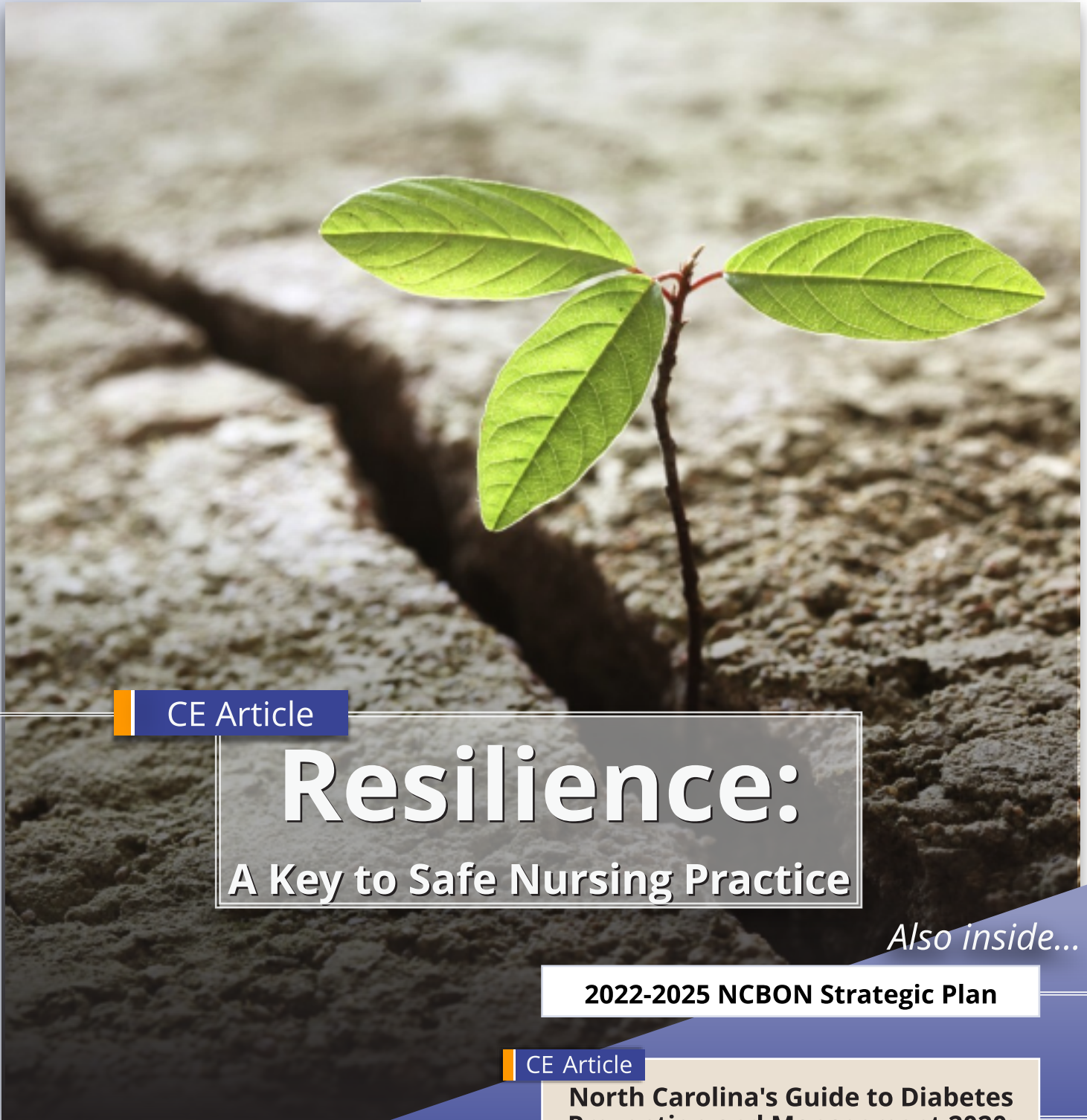




WINTER 2022 Volume 18 {N° 1} Edition 53

The Bulletin

The Official Publication of the North Carolina Board of Nursing



CE Article

Resilience: A Key to Safe Nursing Practice

Also inside...

2022-2025 NC BON Strategic Plan

CE Article

**North Carolina's Guide to Diabetes Prevention and Management 2020:
Resources for Nurses to Take Action**

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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The Bulletin is published three times a year by the NCBON. In compliance with the Americans with Disabilities Act, this publication may be requested in alternate formats by contacting the Board's office.



letter from the Chief Executive Officer

In January 2021, the Board convened a Strategic Planning Committee for purposes of reviewing the Board's Mission, Vision, Values, and establishing a Strategic Plan for 2022-2025. The Committee received, reviewed, and analyzed data from environmental scans, other nursing boards, National Council of State Boards of Nursing, as well as surveys to key stakeholders. Thank you to the 1665 respondents who participated in our on-line survey! After a long year of intense work, the Board approved the new Strategic Plan for 2022-2025 located on page 5 of this issue. Be sure to follow us on social media and attend the Board Business Meetings held each year in January, May, and September to follow our progress with the new plan.

Our new Board Members, Dr. Shakira Henderson and Cheryl Wheeler, took their Oath of Office during the January Board Meeting. The Oath of Office video is linked on page 6. We are grateful for your service to the public. Consider submitting a nomination form for one of the available positions: RN (ADN Nurse Educator), RN (Staff Nurse), or LPN. The nomination form is located on page 9 and is due by April 1, 2022. The Summer edition of *The Bulletin* will contain candidate information. The election will be held between July 1st and August 15th.

In response to the ongoing COVID pandemic and the impact on nursing, the Board approved the continuation of multiple [waivers](#) until June 31, 2022 or unless sooner amended or rescinded by the Board or further Executive Order.

The Winter Edition of *The Bulletin* is packed with **two free** continuing education articles and other resources pertinent to nursing. The resilience article written by Dr. Terry Ward on page 12 is timely as nurses in North Carolina continue to be on the front lines providing nursing care and services to all patients. Dr. Ward provides suggestions to build and maintain resiliency.

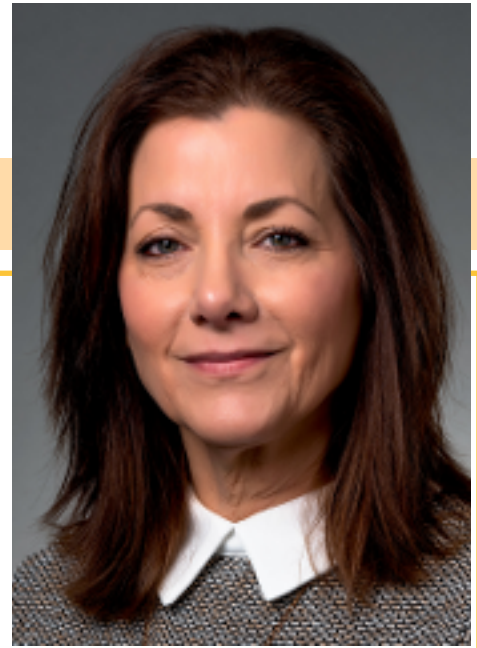
If you are interested in writing an article for *The Bulletin*, please reach out to Dr. Sara Griffith at sgriffith@ncbon.com.

Regards,

A handwritten signature in blue ink that reads "Crystal L. Tillman". The signature is written over a circular seal of the North Carolina Board of Nursing, which features the text "NORTH CAROLINA BOARD OF NURSING" and the year "1903".

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

letter from the NCBON Board Chair



A year to remember or perhaps these will be the years we will never forget. As the pandemic continues with no real end in sight, nurses are and will continue to be the front line workers providing care for patients. Although the public may not fully understand the extent of what a nurse does when they hear about us on a news segment or drive by a hospital and see one of us walking by, they do know who cares for them in their time of need and gain better understanding of how important this profession is. It is a remarkable testament to the impact on our patients that nurses have been consistently voted the most ethical and honest profession for the past 18 years in the Gallup Poll.

Nurses across the state have been caring for pandemic patients in a safe, competent, and compassionate way since March 2020. These efforts have not come without cost. Increased nursing shortages (that started before the pandemic), increased patient-nurse ratios, burn-out, and physical and emotional health has taken its toll. As Dr. Terry Ward so pointedly writes, "The strain and stressors are unprecedented. Nurses are being faced with a surge in nursing capacity, burnout, and moral. All these challenges to resilience lead to alterations in well-being." Dr. Ward's CE article, *Resilience: A Key to Safe Nursing Practice* can be found in this Bulletin. As we continue to provide compassionate care to our patients, it is important we also care for ourselves and one another. We can use strategies, like that shared by Dr. Ward, to promote personal resilience that will support the nurse's ability to cope in our ever-changing healthcare environment.

I am grateful for the dedication and care that our more than 170,000 Registered Nurses and Licensed Practical Nurses give to the residents of our State. Even though the Year of the Nurse was 2020, I believe that every year is the Year of the Nurse. Your commitment and the care you show your patients ensures that they believe it too. Know you are appreciated this year and every year. I am honored to continue to serve you as an elected Board Member and now as Board Chair.

Sincerely,

A handwritten signature in black ink that reads "Ann Marie T. Milner". The signature is written over a circular seal of the North Carolina Board of Nursing, which features the state of North Carolina and the year 2003.

Ann Marie Milner, DNP, MSN, RN, CNE
NCBON Board Chair

Board Approves 2022 - 2025 Strategic Plan

After a year of researching, surveying, and assessing, the Strategic Plan Steering Committee presented its final report and recommendations to the full Board on January 13, 2022.

The Steering Committee comprised of

Board Members:

- Dr. Pam Edwards
- Dr. Ann Marie Milner
- Arlene Imes
- Dr. Aimy Steele
- Dr. LaDonna Thomas
- Dr. Racquel Ingram

Board Staff:

- Dr. Crystal Tillman
- Amy Fitzhugh
- Angela Ellis
- Gayle Bellamy
- Melissa McDonald
- Dr. Sara Griffith
- Tony Graham
- Roger Burns

The Steering Committee reviewed the Board's Mission, Vision, Values, and Strategic Initiatives for 2022 – 2025. Led by facilitator Susan Meier, Principal at Meier and Associates, the Committee recommended, and the full Board approved the strategic initiatives and the document to the right.

North Carolina Board of Nursing
2022-2025 Strategic Plan Initiatives

The mission of the NC Board of Nursing is to **protect the public by regulating the practice of nursing.**

Our vision is **exemplary nursing care for all.**

In pursuit of our mission and vision, we focus on these **core values:**

- Equity**
We are committed to fairness and justice.
- Integrity**
We act in good faith in protecting the public.
- Agility**
We are responsive to nursing healthcare trends.

Strategic Initiatives

- 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

For more information on our objectives for these initiatives please visit [NCBON.com](https://www.ncbon.com)

Follow the Board's progress at

[NCBON.com](https://www.ncbon.com)



2022 Board Member Oath of Office

Dr. Shakira Henderson and Cheryl Wheeler were elected for terms starting in January 2022 by the Nurses of North Carolina.

On January 13, 2022, they took the oath of office during the Board Business Meeting.

[Click here to watch the full 2022 January Board Business Meeting in its entirety.](#)



Duties of a Board Member

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

- Issue its interpretations of the Nursing Practice Act (i.e. position statements and decision trees). These can be found on the NCBON website (www.ncbon.com).
- Adopt, amend, or repeal rules and regulations as necessary to carry out the provisions of the Nursing Practice Act (NPA).
- Establish qualifications of, employ, and set the compensation of an executive officer who shall be a registered nurse and who shall not be a member of the Board.
- Examine, license, and renew the licenses of duly qualified applicants for licensure.
- Investigate and take appropriate action for violations of 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.
- Establish programs for aiding in the remediation of nurses who experience practice deficiencies.

Each elected or appointed Board members serve a 4-year term.

Our next Board meeting is scheduled for May 19, 2022. Follow the NCBON on social media or check our website for a link to watch live!



Upcoming Events

Meetings may be held virtually. Please check www.ncbon.com.

Board Meeting

May 19, 2022

Administrative Hearings

May 18, 2022

Hearing Committee

March 30, 2022

April 27, 2022

June 29, 2022

Education & Practice Committee

March 8, 2022 - *virtual*

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

March 22, 2022 - *virtual*

April 26, 2022 - *virtual*

Education Program Director Orientation (EPDO)

September 14, 2022

The 18th Annual Education Summit

March 28, 2022 - *virtual*

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

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.

Click any of the icons below to find our pages.



NOMINATION FORM FOR 2022 ELECTION

Although we just completed a successful Board of Nursing election, we are already preparing for our next election. In 2022, the Board will have three openings: RN ADN/Diploma Nurse Educator, RN Staff Nurse, and LPN. The nomination form must be completed and received in the Board office on or before April 1, 2022. Read the nomination instructions and make sure the candidate(s) being nominated meets all the requirements.

Instructions

Nominations for both RN and LPN positions shall be made by submitting a completed nomination form signed by at least 10 RNs (for an RN nominee) or 10 LPNs (for an LPN nominee) eligible to vote in the election. The minimum requirements for an RN or an LPN to seek election to the Board and to maintain membership are as follows:

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

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

If you are interested in being a candidate for one of the positions, visit our website at www.ncbon.com for additional information, including a Board Member Job Description and other Board-related information. You may also contact Chandra Graves, Manager, Administration, at chandra@ncbon.com or (919) 782-3211, ext. 232. After careful review of the information packet, you must complete the nomination form and submit it to the Board office by April 1, 2022.

Guidelines for Nomination

1. RNs can petition only for RN nominations and LPNs can petition only for LPN nominations.
2. Only petitions submitted on the nomination form will be considered. Photocopies or faxes are not acceptable.
3. The certificate number of the nominee and each petitioner must be listed on the form.
4. Names and certificate numbers (for each petitioner) must be legible and accurate.
5. Each petition shall be verified with the records of the Board to validate that each nominee and petitioner holds appropriate North Carolina licensure.
6. If the license of the nominee is not current, the petition shall be declared invalid.
7. If the license of any petitioner listed on the nomination form is not current, and that finding decreases the number of petitioners to fewer than ten, the petition shall be declared invalid.
8. The envelope containing the petition must be postmarked on or before April 1, 2022, for the nominee to be considered for candidacy. Petitions received before April 1, 2022 deadline will be processed on receipt.
9. Elections will be held July 1 through August 15, 2022. Those elected will begin their terms of office in January 2023.

Please submit completed nomination form to:

2022 Board Election
North Carolina Board of Nursing
P.O. Box 2129
Raleigh, NC 27602-2129



Click Here **NC Nursecast**


A web-based tool forecasting future supply and demand of RNs and LPNs in NC.

Explore

 **Supply & Demand**


Want to learn about the future supply and demand of our state's licensed practical nurses and registered nurses across settings and geographic regions?

[See projections](#)

 **Graduate Diffusion**

Want to see how different North Carolina nursing programs impact the distribution of health professionals in their area and across the state?

[Examine graduate diffusion](#)

 **Key Findings**

What are the main takeaways from the nursecast projections? In what regions and settings will nurses be in shortage?

[Read key findings](#)

**SHEPS HEALTH
WORKFORCE NC**

 **S.M.A.P.**
STRATEGIC MODELLING ANALYSIS & PLANNING
www.smap-ltd.com

**NC BOARD
OF NURSING**

This project is brought to you by the Cecil G. Sheps Center for Health Services Research at the University of North Carolina in Partnership with the North Carolina Board of Nursing.

For questions specific to the model, contact the UNC Program on Health Workforce and Research (nchealthworkforce@unc.edu). To discuss the partnership between the NC BON and Cecil G. Sheps Center, contact Catherine Moore, PhD, RN, Chair of the NC BON Research Committee (cmoore@ncbon.com).

Board of Nursing Actions

Administrative Matters

- Approved the Mission, Vision, Values and Strategic Initiatives for 2022-2025 (see page 5)
- Approved the proposed revisions to Fiscal Policies

Education Matters

Ratification of Determination of Program Approval Status:

- Watts College of Nursing, Durham – BSN
- Ratification of Full Approval Status:
- Central Piedmont Community College, Charlotte – ADN
- Davidson-Davie Community College, Lexington – ADN
- Mars Hill University, Mars Hill – BSN
- University of North Carolina, Greensboro – BSN
- University of North Carolina, Chapel Hill – BSN

Ratification of Approved Enrollment Expansion

- Cape Fear Community College, Wilmington – ADN, increase enrollment by 60 for a total program enrollment of 260 students beginning January 1, 2022
- Gardner-Webb University, Boiling Springs – BSN, increase enrollment by 40 for a total program enrollment of 190 students beginning November 30, 2021

Notification of Planned Decrease in Approved Total Enrollment

- Gardner-Webb University, Boiling Springs – ASN, decrease enrollment by 40 for a total program enrollment of 100 students beginning November 30, 2021

Ratification of Approval of Refresher Course

- Lenoir Community College, Kinston – RN

Notification of Alternate Scheduling Option

- Alamance Community College, Graham – ADN
- Beaufort Community College, Washington – ADN
- Blue Ridge Community College, Hendersonville – ADN
- Caldwell Community College, Hickory – ADN
- Carolinas College of Health Sciences, Charlotte – ADN
- Central Carolina Community College, Sanford – LPN
- Chamberlain University, Charlotte – BSN
- College of the Albemarle, Elizabeth City – ADN
- Craven Community College, New Bern – ADN
- Gardner-Webb University, Boiling Springs – BSN
- Mars Hill University, Mars Hill – BSN
- Mitchell Community College, Statesville – ADN
- Montgomery Community College, Troy – ADN and LPN
- Nash Community College, Rocky Mount – ADN and LPN

- Pfeiffer University, Misenheimer – BSN
- Randolph Community College, Asheboro – ADN
- Region A Nursing Consortium, Clyde – ADN
- Rockingham Community College, Wentworth – ADN and LPN
- Sandhills Community College, Pinehurst – ADN
- Surry Community College, Dobson - ADN
- Wilson Community College, Wilson – ADN

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

- Catawba Valley Community College, Hickory – ADN – Continuing approval – Spring 2021
- Davidson-Davie, Lexington – ADN – Continuing approval with conditions – Spring 2021
- Gardner-Webb University, Boiling Springs – BSN and ASN – Continuing approval - remove conditions status – Spring 2021
- Watts College of Nursing (Duke Regional Hospital), Durham – BSN – Initial approval visit – Spring 2021
- Wayne Community College, Goldsboro – ADN and LPN – Continuing approval – Spring 2021

NCLEX Quarterly Pass Rates

- 4th Quarter

Alternate Scheduling Option

- Northeastern University, Charlotte – BSN Program Option and Enrollment Expansion
- Determination of Program Approval Status – Initial Approval for New Program
- Belmont Abbey College, Belmont – BSN Program
- High Point University, High Point – BSN Program
- Isothermal Community College, Spindale – ADN Program
- McDowell Technical Community College, Marion – ADN Program
- University of Mount Olive, Mount Olive – BSN Program

Practice Matters

NAII Programs:

Ratification of Approval NA II Courses:

- Beaufort County Community College, Washington - Career & College Promise
- Beaufort County Community College, Washington - Continuing Education

RESILIENCE: A Key to Safe Nursing Practice

Disclosure Statement — The following disclosure applies to the NCBON continuing nursing education article entitled “Resilience: A Key to Safe Nursing Practice.” 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 1.5 contact hours 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 completing this activity and evaluation will identify by self-assessment a gain in knowledge related to resilience and the NCBON resources to support resilience.

Purpose: The purpose of this article is to provide knowledge regarding the definition of resilience, challenges to resilience, strategies for enhanced resilience, and resources to support professional and personal resilience.

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, “Resilience: A Key to Safe Nursing Practice.” 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 paulette@ncbon.com. In the email, provide your full name and the title of the CE offering (Resilience: A Key to Safe Nursing Practice).

Registration deadline is July 1, 2024.

Introduction:

The North Carolina Board of Nursing (NCBON) recognizes the pandemic’s toll across the state. Increased inquiries to the NCBON of nursing staff regarding the scope of practice, staffing, and interpretation of law and rule are evidence of the dilemma nurses and healthcare organizations face during these times. The difficult and turbulent times during the COVID pandemic have created circumstances that can prevent nurses from fully complying with the safety goals, practices,

procedures, and nursing practice laws. This behavior is not conducive to safe nursing practice. Despite the burden and chaos characterizing their work environment, the mission of nurses is to maintain patient safety. To achieve this goal, nurses must replace feelings of fatigue and burnout with resilience. Encouraging nurses’ resilience can create work environments of professionalism, mindfulness, and awareness of errors or potential errors. Resilience is a key to maintaining patient safety and regulatory compliance. Some of the competencies to building

resilience are knowing when, where, and from whom to obtain needed help. This article aims to define resilience, discuss challenges to resilience, provide strategies for enhanced resilience, and provide resources to support professional and personal resilience, which lead to safe nursing practice.

Background

On March 10, 2020, Governor Roy Cooper issued an executive order declaring a state of emergency in North Carolina (NC Governor Roy Cooper, 2020). The declaration activated a response from nursing professionals in all sectors of the profession. Nurses had to address the need to protect the health of the public. Fear of infection, lack of capacity, work overload, and insufficient preparation are all causes of psychological distress (Lorente et al., 2021). The COVID-19 pandemic has increased demands and exerted tremendous stress on the lives of healthcare workers (Jo et al., 2021). As the adversities of the pandemic continue to unfold, nurses need resources to mitigate distress. Resilience is a characteristic that can help nurses to better cope during crises and function more effectively in their roles.

Definition of Resilience

The American Psychological Association (2014) defines resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress (para. 4)." In an integrative literature review, Aburn et al. (2016) state that no universal definition of resilience exists. However, key definitions or concepts of resilience were identified, such as rising above to overcome adversity, adaptation and adjustment, good mental health as a proxy for resilience, and the ability to bounce back (Aburn et al., 2016). Resilience is a construct that includes a cluster of concepts. In an extensive literature review, Morse et al. (2021) identified associated concepts to describe resilience as a state and a process. Concepts of maintenance (Stewart & Yuen, 2011), equilibrium (Bonanno, 2004; Wagnild & Young, 1990), hardiness (Wilks et al., 2011), psychosocial well-being (Bekhet & Avery, 2017; Fletcher & Sarkar, 2013; Gillespie et al., 2007; Shaw et al.,

2009), and stability (Wagnild, 2003) were included when viewing resilience as a state.

Resilience as a process reiterates "the action or an act of rebounding or springing back; rebound, recoil" ("Resilience," OED, 2020, Entry 163619). Securing internal and external resources to manage illness flexibly articulates this process of resilience (Haase et al., 2017). Competency (Greene et al., 2004; Haase et al., 2017; Masten, 1994), adaptation (Kimura et al., 2019), and positive adjustment during adversity outline actions taken during a changed life trajectory (Alizadeh et al., 2018; Black & Dorstyn, 2015).

Resilience is seen as a positive and sustaining outcome, often allowing individuals to flourish despite their present life circumstances (Molina et al., 2014). Mancini and Bonanno (2009) further considered resilience a particular trajectory or mechanism of positive adaptation that changes over time and protects against psychological distress. However, most authors agree that resilience commences with adversity (Ungar, 2003). Some recognize that this adversity is an event (e.g., a natural disaster or global pandemic); others might consider it the result of a long-term stressor (e.g., mental health issues) (Morse et al., 2021).

1. *Review the definitions of resilience above. Reflect on or create an individual definition which can be adapted for nursing practice in its current state.*

Challenges to Resilience

As of July 2021, nurses have experienced four waves of COVID-19 surges. The strain and stressors are unprecedented. Nurses are being faced with a surge in nursing capacity, burnout, and moral distress. All these challenges to resilience lead to alterations in well-being.

In developing a nursing diagnosis taxonomy, Ward and Eisbach (2013) identified three alterations in resilience: risk for compromised resilience, impaired individual resilience, and readiness for enhanced resilience. Risk for compromised resilience is defined as a potential decreased ability to sustain a pattern of positive responses to an adverse situation or crisis. Impaired resilience is

an actual decreased ability to sustain a positive response to an adverse situation or crisis. Readiness for enhanced resilience is a pattern of positive responses to adverse situations or crisis that is sufficient for optimizing human potential and can be strengthened (Ward & Eisbach, 2013). Impaired or compromised resilience is defined as a decreased ability to sustain a pattern of positive responses to an adverse situation or crisis (Ward & Eisbach, 2013). Defining characteristics include decreased interest in activities, depression, guilt, isolation, low self-esteem, the renewed elevation of distress, and the use of maladaptive coping skills (Ward & Eisbach, 2013). It is vital to explore deeper the challenges associated with impaired or compromised resilience.

Surge in Nursing Capacity

The COVID-19 pandemic is a surge-generating event. The critical components of the surge include staff, stuff, structure, and systems (Adams, 2009). Staff refers to personnel, stuff consists of supplies and equipment, structure refers to facilities, and systems include integrated management policies and processes (Adams, 2009; Barbisch & Koenig, 2006; Phillips, 2006; Schultz & Koenig, 2006). Nurses report feeling the effects of the surge in nursing capacity physically, emotionally, and psychologically (Walsh, 2021). The World Health Organization (WHO) declared 2020 as the Year of the Nurse and Midwife, intending to raise awareness of the need for "nine million more nurses and midwives to achieve universal health coverage by 2030" (WHO, 2020b, para. 1). The nursing community could not have fathomed the coming of a global pandemic or the significant impact on the nursing workforce. The COVID-19 pandemic placed a substantial increase in demand for nurses and their need to perform. This surge in nursing capacity has overwhelmed the profession. The surge in capacity is relevant to the nursing role in various settings, and nurses must become aware of the concept, implications, and how it relates to public protection. The Joint Commission (2008) has defined surge capacity as "the ability to expand care capabilities in response to sudden or more prolonged demand" (p.19). It can also be described as the ability to obtain adequate staff, supplies and

equipment, structures, and systems to provide good care to meet the immediate health needs of the public amid a crisis (Adams, 2009).

The North Carolina Board of Nursing in collaboration with the North Carolina Healthcare Foundation (NCHF), the North Carolina Organization of Nurse Leaders (NCONL), and the North Carolina Directors of Nursing Administration in Long Term Care (NC DONA/LTC) acknowledge the surge in nursing capacity across the state of North Carolina (NCBON, 2021).



These organizations' collaborative efforts resulted in resources supporting the surge in nursing capacity. The document highlights how limited numbers of well-qualified staff cause short staffing and extended work hours to pose considerable challenges for RNs, LPNs, and other healthcare providers. Changes in care delivery models and team composition were also identified as challenges. During widespread emergencies, there is a high likelihood that the type of care delivery will change. In addition, care teams may consist of team members unfamiliar with one another. Another challenge is unintended barriers to nursing practice in the organization by facility policies which may be more restrictive than the legal scope requires. Nurse leaders are encouraged to acknowledge the stress the changes may cause.

Burnout

Burnout is a syndrome that results from chronic workplace stress that has not been managed. It is characterized by exhaustion, negative feelings or cynicism related to one's job, and reduced professional efficacy (Janeway, 2020; Maslach et al, 2017). Burnout is a significant threat to the stability of the nursing workforce (Janeway, 2020). Studies before the pandemic indicate the prevalence of burnout among US registered nurses (RNs) ranges from 35 to 45% (Dyrbye et al., 2017; Li, 2018; Moss et al., 2016). Nurses experiencing burnout are more likely to have higher stress levels, get less sleep, and are more likely to be overweight than the general population (Eanes, 2015; Lee et al., 2011; Melnyk et al., 2013; Thacker et al., 2016). Letvak et al. (2012) studied depression among RNs and found almost twice the rate of depression compared with those in other professions. Burnout has been shown to have a negative impact on patient satisfaction, worsen patient outcomes or increase rates of safety events, and increase mortality (Magtibay & Chesak, 2017).

National Council of State Boards of Nursing's (NCSBN) Environmental Scan (2021) reported on the issues of patient safety, healthcare quality, and healthcare delivery. The report shared findings from (Garcia et al., 2019), which revealed a more than 60% association between burnout and patient safety. Factors influencing burnout included teamwork climate, work environment, workload, professional tiredness, workplace safety, job satisfaction, and personal and professional life imbalance (Garcia et al., 2019). A positive safety culture, which includes open communication, management support, professional suitability, mutual learning, teamwork, good interpersonal relationships, and organizational workflow improvements, prevents professional fatigue (Garcia et al., 2019).

Moral Distress

The COVID-19 pandemic has caused moral distress, which is pervasive in health care settings where nurses work in a diverse number of nursing roles (Lake et al., 2021; Whitehead et al., 2015). The pandemic has created a crisis state in professional

nursing practice. Shifting standards of care, interrupted patient relationships, triaging limited resources, working in unfamiliar environments, and uncertainty about disease progression, and transmission are only a few of the potential sources of moral distress during the pandemic. The American Nurses Association's Code of Ethics for Nurses with Interpretive Statements (2015) defines moral distress as "the condition of knowing the morally right thing to do, but institutional, procedural, or social constraints make doing the right thing nearly impossible." Moral distress, the code emphasizes, "threatens core values and moral integrity." (Rushton et al., 2017). Moral distress is characterized by feeling powerless and unable to speak up or be heard (Hamric, 2014). It is associated with the individual's duty to uphold professional and ethical standards or responsibilities. When an individual experiences moral distress, they feel compromised in their ability to practice as moral agents according to professional values and standards (Lake et al., 2021). According to the National Academies of Sciences, Engineering, and Medicine (2021) Future of Nursing 2020–2030 report, nurses' well-being is affected by the demands of the job, which in turn affects their work.

Strategies For Enhanced Resilience

Resilience is often deployed to tackle the adversities faced by nurses. Therefore, nurses need to implement strategies to enhance their professional and personal resilience. Increasing resilience takes time and intentionality. Implementing strategies for enhanced resilience, along with resources to support professional and personal resilience, will allow nurses some reprieve from emotional distress, rendering nurses more capable of coping, complying with professional standards, and delivering quality and safe nursing care (Henshall et al., 2020, & Hamric, 2014).

The American Psychological Association (APA) outlines four core components of resilience: connection, wellness, healthy thinking, and meaning. Focusing on these four core components can empower nurses to withstand and learn from complex and traumatic experiences (APA, 2020).

These core components have been further contextualized, making them actions nurses can take to enhance personal resilience.

- **Connection:** Prioritize healthy relationships with empathetic and understanding people so that you are reminded you are not alone in the midst of difficulties. Having trustworthy and compassionate individuals who validate your feelings will support the skill of resilience. Be sure to accept support from those who care about you.
- **Wellness:** Take care of your body by practicing self-care, including proper nutrition, exercise, sleep, hydration, mindfulness, etc.
- **Healthy Thinking:** Maintain healthy thought patterns by keeping things in perspective, accepting that change is inevitable, avoiding negative outlets, and striving to maintain a positive attitude.
- **Meaning:** Find your purpose; help others, be a proactive problem solver during hard times, and set and work towards realistic goals to identify tangible signs of growth and self-discovery (APA, 2020).

These strategies for personal resilience can be developed to enhance the individual nurse's ability to cope with stressful and chaotic healthcare environment challenges. Personal resilience should be combined with efforts to build resilient teams to effectively address the root causes of moral distress and burnout, which often stem from organizational/systems failures and ineffective leadership (Stephens, 2019). Professional resilience is the capacity to thrive in demanding situations, with choices made when responding to difficult situations, attitude, and willingness to act. Elements of professional resilience include maintaining positive collegial relationships, professional networks, professional development, and service or participation. Professional resilience is not a passive concept. It involves active engagement on the part of the individual. Jo et al. (2021), in a study examining factors associated with nurses' resilience during the COVID-19 pandemic, found that nurses participating in policy and procedure development had higher resilience

scores.

Resources For Professional and Personal Resilience

Enhanced resilience is demonstrated when nurses can identify available resources, support systems, and adapt to adversities and challenges (Ward & Eisbach, 2013). The primary resources for nurses needed to manage the complexities of nursing practice are the ANA Code of Ethics, State Nursing Practice Act and Rules, and the regulatory guidance of their state board of nursing.

ANA Code of Ethics

The American Nurses Association (ANA) Code of Ethics is a dynamic and robust anchor for professional nursing practice. During these turbulent times in nursing, nurses need to tap into this timeless resource. The Code of Ethics consists of two components: the provisions and accompanying interpretive statements. There are nine provisions. The first three describe the nurse's most fundamental values and commitments; the next three address boundaries and duty of loyalty; and the last three address duties beyond the individual patient encounters. For each provision, there are interpretive statements that provide greater specificity for practice and are responsive to the contemporary context of nursing. Position statements from constituent members are included for additional detailed guidance to address clinical, research, administrative, educational, and public policy issues (ANA, 2015). A copy of the Code of Ethics and Interpretive Statements are available in a view-only format for members and non-members of ANA at

NursingWorld.org

<https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/coe-view-only/>

The American Nurses Association (ANA) Code of Ethics for Nurses with Interpretive Statements during the pandemic may help nurses shift our focus and decrease moral distress. During a pandemic, we move away from a focus on

relationship-centered care (Provision 2, Commitment to Patient) and adopt an outcome-based framework (Provision 8, Promotion of Community and World Health). In an outcome-based framework the nurse focuses on strategies to avoid entering crisis standards of care and when crisis is unavoidable, works to fairly save the greatest number of people possible (Webster & Wocail, 2020). While this shift in thinking can be exceptionally challenging, the code of ethics provides necessary guidance to assist nurses in maintaining compliance with standards for professional practice.

North Carolina Board of Nursing

The NCBON role is to bring attention to the issues impacting safe nursing practice, such as burnout and resilience in professional nursing practice.



Furthermore, the Board's role is to work collaboratively with nurses, healthcare organizations, and state agencies to identify guidance and meaningful resources to support safe nursing practice. This positions the Board to achieve its mission of public protection and vision of exemplary nursing care for all. The North Carolina Nurse Practice Act (NPA) is a law that works together with the North Carolina Administrative Code (NCAC) in the state to govern safe nursing practice. This act provides the framework for safe, competent nursing practice. The NPA defines nursing practice for both registered and licensed practical nurses. The registered nurse has ten components of nursing practice, and the licensed practical nurse has seven components of practice. These components are further explained in NCAC. Position Statements are also available to interpret further and clarify law and rule. Like the ANA Code of Ethics Interpretive

Statements, the NCBON Position Statements provide guidance and direction related to common practice issues experienced by nurses. (NCBON, 2020a; NCBON 2020b; NCAC, 2022). These resources, along with consultation from NCBON staff, serve as a support resource for nurses who may be experiencing impaired resilience resulting in stress, burnout, and moral distress. These tools are most effective when nurses know and utilize them to make decisions regarding safe nursing practice. Expert staff well versed in nursing law and rule, licensure, education, practice, and compliance are available to assist nurses with related matters. By engaging the NCBON staff, nurses can assist the NCBON in carrying out its strategic plan to enhance public protection, advance best practices in nursing regulation, and facilitate access to safe nursing care.

Nursing Surge in Capacity Document

As mentioned earlier, the Nursing Surge Capacity document by the (NCBON), (NCHF), (NCONL), (NC DONA/LTC) (NCBON, 2021) captures the current state of nursing practice as a result of the biological event COVID-19. It serves as a resource to provide solutions for nurses to combat the challenges faced due to the pandemic. The document provides an overview of the nurse's accountability for safe nursing practice and laws and rules which mandate that practice. The paper offers examples of care delivery models that support appropriate staffing and nursing care capabilities during infectious disease epidemics. The resource highlights NCBON resources to support scope of practice barriers. It includes contact information for consultation from Board staff and links to additional resources in the list below (NCBON, 2021; NCBON, 2020c). The Nursing Surge in Capacity document has a plethora of information to assist and support nurses during the pandemic. Nurses must use the knowledge in resources such as these to build their capacity to adapt well in the face of adversity, trauma, tragedy, and significant sources of stress.

- [Nursing Practice Act GS 90-171.20 \(7\) and \(8\)](#)
- [Administrative Rule 21 NCAC 36.0224](#)
- [Administrative Rule 21 NCAC 36.0225](#)

- [Current NC NCBON temporary waivers and guidance](#)
- [Position Statements and Decision Trees:](#)
 - [Scope of Practice Decision Tree for the RN and LPN](#)
 - [Delegation and Assignment of Nursing Activities](#)
 - [LPN Scope of Practice Clarification](#)
 - [RN Scope of Practice Clarification](#)
 - [Delegation of Immunization Administration to UAP](#)
 - [Infusion Therapy- Insertion/Access Procedures](#)
 - [Delegation: NAII Credentialed as EMT-I/P](#)
 - [Delegation of Medication Administration to UAP](#)
 - [Important Information About COVID-19 Vaccines](#)

Finally, additional community resources are available, such as the NC Area Health Education Centers (AHEC), Centers for Disease Control, American Association of Critical Care Nurses, The Society of Critical Care Medicine, and the American Association of Colleges of Nursing.

2. *Review the Nursing Practice Act GS 90-171.20 (7) and (8), Administrative Rule 21 NCAC 36.0224, Administrative Rule 21 NCAC 36.0225, and Position Statements and Decision Trees: Scope of Practice Decision Tree for the RN and LPN. Reflect on how these resources can assist in the delivery of safe patient care.*
3. *Review the Nursing Surge in Capacity Resource. Reflect on situations in practice for which this resource can be used to provide solutions.*
4. *Reflect on opportunities for which practice consultation may be beneficial.*

Professional and Personal Resilience

Nurses must recognize the Governor's formal declaration of a state of emergency enables the NCBON legal and regulatory power to govern safe nursing practice and implement protections for public health. Guidance statements which the Board developed, support professional practice. Nurses should access guidance statements,

recommendations, and provisions of rules. A nurse can access these resources on the NCBON website (NCBON, 2020 d). To maintain professional resilience, nurses must be aware of these critical resources during a crisis.

Nurses can find themselves operating in crisis during a pandemic. The ANA Crisis Standard of Care is a resource that can build professional resilience. This resource provides guidance that applies to care decisions made during extreme circumstances, such as those resulting from emergencies, disasters, or pandemics like COVID-19 (ANA, 2020). The resource defines crisis standard of care as a substantial change in regular healthcare operations and the level of care it is possible to deliver, which is made necessary by a pervasive (e.g., pandemic influenza) or catastrophic (e.g., earthquake, hurricane) disaster (ANA, 2020). The crisis standard discusses the change in ethical frameworks nurses face. It also offers answers to frequent challenges nurses and their colleagues address during a crisis. Guidance for institutions is also included.

Being ready to adapt and provide essential care under crisis conditions is a professional responsibility (ANA 2020). Resilience often results in personal growth (APA, 2020; Stephens, 2019). Personal resilience can be defined as a person's ability to cope with stress and adversity and continue to function effectively (Rice and Lui, 2016). Individual resilience involves behaviors, thoughts, and actions that promote personal well-being (US DHHS, 2020). Stephens (2019) defines personal resilience as an individual's use of personal protective factors (PPFs) to navigate stressful situations or perceived adverse events to cope effectively and reach a higher level of well-being. When a nurse desires individual or personal resilience, it is vital to have a plan. Stephens Model of Resilience (2019) for building resilience begins with assessing PPFs that may need to be strengthened or enhanced. These PPFs are defined as coping skills that help defend us against the effects of stress. Examples of PPFs are competence, faith/spirituality, flexibility, hope, humor, meaning in life, optimism, perseverance, positive emotions, self-awareness, self-efficacy,

self-esteem, and social support. An assessment of strengths and areas of improvement in these areas will help nurses conceptualize PPFs individually. Nurses should identify two or three of the factors they desire to enhance. The model proposes developing and enhancing PPFs strengthens efforts to handle adversity and improve well-being. Stephens (2019) further asserts four central themes are vital to building resilience. The four themes or 4 Ps are priorities, purpose, perspective, and personal responsibility. Priorities means what matters most to the individual; purpose means recognizing meaning in life experiences; perspective means striving to see the big picture, and personal responsibility means being accountable for one's own well-being.

Nurses should ask themselves the following questions:

- **Priorities** - What are my priorities? What matters most to the individual? How do you define "doing what is right"? Does the way you spend your time and energy accurately reflect your priorities? If not, what's taking their place?
- **Purpose** - Why are you here? Do you believe there's a reason for everything that happens to you? Do you seek to learn from failure, disappointment, or "bad" experiences?
- **Perspective** - Do you strive to see the "bigger picture" when you're faced with a difficult situation? How do you remain informed? Who/what do you consult before making decisions?
- **Personal responsibility** - Do you believe you're accountable for your actions? Do you consider the effects of your behavior on others when choosing your response to a situation? Are you willing to "change your mind" or admit your mistakes for the good of your team or colleagues? (Stephens, 2019).

Nurses can apply this model immediately into daily life to strengthen personal resilience. When implementing this model nurses should recognize resilience building is an active process.

5. Access Stephens Model for Building personal resilience available in the link below. Conduct the "What are your PPFs" self-assessment.

<https://www.myamericannurse.com/wp-content/uploads/2019/08/ant8-Resilience-729a.pdf>

6. Identify 2-3 personal protective factor (PPFs) or coping skills for enhancement.

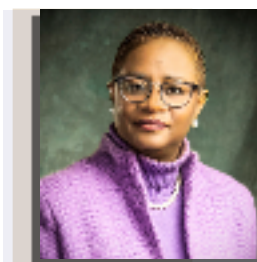
7. Reflect on the questions related to the "Building resilience with the 4 Ps" from Stephens Model of Resilience. How did it increase or improve self-awareness?

The stress of the COVID-19 pandemic on nurse's well-being is duly noted in the literature. Resilience is a mediating factor for nurse's well-being. Resources and support presented here are tools nurses can use to achieve resilience, both professionally and personally.

8. Consider your previous thoughts related to professional and personal resilience. Reflect on the ways in which the information provided in this article enhanced your knowledge of a nurse's individual professional and personal resilience.

Conclusion

This article defined resilience, discussed challenges to resilience, enhanced resilience strategies and resources to support professional and personal resilience. This knowledge can increase nurse's ability to face current and future challenges. When a nurse makes choices anchored in strategies to enhance personal and professional resilience, it strengthens their abilities to engage in safe patient care, resulting in positive patient outcomes.



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North Carolina's Guide to Diabetes Prevention and Management 2020: Resources for Nurses to Take Action

Disclosure Statement — The following disclosure applies to the NCBON continuing nursing education article entitled “North Carolina’s Guide to Diabetes Prevention and Management 2020: Resources for Nurses to Take Action.” 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. Neither the author nor members of the planning committee have any conflicts of interest related to the content of this activity.

Provider Statement — The North Carolina Board of Nursing will offer .5 contact hours 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: Participants will gain increased knowledge of the burden and impact of diabetes in North Carolina, and how to access tools and resources within the NC Guide to Diabetes Prevention and Management 2020.

EARN CE CREDIT

INSTRUCTIONS

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

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, “North Carolina’s Guide to Diabetes Prevention and Management 2020: Resources for Nurses to Take Action.” 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 paulette@ncbon.com. In the email, provide your full name and the title of the CE offering (North Carolina’s Guide to Diabetes Prevention and Management 2020: Resources for Nurses to Take Action).

Registration deadline is July 1, 2024.

Many nurses work daily with people with chronic disease. In North Carolina, one of the most common chronic diseases is diabetes. In 2020, almost one half of North Carolinians have diabetes or are at risk for developing diabetes (CDC, 2020). The rate of diabetes in NC is 11.3%, which is a 33% increase over the last 10 years (ADA, 2020). Over a third (34.5%) of North Carolinians have prediabetes and of those, 80% are not aware they have the condition (ADA, 2020). It is projected that over 3,000 people will die directly or indirectly annually because of diabetes and its complications, ranking NC as seventh in the nation for diabetes related deaths (NCHS: CDC, 2020).

This burden of chronic disease adds to the overall burden of annual health care costs in the state. The annual healthcare costs of diabetes in NC are estimated to surpass \$17 billion by 2025 (Konen & Page, 2011). These include direct and indirect costs; 72% of national diabetes costs are attributed to direct healthcare costs, while 28% of costs are attributed to indirect healthcare costs (work-related absenteeism, unemployment, and premature death) (ADA, 2020). Of the \$11 billion of direct and indirect care costs in NC, \$7.79 billion was direct healthcare cost and \$2.90 billion was indirect cost (NCDHHS, 2020). Diabetes

is associated with an elevated hospital admission rate of 1.9 per 1000 with an average length of stay of 4.7 days (Powers et al., 2020). In 2018, the average cost per hospitalized person with diabetes was \$33,000 (Powers et al., 2020).

As a nurse in North Carolina, there are many areas that we can influence within our practices and communities for the health of all. The North Carolina Diabetes Advisory Council ([NC DAC](#)), which is an advisory group to the NC Division of Public Health, works to reduce the burden of diabetes through coordination among the many stakeholders in diabetes prevention and control in North Carolina. The NC DAC was created in 1984 and connects health professionals, providers, community and business leaders, persons with diabetes, advocacy groups, coalitions, stakeholders, and partners who are all committed to reducing the burden of diabetes in North Carolina (Diabetes NC, 2021).

The DAC's core responsibilities (Diabetes NC, 2021) are to:

- Educate and publicly validate early detection, treatment, and self-management training for diabetes prevention and control, as a health priority for all North Carolinians.
- Provide scientific credibility and public validity for new service priority areas and interventions based on evolving clinical and epidemiological studies and technology.
- Foster interagency collaboration and networking for identification, utilization, and expansion of resources for diabetes control services.
- Evaluate, present, and propose strategies for the prevention and control of diabetes in North Carolina in terms of assessed need, estimated costs, potential benefits, and probability of success of each strategy.

With this charge, the DAC creates a strategic plan every few years. In recent years, this strategic plan has turned into the North Carolina Guide for Diabetes Prevention and Management. The latest of these [guides](#) was updated and launched in 2020. The focus of the guide is to reduce NC's diabetes burden. To that end, the focus must be to alleviate the gap in health access/outcomes of care among different groups of people, address health equity inclusive of strategies that address social determinants of health, and address "upstream" issues that contribute to health disparities and exist for our society and our most vulnerable populations. Examples of 'upstream' factors include housing stability, neighborhood conditions, education, food access, and income and financial security.



Figure 1: Socio-Ecological Model of Health in the North Carolina's Guide to Diabetes Prevention and Management 2020
[Click image to enlarge]

The NC Guide to Diabetes Prevention and Management offers a working guide for communities, healthcare providers and insurers, employers, and advocates and policymakers. Within the guide, there are strategies for primary, secondary, and tertiary prevention in diabetes care for each of these groups (Institute for Work & Health, 2015). Primary prevention includes strategies for diabetes prevention, including coordinated referrals with local Diabetes Prevention Programs (DPP). Secondary prevention refers to once diagnosis has occurred (Type 1, Type 2, or gestational) for the prevention of complications (ADA, 2021). For an employer, this might include creating a disease specific wellness program for those with diabetes that provides education or resources. For the healthcare team, this includes referral and access to diabetes self-management education and support (DSMES) services (Powers et al., 2020). This may include collaborative practice agreements with a local DSMES service provider, if there is not one located within your practice. Tertiary prevention includes management of complications of diabetes. Nurses play a large role in all stages of prevention.

As a reminder, there are three primary types of diabetes: Type 1, caused by an autoimmune destruction of β -cells in the pancreas that produce insulin; Type 2, starting with insulin resistance progressing to a loss of insulin secretion by β -cells; and gestational, diagnosed during the 2nd or 3rd trimester without underlying diabetes prior to pregnancy (ADA, 2021). Other forms of diabetes are related to other conditions, genetic changes, or drug and chemical induced diabetes. Nursing needs to be somewhat familiar with all types of diabetes, but especially Type 1 (5-10% of the population) and Type 2 (90-95% of the population) and to understand the differences therein (ADA, 2021). One thing to remember is that with advances in medical treatments and technology, people with Type 1 diabetes are living much longer (Banion & Valentine, 2021). And with the changes to access and social determinants of health, as well as environmental impacts, there are more youth being diagnosed with Type 2 diabetes (Vivian, 2021).

Lifetime Risk Management for Developing and Controlling Type 2 Diabetes

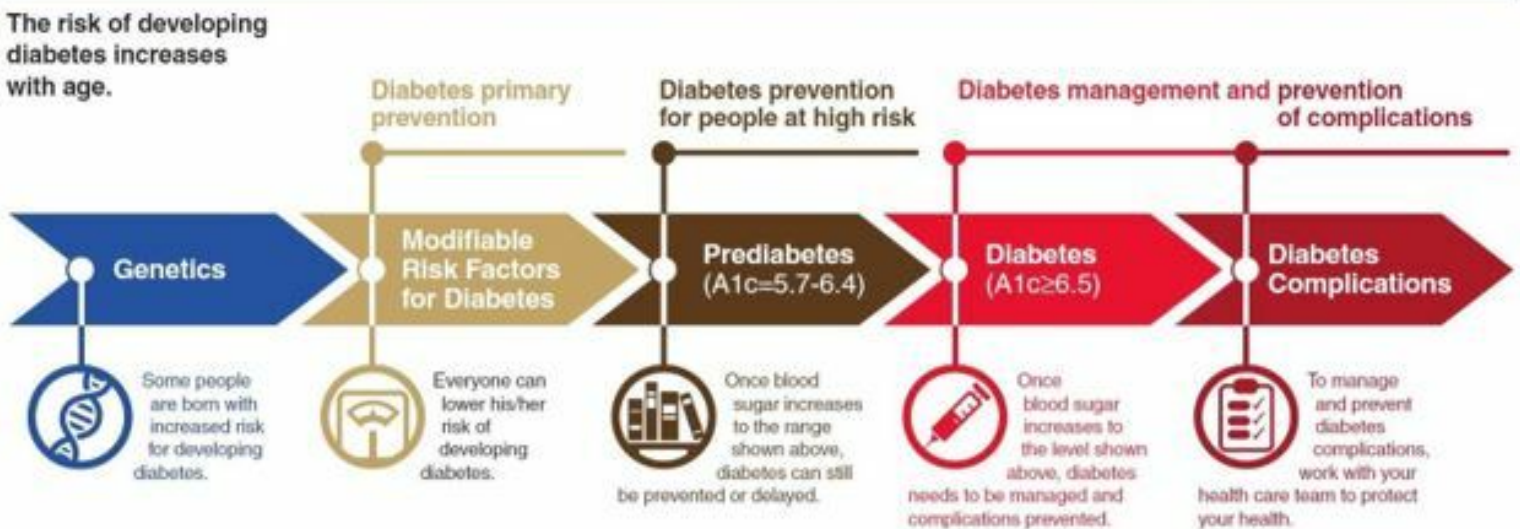


Figure 2: from the North Carolina's Guide for Diabetes Prevention and Management 2020
[click image to enlarge]

The NC Guide to Diabetes Prevention and Management offers a refresher on prevention strategies along the continuum of diabetes care that all healthcare providers can utilize. This includes recommendations on lifestyle modifications including healthful eating habits, incorporation of more physical activity, adequate sleep, maintaining a healthy weight, and living tobacco free. Resources, including mobile apps and professional organizations, are also included in the guide as one area for nursing and others in healthcare to help reduce the burden of living with a chronic disease. The adoption and utilization of diabetes technology for all those affected by diabetes to better understand their disease may also be of

benefit. As such, nursing would benefit from understanding information from these devices, beyond our standard lab values of an A1c. Diabetes prevention and management is a joint responsibility between an individual and their healthcare team. There are many other healthcare providers who are important in diabetes care including all nurses (LPN, RN, APRN, DNP), physicians, podiatrists, ophthalmologists/optometrists, dentists, registered dietitians, behavioral health/mental healthcare providers, community pharmacists, community healthcare workers, and diabetes care and education specialists. All play a role in care and optimizing the health of individuals with diabetes.

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Melanie Mabrey, DNP, ACNP-BC, BC-ADM, FAANP
APRN Consultant, NCBON

Are you Considering Graduate Nursing Education?

Returning to school is a big decision with significant costs and lifelong career implications. Is this in your future plans? Many are applying now for programs starting in the fall. Planning ahead and doing your homework before you hit the classroom will help prepare you to make the right decision.

Choosing a Program of Study

How do you see your career progressing and what do you want to do? The answer to these questions will impact the rest of your career. Clinical practice, education, informatics, research, leadership, or a combination? For the purposes of this article, the roles regulated by the North Carolina Board of Nursing (NCBON) will be reviewed.

Masters and doctoral programs are offered for the four Advanced Practice Registered Nurses (APRNs) roles. These include: Certified Registered Nurse Anesthetists (CRNAs), Certified Nurse Midwives (CNMs), Clinical Nurse Specialists (CNSs) and Certified Nurse Practitioners (NPs).

APRNs are educated in one of the four roles, and in at least one of the six population foci: family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related or psych/mental health. The [2008 Consensus Model for APRN Regulation](#) (Licensure, Accreditation, Certification, & Education) was developed by the APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee to provide guidance to states in developing uniformity in APRN regulation. The model defines APRN practice and describes the APRN regulatory model. The Consensus Model has been fully adopted by accreditation, certification, and education bodies and by some regulatory bodies. NC law prevents full adoption of the Consensus Model for practice. Modernization of the NC Nursing Practice Act is required before the Consensus Model may be adopted.

When a student selects a program of study, their education will be tailored to the specific population foci, and the national certification will match that educational preparation. Scope of practice is defined by education, certification, and maintained competence. Many times, practice lines are very clear. A recent position statement from NCBON for [APRN Scope of Practice](#) may be helpful in thinking through the four APRN roles. A CNS wouldn't provide anesthesia and a CRNA would not provide primary care. However, for some APRNs the lines may not be as clear and understanding those lines prior to taking on a course of study is important.

The first step in determining the program that is right for you involves selecting an APRN role: CNM, CRNA, CNS, or NP. The next is determining the population foci. CNMs and CRNAs have the population predetermined by the role. CNSs and NPs must select a population foci. The potential adult gerontology or pediatric NP student must then also indicate if they will be prepared in acute or primary care.

Too often nurses say, "I am doing the FNP program so I can work anywhere." Or students may have been told that an FNP will be the most versatile program. It is not the case that an FNP can work anywhere. The FNP program does provide education in primary care across the lifespan education, but that doesn't prepare the FNP to work in acute care. If you know where you want to practice as an NP, look at which population foci best matches that practice.

Experience Precepted Clinical

Once you have determined your program of study, begin looking at schools that will meet your needs and goals. The NCBON gets regular calls from students looking for preceptors. The NCBON does not have a list of preceptors. When choosing a school, find out if the school provides preceptors or if it is the responsibility of the student. Also, be prepared to travel to clinical sites. Some students have reported traveling 200 miles to their clinical site. The travel can add significant time and costs to your program of study. Ask the school that provides clinical sites how far you may be expected to travel. Also note, preceptors within health systems may not be allowed to take students outside of their own program students and/or employees. After completing your core classes (Physical Assessment, Pharmacology, and Pathophysiology) the last thing you want to find is that you are unable to find preceptors for your various clinical rotations.

Questions about APRN practice, please email me at mmabrey@ncbon.com.

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Melanie Mabrey

DNP, ACNP-BC, BC-ADM, FAANP
APRN Consultant

New **APRN** Position Statement Approved at January 2022 Board Meeting



APRN SCOPE OF PRACTICE -

POSITION STATEMENT
for APRN Practice

A Position Statement does not carry the force and effect of law and rules but is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

INTRODUCTION

The North Carolina Administrative Codes, [21 NCAC 32M .0101-.0117](#), [21 NCAC Chapter 33](#), [21 NCAC 36 .0226](#), [21 NCAC 36 .0228](#), regulate the practice of Nurse Practitioners (NP), Certified Nurse-Midwives (CNM), Clinical Nurse Specialists (CNS), and Certified Registered Nurse Anesthetists (CRNA). This Position Statement and applicable rules serve to clarify the scope of practice of Advanced Practice Registered Nurses (APRNs) for nurses, employers, consumers, and others.

APRNs include CRNAs, CNMs, CNSs and NPs. APRNs are educated in one of the four roles and in at least one of the six population foci: family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related or psych/mental health. The 2008 Consensus Model for APRN Regulation*; Licensure, Accreditation, Certification & Education was developed by the APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee to provide guidance to states in developing uniformity in the regulation of APRNs. The model defines APRN practice and describes the APRN regulatory model.

*NC law prevents full adoption of the Consensus Model. The Consensus Model has been adopted by accreditation, certification and education bodies. This position statement refers to components of the Consensus Model that are applicable to interpretation of current NC laws and rules and should guide the APRN in decisions about scope of practice.

NORTH CAROLINA SCOPE OF PRACTICE FOR APRNS

Nurse Practitioners [[21 NCAC 36 .0802](#)] defined by the NP's academic educational preparation, national certification and maintained competence.

Certified Nurse Midwives [[NC GS 90-176.2](#)] the act of providing prenatal, intrapartum, postpartum, newborn and interconceptional care.

Certified Registered Nurse Anesthetists [[21 NCAC 36 .0226](#)] activities and responsibilities include: pre-anesthesia preparation and evaluation; anesthesia induction, maintenance, and emergence; post-anesthesia care; inserting central vascular access catheters and epidural catheters; identifying, responding to, and managing emergency situations, including initiating and participating in cardiopulmonary resuscitation; providing consultation related to respiratory and ventilatory care and implementing such care according to established policies within the practice setting; and initiating and managing pain relief therapy using pharmaceutical agents, regional anesthetic techniques, and other accepted pain relief modalities according to established policies and protocols within the practice setting.

Page 1 of 3

NORTH CAROLINA BOARD OF NURSING
PO BOX 2129 - Raleigh, NC 27602
(919) 762-5211 - FAX (919) 761-9461
Nurse Aide II Registry (919) 762-7499
www.ncbn.org

APRN SCOPE OF PRACTICE -
CLARIFICATION
POSITION STATEMENT
for APRN Practice

To read the full position statement click here to view on our website.

A New Opportunity!

NCBON and NCSBN Annual Report Collaboration

In collaboration with the North Carolina Board of Nursing (NCBON), the National Council of State Boards of Nursing (NCSBN) is assisting with the collection of data for the 2021-2022 Annual Report for pre-licensure nursing education programs.

NCBON Core Annual Report Project: What is it?

The NCSBN survey was designed based on the core data results of a large, mixed-methods study of nursing program quality indicators and warning signs.

This is the first-ever core nursing education database that has been developed.

Questions regarding COVID-19 are included to analyze its impact within your program.

The NCSBN has reported more than 20 Boards of Nursing are participating.

NCBON Annual Report

Fulfills program director responsibility for report submission consistent with 21 NCAC 36 .0323(f)(1) by 11:59 pm on October 31.

Data results will continue to be disseminated via the NCBON Trends Report.

Data results will continue to assist the Sheps Center for Health Services Research and NCSBN in projecting the future workforce needs to be met by the nursing education programs in North Carolina.

How does this impact you?

The process of completing the Annual Report will not change. The NCBON will provide a Qualtrics hyperlink via email granting access to the report the morning of October 1, 2022.

Access will close at 11:59 pm on October 31, 2022.

Please be on the lookout for more detailed information in the upcoming months.

NCBON Education Department

education@ncbon.com

(919) 782-3211, ext. 238

North Carolina Board of Nursing

18th Annual Education Summit

March 28, 2022
Virtual Event
8:30 am – 12:45 pm EST

Register Now!

Event Fee: \$50
Registration Ends: March 14, 2022

Contact Hours will be awarded.

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.

Presenters



Next Generation NCLEX Update

Karin J. Sherrill, RN, MSN, CNE, ANEF, FAADN
Faculty Educator, Nursing Education Consultant

The Nursing Workforce Model and Faculty Shortages

Erin P. Fraher, PhD, MPP

Director of the Program on Health Workforce Research and Policy
University of North Carolina at Chapel Hill
Cecil G. Sheps Center for Health Services Research



Resilience: Who, What, When, Why, & How

Teresa M. Stephens, PhD, MSN, RN, CNE

Interim Dean, Professor of Nursing
School of Nursing
King University

Update

Hospice and Home Care Foundation Grant to Address the Serious Shortage of RNs in Home Health and Hospice Agencies

Susan L. Harmuth, MS and Kathy B. Turner, RN, BSN

The Hospice and Home Care Foundation of North Carolina, affiliated with the Association for Home and Hospice Care of North Carolina, is in the third year of a 3-year grant funded project to: Address the Serious Shortage of RNs in Home Health and Hospice. Funded by the State Employees Credit Union Foundation and the Golden LEAF Foundation, key project components include developing and piloting a clinical rotation model to provide “real life” exposure to home health and hospice care; and developing and piloting an on-boarding model to enable home health and hospice agencies to successfully integrate newly graduated/licensed RNs into their organizations. Models were developed with input from key stakeholders, including the NC Board of Nursing.

Seven pilot partnerships comprised of a nurse education program and one or more home health/hospice agencies are participating including: 1) Surry Community College, Mountain Valley Hospice and Palliative Care, and Yadkin Valley Home Health/Rehab Services; 2) Appalachian State University and Trellis Supportive Care; 3) East Carolina University and 3HC Home Health and Hospice Care; 4) Cape Fear Community College and Lower Cape Fear LifeCare; 5) UNC-Pembroke and HealthKeeperz; 6) Gardner-Webb University and Hospice of Cleveland County; and 7) UNC-Chapel Hill and Transitions LifeCare.

The clinical rotation model developed is structured in an 11-clinical day, chart format,

including daily objectives, content to be covered, preceptor guide, etc. The model can be adapted for shorter rotation frameworks. On-boarding model content is broken into phases based on the new nurse’s readiness and it is expected to take up to one year to successfully integrate newly graduated RNs into home health and hospice work.

In spite of challenges resulting from COVID-19, through summer of 2021, a total of 80 nursing students participated in the full clinical rotation model and 161 participated in shorter “mini” rotations. Seven newly graduated RNs were employed by home health/hospice pilot project agencies. Overall feedback from students, preceptors, faculty, and agencies has been very positive. The models will be available to interested nurse education programs and home health/hospice agencies beginning April/May 2022.

The Association for Home and Hospice Care of North Carolina will assume on-going program efforts after the conclusion of the pilot project.

To provide a sense of project impacts thus far, below are several quotes from pilot project participants.

“...this opportunity has been amazing. We have been able to showcase all the wonderful things a career in home health has to offer. We have hired one LPN to RN graduate that participated in the program, and she has thrived in her roll. She has been elevated to a lead position in record time because of the preparation she had coming into

this position. We have recently hired another RN that is currently training and exceeding expectations daily..."

Lauren Ledford, MBA, Executive Director, Yadkin Valley Home Health/Rehab Services

"This collaboration has provided opportunities for our students to be involved in all aspects of home health and hospice care in various courses throughout the curriculum, which has opened their eyes to the care and career opportunities within that. New educational tools have been introduced into the curriculum, such as ELNEC modules, in addition to the clinical experiences facilitated by our partnership. It has also given way to opportunities within the department of nursing, specifically in the simulation setting, in order to better prepare our students and engage in meaningful dialogue related to the unique care that takes place in the home health and hospice setting..."

Kristen Morgan, MSN, RN, CNE – Clinical Course Coordinator, Appalachian State University; Whitney Hicks MSN, RN, BMTCN -Clinical Instructor, Appalachian State University

"... I feel sentimental toward my experience in home health. It gave me new perspective of the community we serve here in ENC; it is a perspective that you cannot gain in the hospital alone. The privilege to enter the homes of patients painted vivid detail of many social determinants that have made health an impossible dream, an unattainable goal. The intimacy of home visits provides a nurse-patient relationship very different from the hospital setting. You see the whole person, not merely a patient in a hospital bed, but the surrounding environment that shapes the person they have come to be..."

ECU Student Participant -Excerpt from Student Journal Entry

Board Member Nominations Now Open

Open Positions for 2022 Election:

- RN - Staff Nurse
- RN - ADN/Diploma Nurse Educator
- Licensed Practical Nurse



See Pages 8-9 for more information and Nomination Form



Important Info!

As a licensed nurse in NC, it is your responsibility to keep the NCBON updated on your contact information to ensure that you can be reached in a timely manner.

Having a current, valid email address on file with the NCBON will facilitate communications.

If you have recently changed employers or are recently licensed after graduation from nursing school, update your email address. Changes can be made easily by logging into the NC Board of Nursing Gateway at www.ncbon.com

21 NCAC 36 .0208

(b) In the event of an address, email, or telephone change, the licensee shall submit the change online on the Board's website at www.ncbon.com within 30 calendar days of the change.





The NC AHEC Nurse Council, NC Board of Nursing,
and the NC Community College System presents

2022 The Year of Faculty Development: NCLEX Next Generation and Clinical Judgement



SAVE THE DATE

**Next Generation NCLEX: Deans/Directors:
Is Your Plan Ready?**

February 15, 2022 • Live Webinar

**Next Generation NCLEX: Deans/Directors:
Are Your Program Policies Ready?**

April 13, 2022 • Live Webinar

**Next Generation NCLEX: Faculty:
Are You Ready?**

May 19, 2022 • Conference

Questions about this program?
Contact Laura Bliley, MSN, RN / blileyl@ecu.edu

Note: These activities were planned to complement and expand upon the Academic Progression Conference, February 3, 2022 and the North Carolina Board of Nursing Education Summit, March 28, 2022.

Practice Corner

Scope of Practice Decision Tree for the RN and LPN

Joyce Winstead, MSN, RN, FRE - Director, Practice

Nurses practice in complex healthcare systems that are constantly evolving and changing to meet the growing healthcare needs of the public. To maintain professional competency in the ever changing healthcare systems, nurses must acquire new nursing practice knowledge and skills on an ongoing basis throughout their careers. As healthcare systems continue to evolve and nurses acquire new practice knowledge, skills, and responsibilities questions often arise regarding whether a specific procedure or activity would be within the legal scope of practice for the registered nurse (RN) or licensed practical nurse (LPN).

Enacted in 1903, the North Carolina (NC) [Nursing Practice Act \(NPA\), General Statute \(GS\) 90-171.20](#), legislates the Board of Nursing (NCBON) the authority to regulate nursing practice in NC. The NPA is promulgated in the NC Administrative Code (Rules). The General Statute mandates the protection of the public. For this reason, the mission of the NCBON is to protect the public by regulating the practice of nursing.

The [NPA](#) and [Rules](#) define the legal scope of practice for the nurse, both RN and LPN. The [NPA GS 90-171.20 \(7\)](#) defines the RN scope. Section [\(8\) of GS 90-171.20](#) defines the LPN scope. Both the RN and LPN scope of practice are further defined in Administrative Rules [21 NCAC 36.0224 for RNs](#) and [21 NCAC 36.0225 for LPNs](#). Provided below is a comparison table that list the scope of practice components for the RN and LPN. The term “participating” is central for the LPN scope of practice. Participating is defined in

RN Components of Scope of Practice	LPN Components of Scope of Practice
Accepting Responsibilities/Assignments	Accepting Responsibilities/Assignments
Assessment	Participate in Assessment
Planning	Participate in Planning
Implementation	Participate in Implementation
Evaluation	Participate in Evaluation
Reporting and Recording	Reporting and Recording
Collaboration	Participate in Collaboration
Teaching and Client Counseling	Participate in Client Teaching and Counseling
Managing Nursing	Not within LPN Scope of Practice
Administration of Nursing Services	Not within LPN Scope of Practice
Accepting Responsibility for Nursing Actions	Accepting Responsibility for Nursing Actions

Administrative Rule [21 NCAC 36.0120 \(39\)](#) as to have a part in or contribute to the elements of the nursing process.

The nurse's scope of practice as defined by the NPA and Rules, is applicable and consistent to all practice settings and nursing functions throughout the state. Variations in nursing duties and responsibilities may occur based on individual facility and agency policies and procedures. Employing facilities and agencies may choose to limit the nurse's scope of practice and not permit nurses to perform specific activities or procedures. However, the facility/agency cannot expand the nurse's scope of practice beyond the legally defined scope.

To assist nurses and nurse leaders in determining whether a specific activity would be within the nurse's scope of practice, the NCBON developed the [Scope of Practice Decision Tree for the RN and LPN](#). Originally developed in 2009, the decision tree has been revised over the years to reflect and meet current nursing practice needs. The Scope of Practice Decision Tree for the RN and LPN serves as a framework for guidance in the decision-making process for determining scope of practice regarding specific activities or procedures. The decision tree is structured in an algorithm format with a series of questions to be answered. The decision tree also provides within the algorithm questions, considerations specific for the LPN scope of practice and supervision needs. In addition, the decision tree provides guidance for defining the activity, legality, competency, safety, and accountability for consideration with making appropriate scope of practice decisions.

Each individual nurse that holds a license to practice nursing in NC is accountable and responsible for having the knowledge and understanding of the statutes and rules governing nursing, and to practice within the legal

"The scope of practice decision tree serves as an invaluable tool for nurses and employers in making appropriate scope of practice decisions."

boundaries of the level of nursing licensure. The scope of practice decision tree serves as an invaluable tool for nurses and employers in making appropriate scope of practice decisions.

When considering scope of practice determinations, it is important to include the facility/agency nursing leadership in the research and decision-making process. The Scope of Practice Decision Tree for the RN and LPN is available on the NCBON website in the [Practice section](#).

The nursing staff of the NCBON Practice Department provide phone and email consultations for questions and discussions regarding nursing scope of practice.

Have a nursing practice question or seeking info about your scope of practice?



Joyce Winstead
MSN, RN, FRE
Director, Practice



Stacey Thompson
MSN, RN, NE-BC, CMSRN
Practice Consultant

The Board of Nursing provides phone and email consultation for practice questions.

Call 919-782-3211 ext. 291
or
email Practice@ncbon.com
with your questions.

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 PAULETTE@NCBON.COM

Online Bulletin Articles

Resilience: A Key to Safe Nursing Practice (1.5 CH)

North Carolina's Guide to Diabetes Prevention and Management 2020: Resources for Nurses to Take Action (.5 CH)

Negligent Nursing Practice: What You Need to Know (1 CH)

Patient Care and Documentation: The Balancing Act (1 CH)

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

For more articles, click here or follow instructions above.

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:

March 22 - Virtual

April 26 - Virtual

September 13 - Format to be Announced

October 4 - Format to be Announced

\$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 Paulette@ncbon.com so someone on the waiting list can attend.

Available Online

Legal Scope of Practice Online Course (1.5 CH)

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.

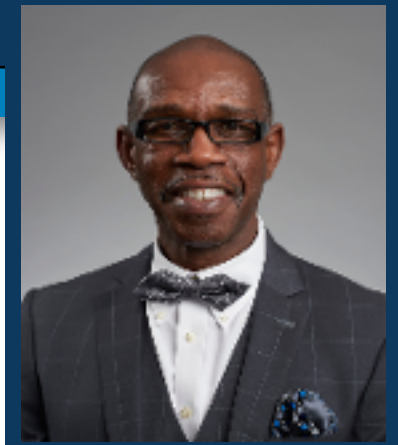
Understanding the Scope of Practice and Role of the LPN (1 CH) - 1 hour – Assists RNs, LPNs, and employers of nurses in understanding the LPN scope of practice.

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.

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.

Licensure Corner



Tony Graham, MS, CPM
Chief Operations Officer

The licensure department is home to Licensure by Examination and Endorsements, APRN privilege to practice, NAI listing, Licensure/listings renewal/reinstatement and criminal background checks. Each month we process over 3,000 new applications and over 6,000 renewal applications.

For your convenience, all our applications are online and easily accessible via our website. By navigating to our homepage, www.ncbon.com, on the far-left side of the screen, there is a "I want to..." drop down. Select your area of interest and proceed. The website was developed with you in mind. Due to the high volume of calls, it's not always feasible to immediately speak with a member of the Licensure team. We process applications in the order they are received. Additionally, you can always log into your Gateway account and check the status of your application. The information in your Gateway is "real-time".

North Carolina is a member of the [National Licensure Compact](#) (NLC). If you are applying for licensure in NC with an NC address you will be issued a multi-state licensure **if** you meet the eligibility requirements. Temporary licenses are available to **qualified** endorsement applicants from non-compact states. The temporary license is a **non-renewable, once in a lifetime** license issued for a period not to exceed six months.

Multi-state licenses will not be issued to applicants with an out of state address. If an applicant wishes to obtain multi-state licensure, you must provide evidence NC is your primary state of residence along with a written request for the status change. We recommend signing up for [Nursys e-notify](#) for free notifications and alerts to changes in your licensure status to include upcoming expiration dates.

NCBON's list of [Frequently Asked Questions](#) may address many questions.

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

nursys[®]

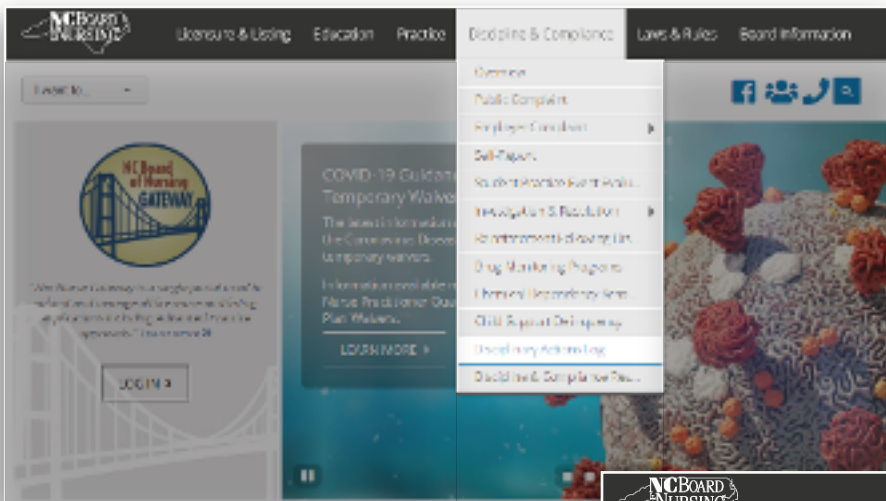
Sign up for Nursys e-Notify.

Looking for Disciplinary Actions?

Accessing NCBON Disciplinary Actions

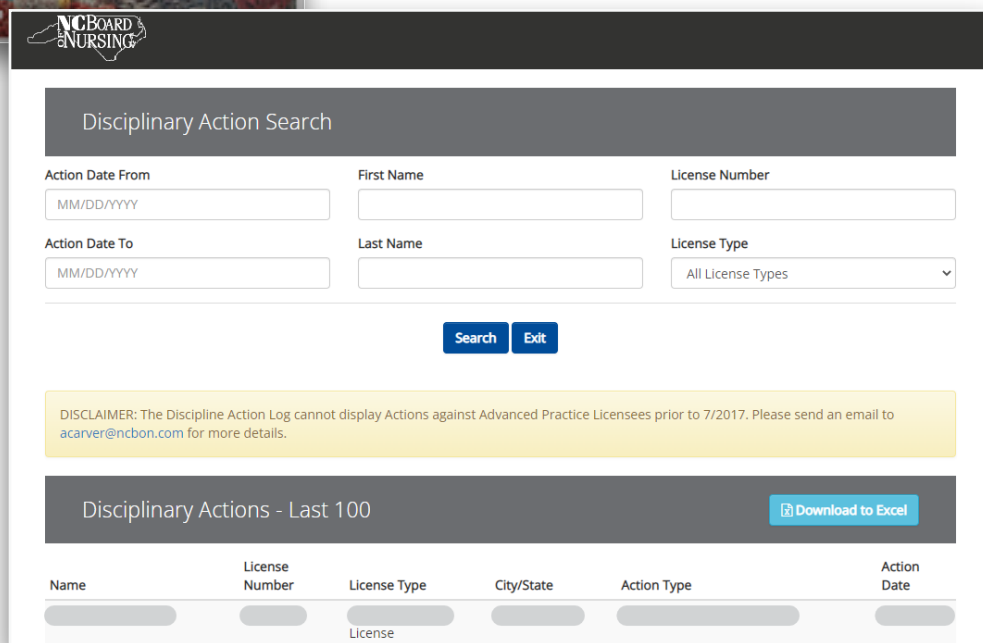
The mission of the NCBON is to protect the public by regulating the practice of nursing. When the NCBON takes disciplinary action, the information is readily accessible on the NCBON website. In addition, the NCBON reports disciplinary actions to [NURSYS®](#), [National Practitioner Data Bank \(NPDB\)](#), 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 late June 2022.

What to expect...

- Slate of Candidates
 - Names and Faces
 - Biographies
- Voting Information
- Fresh CE Opportunities

Reflection on "Resilience"

After learning of his terminal pancreatic cancer, Randy Pausch, an American educator, a professor of computer science, human-computer interaction, and design at Carnegie Mellon University (CMU) in Pittsburgh, Pennsylvania, gave an upbeat lecture in which resilience was a common theme.

"The brick walls are there for a reason. The brick walls are not there to keep us out. The brick walls are there to give us a chance to show how badly we want something. Because the brick walls are there to stop the people who don't want it badly enough. They're there to stop the other people."

Randy Pausch
The Last Lecture

Dr. Terry Ward's article, "Resilience: A Key to Safe Nursing Practice", echos the above sentiment and guides nurses on how to apply resilience to their daily lives.