive first step to change the culture within an organization and eliminate horizontal violence.

Policy Development

The creation of a policy within an organization is a significant task that requires executive leadership approval, followed by dissemination to all staff (Anthony & Brett, 2020). Nursing leaders must participate in policy creation and support bedside nurses to execute the policy as well as relevant updates. The creation of change in an organization starts with unit leadership; unit leaders are the link to the retention of staff and influence organizational decisions (Anthony & Brett, 2020; Ritter, 2010). Nursing leaders that are engaged, involved, and listen to staff concerns can bridge a communication gap between senior leaders and bedside nurses; this step is essential, as it is everyone's responsibility to establish and abide by policies.

Organizations may also choose to establish a task force of staff nurses or leaders to create policy concepts before they are presented to senior leadership (Ceravolo et al., 2012; Lachman, 2015). An organization's code of conduct establishes rules by which employees should abide and can include a framework for how to treat each other (Schmidt et al., 2016). Studies have shown that when organizations have a code of conduct that addresses horizontal violence as well as active

leadership that enforces the code, the behavior is positively modified among nurses (Armmer, 2017; Race & Skees, 2010). A code of conduct may also be incorporated into policies and required education for all staff.

Policies, education, and performance improvement are continuous initiatives that should involve leaders and staff nurses. Organizational policies directed at horizontal violence should align with an organizations' code of conduct as well as its mission and values (Logan & Malone, 2018). In addition to policies, the use of horizontal violence issues can be utilized in process improvement initiatives, such as Six Sigma or Total Quality Management (Taylor & Taylor, 2017). Encouragement of process improvement projects engages leaders and staff to work together to create solutions.

Accrediting bodies continue to encourage leadership intervention in horizontal violence issues. The Joint Commission (2018) created an online guide for staff and leaders called, "[Workplace Violence Prevention](#)" that included frequently asked questions related to workplace bullying as well as an open forum for staff to discuss situations and concerns (Kopp, 2018). The Joint Commission provides expectations that include education of team members, accountability, and the formation of policies. There is currently not a standard related to bullying, although some patient safety standards can be negatively impacted by a culture that allows disruptive behaviors.

Leaders should share bullying information regularly such as how to recognize it and where to report any identified behaviors (Ross, 2017). In 2015, the American Nurses Association published a [position statement](#) that calls for a culture change and focuses on respect as well as the elimination of toxic behaviors (Balevre et al., 2018). The focus of leadership styles has changed from transactional to transformational (Plonien, 2016). A transactional style of leadership focuses more on a hierarchy of power and reward/punishment behaviors, which can precipitate bullying behavior

(Berry et al., 2016). Transformational leadership provides a more inclusive culture and promotes the empowerment of staff (Plonien, 2016). As transformational leadership style becomes more prevalent, there is hope that organizational cultures will change, and bullying behaviors will be eliminated. One example of transformational leadership would be to include nursing staff in the policy process. It is not enough for an organization to create policies without purposeful explanation and education on new policies.

Educational Programs

A lack of purposeful intervention and education puts an organization at risk to develop horizontal violence behavior (Armmer, 2017). Continued conversations and research into the topic of horizontal violence will provide leaders with the tools they need to approach this growing problem in organizations. These conversations should be formal and informal, to allow staff the flexibility to report concerns or question behaviors at any time. Open-door policies invite nurses to share concerns related to behavior and should be encouraged. It is important for nurse leaders to annually review organizational policies in detail with staff members and seek input for improvement.

Literature suggests practice and role-play among nursing staff have shown an improvement in nurses' recognition of horizontal violence and the ability to confront perpetrators of horizontal violence (Balevre et al., 2018; Griffin, 2004; Longo, 2010; MacIntosh, 2006). Organizations can allow staff members the opportunity to gain experience and practice their role through the development of continuing education classes that focus on difficult conversations and confrontations of horizontal violence. Conflict resolution training that teaches the art of de-escalating a situation provides empowerment and confidence among staff (Kopp, 2018). Education should be mandatory, on at least an annual basis, as a reminder to staff of the organizations' code of conduct.

In addition to continuing education, mentorship is essential for new staff members. Organizations conduct mentorship programs in a variety of ways.



Some new staff are assigned one preceptor throughout orientation, others cycle through multiple preceptors, while some have a preceptor and a mentor (Horrigan, 2016). Mentorship programs are mentioned throughout the literature as a crucial step to decrease horizontal violence through the promotion of professional development, constructive feedback, and unbiased advice (Balevre et al., 2018; Clark, 2018; Granstra, 2015). When executed correctly, mentorship programs can grow into supportive peer relationships and mitigate the negative effects of horizontal violence (Horrigan, 2016). Mentorship programs and modeling professional behaviors are the roles of leaders, educators, and all nursing staff.

Culture

Horizontal violence can become embedded in an organization's culture which makes it increasingly difficult to distinguish and eliminate. Whether these cultural changes came about from individuals, or the overall organization is irrelevant and difficult to determine; what is significant is that the overall horizontal violence culture is changed (Berry et al., 2016; Embree & White, 2010). A quantitative, cross-sectional study found positive work environment perceptions were inversely correlated with incivility (Smith et al., 2018). An organization where nurses are empowered to participate in the creation of policies provides a culture of inclusion and support (Lachman, 2015). Attention to policies and education can bolster a positive culture within an organization.

It is the responsibility of all staff, particularly leadership, to hold themselves accountable for their actions (Berry et al., 2016). The caustic behavior of one nurse will affect the entire team; rather than resist the behavior, staff will adapt over time which will increase the incidence of horizontal violence (Zangaro et al., 2009.). Whether disruptive behavior originates from one individual or a group, it is evident over time the culture of the group will change, which can lead to a decrease in positive communication between nurses.

Conclusion

Horizontal violence continues to be a significant obstacle in the healthcare field, particularly in nursing. This article highlighted some of the common issues associated with horizontal violence and provided suggestions to create a culture that minimizes or eliminates horizontal violence. Horizontal violence has been shown to create significant disruptions to safe patient care, potential increased patient mortality and morbidity, decreased nurse retention, and decreased nurse job satisfaction. Also, the presence of horizontal violence has led accrediting bodies to create policies and standards to eliminate and prevent horizontal violence. These policies and standards include specific suggestions for organizational leaders as well as allowing an opportunity for change. There is considerable evidence throughout the literature that unit or front-line leaders are in a pivotal position to create behavioral change throughout the unit, utilize educational interventions, provide consistency in leadership styles, and support nursing staff.

Clinical Practice

The prevalence of horizontal violence is not limited to any organization, demographic, or location. Horizontal violence is a consistent threat to patient safety and nursing job satisfaction. Any member of the healthcare team can display disruptive behavior; examples include criticism of others in front of staff or patients, angry comments, disrespectful language, or demeaning behavior (Brewer et al., 2020). However, when disruptive behavior is linked to behavior between nurses, the

term horizontal violence is more commonly used (Johnson & Benham-Hutchins, 2020). It is important to be able to recognize disruptive behavior and create organizational standards to prevent or eliminate this trend.

There are various consequences of horizontal violence in the healthcare setting; many focus primarily on nurses. Horizontal violence creates a decrease in positive patient outcomes, the potential for increased medication errors, decreases in nurse retention, and increases in physical and psychological consequences for the victim (Logan & Malone, 2018). The recruitment of quality nurses remains critical. It is important to note retention relates specifically to the current culture and behavior within an organization.

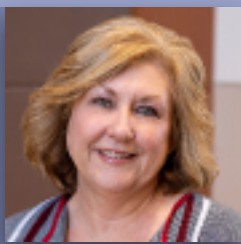
As experienced nurses leave the profession, organizations and patient care will suffer. The increased rate of nurses that leave the profession is progressively complicated with constant changes in healthcare. The evolving changes in healthcare support the importance of leaders that recognize and eliminate horizontal violence. The elimination of horizontal violence aligns with the mission of the North Carolina Board of Nursing, to protect the public by regulating the practice of nursing. Information and education provided by the Board can be utilized by all nursing staff to practice safely and be an agent of change for the nursing profession.

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Case Scenarios

1. You are a new graduate RN on a busy medical/surgical floor. During shift change, you hear a negative exchange between two (2) coworkers. One nurse is criticizing the other for not completing or following up on tasks and uses offensive language. The other nurse does not respond but sits quietly. The interaction occurred in the nurse's station where it is witnessed by other staff and visitors.
2. You are an experienced LPN in a long-term care facility. Due to low staffing, the Director of Nursing (DON) is asked to take an assigned cart for the day shift. During the shift, the DON makes negative comments about the nurses that worked the shift prior, complaining about their documentation. The DON makes these comments to multiple staff members throughout the day.

Reflection Questions

1. List examples of bullying behavior from the case scenarios.
2. Before reading this article, how would you have reacted to the situations outlined in the case scenarios?
3. After reading this article, would your response have changed? If so, how?
4. How would your response differ if the behaviors were displayed by a manager versus a coworker?
5. How would you handle the situation if you witnessed horizontal violence in your workplace?
6. What are examples of verbal and non-verbal bullying behaviors?
7. What is your organization's policy regarding horizontal violence?
8. Think about the culture of your organization. How does it support the prevention and elimination of horizontal violence?
9. What are the options for nursing staff to be involved in policy creation or organizational changes?

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APRN



Melanie Mabrey
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APRN Consultant

How do I discharge a patient?

As nurses we are continuously aware of our responsibility to the patient at the bedside once an assignment is accepted. Leaving that assignment would be considered abandonment. But how does that translate to APRN practice? Terminating a provider patient relationship can be a very difficult decision. What guidance does the NCBON have for the APRN in this situation?

At the May 2022 NCBON Meeting, the Position Statement “Discharging A Patient From A Practice” was approved to be shared with the public. The full statement may be found at the NCBON website.



The key points:

- 30-day notice to patient in writing including reason for discharge, date services are terminated, offer to provide care during the 30 days, and an offer to help find a new provider
- Practice should have a standard policy/procedure
- Prior to termination, a discussion with practice owner (yes, this may be the APRN) and supervising physician

The APRN Consultant is available for your questions on this and other APRN practice issues. Email: aprnpractice@ncbon.com.

Compliance



Alison Bailey
Manager, Compliance

Who are we?

The primary duty of the Board's Compliance Department is to monitor nurse participant's compliance with consent order terms which may include but not be limited to random drug screening, remedial course completion, and employment conditions. Of the approximately 225 monitored participants, the majority are enrolled in consent order monitoring programs for a diagnosis of a substance use disorder. The mission of the non-published, non-disciplinary Alternative Program for Nurses in Recovery (AP) and the published, disciplinary Discipline Program for Nurses in Recovery (DP) is:

“to protect the public by providing a structured approach to monitoring nurses experiencing a substance use disorder and to return nurses in recovery to safe nursing practice.”

Each participant has a designated Compliance Case Analyst (CCA) to verify compliance. The AP and DP require participants to enter into and complete substance use disorder treatment, attend approved mutual support group meetings, and submit random observed drug screens. A participant is eligible to return to restricted single-state practice following an initial period of compliance with the consent order conditions. Participants are monitored for 3 years of employment or 5 years of drug screening with no evidence of relapse.

Employer Engagement

Once the participant is approved to re-enter restricted practice and has a job offer, the CCA will review the proposed position description and schedule a work site conference to speak with the participant and potential clinical RN supervisor to verify the position can accommodate the conditions on the license. The employing facility and approved RN supervisor agree to the following:

- Support the conditions on the license including shift and overtime restrictions, limiting access to controlled substances and on-site RN supervision.
- Complete quarterly work performance evaluations verifying the quality of work.
- Immediately notify the NCBON of any change in:
 - Clinical RN supervision.
 - Employment status.
- Performance resulting in verbal or written counseling.
- The results of any employer requested drug or alcohol screen.
- Immediately remove the participant from duty if the participant:
 - Provides a positive drug screen.
 - Refuses or fails to successfully provide a drug screen when requested by the employer.

Communication is the key to promoting a successful relationship between the employer and participant and supporting the NCBON in its mission of public protection.

A Resource Manual for Nurse Administrators is available on the NCBON website and a copy is provided electronically to each approved AP and DP supervisor.

Education



Jennifer Lewis
PhD, MSN, MBA, RN
Director, Education

Who are we?

The role of nursing education in our society is paramount because it develops critical thinking, innovation, engages people's passion to serve and care for one another, and prepares them for their future career based on an understanding of the human condition across the lifespan. Given the North Carolina Board of Nursing's (NCBON) mission of public protection, we take a special interest in ensuring that the education of students seeking to enter the nursing profession is done so with integrity and rigor because there is inherent risk in the work that licensed nurses do. The NCBON is therefore charged to establish standards for pre-licensure nursing education programs and the qualifications for nursing faculty consistent with G.S. [§90-171.38].

The NCBON establishes the standards for nursing education programs preparing students for nursing licensure. These standards are designed to ensure that graduates have the necessary education to practice safely and competently. Therefore, a primary focus of the Education Department is related to the management of nursing education programs. The NCBON has jurisdiction for the establishment and oversight of pre-licensure nursing education programs which include practical and registered nurse diploma, associate degree, and baccalaureate degree programs.

In addition to program management, the Education Department supports the mission of public protection by the following:

- Reviews applications to establish RN (Registered Nurse) and PN (Practical Nurse) refresher courses in NC with ongoing approval every five years.
- Grants approval of continuing education programs designed to enhance nursing practice by teaching skills not included in the basic educational preparation of the nurse (RN or PN). [§90-171.42].
- Completes credentialing reviews for internationally educated applicants seeking to sit for National Council Licensure Examination (NCLEX).
- Approves new program directors charged with authority for pre-licensure nursing education programs.
- Develops educational offerings for stakeholders such as the Annual Education Summit.
- Engages in data collection:
 - NCLEX pass rates and trends.
 - Pre-licensure program data through the education annual report.
 - Compilation and analysis of trended pre-licensure program data through the Trends Report.

Education Consultants and the Education Coordinator are the driving force behind the work of your Education Department. Please feel free to reach out to us should you need assistance.

NCBON Education Department
education@ncbon.com
(919) 782-3211, ext. 238

Investigations



Angie Matthes

MBA, MHA, RN, CI
Director, Investigations

What types of issues are investigated by the Board?

The Board's mission is to protect the public. The Board investigates a variety of matters that are potential violations of the Nursing Practice Act. To see a list, go to § 90-171.37 and look under Disciplinary authority.

https://www.ncleg.net/enactedlegislation/statutes/html/byarticle/chapter_90/article_9a.html

For the first quarter of 2022, the top five allegations reported to the Board resulting in an investigation were:

- Criminal charges or convictions
- Drug diversion
- Neglect
- Exceeding Scope of Practice
- Positive Drug Screen

Regarding criminal charges or convictions, a reminder that nurses are required to report, according to GS 90-171.37C (e), the following to the Board within 30 days of their arrest or indictment:

- (1) Any felony arrest or indictment.
- (2) Any arrest for driving while impaired or driving under the influence.
- (3) Any arrest or indictment for the possession, use, or sale of any controlled substance.

The Board offers programs for nurses with a substance use disorder. Information about the Board's Drug Monitoring Programs can be found on the Board's website.

Legal

How does the Board go from complaint to resolution?



Meredith Parris
JD
Senior Staff Attorney

Complaints alleging a licensee has committed a violation of the Nursing Practice Act (NPA) can be submitted to the North Carolina Board of Nursing (NCBON) by employers, members of the public, and anonymously. As the NCBON's mission is to protect the public by regulating the practice of nursing, the complaint must allege a licensee has committed a violation of the NPA. The NCBON does not intervene in disputes between employees or personnel matters.

Complaint Review

Our Investigative Department first examines the complaint and critically reviews, if this allegation were true, does it amount to a violation of the NPA? If the answer is yes, then an investigation commences to determine if there is sufficient evidence to prove a violation of the NPA has been committed.

Investigatory Process

Typically, once the case is assigned, the licensee is notified a complaint has been filed. During the investigation, NCBON staff will contact any witnesses who may be able to provide relevant information. Additionally, tangible evidence, such as medical records, photographs, time sheets, etc., may be obtained when available. Once this information has been gathered, NCBON staff will contact the nurse to schedule an interview to obtain their recollection of the matter. During this interview, the nurse will have the opportunity to provide additional information and review the investigation thus far.

Complaint Resolution

When evidence is presented which supports the nurse has committed a violation of the NPA, NCBON staff reviews the investigation to determine what is the appropriate resolution given the facts of each case. Aggravating factors and mitigating factors will be considered during this determination. NCBON staff follows protocols adopted by the NCBON Board Members to resolve these cases equitably while taking into account the unique facts of each case. A case may be closed in any of the following ways: No Further Action, Letter of Concern, Non-Disciplinary Consent Order, and Published Consent Order. With the exception of the Published Consent Order, all other actions are considered non-disciplinary in nature and are not available for review by the public. The Published Consent Order is considered disciplinary action and will be published on the NCBON website ([Discipline Action Log](#)) as well as be reported to NURSYS as required by law.

Offer of Resolution

Upon receipt of an offer from the NCBON, should the licensee have questions about the offer, the legal staff is available to answer questions regarding the offer. We can answer questions about monitoring conditions, concerns about the findings of fact in the order, or when the order becomes effective. However, we are unable to provide any legal advice. If the licensee disagrees with the facts contained in the order or the sanction imposed, the licensee can seek additional relief from the Board through a request for a Settlement Conference or Administrative Hearing. Any licensee who fails to respond to the NCBON's offer of resolution will be scheduled for an Administrative Hearing pursuant to [NCGS Article 150B](#).

There is no set time frame for completing an investigation or resolving a matter with the Board. External factors, such as obtaining documents from a facility or speaking with witnesses to an event, impact the investigative process. Should a licensee request a Settlement Conference, these informal conferences involve two Board members and are scheduled approximately six times a year. The NCBON holds Administrative Hearings approximately 11 times a year where the Board members determine the outcome of a case based on the facts presented.

Detailed information can be located [on our website](#).

Licensure

What is a compact state license?



Tony Graham
MS, CPM
Chief Operations Officer

The licensure department often receives calls about the compact or multi-state license, the two terms are used interchangeably. When you move from one compact state (home state) to another compact state (party-state) and establish primary residence (i.e., you register to vote and obtain that state's driver's license), you are required to apply for endorsement into that state, which now becomes your new home state.

The Nurse Licensure Compact (NLC) Model Statute, Article IV is the relevant statute for licensure in a party state. "A nurse may hold a multistate license (MSL) in only one-party state at a time and that license must be issued by the home state."

If the nurse decides to change their primary state of residence (PSOR), they may continue to practice using the existing multistate license while their endorsement application is being processed. Once the new license is issued, the former primary state will deactivate that license and notify the licensee (nurse) of the action. Should a party state receive notification that a licensee has changed PSOR to a non-compact state, the party state shall convert the MSL to a single state license within 15 days and report the conversion to the Coordinated Licensure Information System. If you have additional questions about the multi-state/compact license, information is available at www.ncsbn.com.

Receive email alerts for changes in your license and expiration dates.



Sign up for Nursys e-Notify.

Practice

What education does the NCBON offer a nursing administrator, director, or manager?



Joyce Winstead
MSN, RN, FRE
Director, Practice

If you are new to your role as a nursing administrator, director, or manager, attending the *Orientation Sessions for Administrators of Nursing Services and Mid-level Nurse Managers* would provide valuable education.

The North Carolina Board of Nursing (NCBON) offers an orientation workshop that provides information about the NC Nursing Practice Act and Administrative Rules that is pertinent to the responsibilities of the nurse administrator, director, and mid-level nurse manager in the various practice settings. The workshop entitled *Orientation Sessions for Administrators of Nursing Services and Mid-level Nurse Managers* promotes the NCBON mission to protect the public through the regulation of nursing practice by providing nursing regulatory continuing education to enhance the knowledge and understanding of nurse leaders. The topics provided during the workshop include:

- Regulatory trends and issues.
- Nursing scope of practice for the RN and LPN.
- Nursing delegation to unlicensed assistive personnel and validation of competency.
- Just Culture and the NCBON Complaint Evaluation Tool (CET).
- Nurse Licensure Compact.
- Filing Board complaints and the investigation process.
- Drug monitoring programs: Alternative Program, Discipline Program for Nurses in Recovery, and Intervention Program.

This is an excellent opportunity to interface with NCBON staff and to network with other nurse leaders. The workshop is offered four times per year in the Spring and Fall and provides 4.5 contact hours of continuing education. Prior to COVID-19, the workshop was offered as an in-person format on the NCBON campus in Raleigh. With the onset of COVID, the workshop transitioned to virtual format. Both the virtual and in-person format offer many opportunities for learning and interaction. Currently, consideration is being given to the benefits of both formats. The remaining 2022 workshop dates are:

September 13, 2022
(In-person)

October 4, 2022
(Virtual)

Registration and additional information is located on the NCBON website.

Sexual Assault Nurse Examiner Programs and Related Legislation

North Carolina General Statute [143B-1200\(i\)\(2\)](#) defines a Sexual Assault Nurse Examiner (SANE) as “a licensed registered nurse trained pursuant to G.S. 90-171.38(b) who obtains preliminary histories, conducts in-depth interviews, and conducts medical examinations of rape victims or victims of related sexual offenses.”

North Carolina Sexual Assault Nurse Examiner Programs

The North Carolina Board of Nursing (NCBON) is granted authority to regulate nursing practice in North Carolina (NC) by the Nursing Practice Act (NPA). Within the NPA, General Statute [90-171.38](#) authorizes the NCBON to establish, revise, or repeal the standards for Sexual Assault Nurse Examiners (SANE) education and training programs. The educational practice standards for NC SANEs must be based on the national recommendations of the International Association of Forensic Nurses (IAFN) and include successful completion of a SANE education/training program composed of:

- at least 40 didactic hours, and
- a minimum of 16 clinical practice hours, performing sexual assault examinations with evidence collection and documentation.

The clinical educational component of the SANE training program requires SANE students to complete at least three medical forensic sexual assault examinations and evidence collection using a sexual assault evidence collection kit (SAEKI). On occasion, it may be difficult for SANE students to complete the three required medical forensic sexual assault examinations during the designated clinical educational time. The difficulty obtaining this clinical experience is often due to a lack of sexual assault cases that occur during the



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scheduled clinical time frame. To better enable SANE students to complete the three required forensic sexual assault exams, the student may use simulation for the first medical forensic exam and live models for the final two forensic exams. When using the option of simulation and live model medical forensic exams, the SANE student must collaborate and have oversight by an experienced SANE, preferably a certified SANE-A or SANE-P, or a medical provider with experience in completing the medical forensic exam (physician, nurse practitioner, or physician assistant) when performing forensic sexual assault exams until they have met the requirement of performing three medical forensic sexual assault examinations on acute sexual assault clients.

The NCBON established SANE educational and training standards for two other program options: out-of-state SANE nurses relocating to NC and SANE nurses that have been out of practice for two or more years or completed an online SANE didactic educational program. The educational standards for experienced SANEs relocating to NC, and licensed to practice nursing in NC, is completion of an 8-hour curriculum focusing on NC specific SANE practices, including the evidence collection kit, current state forensic practices, and NC law and rules. SANE nurses who have not practiced for two or more years, or completed an out-of-state online SANE training, must complete a minimum of 24-hours of SANE training that is

SANE continued

based on the national recommendations of the IAFN and include NC specific SANE practices including the evidence collection kit, current state forensic practices, and NC law and rules. Additional information is provided on the [NCBON website](#).

Currently, there are 18 NCBON approved SANE education/training programs. Individuals, organizations, associations, corporations, or institutions interested in establishing a SANE educational program must submit a completed application for review and approval by the NCBON at least 60 days prior to the proposed student enrollment date ([Application for Approval/Re-approval of Education Program\(s\) Sexual Assault Nurse Examiner](#)). The application must provide satisfactory evidence of the SANE program meeting the NCBON established standards based on the national recommendations of the IAFN. The SANE application process begins with planning for the educational program. The program planning includes defining the learner population, identification of the learners, and needs assessment of the learners. The application should include a description of the SANE educational program along with the objectives, program content, teaching methodologies, time allocations for didactic content and clinical learning experiences, location and description of space for didactic experiences, available equipment for course presentation, evaluation plans for the participant's achievement of program objectives and the learner's feedback of the program and resources, clinical learning experiences and resources, and participant certificate of completion. Additional information regarding the application for SANE educational programs is provided in Administrative Rule [21 NCAC 36.0223](#). Upon NCBON approval, the SANE program receives approval for two years and is listed on the NCBON website in [Program Listing](#). Questions regarding Sexual Assault Nurse Examiners may be addressed to practice@ncbon.com or 919-782-3211 extension 291.

SANE nurses who wish to qualify for the national SANE certification examination and associated professional certification credentials, may apply for the certification examination through IAFN's Commission for Forensic Nursing Certification. Information on the eligibility requirements to apply to take the certification exam is available on the [IAFN website](#). The following are the professional credentials that may be obtained by successfully passing the national certification exams: Sexual Assault Nurse Examiner-Adult/Adolescent (SANE-A®) or Sexual Assault Nurse Examiner-Pediatric (SANE-P®). SANE nurses may wish to take the certification examination and receive the professional credentials to note the specialized training and experience that they have. However, SANE **certification** is voluntary in NC. Information about the differences between the program certificate of completion and the national credentialing certification is available at the [IAFN website](#).

SANE Legislation

Recognizing the nation's shortage of SANE nurses and the need for additional SANE training programs, federal legislation signed into law on March 15, 2022 included provisions to help address these gaps. The *Supporting Access to Nurse Exams Act*, was included in [H.R. 2471, the Consolidated Appropriations Act, 2022](#). Key provisions in the legislation include funding for SANE training program grants and a requirement for the creation of a public website with information on access to forensic nurse examiners. Congress appropriated \$30,000,000 for each of fiscal years 2023 through 2027 to implement the requirements of the new law. Last year, lawmakers in North Carolina passed related legislation; the 2021 Appropriations Act included funding for a SANE training pilot program in Cumberland County. The NCBON will continue to monitor for additional legislation related to SANE nurses and remains available as a resource for information on the process for establishing SANE programs in North Carolina.

Continuing Education (CE) Activities in 2021 Practice Department Report

CE *Credit and **Non-Credit Activities provided in 2021: **41 activities**
 Total contact hours for *CE Credit Activities provided: **50.5 hours**
 Total contact hours for CE **Non-Credit Activities provided: **9 hours**

*CE Credit awarded by the North Carolina Board of Nursing (NCBON).
 **CE Credit awarded by other entities.

Total Participants of CE Credit and Non-Credit Activities: **13,164**

Participants by Licensure Type for CE Credit Activities

CE Activities by Credit Type

RNs
10,373

LPNs
2,103

Nursing Students
(ineligible for CE Credit)
752

Credit Activities
32

Non-Credit Activities
9

CE Credit Activities by Format Type

Bulletin Articles
22

Online Website
3

- "Just Culture" in Nursing Regulation Booklet
- Legal Scope of Practice
- Understanding the Scope of Practice and Role of the LPN

Presentations
16

Note: All presentations provided were virtual

Participants of CE Credit Presentations by Workplace Setting and Licensure Type

	Assisted Living	Clinic/Public Health	Home Health	Hospital	Long Term Care	Other	Physician's Office	Regulatory Agency	School of Nursing
Student	0	0	0	0	0	0	0	0	0
LPN	0	0	0	0	0	0	1	0	0
RN	0	13	1	40	6	3	3	3	269

Participants of CE Credit Bulletin Articles by Workplace Setting and Licensure Type

	Assisted Living	Clinic/Public Health	Home Health	Hospital	Long Term Care	Other	Physician's Office	School of Nursing
Student	12	3	4	70	27	34	10	311
LPN	0	0	0	0	0	0	1	0
RN	0	13	1	40	6	3	3	3

CE Opportunities 2022

TO ACCESS ONLINE CE ARTICLES, SESSION REGISTRATION, AND THE PRESENTATION REQUEST FORM, GO TO WWW.NCBON.COM AND LOOK FOR *CONTINUING EDUCATION OFFERINGS*.

QUESTIONS? EMAIL PRACTICE@NCBON.COM

Online Bulletin Articles

- The Role of Leadership in Prevention of Horizontal Violence (1.0 CH)
- Resilience: A Key to Safe Nursing Practice (1.5 CHs)
- North Carolina's Guide to Diabetes Prevention and Management 2000: Resources for Nurses to Take Action (.5 CHs)

For more free CE articles, go to www.ncbon.com

Orientation Session for Administrators of Nursing Services and Mid-Level Nurse Managers

Learn about the functions of the Board of Nursing and how these functions impact the roles of the nurse administrators and the mid-level nurse managers in all types of nursing services. (4.5 CHs).

The 2022 sessions are listed below as follows:

September 13 - In-person

October 4 - Virtual

\$40.00 fee (non-refundable) (Note: You will be notified of any date or format changes.)

Register online at 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 provide this information via email to practice@ncbon.com so someone on the waiting list can attend.



Available Online

Legal Scope of Practice Online Course (1.5 CHs)

The purpose of this offering is to provide information and clarification of the components of the legal scope of practice for licensed nurses (RN and LPN) practicing in North Carolina.

Just Culture in Nursing Regulation Booklet (1.0 CH)

The booklet provides an introduction to the basic principles of Just Culture and the use of these concepts in evaluating the reportability of untoward events to the Board using the NCBON Complaint Evaluation Tool (CET).

NCBON Practice Consultant Presentation

NCBON Practice Consultants are available upon request to provide continuing education presentations regarding nursing practice. To request a Practice Consultant, 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 25 - 30 licensed nurses (APRN, RN, or LPN) are required for presentations.



Standard Presentation Offerings

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 component of the RN and LPN scope of practice including nursing accountability for delegation of tasks to unlicensed assistive personnel. Potential violations are discussed.

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. Discussion includes the role and responsibilities of the nurse for delegation to unlicensed assistive personnel.

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.

Nursing Regulation in NC (1 CH) - 1 hour – Describes an overview of the NC Board of Nursing authority, composition, vision, function, activities, strategic initiatives, and resources.

Prevention of Documentation and Medication Errors (1 CH) - 1 hour - Provides information about nursing regulatory requirements for documentation and medication administration, and best practices and strategies to prevent documentation and medication errors.

Introduction to Just Culture and NCBON Complaint Evaluation Tool (1.5 CHs) - 1.5 hours – 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 audience is nursing leadership: director, administrator, manager, supervisor, etc.

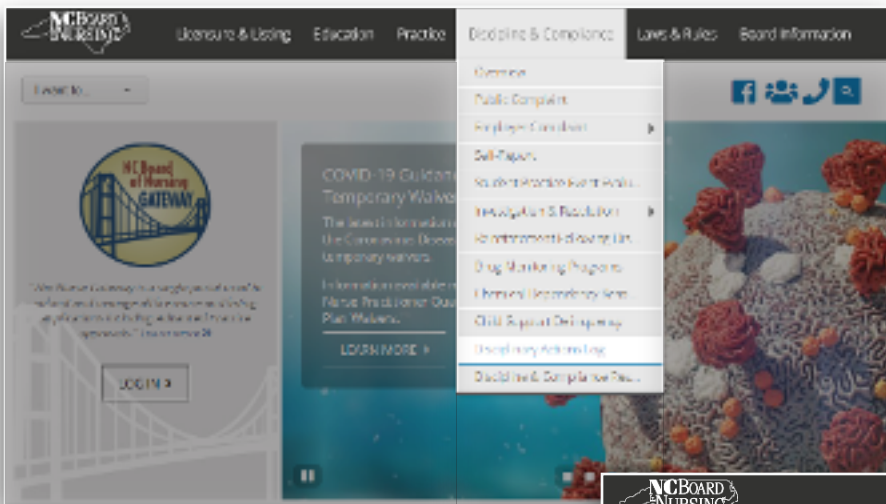
Introduction to the NCBON Complaint Evaluation Tool (1 CH) - 1 hour – Provides brief information about Just Culture concepts and instructions for use of the NC Board of Nursing's Complaint Evaluation Tool, consultation with the NCBON, consultation with NCBON about practice errors and mandatory reporting. Suggested for leadership familiar and unfamiliar with Just Culture.

Looking for Disciplinary Actions?

Accessing NCBON Disciplinary Actions

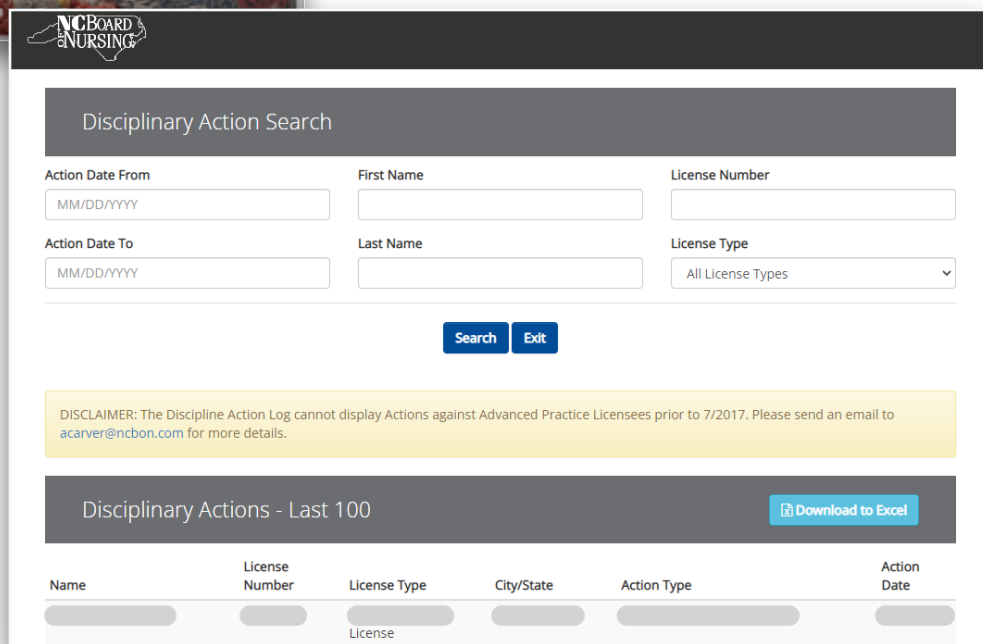
The mission of the NCBON is to protect the public by regulating the practice of nursing. When the NCBON takes disciplinary action, the information is readily accessible on the NCBON website. In addition, the NCBON reports disciplinary actions to [NURSYS®](#), [National Practitioner Data Bank \(NPDB\)](#), and Office of the Inspector General (OIG).

The NCBON's electronic database serves as the primary source for licensure verification for Registered Nurses, Licensed Practical Nurses, Advanced Practice Registered Nurses, and Nurse Aide IIs in NC. To conduct a license verification, click [here](#).



To review the continuously updated list of nurses who have received disciplinary action, go to www.ncbon.com, click on "Discipline and Compliance," and then "Discipline Actions Log" (click red box). The Discipline Action Log will automatically list the last 100 disciplinary actions.

If there is a specific nurse or time frame you would like to search, enter the information in the search section at the top of the webpage. The publicly available documents associated with a nurse who has had disciplinary action are uploaded to the website.



The next issue of

The Bulletin

will be released in **Fall 2022**

What to expect...

- 2022 Election Results
- 2023 Nomination Form
- New CE Opportunities

NC BOARD
OF NURSING
YOUR
VOTE
COUNTS



CE Reflection

One of the great privileges of being a nurse in North Carolina is the ability to vote for your board member representatives. North Carolina is the only state that operates in this manner. Because of this, we are able to rely on you -- the nurse -- to select whom you think would best represent your practice and decisions regarding that practice. However, that privilege is only good when exercised.