

NURSING BULLETIN

{OFFICIAL PUBLICATION OF THE NORTH CAROLINA BOARD OF NURSING}

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Continuing Competence Self Assessment:

Have You Met Your
Professional Responsibility?



PAGE 8

**Now Accepting Nominations
for 2013 Board of Nursing**

FALL 2012 BULLETIN
NC BOARD OF NURSING
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NC BOARD OF NURSING
NURSING BULLETIN

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from the
Executive Director

HONORING THE PAST AND EMBRACING THE FUTURE



As we approach 2013, it will mark 110 years of history for the North Carolina Board of Nursing. What a milestone!! Not only was North Carolina “First in Flight”—we were also first in nursing regulation, founding the first Board of Nursing in 1903. To commemorate and celebrate the history of the North Carolina Board of Nursing, we have commissioned a book to be published in 2013.

Dr. Shirley Toney, Dean Emeritus of Gardner Webb University School of Nursing, was chosen as author of the history book. She has been working diligently over the past year conducting interviews, digging through archives, researching historical material and writing. I had the privilege of reviewing a draft recently and I was simply blown away! I look forward to publication in 2013. This volume of regulatory history will be a treasure both for all of us and for future nurses in North Carolina.

And speaking of ground breaking history—Diane Meelheim, RN, FNP, was recently appointed by the Governor to fill the seat of licensed physician assistant or approved nurse practitioner on the North Carolina Medical Board. Diane will be the first nurse practitioner to ever serve in this capacity. Congratulations, Diane!

I would like to honor and recognize those dedicated board members whose terms end in 2012. Nancy Bruton-Maree (current chair of the board), Dan Hudgins, Cindy Morgan and Holly Rabinovich. As we embrace our future, we welcome our board members whose terms will begin in 2013: Maggie Conklin, Cheryl Duke, Martha Ann Harrell, Jennifer Kaylor and Sharon Moore. Welcome

to our new members. You can read more about them on page 12.

It has been more than a decade since the composition, qualifications and tenure of Board members has been reviewed. Given the significant change in the health care environment since the last review, the Board, at its September meeting, approved appointment of an Ad Hoc Committee to review the matter. As we have done in the past, the Ad Hoc Committee will reach out to the nursing community for input. As the only state that elects our nurse members, we value the perspective of all nurses, employers, educators, and of course the public.

This issue of the Bulletin has an excellent article by Joyce Roth about our individual responsibility to assess our competence and meet the Board’s requirement for demonstration of continuing competence. Be sure to read *Continuing Competence Self Assessment: Have You Met Your Professional Responsibility* beginning on page 8. The self assessment process for continuing competence requires reflection on our practice and planning for continued professional development. Our model for continuing competence enables us as individuals to “*honor our past (practice) and embrace our future (growth).*”

Julia L. George, RN, MSN, FRE
Executive Director



from the Board Chair

THE BOARD EXPERIENCE

I want to thank each of you for the opportunity of serving on the North Carolina Board of Nursing. This has been a marvelous experience, which I highly recommend to any nurse who has an interest in the regulation of nursing practice. My experience when I was elected to the Board was in nurse anesthesia education and accreditation as well as experience serving on nursing association boards. I have found serving on the North Carolina Board of Nursing to be a new experience and one that has enhanced my overall knowledge of the nursing profession.

It has been rewarding to work with Board staff and fellow Board members who truly uphold the responsibility of first and foremost protecting the public. It has been equally rewarding to see that protecting the public can also promote the profession of nursing. It has been challenging to serve on licensure review panels and at administrative hearings and finding ways to protect the public yet reeducate rather than being totally punitive to the nurse involved.

Serving as Vice-Chairperson and Chairperson of the NC Board of Nursing has been both valuable and challenging. To serve in these two positions carries a greater time commitment and responsibility. I have valued the education sessions held during the past four years and have enjoyed the educational sessions that have involved other health care boards. I have also enjoyed learning

about and working with Licensed Practical Nurses and Registered Nurses from different nursing areas as well as public members and nursing educators.

People that I have met both in North Carolina and around the country that are involved in regulation of nursing greatly added to both my personal and professional growth. Learning how different the Boards of nursing operate in other states has not only been gratifying but it has really made me appreciate our Board and how unique it is. In the last NC Board of Nursing Bulletin, our Executive Director, Julie George, noted that “The North Carolina Board of Nursing is the only Board of nursing in the United States that has the privilege of electing Board members.” I did not know what a privilege this is until attending the National Council for Boards of Nursing and learning how other state boards operate. I also did not know how highly respected our Board and staff are among member Boards throughout the country.

Again, I want to thank you for the opportunity to serve you as a North Carolina Board of Nursing member, vice-chairperson, and chairperson. I encourage you to come to a board meeting and/or an administrative hearing and see your Board at work. See how putting public safety first can both promote and strengthen nursing practice.

Nancy Bruton-Maree, RN,MS,
CRNA Chair

CONTINUING COMPETENCE SELF ASSESSMENT: Have You Met Your Professional Responsibility?



Objective

At the completion of this learning activity, the participant will be able to describe the self assessment step of the continuing competence process.

The mission of the North Carolina Board of Nursing (NCBON) is to protect the public by regulating the practice of nursing. One way the Board meets this mandate is through the Continuing Competence requirement for nurses. All licensed nurses in North Carolina (NC) must meet Continuing Competence requirements in order to renew or reinstate their license.

Continuing Competence, according to the NC Nursing Rules, means *the ongoing acquisition and application of knowledge and the decision making, psychomotor, and interpersonal skills expected of the licensed nurse resulting in nursing care that contributes to the health and welfare of clients served*" (NC Nursing Rules, 21 NCAC 36.0120[10]). Initial competence is demonstrated when one completes an approved program of nursing education and passes the licensure examination, but nursing practice changes quickly, and in order to provide safe care, all nurses must engage in reflective practice to maintain competence. Reflective practice is a process used to assess one's own practice to identify and seek learning opportunities to promote continuing competence. Reflective practice helps nurses identify goals and progress from "novice to expert" (Benner 1984). Effective July 1, 2008, NC licensees seeking renewal or reinstatement must attest to having completed the Continuing Competence process (including a self assessment, development of a learning plan, and completion of spe-

cific learning activities) and be prepared to submit evidence of completion if requested by the Board. This means, that if you have an active license, you will complete the entire Continuing Competence process every renewal cycle. A good way to stay on top of this is to remember as soon as your license is renewed, it is time to begin the two year continuing competence cycle again: complete your self assessment, develop your plan, select learning opportunities, and implement your plan so that you have completed the cycle by the time you once again renew your license. This means that you will have a new self assessment, plan, and action implementation every two years! If your license is currently inactive, you will have to demonstrate that you have met the continuing competence requirements within the immediate two years before your license will be reinstated.

The first step of the reflective practice process is for the nurse to assess his or her practice. This is depicted in the NCBON Continuing Competence Cycle diagram (see attached Figure 1). This *self assessment* includes four dimensions, is based on NCBON standards, and provides the basis from which to identify learning needs, develop a plan to meet those needs, and ultimately to meet the Continuing Competence requirements for NC nurses. This may sound very intimidating, but although the process is a bit more formal and involves a few more steps, it is not really different from what you do every single day in your practice.

Think about the following situations:

- a patient you are caring for has a problem with which you are unfamiliar;
- a medication has been ordered that you have never given before and don't know anything about;
- you will need to use a new, unfamiliar piece of equipment for patient care;

- you have moved to a new specialty of practice, or a new patient population is now part of your clinical area;
- you are part of a team examining a process, but do not have all of the information you need to participate fully; or,
- you are a faculty member who has been asked to teach using a new methodology.

What is the first thing that you do in every one of these situations? Right! You do a *self assessment* of what you need to know!

Now that you see how self assessment is part of your practice every day, let's look at the specific self assessment steps for NCBON-required Continuing Competence. This self assessment includes four dimensions of nursing practice that are applicable in any practice setting. The dimensions are founded in NC nursing law and rules and are general in nature, allowing them to be applicable regardless of nursing practice setting or role. When selecting standards that apply to your area of practice, you may also consider professional or specialty organization standards or agency policies. Your performance evaluation and feedback from your colleagues or manager may be other resources to help you complete a self assessment. The NCBON has created four worksheets to assist you as you examine the self assessment dimensions. Each worksheet includes broad statements that you need to rate in terms of your own practice. The possible ratings for each statement are from "1" (novice) to "5" (expert). Only you will see this self assessment, and it is important that you are honest in your rating as your self assessment will be the basis for your learning plan. Keep in mind that often it is difficult to honestly assess oneself, and you will need to carefully consider the items on the worksheets so that you do not rate yourself too high or too low. Once you complete all four of the

worksheets, you will use this information to identify areas of your practice that are strong, and areas where you would like to improve or gain additional knowledge and/or experience. This will lead you to the next step in the Continuing Competence process (development of a learning plan), but that is beyond what will be discussed in this article. Directions for accessing each of the self assessment worksheets is included with each individual dimension discussion below so that you can pull them up now on your computer and/or print them off for this exercise.

Let's examine the four dimensions, one at a time.

Dimension One: Professional Responsibility

(Type in <http://ncbon.com/content.aspx?id=664> and then click on the link for Dimension Worksheet 1).

This dimension examines your knowledge and understanding of your responsibility and accountability for ensuring that your practice and conduct meet the standards of the profession and comply with the NC Nursing Practice Act. On this worksheet you are asked to rate items related to the NC Law and Rules governing nursing practice, policies relevant to your practice setting, safely accepting an assignment and providing care, and seeking advice or guidance when uncertain. Take a few moments now to complete this worksheet for Dimension One.

Dimension Two: Knowledge-Based Practice

(Type in <http://ncbon.com/content.aspx?id=664> and then click on the link for Dimension Worksheet 2).

This dimension examines your knowledge and understanding of your responsibility and accountability for having the knowledge and skills necessary to provide safe, competent nursing practice. On this worksheet you are asked to rate items related how you gain and use knowledge, how you remain current in your practice, how you share knowledge with others, and how you use technology in your practice. Take a few moments now to complete the

worksheet for Dimension Two.

Dimension Three: Legal-Ethical Practice

(Type in <http://ncbon.com/content.aspx?id=664> and then click on the link for Dimension Worksheet 3). This dimension examines your understanding of legal

and ethical aspects of practice. Here you are asked to rate items related to your knowledge of required NCBON reporting situations, client advocacy responsibilities, maintaining confidentiality, assuring professional boundaries, your role in creating or supporting a professional healthcare envi-

continued on page 10 >>>



ronment, and identification of alternate approaches to maximize outcomes for clients. Take some time now to complete this worksheet for Dimension Three.

Dimension Four: Collaborative Practice

(Type in <http://ncbon.com/content.aspx?id=664> and then click on the link for Dimension Worksheet 4).

This dimension examines your understanding of the nurse's responsibility to maintain safe, effective nursing care in collaboration with clients, significant others, and other health care providers. You are asked to rate the way that you are able to communicate and collaborate with others, maintain accountability for your assignment, maintain sensitivity to the client(s) and provide care that meets individual needs, and include appropriate teaching in your care. You are also asked to look at the effectiveness of your interactions with clients and health team members. Take a few moments now to complete this last worksheet for Dimension Four.

Now that you have completed the four worksheets, here are the next steps in your self assessment process:

- Using your worksheets, identify areas where you feel strong in your practice. Is there anything in these areas that you want to make even stronger? Do you want to consider ways that you can share your areas of strength with other nurses?
- Using your worksheets, identify areas where you have opportunities to improve your knowledge and/or skill, or where you are uncomfortable in your nursing practice. Are there any areas that could potentially cause you to provide care that is not of the highest quality, or is actually unacceptable or unsafe?
- Talk with your peers if you are comfortable asking for feedback. If you do not want to ask directly, think back - have you gotten any feedback from your peers about areas where you were strong, or areas that could use some improvement? Do these areas coincide with your

self assessment?

- Talk with your manager, or look at your last performance evaluation. What areas were identified as strong? Which areas need some improvement? Do these areas match your self assessment?
- Think about your area of practice, the clients you care for, and any goals you have for yourself (for example, are you planning to become certified in a specialty?).

Using all of the information you have gathered from these sources, you now have a self assessment that will allow you to develop a plan, identify appropriate actions, and complete your Continuing Competency requirements for the current two year license renewal cycle.

Detailed information on the Continuing Competency requirements can be found on the NCBON website (see links below). Should you have questions once you review the information on the website, please contact Tammy Edelen at tammy@ncbon.com.

Required reading for successful course completion can be found on the NCBON website at www.ncbon.com. Click on Quick Links; click on Continuing Competence. Read and/or print the following documents:

- ABCD Sheet
- Self-Assessment - Dimension Worksheet 1
- Self-Assessment - Dimension Worksheet 2
- Self-Assessment - Dimension Worksheet 3
- Self-Assessment - Dimension Worksheet 4
- Rule definitions
- Rule 232
- Continuing Competence Cycle Diagram (PDF) (see page 27 Vol 6 N2 Edition 20)

Reference

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park:CA: Addison-Wesley Publishing Company.

EARN CE CREDIT

INSTRUCTIONS

Read the article and on-line reference documents (if applicable). There is not a test requirement, although reading for comprehension and self-assessment of knowledge is encouraged.

RECEIVE CONTACT HOUR CERTIFICATE

Go to www.ncbon.com and select "Events, Workshops & Conferences"; then select "Board Sponsored Workshops"; under "Bulletin Articles", scroll down to the link "Continuing Competence Self Assessment." Register, complete and submit the evaluation, and print your certificate immediately.

Registration deadline is November 1, 2014

PROVIDER ACCREDITATION

The North Carolina Board of Nursing will award **1.0 contact hours** for this continuing nursing education activity.

The North Carolina Board of Nursing is an Approved Provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

NCBON CNE Contact Hour Activity Disclosure Statement

The following disclosure applies to the NCBON continuing nursing education article entitled "Continuing Competence Self Assessment":

Participants must read the CE article and online reference documents (if applicable) in order to be awarded CNE contact hours. Verification of participation will be noted by online registration. No financial relationships or commercial support have been disclosed by planners or writers which would influence the planning of educational objectives and content of the article. There is no endorsement of any product by NCNA or ANCC associated with the article. No article information relates to products governed by the Food and Drug Administration.

ELECTION RESULTS FOR 2012

Nurses **Cheryl Duke**, **Jennifer Kaylor** and **Sharon Moore** were elected to the North Carolina Board of Nursing during its recent statewide election. We are also proud to report that more than 1500 nurses took advantage of the CE article on voting in the last issue of the Bulletin Magazine. As stated in the article, North Carolina is the only state in the nation where licensed nurses elect the majority of their Board. Should you have an interest in running for the Board, please see the 2013 Nomination Form on Page 13.

Cheryl Duke is the Director of Advanced Clinical Practice at Vidant Medical Center in Greenville, NC. Duke has more than 23 years of experience including ICU nursing, home health, geriatric care and as a nurse practitioner. Duke began her career with an ADN degree and has gone on to earn a BSN, MSN, a post Master's FNP and a Ph.D in nursing. She was elected to the Advanced Practice Registered Nurse slot on the Board.

Jennifer Kaylor is a Supervisor in the inpatient wound and ostomy department at Mission Hospital in Asheville, NC. Kaylor has more than 13 years of experience. She received her BSN from the University of Massachusetts at Boston.

Sharon Moore is a faculty member at Forsyth Technical Community College. Moore has more than 30 years of nursing experience on

medical-surgical units at Forsyth Medical Center in Winston-Salem, NC. She received her BSN from UNC-Greensboro and her MSN from UNC-Charlotte.

New Chair and Vice-Chair for 2013

Starting with the January 2013 N.C. Board of Nursing meeting, **Peggy Walters** will serve as Chair and **Sara Griffith** will return as Board Vice Chair.

Peggy Walters is the Director of Nursing at Watts School of Nursing and is the Associate Chief Nursing Officer at Durham Regional Hospital. Walters has served on the Board since 2011.

Sara Griffith is a staff nurse with WakeMed Health and Hospitals in Raleigh, NC. Griffith has served on the Board since 2007.

New Public Board Members Named

Margaret Conklin has been named by the N.C. General Assembly President of the Senate Phillip Berger to join the Board of Nursing as one of three public members of the Board.

She is a nurse with an extensive background in hospice care.

Martha Ann Harrell, a public member with previous Board experience, was recently appointed by the Governor to fill a four-year term.

NOMINATION FORM FOR 2013 ELECTION

Although we just completed a successful Board of Nursing election, we are already getting ready for our next election. In 2013, the Board will have two openings; one Registered Nurse -- at large position and one LPN position. This form is for you to tear out and use. This nomination form must be completed and postmarked on or before April 1, 2013. Read the nomination instructions and make sure the candidate(s) meet all the requirements.

Instructions

Nominations for both RN and LPN positions shall be made by submitting a completed petition signed by no fewer than 10 RNs (for an RN nominee) or 10 LPNs (for an LPN nominee) eligible to vote in the election. The minimum requirements for an RN or an LPN to seek election to the Board and to maintain membership on it are as follows:

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

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

If you are interested in being a candidate for one of the positions, visit our website at www.ncbon.com for additional information, including a Board Member Job Description and other Board-related information. You also may contact Chandra, Administrative Coordinator, 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, 2013.

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. (The certificate number appears on the upper right-hand corner of the license.)
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, 2013, for the nominee to be considered for candidacy. Petitions received before the April 1, 2013, deadline will be processed on receipt.
9. Elections will be held between July 1 and August 15, 2013. Those elected will begin their terms of office in January 2014.

Please complete and return nomination forms to 2013 Board Election, North Carolina Board of Nursing, P.O. Box 2129, Raleigh NC 27602-2129.

Nomination of Candidate for Membership on the North Carolina Board of Nursing for 2013

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

Registered Nurse - RN At-Large

License Practical Nurse

Address of Nominee: _____

Telephone Number: (Home) _____ (Work) _____

E-mail Address: _____

PETITIONER - (At least 10 petitioners per candidate required. Only RNs may petition for RN nominations).

TO BE POSTMARKED ON OR BEFORE APRIL 1, 2013

NAME	SIGNATURE	CERTIFICATE NUMBER
_____	_____	_____
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Avoiding Unprofessional Behavior Allegations

By Angie Matthes, RN, MBA/MHA

Have you ever been treated poorly or received poor customer service? What was your impression of the person or business? What do you consider rude and unprofessional behavior? We can all recognize these behaviors in someone else, but can we recognize this within our own behavior?

The Board of Nursing has been receiving a growing number of public complaints about nurses who are “perceived” as unprofessional, rude, uncaring, condescending and impatient.

For example, have you ever heard or made comments like these? “That patient is such a pain.” “I am so sick of that patient calling me every 5 minutes.” Consider how this would make you feel if this were said about a loved one. While most of the time comments like these are said out of frustration and not meant for the patient to hear, you never know when you may be overheard.

Nurses seem to be under more pressure today due to higher patient acuity, fewer staff and resources, and increased demands. In response to these stressors, nurses may react abruptly and convey a negative attitude without meaning to. However, patients and their loved ones rightfully expect to receive appropriate quality nursing care in a timely manner by caring and professional nurses. It is important to remember that it is how nurses present themselves to patients that can frame how patients view their

entire healthcare encounter.

Consider the following scenarios:

Scenario # 1

Shortly after coming on duty, a patient lashes out at the nurse because he had not received his medication when he requested it. The nurse responded, “I just got here. We are short of staff and you are not our only patient.” What kind of impression do you think this made on the patient? Did this demonstrate care and concern for his well being? What if instead, the nurse responded with, “I am sorry for the delay. Is the pain medication effective in relieving your pain or are you beginning to have pain before your next medication dose is allowed.” How would you expect the patient receiving this response might feel? Did the nurse show empathy and a desire to help?

Scenario # 2

A confused patient is yelling at the nurse telling her to stop hurting her. The nurse responds, “Quiet. I am tired of listening to you whine all the time.” A visitor overhears this interaction and reports that the nurse was disrespectful and abusive.

Consider how you might feel if someone said this to your loved one. Do you think you would feel comfortable leaving your loved one with someone that seemingly demonstrated no concern?

Everyone wants to feel like they have been heard when they share concerns or needs. No matter how

exceptional the nursing care is, a nurse that has been perceived as rude or uncaring may end up being the nurse that the patient or family remembers the most.

Most nurses report that the very reason they became a nurse was to help people. In order to do this effectively, nurses have to consider how they react and respond in stressful situations. The time it takes to respond positively and professionally is much less than the time it will take to respond to complaints down the road.

There will always be a difficult day or a challenging situation, but it is worth the effort when a nurse remains professional and carries out his/her role to the best of his/her ability in the most caring and compassionate manner. Remember, when patients experience anxiety and fear, these feelings can often be displayed as frustration and anger. Nurses must recognize this and display compassion and understanding.

When all is said and done, patients and their loved ones will not likely remember every health care provider involved in their care, but they usually will remember their best and worst experiences. Only you can control in which group you will be placed. Few kind words and sincere compassion will leave your patients with a positive experience and perception of their nursing care. Attitudes are contagious: let yours be positive!



Marine Toys For Tots Foundation

The mission of the U. S. Marine Corps Reserve Toys for Tots Program is to collect new, unwrapped toys and distribute those toys as Christmas gifts to less fortunate children in the community.

The North Carolina Board of Nursing is proud to be a drop off site for this year's Toys for Tots campaign.

Our office is located at 4516 Lake Boone Trail, Raleigh, NC 27607. We will collect toys beginning November 5, 2012 through December 17, 2012.



NURSE HEADS UP STATEWIDE NEWS SERVICE



Many people around North Carolina are familiar with Rose Hoban's voice from her years spent on local public radio, but they don't realize that she's been a registered nurse for 20 years.

In early 2012, Hoban started NC Health News, an online health news service. We caught up with her recently.

What compelled you to make the switch from nursing to writing?

I was always interested in policy - one of my first jobs out of school was working in the ED of Washington DC's only public hospital, right when the Clintons attempted health reform. On busy days, we'd say, "Hillary should come *here* and we'll show her a thing or two!" It got me thinking about health policy a lot and I

kept reading.

In later years, I'd end up talking to patients, explaining how the health care system worked, helping them navigate it, and dispelling some of the myths they would hear on TV or read in the paper. I began to realize that there was a lot of bad storytelling about health care, and started to get more interested in making that change.

After almost a decade nursing, I made the leap. [I was lucky enough to find a university (UC Berkeley) that allowed me to get degrees in journalism and public health policy simultaneously. They even gave me a scholarship for the first year.]

How has being a nurse informed your reporting?

I *always* get ideas and insight from my time as a nurse. One example: I always was struck by how music was a memory trigger for my patients with Alzheimer's. So, a few Christmases ago, I got to thinking there must be a local senior care facility that used music to signal to Alzheimer's patients that it was the holidays. Sure enough, I found one, then talked to neurologists about the related brain science. I won an award for that story.

Having that RN after my name on my business card reassures many health care providers and legislators and patients I talk to. They see those letters and it feels

like they trust me more than other reporters, because I'm a *nurse*.

Why did you start NC Health News?

After a few years in the state, I started looking around and realized that almost all the newspapers had lost their health reporters, [either through layoffs, or buyouts, or attrition]. There's only one other full time newspaper health reporter in the state! The other folks who cover health care do it as only one part of their jobs they often don't have time to develop the depth of knowledge to write about this really complicated topic. So, my goal is to get newspapers around the state to carry more local health news - by using NCHN stories.

Health reporters play a role in holding lawmakers accountable when they legislate around health care, can explain all the changes going on and can talk about the innovations being made in the health care system. In a lot of ways, I feel like reporting is an extension of my nursing role as a patient advocate.

Visit:

www.northcarolinahealthnews.org

THE FOUNDATION FOR NURSING EXCELLENCE RECEIVES GRANT TO STRENGTHEN NORTH CAROLINA'S NURSING WORKFORCE

Focus in North Carolina will be on creating the educational infrastructure to support increasing the proportion of baccalaureate or higher degree nurses to 80 percent by 2025 by providing student support and improving targeted recruitment and retention strategies.

Raleigh, NC - The Foundation for Nursing Excellence (FFNE) will receive \$170,000 in grants from the North Carolina Area Health Education Centers (NC AHEC) Program over the next two years to expand efforts to increase the educational preparation of the nursing workforce of North Carolina. Specifically, FFNE received the following two awards for our Regionally Increasing Baccalaureate Nurses (RIBN) initiative:

- Funding for \$50,000 per year for two years to create the RIBN “Connect for Success” statewide program to enhance student retention and BSN graduation outcomes, and
- Funding for \$35,000 per year for two years as matching funds to support new Student Success Advocate positions in the Triangle-Triad and South-Central regions of the state as two universities and eight community colleges introduce the 4-year BSN educational option for students traditionally educated at the community college level.

“These efforts align directly with the mission of FFNE, to improve health outcomes for the citizens of North Carolina through enhancing the practice of nursing. We hope to highlight the importance of Student Success Advocates and their ability to focus recruitment efforts on students from rural and underrepresented groups. FFNE and NC AHEC’s strong partnership with North Carolina’s community colleges, and their strength in attracting a diverse group of students that are more likely to return to their communities to work, is key to this project.

We are honored to be the recipient and to continue to work along side the AHECs. The work of this project is an expansion of the RIBN initiative launched by FFNE in 2008,” stated Polly Johnson, President and CEO of FFNE.

“We realize that with the Institute of Medicine’s *Future of Nursing* report and our own ambitious goals, now is the time to enhance our existing strategies with this new opportunity of supporting Connect for Success efforts and increasing outreach with Student Success Advocates,” stated Karen Stallings, RN, MEd, Associate Director, NC AHEC. “Wake AHEC will administer the awards and all nine AHECs in the state will participate in these efforts designed to benefit nursing and RIBN students throughout North Carolina.”

The North Carolina AHEC Program has provided direct funding of nearly \$10 million over the past 25 years to support RN to BSN and MSN programs in all regions of the state, and the development of new clinical training sites for students in these programs. In partnership with NC schools of nursing, NC AHEC off-campus degree programs are designed specifically for working nurses and have graduated over 1500 BSN and MSN prepared nurses to date.

Advancing a more highly educated, diverse workforce where nurses are able to practice to the top of their education and training is essential to achieving improved health outcomes. The matching grant from NC AHEC is specifically given in response to a recent award through a new Robert Wood Johnson Foundation program, *Academic Progression in Nursing* (APIN). The emphasis for this project will be on the following three major areas of focus:

1. Expanding the Regionally Increasing Baccalaureate Nurses (RIBN) project across North Carolina;

2. Developing a uniform, statewide academic progression agreement between the public university and community college systems to promote educational advancement opportunities for RNs to complete BSN or higher degrees; and
3. Increasing the diversity of the BSN workforce by expanding RIBN programs and actively recruiting minority and underrepresented students to ensure that RIBN programs prepare a workforce representative of North Carolina communities.

Diversifying the nursing workforce and the future faculty pipeline is a key strategy used to address health disparities and learn more about minority community health needs and how nurses can improve services. It is critically important that nursing education programs address health disparities. Using current data, we understand increasing racial, ethnic and gender diversity as well as attracting younger students to the field of nursing is a vital step to success and where NC will focus its student recruitment efforts.

About the Foundation for Nursing Excellence – www.ffne.org

The Foundation for Nursing Excellence exists to positively impact health outcomes for North Carolinians by addressing nursing workforce issues and improving patient safety.

About NC AHEC – www.ncahec.net

The mission of the NC AHEC Program is to meet the state’s health and health workforce needs by providing educational programs in partnership with academic institutions, health care agencies, and other organizations committed to improving the health of the people of North Carolina.

NORTH CAROLINA BOARD of Nursing Calendar

LICENSURE REVIEW PANELS

- November 8
- December 13

ADMINISTRATIVE HEARING

- December 7

EDUCATION/PRACTICE COMMITTEE

- December 5

BOARD MEETING

- January 11

FORMER SECRETARY OF HHS SPEAKS TO NORTH CAROLINA NURSES

Special to the NC Nursing Bulletin Magazine
By Rose Hoban, NC Health News

Donna Shalala, former Secretary of Health and Human Services under President Bill Clinton, was in Chapel Hill recently to speak to a crowd of nurses, nursing and medical students, and nursing educators from all over the state. She was there as part of the School of Nursing's ethnic minority visiting scholar lecture series.

Shalala, the longest serving Health and Human Services secretary in US history, is currently the president of the University of Miami. Recently she chaired a commission that released a report by the **Institute of Medicine on the Future of Nursing**. Since the release of the report, she has been speaking about the commission's findings.

In between anecdotes about her time as a high ranking public servant, and challenging the current organization of the health care system, Shalala told the crowd of more than 600 that she believed nursing is entering a "golden age." And Shalala told the nurses they needed to engage in transforming the health care system.

Before her talk, North Carolina Health News editor Rose Hoban had the opportunity to sit down and ask Shalala some questions.

NCHN: How did you get involved with the Institute of Medicine report?

Shalala: I had a longtime interest in nursing, the professional nursing organizations know me very well, I am a non-nurse, never took a nursing course, but I know the subject matter, I had three schools of nursing in universities that I have led. So I know something about the subject, especially from the academic point of view.

NCHN: What do you think are the biggest challenges facing nursing today?

Shalala: We are short of nursing faculty. We have a generation of baby boomers who are going to be retiring. We have to prepare the next generation of PhD's who are going

to train young people in nursing.

But the real challenge is whether nurses can work up to the level of their education and training. For historical reasons, states have restricted and have the power to restrict what people in the health professions can do, whether or not it is associated with evidence.

On the one hand, states invest heavily in schools of nursing and approve high levels of training, and on other hand, they won't allow the nurses who are trained in their own institutions to use that level of training.

NCHN: Isn't part of the problem turf battles between doctors and nurses?

Shalala: I see the relationship between doctors and nurses more as a partnership. I really think that doctors also should be able to practice up to levels of training... states have also restrained specialists from being able to use their training. I think it's a problem for the entire health establishment, but the last thing we need is for people fighting with each other as opposed to working together.

To get this health system straight, everybody has got to work up to their training.

NCHN: Any suggestions of ways to bridge those turf battles?

We have got to look at what is good for our citizens and what's good for our patients.

What's good for our patients is making certain that when we invest our hard-earned taxpayer dollars in the education of health professionals that we let them practice their profession fully. We should not have artificial restraints for any reason.

All of our decisions ought to be evidence-based. And all of the evidence is that nurse practitioners can do extraordinary things of very high quality and free up physicians to do other things that they were trained for.

We've got to get over this, these artificial restrictions, because we are the taxpayers. We have invested in the education of these nurses, we set the standards of that training as part of state law and state regulations. So why are we on the other hand restraining that training when the evidence is that people can do the work, and that you get better health outcomes as a result? And it seems to me that taxpayers ought to demand those better health outcomes and ought to demand that their monies are not wasted.

We have had more experience in rural areas and in rural states than we've had in urban areas. Some of the most conservative states of the union - New Hampshire, for example - allow their nurses to work up to their training.

The evidence is very clear that nurses can do 70 percent of what a primary care physician can do. That doesn't mean that we should get rid of primary care physicians, it means that we should use doctors up to the level of their training. There's plenty of work for primary care physicians, for internists, for pediatricians... they ought to work up to the level of their training as well.

NCHN: There was a story on Nurse.com recently that quoted several economists who study nursing, and they claimed that if the economy improves at all, we may to see a shortage of nurses, the way there was a shortage in the 90s.

Shalala: It will be very interesting to see if we actually have that shortage because a lot of things have changed. A lot of people have come back to nursing and found out that the market had really changed, especially the quality of the experience. Because of high demand, hospitals, healthcare centers, doctor's offices had to actually improve the environment to be able to attract nurses. So it's a different job.

Second, there are simply more women working, we're not talking about a lot of stay-at-home moms. And because the

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nursing profession allows for part time work, I'm not as sure as other people are that lots of people are going to leave now.

I am sure that lots of people are going to retire but that's different from everyone leaving. I think there are going to be wonderful opportunities for young nurses. There are going to be residency programs that really fold them into the experience and the practice of nursing, very much the way doctors have residency programs. They won't be as long but all of our evidence is that it reduces medical errors and ensures retention.

NCHN: Traditionally, nursing has been a profession for women, but women have more opportunities now, why should they be nurses?

Shalala: You know, nursing has been one of the most adaptable of professions - for women and men. It's reinvented itself

over the decades. It's provided leadership in healthcare. A lot of the people who run hospitals in this country had their training as nurses. Look at the CEOs of hospitals - including my own - where the CEO is a nurse and the CNO - the chief nursing officer - because they understand nursing care at its base.

We're about to have a revolution in healthcare with lots of people getting coverage. We cannot afford the system as it's currently organized because we are over-using the system. Nurses are the key, the linchpin to that redesign from our point of view.

I think we're about to enter the golden age of nursing. I think nursing is going to be the glue that puts healthcare and this changed system together. I think there are enlightened physicians all over this country and certainly in North Carolina and I know a number of them who understand this and see their practices and their futures as very

much tied to the other health professionals, not just nurses, but physician assistants and pharmacists.

NCHN: So the report is a couple of years old at this point so why are you out here today?

Shalala: It's to make sure that we constantly energize the nursing profession to keep improving and sit at the table and help design the healthcare system of the future.

I also think it's important to remember that this IOM report is still the best seller in the history of the Institute of Medicine! It's number one, it's sold more copies than any other report, that says something to you - about the profession, about the importance of nursing in our society and about the partnerships that we have to build in the future.

Save the Date

2013 NCBON 10TH ANNUAL NURSING EDUCATION SUMMIT MARCH 18, 2013



The Education Summit will be held again at the William and Ida Friday Center in Chapel Hill, NC. A NCBON update will be provided by Julia L. George, RN, MSN, FRE, Executive Director.

Presenters and topics this year include:

Linda Christensen JD, MSN, RN
National League for Nursing

The Top Ten Legal Issues in Nursing Education

Elizabeth Tornquist, MA
Editorial Consultant, UNC-Chapel Hill School of Nursing
Professional Writing for Nurse Educators

Registration information will be available on the NCBON website.

NORTH CAROLINA IS ONE OF JUST NINE STATES SELECTED FOR GRANT TO BUILD A MORE HIGHLY EDUCATED NURSING WORKFORCE

Focus in North Carolina will be on creating the educational infrastructure to support increasing the proportion of baccalaureate or higher degree nurses to 80 percent by 2025.

Princeton, N.J. —The Robert Wood Johnson Foundation (RWJF) has announced that North Carolina is one of nine states chosen for a two-year, \$300,000 grant to advance state and regional strategies aimed at creating a more highly educated, diverse nursing workforce. The funding is through a new RWJF program, *Academic Progression in Nursing* (APIN).

In addition to North Carolina, states chosen for the new grants include California, Hawaii, Massachusetts, Montana, New Mexico, New York, Texas and Washington state. Coalitions in each state will now work with academic institutions and employers on implementing sophisticated strategies to help nurses get higher degrees in order to improve patient care and help fill faculty and advanced practice nursing roles. In particular, the states will encourage strong partnerships between community colleges and universities to make it easier for nurses to transition to higher degrees.

The emphasis in North Carolina will be on the following three major areas of focus for the project:

1. Continue to expand the Regionally Increasing Baccalaureate Nurses (RIBN) project across North Carolina;
2. Develop a uniform, statewide academic progression agreement between the public

university and community college systems to promote educational advancement opportunities for RNs to complete BSN or higher degrees; and

3. Increase the diversity of the BSN workforce by expanding RIBN programs and actively recruiting minority and underrepresented students to ensure that RIBN programs prepare a workforce representative of North Carolina communities.

The Foundation for Nursing Excellence (FFNE), whose mission is to improve health outcomes for the citizens of North Carolina through enhancing the practice of nursing, is honored to be the recipient and to have North Carolina Area Health Education Centers (NC AHEC) Program as co-lead of this grant. The work of this project is an expansion of the RIBN initiative launched by FFNE in 2008.

“For the past 40 years, the NC AHEC Program has worked in partnership with academic institutions, health care organizations, and communities to build and

strengthen the nursing workforce for our state. We are excited about the high level of interest across North Carolina in developing the RIBN programs between community colleges and universities as a cost-effective option for increasing the educational preparation of our future nursing workforce. North Carolina Area Health Education Centers (NC AHEC) Program is pleased to partner with the Foundation for Nursing Excellence on this critically important health care issue in our state,” said Thomas J. Bacon, DrPH, Director, NC AHEC Program.

APIN is run by the American Organization of Nurse Executives (AONE) on behalf of the Tri-Council for Nursing, consisting of the American Association of Colleges of Nursing, the National League for Nursing, American Nurses Association, and AONE, which is leading the \$4.3 million, Phase I two-year initiative.

In its groundbreaking report, *The Future of Nursing: Leading Change, Advancing Health*, the Institute of

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Medicine (IOM) recommended that 80 percent of the nursing workforce be prepared at the baccalaureate level or higher by the year 2020. At present, about half of nurses in the United States have baccalaureate or higher degrees. While acknowledging the contributions of Licensed Practical and Licensed Vocational Nurses and associate-degree-prepared Registered Nurses to health care, the IOM report says that a better educated nursing workforce is needed to ensure that our nation's population has access to high-quality, patient-centered care.

"The nation needs a well-educated nursing workforce to ensure an adequate supply of public health and primary care providers, improve care for patients living with chronic illness, and in other ways meet the needs of our aging and increasingly diverse population," said Pamela Austin Thompson, MS, RN, CENP, FAAN, national program director for APIN, chief executive officer of AONE and senior vice president for nursing at the American Hospital Association. "We have great confidence in the nine states that will receive these grants to implement bold and effective strategies that will work in their states and create models that other states can utilize."

RWJF is also helping advance recommendations in the IOM report by supporting The Future of Nursing: Campaign for Action. The Campaign for Action is a collaborative effort to advance solutions to challenges facing the nursing profession in order to improve quality and transform the way Americans receive health care. It is coordinated through the Center to Champion Nursing in America, an initiative of AARP, the AARP Foundation and RWJF. It supports 49 state-based Action Coalitions around the country, and Action Coalitions are leading the APIN

work in each of the nine funded states.

"Our state Action Coalitions are bringing nursing and other key leaders together to ensure that nurses have critical competencies, including leadership, cultural competence, inter-professional collaboration, and quality and safety, and to increase the diversity of the nursing workforce," said RWJF Senior Adviser for Nursing Susan B. Hassmiller, PhD, RN, FAAN. "We are pleased to be able to provide financial support to nine of the Action Coalitions that are doing highly effective work on academic progression. Advancing a more highly educated, diverse workforce where nurses are able to practice to the top of their education and training is essential to achieving the Robert Wood Johnson Foundation's mission to improve health and health care in this country."

About the NC Future of Nursing Action Coalition

The NC Future of Nursing Action Coalition is a network of volunteers coordinated by seven organizations with the mission of transforming nursing for North Carolina's Health. These organizations include: Foundation for Nursing Excellence Co-leader, AARP NC Co-leader, NC Area Health Education Centers Program, NC Organization of Nurse Leaders, NC Nurses Association, East Carolina Center for Nursing Leadership, and NC Board of Nursing. The four main focus areas of the Coalition's work include increasing the proportion of nurses with a baccalaureate or higher degree, improving access to care, preparing nurses for leadership roles in transforming health care and improving data collection and analysis of our health professions workforce.

About the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to health and health care, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, measurable, and timely change. For 40 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime. For more information, visit www.rwjf.org. Follow the Foundation on Twitter www.rwjf.org/twitter or Facebook www.rwjf.org/facebook.

About the Tri-Council for Nursing

The Tri-Council for Nursing is an alliance of four autonomous nursing organizations each focused on leadership for education, practice and research. The four organizations are the: American Association of Colleges of Nursing; American Nurses Association; American Organization of Nurse Executives; and the National League for Nursing. While each organization has its own constituent membership and unique mission, they are united by common values and convene regularly for the purpose of dialogue and consensus building, to provide stewardship within the profession of nursing. These organizations represent nurses in practice, nurse executives and nursing educators. The Tri-Council's diverse interests encompass the nursing work environment, health care legislation and policy, quality of health care, nursing education, practice, research and leadership across all segments of the health delivery system

ADMINISTRATIVE MATTERS

- Accepted Financial Statements for the Years Ended June 30, 2012 and 2011 as presented by Boyce Furr and Company, LLP
- Approved proposed technical change to Fiscal policy
- Approved Profile for Appointment of Ad Hoc Committee for Board Composition and Tenure. The Ad Hoc Committee is charged with reviewing the current Board composition, leadership and terms with recommendations to the full Board regarding any potential Law/Rule changes or implementation of policies.

EDUCATION MATTERS

Summary of Actions related to Education Programs

Ratification of Full Approval Status – 1 program

Ratification of Expansion in Enrollment – 1 program

Determination of Program Approval Status – 4 programs
FYI – Accreditation Decisions by NLNAC for 4 programs
FYI – Accreditation Decisions by CCNE for 1 program

INVESTIGATION AND MONITORING ACTIONS

Received reports and Granted Absolutions: 2 RNs.

Removed probation from the license: 22 RNs; 9 LPNs

Accepted the Voluntary Surrender: 14 RNs; 2 LPNs

Suspended the license: 11 RNs; 5 LPNs

Reinstated the license: 12 RNs; 2 LPNs

Number of Participants in the Alternative Program for

Chemical Dependency: 131 RNs; 9 LPNs (Total = 140)

Number of Participants in the Chemical Dependency Program

(CDDP): 75 RNs; 10 LPNs (Total = 85)

Number of Participants in Illicit Drug and Alcohol/Intervention

Program: 26 RNs; 9 LPNs (Total = 35)

Important Information for NPs, a must read

NP compliance reviews continue. Are you prepared? Here is what you need for a successful compliance review.

- A current Collaborative Practice Agreement (CPA) signed and dated by you and your primary supervising as well as CPAs for all previous years with that physician. Be sure the CPAs contain the required information.
- Signed and dated documentation of quality improvement (QI) meetings monthly for the first six months of a CPA and at least every 6 months thereafter. The QI documentation must contain: the clinical problem discussed, progress toward meeting outcomes and recommendations, if any, for changes in treatment.
- 50 contact hours of continuing education (CE) each renewal

year (birth month to birth month) in order to maintain an active approval to practice. If you renew your approval to practice and have not obtained 50 hours of CE, you are in violation of the NP Rules.

You can find more detailed information on the NP compliance review requirements by visiting the NC Board of Nursing website at www.ncbon.com, APRN, NP.

More information about the results of the 2012 NP compliance reviews will be available in the next issue of the Bulletin. If you have questions about the NP requirements, please contact Eileen Kugler, Manager – Practice at 919-782-3211, ext. 255 or ekugler@ncbon.com.

CLARIFICATION OF FACULTY RESPONSIBILITY FOR NAI+4 AND NAI STUDENTS

Approval to offer a NAI Program or to prepare NAI +4 staff by teaching up to 4 selected skills per agency requires consistent compliance with NCBON regulations. 21NCAC 36.0405(b)(1)(A) requires that students are supervised by qualified faculty, and that the faculty to student ratio does not exceed one faculty member for every 10 students. The North Carolina Board of Nursing identifies faculty qualifications as: 1) a current, unrestricted license to practice as a registered nurse in North Carolina; 2) at least two years of direct patient care experience as a RN; and 3) experience teaching adult learners. Registered Nurse Preceptors may be assigned to work with students, but preceptors are not considered to be faculty. It is beyond the scope of practice for Licensed Practical Nurses to function as preceptors.

It is important to remember that faculty:

- must be on site at all times there are students and in patient care areas;
- are expected to handle questions, problems, and/or unexpected situations that arise with students;
- retain the responsibility for supervising student learning experiences and evaluating student performance, including competency validation;
- retain the responsibility to determine student successful completion or failure of the NAI program, or the NAI +4 educational modules;

You may contact Joyce Roth for help with questions related to these requirements. She can be reached at joycer@ncbon.com or 919-782-3211, ext 269.



CE Opportunities 2012-2013



To access online CE articles, webcasts, session registration, and the presentation request form, go to:

www.ncbon.com Click on:



to the right of the homepage.

Questions:

Linda Blain, Education Coordinator
919-782-3211 ext. 244 lindab@ncbon.com

Online Bulletin Articles

Competency Validation: What Does it Mean for You? (.75 CHs)

Assists nurses in understanding what validation of competence is and why it is necessary for patient safety and good nursing practice. No fee required.

Public Protection Through Safe Nurse Staffing Practice (.85 CHs)

Assists nurses in understanding safe staffing practice. No fee required.

Incivility in Nursing (1 CH)

Provides nurses with information about the impact of incivility and strategies to promote a culture of civility. No fee required.

Fitness for Duty Includes Getting Your ZZZzs (1CH)

Enhances the knowledge base and practice of the nurse by outlining the limitations of human performance as it influences fitness for duty and the nurse's ability to practice safely. No fee required.

Webcasts

Understanding the Scope of Practice and Role of the LPN (1 CH)

Provides information clarifying the LPN scope of practice. An important course for RNs, LPNs, and employers of LPNs. No fee required.

LEGAL SCOPE OF PRACTICE (2.3 CHs)

Provides information and clarification regarding the legal scope of practice parameters for licensed nurses in North Carolina.

\$40.00 Fee.

Questions:
Pamela Trantham
919-782-3211 ext. 279
Pamela@ncbon.com

Orientation Session

Face-to-face workshop at NC Board of Nursing office.

Information session regarding the functions of the Board of Nursing and how these functions impact the roles of the **nurse administrator and the mid-level nurse manager** in all types of nursing services.

Session Dates

February 12, 2013
May 8, 2013
September 26, 2013
November 6, 2013

\$40.00 fee (non-refundable unless session is canceled)

Register online at www.ncbon.com.

Seating is limited. There is usually a waiting list for this workshop. If you are unable to attend and do not have a substitute to go in your place, please inform the NCBON so someone on the waiting list can attend.

PAPER REGISTRATION REQUEST, CONTACT PAULETTE HAMPTON 919-782-3211 EXT 244

PRACTICE CONSULTANT AVAILABLE TO PRESENT AT YOUR FACILITY!

An NCBON practice consultant is available to provide educational presentations upon request from agencies or organizations.

To request a practice consultant to speak at your facility, please complete the Presentation Request Form online and submit it per form instructions. The NCBON will contact you to arrange a presentation.

Standard presentations offered are as follows:

- **Continuing Competence (1 CH)** – 1 hour - Presentation is for all nurses with an active license in NC and is an overview of continuing competency requirements.
- **Legal Scope of Practice (2.0 CHs)** – 2 hours – Defines and contrasts each scope, explains delegation and accountability of nurse with unlicensed assistive personnel, and provides examples of exceeding scope. Also available as webcast.
- **Understanding the Scope of Practice and Role of the LPN (1 CH)** - 1 hour - Assists RNs, LPNs, and employers of nurses in understanding the LPN scope of practice. Also available as webcast.
- **Documentation and Medication Errors (1 CH)** – 1 hour – Explains purpose, importance, and desirable characteristics of documentation; describes relationship between nursing regulation and documentation; identifies practices to avoid and those that may violate NPA; and identifies most common medication errors and contributing factors.
- **Nursing Regulation in NC (1 CH)** – 1 hour – Describes Board authority, composition, vision, function, activities, strategic initiatives, and resources.
- **Introduction to Just Culture and NCBON Complaint Evaluation Tool (1.5 CHs) – 1 hour and 30 minutes** - Provides information about Just Culture concepts, role of nursing regulation in practice errors, instructions in use of NCBON CET, consultation with NCBON about practice errors, and mandatory reporting. Suggested for audience NOT familiar with Just Culture.
- **Introduction to the NCBON Complaint Evaluation Tool (1 CH)** – 1 hour - Provides brief information about Just Culture concepts and instructions for use of the NC Board of Nursing's Complaint Evaluation Tool, consultation with NCBON about practice errors, and mandatory reporting. Suggested for audience already familiar with Just Culture.

The North Carolina Board of Nursing is an Approved Provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.