Table of Contents

8 North Carolina Board of Nurses Vote!

11 NCBON Slate of Candidates

17 Instructions for Voting

18 Trantham Recipient of 2012 Employee Excellence Award

18 Want to participate in the election but forgot your certificate number?

20 Advanced Practice Update

22 Nurse Practitioner Compliance Reviews Continue. Are You Prepared?

24 Alert For Chief Nurse Administrators And Directors Of Nursing

24 Information on the NAll Program

28 Customer Service and Professionalism

29 Two NCBON staff members inducted into East Carolina University Nursing Hall of Fame

29 Capping off a Career: Guarding the Nurse’s Cap

DEPARTMENTS:

4 From the Executive Director
6 From the Board Chair
26 2012 CE Opportunities
28 Summary of Actions
30 Classifieds

Mission Statement

The mission of the North Carolina Board of Nursing is to protect the public by regulating the practice of nursing.

Advertisements contained herein are not necessarily endorsed by the North Carolina Board of Nursing. The publisher reserves the right to accept or reject advertisements for the Nursing Bulletin.

All art (photos, paintings, drawings, etc.) contained in this publication is used under contractual agreement.

138,000 copies of this document were printed and mailed for a cost of $0.12 per copy.

The North Carolina Board of Nursing is an equal opportunity employer.
Every year is an election year here at the Board of Nursing. The North Carolina Board of Nursing is the only board of nursing in the United States that has the privilege of electing Board members. We take this privilege seriously and hope that you do also. With that in mind, take the opportunity to read this issue’s cover story on voting, page 8. The cover story also continues our effort to provide free continuing education opportunities for nurses licensed in North Carolina.

Please note on page 17 the instructions for voting and obtaining continuing education contact hours. Because no LPN candidate position is open this year LPNs are not eligible to vote, however LPNs are eligible to receive continuing education contact hours after completing the article and evaluation.

I want to take this opportunity to thank two former Board members, Gene Tranbarger, Ed.D, RN, MSN, FAAN and Patricia A. Beverage, LPN for contributing to this cover article. Their insight and years of tireless work on behalf of the citizens of North Carolina are greatly appreciated. Take to heart their call for nurses to exercise their privilege to vote.

You maybe interested to know that the number of nurses in North Carolina continues to grow, now approaching a total of 138,000 licensed RNs and LPNs. In addition, the Board has processed a total of 3798 new applications for licensure for 2012.

Also, we have now held education session for our Board on the education and practice of the four roles of advanced practiced registered nurses (APRN). Thank you to all the APRNs who took the time to come and better inform us about the issues you face and the care you provide.

Finally, I want to acknowledge the accomplishments to two of our staff members, Linda Burhans, RN, Ph.D, FRE and Joanne Stevens, RN, MSN, both of whom were inducted into East Carolina University’s Nursing Hall of Fame. Read the full story on page 29.

As always, I want to thank all the nurses in North Carolina for your dedication and commitment to the profession of nursing.

Best Regards,

Julia L. George, RN, MSN, FRE
Executive Director
In November 2011, the North Carolina Board of Nursing’s Education and Practice Committee were charged “To review the Registered Nurse (RN) Scope of Practice to assure that RNs are able to practice to the full extent of their licensure in North Carolina.” It is important to the NCBON to be sure that its laws and rules do not impede the practice of RNs so that availability of quality care is afforded to the citizens of NC. This committee reported back to the NCBON this month, and I find their report interesting and important, and I want to share it with you.

The NC Nursing Practice Act and NC Administrative Code that define RN Components of Practice were examined. Following this, a gap analysis was done comparing the NC Law and Rules with the National Council of State Boards of Nursing Model Act and Rules. The committee did not identify any significant issues or barriers in their review. The review indicated the NC Nursing Practice Act and Administrative Code are broadly written and allow for the developing practice of the RN.

In April 2012, this same committee heard from stakeholders from 10 practice settings as to their perceptions of the scope of practice barriers for RNs that result from laws, rules or interpretations of those rules. These stakeholders noted that barriers do exist for RNs, but not from the NC Law and Rules. These barriers are created by employer, payer, or non-BON policies and regulations. These stakeholders are very aware of the increasingly complex and chronic care needs of patients in all settings and that it is important for RNs to practice independently and autonomously in order to meet these health care needs.

Other concerns expressed by the stakeholders include the following:
- The RN scope may not be adequately protected because unlicensed personnel working for physicians increasingly perform activities previously held by RNs.
- Pressure is being increased for RNs to perform activities previously performed by physicians.
- Confusion exists in some health care settings regarding the scope of practice for LPNs.
- The roles are confused among LPNs, NAs, Medical Office Assistants (MOAs) and other unlicensed personnel.
- Problems exist with delegation by RNs of medication administration to unlicensed staff including, but not limited to, nurse aides, MOAs, and medications aides.

A very positive notation by these attendees was that the “enhanced” RN role has been very successful in Public Health and opportunities for expansion of RN role may exist in other settings.

The next meeting of the NCBON’s Practice and Education Committee is in August 2012. Stakeholders from additional practice settings will present their views of the RNs ability to perform duties to the full scope allowed by NC Law, rules and interpretations. Additionally, other barriers not imposed by these laws and rules may be added to the list above.

Barriers to practice are important to the NCBON because such barriers generally impede not only availability of care to the citizens of NC but also the quality of care. Protecting the public is the number one responsibility of the NCBON, which makes protecting the practice of nursing in a manner that does not present barriers also a critical concern. Your NCBON will continue to examine its laws, rules and interpretations for all nurses so that nurses can be utilized to the full extent of their scope of practice for the benefit of the citizens of NC.

Nancy Bruton-Maree, RN, MS, CRNA
Chair
NORTH CAROLINA NURSES

VOTE!

DO YOU KNOW ....

• What privilege does a North Carolina licensed nurse have that no other nurse in the United States has?
  Answer: The North Carolina licensed nurse has the privilege to nominate, vote, and elect the members to the North Carolina Board of Nursing.

• When are elections held for members of the North Carolina Board of Nursing?
  Answer: Annually between July 1 and August 15th.

• What percentage of nurses voted in the 2011 election?
  Answer: < 1%

• How do I become eligible to vote in the North Carolina Board of Nursing elections?
  Answer: Every nurse holding an active North Carolina nursing license is eligible to vote in the elections.

• What can nurses of North Carolina do to preserve their privilege to elect members to the Board of Nursing?
  Answer: VOTE! Nurses of North Carolina have been given a great privilege to elect the members of the Board of Nursing. This privilege is sustained through active voting of the nurses of North Carolina.

Purpose:
Provide information and instructions about nominations, qualifications, and elections for members of the North Carolina Board of Nursing.

Objective
Discuss the privilege held by North Carolina nurses to nominate and elect the nursing members of the North Carolina Board of Nursing.

In the Beginning: A Brief History of the North Carolina Board of Nursing

In 1903, the North Carolina Legislature passed a law creating the Board of Nurse Examiners, later to be known as the Board of Nursing. The Bill was signed by Governor Charles Aycock and made North Carolina the first state in the nation to have a Board of Nursing and to mandate nursing registration for nurses. The first NC Board of Nurse Examiners was composed of two physicians (elected by the North Carolina Medical Society) and three nurses from the North Carolina State Nurses’ Association. The nurses to first serve on the newly formed Board of Nurse Examiners were Constance E. Pfohl of Winston-Salem, Mrs. Marion H. Laurence of Raleigh, and Mary L. Wyche of Durham.

North Carolina is the only state in the nation in which the nurses have the privilege to nominate and elect nursing members to the Board. Eleven of the 14 Board of Nursing members are nurses and are elected by nurses holding a valid North Carolina nursing license. Participating in the nursing election of members to the NCBON is a pro-active method to significantly influence the decisions and directions of nursing practice in North Carolina.

The mission of the North Carolina Board of Nursing (NCBON) is to protect the public through the regulation of nursing practice. Over the years, the NCBON has grown to license more than 134,000 registered nurses and license practical nurses. The Board’s office is located in Raleigh at 4516 Lake Boone Trail.

Composition of the Board of Nursing

The Board of Nursing consists of 14 members composed of eight elected registered nurses, three elected licensed practical nurses, and three appointed public member representatives. Members of the Board serve a four-year term. The four-year terms are staggered so that vacancies are consistently filled while maintaining a Board of experienced members. A Board member may not serve on the Board for more than two consecutive four-year terms or eight consecutive years.

Qualifications of Members Elected to the Board of Nursing

Elected to the Board as members are eight registered nurses and three licensed practical nurses. The minimum employment requirement for each registered nurse and license practical nurse on the Board is continuous employment equal to or greater than fifty percent (50%) of a full-time position.

The qualifications for each registered nurse position are:
  • Nurse administrator (1) – is employed by a hospital or a hospital system and has accountability for the administration of nursing services, is not directly involved in patient care;
  • Advanced Practice Registered Nurse (1) – meets the requirements to practice as a certified registered nurse anesthetist, a certified nurse midwife, a clinical nurse specialist, or a nurse practitioner;
  • Staff nurses (2) – individuals primarily involved in direct patient care regardless of the practice setting;
At-large registered nurse (1) – registered nurse that is not currently an educator in a nursing program that leads to licensure or granting a degree;

Nurse Educators (3) – must meet the minimum education requirements established by the Board's education program standards for nurse faculty;

- Practical nurse educator (1)
- Associate degree or diploma nurse educator (1)
- Baccalaureate or higher degree nurse educator (1)

Hold a current, unencumbered license to practice as a registered nurse in North Carolina and be a resident of North Carolina;

Have a minimum of five years of experience as a registered nurse;

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;

Provide evidence that the registered nurse's employer is aware of the nurse's intentions to serve on the Board.

The APRN (nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist) member is a registered nurse that:

- Graduated from or completed a graduate level advanced practice nursing education program accredited by a national accrediting body;
- Maintains current certification or recertification by a national credentialing body approved by the Board or meets other requirements established by rules adopted by the Board;
- Practices in a manner consistent with rules adopted by the Board and other applicable law.

The qualifications for the three licensed practical nurse positions are:

- Hold a current, unencumbered license to practice as a licensed practical nurse in North Carolina and be a resident of North Carolina;
- Have a minimum of five years of experience as a licensed practical nurse;
- Have been engaged continuously in the position of a licensed practical nurse for at least three years immediately preceding election;
- Provide evidence that the employer of the licensed practical nurse is aware that the nurse intends to serve on the Board.

Powers and Duties of the Board of Nursing

[G.S. 90-171.23]

The North Carolina Board Of Nursing (Board) is charged by General Statute to hold at least two meetings each year for the transaction of business. The Board meets three (3) times per year in the following months: January, May, and September. Board meetings are open to the public who are encouraged to attend. The duties and responsibilities empowered to the Board by the Nursing Practice Act (NPA) are:

- Administer and issue interpretations of the NPA.
- Adopt, amend, or repeal rules and regulations necessary to implement the NPA.
- Establish qualifications and employ an executive officer who shall be a registered nurse and who is not a member of the elected Board.
- Employ other personnel to implement the NPA.
- Examine, license, and renew the licenses of duly qualified applicants for nursing licensure.
- Investigate and take appropriate disciplinary action for all persons violating the NPA.
- Establish standards for nursing education programs; to include standards to be met by students, faculty, curricula, facilities, resources, and administration of the programs.
- Grant or deny approval for nursing programs; and review all nursing education programs at least every eight years or more often as necessary.
- Grant or deny approval of continuing education programs for nurses.
- Maintain records of all proceedings and provide an annual summary of actions.
- Appoint as necessary, advisory committees to deal with any issue under study.
- Appoint and maintain a subcommittee of the Board to work jointly with the subcommittee of the Board of Medical Examiners to develop rules and regulations to govern the performance of medical acts by registered nurses.
- Recommend and collect fees for licensure, renewals, examinations and re-examinations.
- Implement the interstate compacts to facilitate the practice and regulation of nursing.
- Establish and provide programs for aiding in the recovery and rehabilitation of nurses who experience chemical addiction or abuse, or mental or physical disabilities.
- Request criminal background checks for applicants applying for licensure.
- Implement and regulate continuing competence in the practice of nursing at the time of license renewal or reinstatement.
- Order the production of any records concerning the practice of nursing relevant to a complaint received by the NCBON or an inquiry or investigation.

Elections of Board of Nursing Members

Elections for Board members are held annually by the Board to fill vacancies of nurse members for the upcoming year. Nominations for candidates for election (RN and LPN) to the Board member vacancies are submitted to the Board annually between January 1st and April 1st.

- Candidates nominated for election of registered nurse members would need to submit the written petition of nomination (available from the Board) along with at least 10 registered nurses’ signatures endorsing the nomination. The endorsing registered nurses must be eligible to vote in the election.
- Candidates nominated for election
of licensed practical nurse members would need to submit a written petition of nomination (available from the Board) along with at least 10 licensed practical nurses’ signatures endorsing the nomination. The licensed practical nurses must be eligible to vote in the election.

- Eligibility requirements:
  - registered nurses with an active North Carolina license are eligible to vote in the election of the registered nurse Board member;
  - licensed practical nurses with an active North Carolina license are eligible to vote in the election of the licensed practical nurse Board member.
- The public members are appointed as follows: one by the Governor, two by the General Assembly.

**Perspectives from Former Board Members**

Gene Tranbarger, EdD, RN, MSN, FAAN, served in a registered nurse position as a member of the Board from 1979 to 1986 and provides a perspective of his service.

In the 1970’s appointment to the Board of Nursing was by the Governor. The only qualification required for appointment was a current, unrestricted license to practice nursing in North Carolina as a Registered Nurse or Licensed Practical Nurse. The Governor also appointed two physicians licensed to practice in North Carolina and two Hospital Administrators.

The Task-force of nurse leaders charged with rewriting the practice act determined the need for additional numbers of nurses due to a significant increase in the work demanded of the nurse members. In those days, the nurse members of the Board administered the licensure examinations and the Joint Sub-Committee of the Board of Medical Examiners and Board of Nursing reviewed applications for approval of Nurse Practitioners and their supervising Physician. Additionally it was felt that it would be useful to have nurses with a variety of nursing expertise to strengthen the Boards regulation of practice.

Conversations between the Governor and a representative of the Task-force indicated the Governor was not supportive of listing multiple qualifications for appointment to Boards. Discussion by the Task-force led eventually to a decision to change appointment by the Governor to election by individuals licensed to practice as registered nurses in NC for the RN members and by individuals licensed to practice as LPN’s for the LPN members. The general wisdom was the election versus governor appointment could be used as a bargaining chip to succeed in writing qualifications for appointment to the Board.

No one in the Governor’s Office challenged the election and the qualifications and increased numbers of RN members of the Board was agreed to, written into the draft of the Act and adopted by the General Assembly.

The draft of the Practice Act established a transition period of four years. Each year an election would be held and one fourth of the existing Board would be replaced by the elected members. This would allow for transition to the new Board while continuing to have experienced members of the Board remain to assure continuing expertise during the transition period. Non-nurse stakeholders objected to the transition plan and demanded a total Board replacement by the first election. This was drafted into the Act and passed the General Assembly.

North Carolina has now had an elected Board since 1980 and remains the only Board of Nursing in the United States where licensees elect the members of the Board. The election process is not inexpensive and participation in the election is not impressive. Most individuals motivated to serve on the Board of Nursing over the years have served the Board with distinction. The Board of Nursing has continued to demonstrate excellence in regulating nursing practice. The public has been well served by an elected Board. Our responsibility is to continue to demand excellence by monitoring the election process and voting for the best qualified candidates.

Patricia A. Beverage, LPN served as a licensed practical nurse member on the NCBON from 1996 to 2001 and shares her perspective.

I have recently retired after serving as a Licensed Practical Nurse for 41 years. As most new retirees do, I reflect on my professional experiences, and look forward to the future. Beyond working with the many patients, I can honestly say that being an active North Carolina Board member was especially rewarding. There was so much to learn about the process of regulation, education and practice of our profession. During my two terms I participated in numerous hearings keeping the goal of protecting the public foremost, while maintaining compassion for the licensees who appeared before the Board. In addition, as a Board member I was afforded the opportunity to travel and was privileged to meet others in the nursing profession on a state and national level.

We are so privileged to be able to vote for the representatives on our Nursing Board. I believe it gives nurses genuine input into regulating our own profession, as opposed to outsiders telling us what needs to be done. In North Carolina the Board is independent, as opposed to an “umbrella” agency. This independence allows Board members and staff opportunities to research many topics to improve nursing not only for those in practice, but for those we care for.

I cannot encourage NC nurses enough to take the time to serve on their Board of Nursing. The privilege of being able to vote for that representation should be exercised by ALL RNs and LPNs in this state. It is comparable to political voting, if you don’t vote, then your voice is not heard.

I want to take this opportunity to thank the many nurses who voted for me during my two terms on the Board. They made it possible for me to serve all the citizens of North Carolina in a very meaningful way. I am also indebted to NC Board Executive Directors Carol Osman and Polly Johnson and to the Board staff for the guidance and friendship they extended to me during my tenure.

In closing, not only do I recommend that each licensed nurse vote in North Carolina, but I also recommend that you consider running for the Board yourself should you have inclination. I can’t help but think that you will find it a most rewarding experience.
The Board invites you to take the opportunity to learn more about the candidates nominated for the upcoming Board member nominations. The candidates’ positions on nursing issues are provided with biographical information and a brief interview with each of the candidates. Elections are held on-line July 1 – August 15, 2012.

SLATE OF CANDIDATES

PN-Nurse Educator

NAME: Sharon Moore  •  BIOGRAPHICAL INFORMATION: I received my BSN from UNC-Greensboro and MSN-Education from UNC-Charlotte. I have worked at Forsyth Medical Center for 30 years as a staff nurse on medical-surgical units, and in addition held a head nurse position for 7 years. I am currently a staff nurse on a part-time basis. I began teaching in 1992 as a clinical and lab instructor with the ADN program at Forsyth Technical Community College and in 1999 joined the Practical Nursing program as a full time instructor. I have been the PN Program chair for 6 years and a member of the Board of NC Council of PN Educators.  •  I would like to serve on the North Carolina Board of Nursing because…RESPONSE:  It would be an honor to serve the public as a member of the NCBON. My experience as an educator and nurse have provided me with an understanding of the attributes that make our nursing practice safe and competent and I would appreciate the opportunity to use my knowledge to enhance the practice of nursing.  •  What do I have to offer the public of North Carolina if I am elected to the Board of Nursing? RESPONSE: I offer the public of NC my integrity and assurance to use my experiences to promote standards of professional nursing practice.  •  How do you think you can enhance public protection through your actions on the Board of Nursing? RESPONSE: Through my participation on the Board of Nursing I can use my leadership and communication skills to uphold the standards of nursing practice that will assure public protection.  •  How will the experience you have had as a nurse contribute to the Board’s work? RESPONSE: I have 30 years of nursing experience; 20 years in nursing education and 30 years in clinical practice that includes patient care and management. I have an understanding of the knowledge and skills needed of a nurse in order to provide competent care. I have an awareness of the principles that are important to the practice of nursing.  •  Some perceive nursing as a job and others perceive it as a profession. How do you perceive nursing and why? RESPONSE: Nursing is a profession made of individuals who have received a specialized education in planning and delivering care to individuals and families. Our practice is guided by research, critical thinking skills and judgments in order to provide optimal patient care. As a profession we abide by a code of ethics and practice standards that demonstrate our commitment to excellent care.

Advanced Practice Registered Nurse (APRN)

NAME: Cheryl Duke  •  BIOGRAPHICAL INFORMATION: Dr. Duke has practiced as an RN in NC for 23 years. She graduated with her ADN – 1989, BSN – 1990, MSN – 2000, post master’s FNP – 2002, and a PhD (Nursing) – 2010. She has experience as an ICU staff nurse in various hospitals, hospital supervisor in rural NC, home health nurse, geriatric nurse case manager, and nurse practitioner. Her current leadership role is Director of Advanced Clinical Practice for approximately 100 APRN’s. She continues her clinical practice as an NP with Vidant Medical Group. Vidant Medical Center (formerly known as Pitt County Memorial Hospital) and Vidant Medical Group in Greenville, NC.  •  I would like to serve on the North Carolina Board of Nursing because…RESPONSE: It would be my honor to serve the aPRNs of North Carolina in this capacity. I believe this is a critical time for advanced practice nursing in North Carolina. I am excited about our current and future opportunities regarding consumer access to NP delivered healthcare, resolving regulatory barriers that limit or restrict this access, and exploring venues for maintaining and strengthening professional relationships with other health care providers.  •  What do I have to offer the public of North Carolina if I am elected to the Board of Nursing? RESPONSE: I offer my integrity and passion to serve our citizens in the capacity of advanced practice nurse. I would cherish the opportunity to serve as an advocate and representative for all APRNs of NC. Everyday, I have the ability to work closely with other APRNs including NPs, CN5s, CRNAs, and CNMs. These strong professional networks allow continuous dialogue on practice related issues and to advocate what our profession offers the citizens of NC.  •  How do you think you can enhance public protection through your actions on the Board of Nursing? RESPONSE: As a practicing NP, I offer knowledge and skills that protect the public directly through education regarding health promotion and disease prevention. As an APRN leader, I understand the regulatory environment. I embrace the responsibility of assuring safe and competent delivery of APRN care is provided to North Carolinians. I believe the BON should be solely responsible for regulatory and professional accountability that assures delivery of safe APRN practice to the citizens of NC.  •  How will the experience you have had as a nurse contribute to the Board’s work? RESPONSE: I began my nursing career as a CNA. I have been an Advanced Practice Nurse for 10 of my 23 years as a professional nurse; all of them in NC. Because of my nursing experience, I offer a broad perspective of knowledge and appreciation regarding our profession and practice. I am accountable and lead by example. My leadership skills offer the ability to make informed decisions that focus on outcomes and obtaining results.  •  Some perceive nursing as a job and others perceive it as a profession. How do you perceive nursing and why? RESPONSE: Being a nurse is so much more than just a job. Jobs will come and go; nursing is a conviction. The practice of nursing requires formal education that offers a scientific knowledge base, critical thinking skills, state examination and licensure, and regulation of practice. These standards define a profession. I am proud to be a professional nurse!

continued on page 12 >>>
Advanced Practice Registered Nurse (APRN)

NAME: Sandy Tripp  •  BIOGRAPHICAL INFORMATION: My 26 year career started as a diploma RN at Lenoir Memorial Hospital and included these positions: staff nurse in ICU, nurse manager, employee health coordinator. I earned my BSN from East Carolina University, MSN and DNP from Duke University. Currently, I work full-time with Kinston Pediatric Associates, PA and volunteer as a Childbirth Obesity Awareness Advocate in Lenoir and Duplin Counties.  •  I would like to serve on the North Carolina Board of Nursing because...RESPONSE: Serving on the NC Board of Nursing will be an honor and a privilege. Working with the other board members will allow me to extend my service to the people of North Carolina and promote the value and roles of nursing education and practice across the healthcare continuum.  •  What do I have to offer the public of North Carolina if I am elected to the Board of Nursing? RESPONSE: I have dedicated my life to giving quality care to the people of North Carolina. My nursing career has given me the knowledge to practice competently and safely for the wellbeing of patients and families. On a broader perspective, nursing has given me opportunity to promote community awareness and organize community initiatives such as the Lenoir County Childhood Obesity Taskforce.  •  How do you think you can enhance public protection through your actions on the Board of Nursing? RESPONSE: Reflecting on the NCBON mission, the primary responsibility of the Board is to protect the public by regulating the practice of nursing. Every decision that I make as a Board member will have the patient’s safety and wellbeing in mind. I will advocate for the excellence in patient care. I will support disciplinary action for those nurses who violate the Nurse Practice Act.  •  How will the experience you have had as a nurse contribute to the Board’s work? RESPONSE: I have worked in many roles as a nurse: bedside, manager, employee health/wellness, instructor and practitioner. I understand the physical, economical and educational demands on nursing in a variety of settings from caregiver to leader to provider. My broad knowledge base will help me make useful contributions to the achievements of the NC State Board of Nursing.  •  Some perceive nursing as a job and others perceive it as a profession. How do you perceive nursing and why? RESPONSE: Nursing is the most trusted profession consistently each year. Nurses are professionals who bridge the gaps in healthcare. Transformation is occurring within our profession. Nurses are lifelong learners evolving in their competence as they care for others. Obviously from my educational experience from diploma RN to BSN to MSN to DNP, I value education. I believe that every nurse should go as high educationally as necessary to practice competently in the profession of nursing.

Advanced Practice Registered Nurse (APRN)

NAME: Kathryn Trotter  •  BIOGRAPHICAL INFORMATION: I am dually board certified as a Certified Nurse Midwife, and a Family Nurse Practitioner, with a doctorate in nursing practice degree earned in May 2012. I have had several positions over the years as an APRN. First, as a CNM attending hospital births, and then adding the FNP skills and knowledge in positions at UNC and Duke Medicine. I am currently on faculty at Duke University School of Nursing, teaching in the NP program as well as maintaining an outpatient clinical practice. I am a disaster services volunteer for the Red Cross and a member of STT Honor Society of Nursing.  •  I would like to serve on the North Carolina Board of Nursing because...RESPONSE: The practice of nursing is continually evolving and responding to healthcare patterns is key. I would like to actively participate in the Board’s responsibilities for regulating statewide nursing practices.  •  What do I have to offer the public of North Carolina if I am elected to the Board of Nursing? RESPONSE: I can offer a strong work ethic, judicious thoughtfulness about all perspectives of an issue and high integrity. I have over 20 years experience as an APRN and have been in various leadership positions, including a previous member of the APRN Coalition of NC.  •  How do you think you can enhance public protection through your actions on the Board of Nursing? RESPONSE: I hope to be an active member of the Board and assist to set and enforce laws and regulation for the nursing profession, and consult with and collaborate with statewide nursing associations. I plan to analyze data regarding nursing practices, education, and resources, setting standards that are uniform and reasonable. I am looking forward to being part of this process, as well as the evaluation of programs such as rehabilitation programs.  •  How will the experience you have had as a nurse contribute to the Board’s work? RESPONSE: My dual certification as a CNM and FNP should augment my 26 year career started as a diploma RN at Lenoir Memorial Hospital and included these positions: staff nurse in ICU, nurse manager, employee health coordinator. I earned my BSN from East Carolina University, MSN and DNP from Duke University. Currently, I work full-time with Kinston Pediatric Associates, PA and volunteer as a Childbirth Obesity Awareness Advocate in Lenoir and Duplin Counties.  •  I would like to serve on the North Carolina Board of Nursing because...RESPONSE: I believe we all have a duty to promote public safety and patient advocacy. The NCBON provides an ideal environment to champion these efforts.  •  What do I have to offer the public of North Carolina if I am elected to the Board of Nursing? RESPONSE: My professional nursing experience has traversed multiple specialty areas over the last 20 years. The experience fostered the kind of critical thinking skills that are required to not only promote public safety, but will also keep nursing in North Carolina at the forefront of industry expectations for safe and competent healthcare.  •  How do you think you can enhance public protection through your actions on the Board of Nursing? RESPONSE: I possess both the inherent curiosity to investigate matters objectively and the deliberate follow-through to see a course of action to its final resolve.  •  How will the experience you have had as a nurse contribute to the Board’s work? RESPONSE: My vast experience and proven record of accomplishment provides for multiple perspectives of nursing practice. Having worked as a staff nurse, educator, and administrator affords the type of insight required to make tough decisions regarding the future of nursing practice, all the while promoting high quality patient care.  •  Some perceive nursing as a job and others perceive it as a profession. How do you perceive nursing and why? RESPONSE: Nursing is a profession. We have a duty to be highly trained through formal education and apprenticeship, are autonomous in our actions, have formal governance, and licensure to practice; all of which are defining characteristics of a profession. My passion about nursing goes much farther than can possibly be expressed in such a contained forum. Ultimately, I can confidently say that I am proud to be a professional nurse.

Advanced Practice Registered Nurse (APRN)

NAME: Paul Packard  •  BIOGRAPHICAL INFORMATION: Mr. Packard’s educational background includes an AA in Nursing, Gardner-Webb University (1992); BSN, Western Carolina University (1996); EMT-P certification (1999); Business Administration graduate level coursework (2004); MSNA, Medical University of South Carolina (2007). He will complete his Doctor of Nurse Anesthesia Practice degree from Texas Wesleyan University in 2012. Over the last 20 years, he has worked as an emergency nurse, ICU nurse, flight nurse, paramedic, consultant, educator and manager. He is also a veteran of the NCARNG and US Army Reserves. Currently he practices anesthesia as a CRNA and Anesthetist in Charge at Catawba Valley Medical Center in Hickory.  •  I would like to serve on the North Carolina Board of Nursing because...RESPONSE: I am looking forward to being part of this process, as well as the evaluation of programs such as rehabilitation programs.  •  What do I have to offer the public of North Carolina if I am elected to the Board of Nursing? RESPONSE: I possess both the inherent curiosity to investigate matters objectively and the deliberate follow-through to see a course of action to its final resolve.  •  How do you think you can enhance public protection through your actions on the Board of Nursing? RESPONSE: I possess both the inherent curiosity to investigate matters objectively and the deliberate follow-through to see a course of action to its final resolve.  •  How will the experience you have had as a nurse contribute to the Board’s work? RESPONSE: My vast experience and proven record of accomplishment provides for multiple perspectives of nursing practice. Having worked as a staff nurse, educator, and administrator affords the type of insight required to make tough decisions regarding the future of nursing practice, all the while promoting high quality patient care.  •  Some perceive nursing as a job and others perceive it as a profession. How do you perceive nursing and why? RESPONSE: Nursing is a profession. We have a duty to be highly trained through formal education and apprenticeship, are autonomous in our actions, have formal governance, and licensure to practice; all of which are defining characteristics of a profession. My passion about nursing goes much farther than can possibly be expressed in such a contained forum. Ultimately, I can confidently say that I am proud to be a professional nurse.
Advanced Practice Registered Nurse (APRN)

NAME: Nancy Bruton-Maree  BIOGRAPHICAL INFORMATION: Ms. Bruton-Maree attended NC Baptist Hospital School of Nurse Anesthesia, Guilford College, Wake Forest University. She is a member of AANA, Sigma Theta Tau, NCANA, NCBOH. She chaired NCANA Program/Publications Committees, served on Education/Research, Bylaws, Finance, Strategic Planning, and NCANA Secretary, twice President-Elect, twice Secretary. She was a member of the AANA CE Committee, Editorial Advisory Committee, Journal Editorial Advisory Board, Practice Committee, educator/chairperson/Council on Accreditation of Nurse Anesthesia Educational Programs, member/chairperson/Education Committee. She served as AANA Director, Region 2, Vice-President, President-Elect, and President. She is Program Administrator/Visiting Assistant Professor/ Raleigh School of Nurse Anesthesia/UNCG.  

• I would like to serve on the North Carolina Board of Nursing because…RESPONSE: I have served on the NC Board of Nursing for 4 years. It has been a very rewarding experience and I have been involved in initiatives to improve patient safety and promote nursing. I would like to continue in this role and see some initiatives completed. I also bring many years of experience as an APRN and a leader in my profession and in nursing education that benefits this Board, the public and nurses.  

• What do I have to offer the public of North Carolina if I am elected to the Board of Nursing? RESPONSE: I can offer the public of NC knowledge of excellence in advanced practice nursing, nursing education, and clinical practice. I am a strong patient advocate and put patient safety first and foremost. I also have leadership and management skills, and have experience at the state and national legislative levels. I believe that I will bring a wide range of knowledge to the table if I am re-elected to the North Carolina Board of Nursing.  

• How do you think you can enhance public protection through your actions on the Board of Nursing? RESPONSE: I am knowledgeable of the laws, regulations and rules that govern nursing practice in NC. I am aware of what constitutes safe nursing practice. I would use this knowledge to ensure public protection and seek additional knowledge, when necessary, to enhance the safety of nursing in this state. While serving on the N.C. Board of Nursing, I have kept public protection in the forefront as I have made decisions related to nursing practice.  

• How will the experience you have had as a nurse contribute to the Board’s work? RESPONSE: I bring knowledge from a strong background in advanced practice nursing, education and accreditation. This will give an APRN prospective that compliments the knowledge brought to the Board by other nurses from other nursing fields. My background as an APRN, as well as the knowledge that I have gained serving this board for the last four years, will benefit the NC Board of Nursing as it addresses and implements elements of the LACE movement.  

• Some perceive nursing as a job and others perceive it as a profession. How do you perceive nursing and why? RESPONSE: Nursing is a profession because it has its own educational curriculum and practice guidelines that address nursing care not physician care. Nursing also has its own body of research that investigates nursing issues, practice and concerns. Nursing addresses areas of health care that lie outside of medicine and pharmacy because it is closely aligned with teaching health to the entire family and has a deep concern for wellness rather than treatment of illness.

Advanced Practice Registered Nurse (APRN)

NAME: Amelia Ross  BIOGRAPHICAL INFORMATION: I hold a Post-Master’s certificate, Master’s and Baccalaureate degrees in Nursing from East Carolina University and an Associate Degree in Nursing from Pitt Community College. With 32 years in nursing, I have been a medical, surgical and critical care staff nurse, discharge planning nurse, assistant nurse manager, home health and home infusion nurse, director of case management, outpatient rehabilitation case manager, and most recently a clinical nurse specialist (CNS). I also hold a certification in adult acute and critical care nursing. I am currently employed as a CNS at Cone Health in Greensboro.  

• I would like to serve on the North Carolina Board of Nursing because…RESPONSE: A CNS is uniquely positioned to expand the future of nursing for the next century. I have been active in the APRN Advisory Committee meetings hearing the issues each APRN role faces and provided input. The future of nursing is contingent on the adoption of governing rules which allow nurses to practice to the full extent of their educational training. I would like to represent North Carolina nurses during this exciting time of change.  

• What do I have to offer the public of North Carolina if I am elected to the Board of Nursing? RESPONSE: My nursing career has been in rural, urban, inpatient and outpatient settings. The need to provide excellent care to the public while maintaining accountability and professionalism in nursing is paramount. As health care continues to rapidly change, it is imperative that nursing lead the tide of change rather than ride the wave. I strive to be a change agent within my profession to promote the health and well being of the public.  

• How do you think you can enhance public protection through your actions on the Board of Nursing? RESPONSE: As a Board member, maintaining the highest standard of professionalism in nursing is vital to public protection. The public is protected by Board members who are committed to continuously establish rules for practice with consistent application of just culture for the nurse. Additionally, working towards implementation of the APRN consensus model will enhance public protection through nationally recognized standards of licensure, accreditation, education, and certification that has been endorsed by numerous professional organizations.  

• How will the experience you have had as a nurse contribute to the Board’s work? RESPONSE: I have been fortunate to have experienced various nursing roles across the healthcare continuum and within the state of North Carolina. As a result, I bring the ability to relate to and advocate for nurses in diverse practice settings and educational preparation. I appreciate the importance of regulation to maintain the safety of the public, as well as the importance of promotion of the nursing profession.  

• Some perceive nursing as a job and others perceive it as a profession. How do you perceive nursing and why? RESPONSE: Nursing is not a job, but a profession requiring specific academic education and life-long learning. The “art and science” of nursing is more than a catch phrase to me—it is the cornerstone and foundation of nursing. I strive to enhance my practice, and identify with nursing in every aspect of my life, not only when “on the job.” As a calling, I believe nursing requires dedication to others, not just to myself.

continued on page 14 >>>
Advanced Practice Registered Nurse (APRN)

NAME: Christine Fallon  •  BIOGRAPHICAL INFORMATION: I began my nursing career as a Licensed Practical Nurse and enrolled into a Registered Nurse program to advance my nursing practice. After graduation, I worked in an Emergency Department and completed a Bachelor of Science of Nursing. I later attained a position as a clinical nurse in the Federal Bureau of Prisons and began a Nurse Practitioner program. Since graduation, I have maintained a position as a Nurse Practitioner in the Bureau of Prisons as a US Public Health Officer. I am also functioning as the Nurse Practitioner representative on the Bureau of Prisons Midlevel Practitioner Advisory Board.  •  I would like to serve on the North Carolina Board of Nursing because…  •  How do you think you can enhance public protection through your actions on the Board of Nursing? RESPONSE: The purpose of the North Carolina Board of Nursing is to act as the central regulatory agency for nursing practice. Knowing that nursing is continuously evolving, examining the role and competencies of an Advanced Practice Nurse is important to maintain integrity of the profession. I want to be part of the BON to carry out the agency’s functions and to help with further defining the scope of Advanced Nursing Practice in North Carolina.  •  What do I have to offer the public of North Carolina if I am elected to the Board of Nursing? RESPONSE: I have a diverse background of nursing that started with a Licensed Practical Nurse certification, progressed to a Registered Nurse and completed a Master of Science in nursing program to practice as a Nurse Practitioner. Because my client base has also widely varied from Emergency to Correctional nursing, I believe I can be a good advocate for nursing and public health, while serving on the BON.  •  How do you think you can enhance public protection through your actions on the Board of Nursing? RESPONSE: The BON has a critical role in protecting the public by monitoring nursing and educational programs that produce nurses. I am a firm proponent of the law and the personal and professional responsibilities involved with the delivery of care as a healthcare provider. I believe that I can promote safe practices for patients by upholding the rules and regulations of the BON, and therefore, maintain the integrity of profession.  •  How will the experience you have had as a nurse contribute to the Board’s work? RESPONSE: I can contribute to the BON’s work with my broad experiences and the ability to apply what I have learned about nursing’s challenges because I have personally worked at each level of nursing competence.  •  Some perceive nursing as a job and others perceive it as a profession. How do you perceive nursing and why? RESPONSE: Nursing is both a job as well as a profession. We apply research-based and practice-based interventions to the human body and psyche to complete our duty to our patients. We are unique in that we do not look at the bone, the kidney or the behavior; but view the entire person when providing professional care.

RN Staff Nurse

NAME: Sandra Taylor  •  BIOGRAPHICAL INFORMATION: I am currently a staff nurse at UNC Healthcare in the Newborn Critical Care Unit. I provide care to neonates, discharge education and teach CPR to parents, assist in the orientation of new nurses including NRP certification. At my former employer, WakeMed, my work experiences included: Supervisor, Pediatric Transport Team, Staff Nurse-Children’s Emergency Department, Staff Nurse-Intensive Care Nursery, Preceptor-Intensive Care Nursery. I have an Associate Degree in Nursing and have passed the National Certification Corporation’s exam for Neonatal Resuscitation Program.  •  I would like to serve on the North Carolina Board of Nursing because…  •  What do I have to offer the public of North Carolina if I am elected to the Board of Nursing? RESPONSE: I feel that the nursing profession offers unique opportunities to showcase many talents. Serving the Board of Nursing would be an opportunity for me to share and enhance my talent as a compassionate listener so as to assist in fostering acceptable solutions that will govern the nursing practice in North Carolina.  •  How do you think you can enhance public protection through your actions on the Board of Nursing? RESPONSE: I feel that by having a “staff nurse” vision of a solution will help lend to better compliance and solutions thus protecting both the public and the nursing profession. My experience in nursing management has afforded me a unique background in having both the nurses’ and managements’ view point to many of the challenges that face the nursing profession today.  •  How will the experience you have had as a nurse contribute to the Board’s work? RESPONSE: I have over 30 years experience in the nursing profession. Having some management experience helps me see the issues nursing faces from “both sides.” I feel that my experiences will enhance my ability to see both the consumers’ and the workers’ view points and help make a more informed decision.  •  Some perceive nursing as a job and others perceive it as a profession. How do you perceive nursing and why? RESPONSE: I perceive nursing as a profession. I feel that it meets all the requirements for a profession: you need specialized knowledge and training to become a nurse. Nursing combines science and technology with communication and problem solving skills. It also requires teaching and compassion. Nurses can specialize in many areas such as pediatrics, geriatrics and emergency medicine. With advanced education one can become an independent clinical specialist such as a nurse midwife, nurse practitioner and nurse anesthetist. I feel that nurses are the backbone of our healthcare system. Caring for the sick is only one aspect of what a nurse does. Today’s nurses work to promote health, prevent disease, help patients and their families cope with illness and long-term disease and save lives. Nurses act as advocates and are seen as health educators for families and communities. Nursing is seen as both “high tech” and “high touch.” I can’t think of a better profession to be associated with.
Some perceive nursing as a job and others perceive it as a profession. How do you perceive nursing and why? RESPONSE: Nursing is definitely an art and a science. Education, both in the classroom and on the job, are key to nursing; and as such, we should be regarded as highly qualified professionals. I would like nurses to see our impact on patient care listed somewhere other than as room and board charges. As the largest contingent of employees at any given hospital across the country we should strive to change our “negative media” image.

What do I have to offer the public of North Carolina if I am elected to the Board of Nursing? RESPONSE: Nurses interact with people who often are extremely vulnerable. Everyday I witness moments when a patient’s well being is in a nurse’s hands. How that nurse acts, the decisions made, the knowledge and experience possessed by the nurse have a direct impact on the health outcomes of that patient. Membership on the Board of Nursing will allow me to ensure the nurse, who is vital to the health of the people of North Carolina, is practicing safely.

How will the experience you have had as a nurse contribute to the Board’s work? RESPONSE: As a bedside nurse for more than 12 years I have cared for patients across the lifespan, at all levels of acuity, and been involved in many complex situations. In order for members of the Board to make the best possible decisions all sides of an issue must be taken into account.

How do you think you can enhance public protection through your actions on the Board of Nursing? RESPONSE: My primary responsibility as a nurse is to keep my patients from harm. By serving on the Board of Nursing I will extend that responsibility beyond my region to all the people of North Carolina. Serving on a regulatory board requires that one possess the ability to make decisions with an open mind, without bias or personal interest. I have been called upon to do just that many times as a charge nurse and supervisor. I will do the same if elected to serve on the Board.

What do I have to offer the public of North Carolina if I am elected to the Board of Nursing? RESPONSE: Nurses interact with people who often are extremely vulnerable. Everyday I witness moments when a patient’s well being is in a nurse’s hands. How that nurse acts, the decisions made, the knowledge and experience possessed by the nurse have a direct impact on the health outcomes of that patient. Membership on the Board of Nursing will allow me to ensure the nurse, who is vital to the health of the people of North Carolina, is practicing safely.

How will the experience you have had as a nurse contribute to the Board’s work? RESPONSE: As a bedside nurse for more than 12 years I have cared for patients across the lifespan, at all levels of acuity, and been involved in many complex situations. In order for members of the Board to make the best possible decisions all sides of an issue must be taken into account.

How do you think you can enhance public protection through your actions on the Board of Nursing? RESPONSE: My primary responsibility as a nurse is to keep my patients from harm. By serving on the Board of Nursing I will extend that responsibility beyond my region to all the people of North Carolina. Serving on a regulatory board requires that one possess the ability to make decisions with an open mind, without bias or personal interest. I have been called upon to do just that many times as a charge nurse and supervisor. I will do the same if elected to serve on the Board.

What do I have to offer the public of North Carolina if I am elected to the Board of Nursing? RESPONSE: Nurses interact with people who often are extremely vulnerable. Everyday I witness moments when a patient’s well being is in a nurse’s hands. How that nurse acts, the decisions made, the knowledge and experience possessed by the nurse have a direct impact on the health outcomes of that patient. Membership on the Board of Nursing will allow me to ensure the nurse, who is vital to the health of the people of North Carolina, is practicing safely.

How will the experience you have had as a nurse contribute to the Board’s work? RESPONSE: As a bedside nurse for more than 12 years I have cared for patients across the lifespan, at all levels of acuity, and been involved in many complex situations. In order for members of the Board to make the best possible decisions all sides of an issue must be taken into account.

How do you think you can enhance public protection through your actions on the Board of Nursing? RESPONSE: My primary responsibility as a nurse is to keep my patients from harm. By serving on the Board of Nursing I will extend that responsibility beyond my region to all the people of North Carolina. Serving on a regulatory board requires that one possess the ability to make decisions with an open mind, without bias or personal interest. I have been called upon to do just that many times as a charge nurse and supervisor. I will do the same if elected to serve on the Board.

What do I have to offer the public of North Carolina if I am elected to the Board of Nursing? RESPONSE: Nurses interact with people who often are extremely vulnerable. Everyday I witness moments when a patient’s well being is in a nurse’s hands. How that nurse acts, the decisions made, the knowledge and experience possessed by the nurse have a direct impact on the health outcomes of that patient. Membership on the Board of Nursing will allow me to ensure the nurse, who is vital to the health of the people of North Carolina, is practicing safely.

How will the experience you have had as a nurse contribute to the Board’s work? RESPONSE: As a bedside nurse for more than 12 years I have cared for patients across the lifespan, at all levels of acuity, and been involved in many complex situations. In order for members of the Board to make the best possible decisions all sides of an issue must be taken into account.

How do you think you can enhance public protection through your actions on the Board of Nursing? RESPONSE: My primary responsibility as a nurse is to keep my patients from harm. By serving on the Board of Nursing I will extend that responsibility beyond my region to all the people of North Carolina. Serving on a regulatory board requires that one possess the ability to make decisions with an open mind, without bias or personal interest. I have been called upon to do just that many times as a charge nurse and supervisor. I will do the same if elected to serve on the Board.

What do I have to offer the public of North Carolina if I am elected to the Board of Nursing? RESPONSE: Nurses interact with people who often are extremely vulnerable. Everyday I witness moments when a patient’s well being is in a nurse’s hands. How that nurse acts, the decisions made, the knowledge and experience possessed by the nurse have a direct impact on the health outcomes of that patient. Membership on the Board of Nursing will allow me to ensure the nurse, who is vital to the health of the people of North Carolina, is practicing safely.

How will the experience you have had as a nurse contribute to the Board’s work? RESPONSE: As a bedside nurse for more than 12 years I have cared for patients across the lifespan, at all levels of acuity, and been involved in many complex situations. In order for members of the Board to make the best possible decisions all sides of an issue must be taken into account.

How do you think you can enhance public protection through your actions on the Board of Nursing? RESPONSE: My primary responsibility as a nurse is to keep my patients from harm. By serving on the Board of Nursing I will extend that responsibility beyond my region to all the people of North Carolina. Serving on a regulatory board requires that one possess the ability to make decisions with an open mind, without bias or personal interest. I have been called upon to do just that many times as a charge nurse and supervisor. I will do the same if elected to serve on the Board.

What do I have to offer the public of North Carolina if I am elected to the Board of Nursing? RESPONSE: Nurses interact with people who often are extremely vulnerable. Everyday I witness moments when a patient’s well being is in a nurse’s hands. How that nurse acts, the decisions made, the knowledge and experience possessed by the nurse have a direct impact on the health outcomes of that patient. Membership on the Board of Nursing will allow me to ensure the nurse, who is vital to the health of the people of North Carolina, is practicing safely.

How will the experience you have had as a nurse contribute to the Board’s work? RESPONSE: As a bedside nurse for more than 12 years I have cared for patients across the lifespan, at all levels of acuity, and been involved in many complex situations. In order for members of the Board to make the best possible decisions all sides of an issue must be taken into account.

How do you think you can enhance public protection through your actions on the Board of Nursing? RESPONSE: My primary responsibility as a nurse is to keep my patients from harm. By serving on the Board of Nursing I will extend that responsibility beyond my region to all the people of North Carolina. Serving on a regulatory board requires that one possess the ability to make decisions with an open mind, without bias or personal interest. I have been called upon to do just that many times as a charge nurse and supervisor. I will do the same if elected to serve on the Board.
2012 NC BOARD OF NURSING ELECTION OF NURSE MEMBERS

**RN Staff Nurse**

**Name:** Janice McRorie  
**Biographical Information:** Education: MSN 1987 University of South Carolina at Columbia; BSN 1979 University of North Carolina at Charlotte; ADN 1974 Central Piedmont Community College. Work Experience: 1988 to Present: Staff Nurse in Neonatal Intensive Care Nursery at Presbyterian Hospital, Charlotte, NC; 1978-1988: Patient Education Nurse, Charlotte Pediatric Clinic, Charlotte, NC; 1974-1978: Staff Nurse in Pediatric Intensive Care at Charlotte Memorial Hospital, Charlotte, NC; 2004 to Present: Faculty, Queens University of Charlotte, Charlotte, NC.  
**I would like to serve on the North Carolina Board of Nursing because…**  
**Response:** I feel that my experience as a staff nurse for the past 38 years uniquely qualifies me with a great understanding of nursing practice. Also my previous experience as a Board Member was one of the best learning experiences I’ve had.  
**What do I have to offer the public of North Carolina if I am elected to the Board of Nursing?**  
**Response:** I am passionate about the great work that the NCBOH is doing with the Transition to Practice Project. I feel that I can be instrumental in continuing to move this forward so that we have better equipped new nurses coming into our profession.  
**How do you think you can enhance public protection through your actions on the Board of Nursing?**  
**Response:** Everyday in my work, I see competent, caring nurses provide safe care. Having someone on the Board who has been a staff nurse as long as I have gives a wonderful perspective to dialogue about rule changes that will protect the public.  
**How will the experience you have had as a nurse contribute to the Board’s work?**  
**Response:** Being in a direct patient care clinical position will help me contribute to the Board’s work. I also have held leadership positions in numerous nursing organizations that qualifies me as an effective consensus builder and team member.  
**Some perceive nursing as a job and others perceive it as a profession. How do you perceive nursing and why?**  
**Response:** I always say that after 38 years as a nurse, I can still recommend it as a profession to someone wanting to change careers or just starting a new one. I feel like if I don’t like the particular nursing position I’m in – I can find another one – but I’m still always a nurse.

**RN Staff Nurse**

**Name:** Laura Vaughn  
**Biographical Information:** I began my career in 1978 as an ER staff nurse. Since then I have enjoyed nursing in a variety of hospital settings including ICU, OR, Psychiatric, Pediatrics and my favorite, Medical-Surgical since 1987 at Johnston Health. I held administrative positions including co-therapist for an outpatient psychiatric day treatment program, office manager for neurology practice and nursing supervisor in a SNF. I currently hold ANCC certification as a medical/surgical nurse and was ANCC certified as an adult psychiatric and mental health nurse. My highest degree is an ADN. I am currently enrolled in Jacksonville University for BSN.  
**I would like to serve on the North Carolina Board of Nursing because…**  
**Response:** Healthcare is facing enormous change. By its very human aspect, nursing is dynamic in its relation to individuals, communities, and society. The Board of Nursing has the unique responsibility to define our role in an increasingly complex system. As a member of the NC Board of Nursing I would have the opportunity to contribute as we shape the future by developing and enforcing standards of nursing care that are the foundations for good patient outcomes.  
**What do I have to offer the public of North Carolina if I am elected to the Board of Nursing?**  
**Response:** 34 years of experience in a variety of settings gives me a distinct advantage in understanding the complicated nature of nursing from a practice viewpoint. As a daughter, mother and friend I have had the chance to experience nursing from a consumer perspective. As a woman, and now a single parent, I faced the challenges of employees everywhere. I offer the public my experience, my knowledge and my desire to serve.  
**How do you think you can enhance public protection through your actions on the Board of Nursing?**  
**Response:** Innovations will come as healthcare changes and selecting the right course through evidence based decision making will protect the public. I believe that knowledge is power, and would hope to influence the public to know more about nursing and to inspire other nurses to seek accreditation.  
**How will the experience you have had as a nurse contribute to the Board’s work?**  
**Response:** In many instances, nurses get good at what they do, and then move on. I steadfastly believe intelligent, experienced nurses should be supported in achieving recognition by remaining at the bedside. Unfortunately, I have found this to be more of a dream than a practice. My contribution to the Board’s work will reflect my fondness for bedside nursing, while encompassing the skills I’ve acquired through administrative positions.  
**Some perceive nursing as a job and others perceive it as a profession. How do you perceive nursing and why?**  
**Response:** While no completely agreed upon definition of a profession, common characteristics include specialized education, a self-regulatory body governing the profession, a desire to uphold high ethical standards and are recognized by the public as possessing special skills. Many definitions incorporate research, licensure laws, specialized language and a professional organization. We are all those things; Nursing is a profession, an art, a science and an honor.

**RN Staff Nurse**

**Name:** Barbara Farrow  
**Biographical Information:** Received ADN degree in 1988 from Lenoir Community college Kinston, NC. I have worked in prison, Cherry Hospital, Caswell Center as staff nurse. I have taught CPR for American Heart and American Red Cross since 1987. I have taught CNAs and CNA IIs since 1990 for community college. Is an active member of ANA; worked 2 years as staff nurse at Pitt Memorial Hospital Greenville, NC. Now work since 2002 for nursing home Greendale Forest Nursing Home, Snowhill, NC.  
**I would like to serve on the North Carolina Board of Nursing because…**  
**Response:** I feel nursing is one of the highest callings on earth on a sacred level. I feel honored to be a nurse in North Carolina and serving on the Board would be an honor as well just for a chance to serve others.  
**What do I have to offer the public of North Carolina if I am elected to the Board of Nursing?**  
**Response:** Years of experience as a nurse who knows how to serve patients and public. I offer the public wisdom, knowledge and understanding of the standard of healthcare.  
**How do you think you can enhance public protection through your actions on the Board of Nursing?**  
**Response:** By working with other board members with the knowledge that I have I can enhance public protection in many ways. I am willing and ready to go to the public in the ways that are available and share learned information that will enhance public protection.  
**How will the experience you have had as a nurse contribute to the Board’s work?**  
**Response:** As a nurse I have held to the highest the nursing standard of care. I know how to teach and I am a good example. I worked in different types of positions as a nurse and did very well in each one. I always want to learn from each position.  
**Some perceive nursing as a job and others perceive it as a profession. How do you perceive nursing and why?**  
**Response:** I perceive nursing as a mission to help mankind regardless of nation, creed or color. I believe all men have a right to be taken care of and to live to the highest level that they can live on this earth. That includes physical, mental and spiritual. I see nursing as a job and as a profession in which I have been proud to be a part of for over 30 years.
Conclusion

The opportunity to elect nursing members to the North Carolina Board of Nursing is a privilege held by nurses of the state of North Carolina. In the words of former Board member, Patricia Beverage, LPN “… not only do I recommend that each licensed nurse vote in North Carolina, but I also recommend that you consider running for the Board yourself should you have inclination. I can’t help but think that you will find it a most rewarding experience.”

VOTE July 1 – August 15th, 2012!

Reference:
Nursing Practice Act State of North Carolina August 2009, GS 90-171.21, GS 90-171.23

Instructions for Voting!

Voting begins July 1, 2012 and continues to August 15, 2012 at midnight

Steps for voting are:
• Have available your nursing license number and year of birth.
• An easy way to obtain your license number is to verify it on-line at the NCBON website www.ncbon.com, select “Verify License” and enter your name or social security number.
• Access http://www.ncbon.com/content.aspx?id=3036
• Complete continuing education registration, evaluation, and print your certificate.
• Note: LPNs are not eligible to vote in the 2012 Elections.
• To vote click on the vote logo.
Then follow the instructions as indicated.

Vote and Receive Continuing Education 2.0 Contact Hours

Vote without Receiving Continuing Education Credit

Steps for voting are:
• Have available your nursing license number and year of birth.
• An easy way to obtain your license number is to verify it on-line at the NCBON website www.ncbon.com, select “Verify License” and enter your name or social security number.
• Access the NCBON website if not already done so at www.ncbon.com
• On the Homepage, click on the vote logo.
Then follow the instructions as indicated.

Note: The 2012 Board elections do not have an LPN candidate position due for nominations and election. Although the LPN will not be eligible to vote in the 2012 election, the LPN may complete the article and obtain continuing education contact hours credit by accessing the website (http://www.ncbon.com/content.aspx?id=3036) and following the instructions.

NCBON CNE Contact Hour Activity Disclosure Statement: The North Carolina Board of Nursing will award 2.0 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.
WANT TO PARTICIPATE IN THE ELECTION
BUT FORGOT YOUR CERTIFICATE NUMBER?

Participating in the election is a significant way to influence the decisions that affect your nursing practice in North Carolina. The process is quick and easy! All you need is your license number and year of birth. You can vote from any location—work, home, even out of state!

But wait! The Board has a cardless licensure system and I cannot recall my certificate number. No worries! Simply visit our website at www.ncbon.com, click on “Quick Links” at the top right of the home page and select “Verify License.” By entering your social security number or your name, you can easily access your license number.

Voting is fast, it is easy, and it makes a difference so mark your calendars! Voting begins July 1st and runs through midnight August 15th. You can vote 24 hours a day, 7 days a week. Be sure to check out the on-line Slate of Candidates to learn more about your candidates!

TO VOTE ONLINE: Log on to the Board’s website at www.ncbon.com, click on the Election 2012 link, and follow the instructions.

Questions? Contact Chandra Graves (919) 782-3211, ext. 232; Chandra@ncbon.com.

Trantham Recipient of 2012 Employee Excellence Award

The 2012 recipient of the Board of Nursing Employee Excellence Award is Pamela Trantham, Practice Case Analyst and PREP Program Coordinator. Among her many accomplishments during her 16 year tenure at the Board, Trantham has promoted and led the Board’s Practitioner Remediation Enhancement Partnership Program (PREP) and took the lead on a report writing team which helped Board Investigators collect information and improve the quality of their reports.

In her role as the PREP Coordinator, Trantham has assisted numerous employers to recognize the benefits of remediation verses termination of nurses. Consequently, she has saved the careers of many nurses. Her implementation of streamlined processes for PREP referrals have resulted in improved customer service as well as significant time savings and reduction of paperwork.

In addition, Trantham has written articles about PREP for this magazine and developed marketing material to promote the program.

This award is especially meaningful, as it recognizes the achievements of a Board Staff member who has been nominated by their peers.

Please join both the staff and members of the North Carolina Board of Nursing in congratulating Pam Trantham as the recipient of this year’s Employee Excellence Award.

21 NCAC 36.0803 IS PROPOSED TO BE AMENDED AS FOLLOWS:

(a) The Board of Nursing shall register an applicant who:
   (1) has an unrestricted license to practice as a registered nurse in North Carolina and, when applicable, an unrestricted approval, registration or license as a nurse practitioner in another state, territory, or possession of the United States;
   (2) has successfully completed a nurse practitioner education program as outlined in Rule .0805 of this Section;
   (3) is certified as a nurse practitioner by a national credentialing body consistent with 21 NCAC 36.0801(13); 36.0120(7) and (9); and
   (4) has supplied additional information necessary to evaluate the application as requested.

(b) Beginning January 1, 2005, new graduates of a nurse practitioner program, who are seeking first-time nurse practitioner registration in North Carolina shall:
   (1) hold a Master’s or higher degree in Nursing or related field with primary focus on Nursing;
   (2) have successfully completed a graduate level nurse practitioner education program accredited by a national accrediting body; and
   (3) provide documentation of certification by a national credentialing body.

History Note: Authority G.S. 90-18(c)(13); 90-18.2; 90-171.20(7); 90-171.23(b); 90-171.83;
Eff. August 1, 2004;
NORTH CAROLINA BOARD of Nursing Calendar

LICENSURE REVIEW PANELS
• July 12
• August 9
• September 13

EDUCATION/PRACTICE COMMITTEE
• August 1

ADMINISTRATIVE HEARING
• July 20
• September 21

BOARD MEETING
• September 21-21
At its meeting on May 16, 2012, the Joint Subcommittee approved a proposed addition to be added to the nurse practitioner prescribing rule. 21 NCAC 36.0809(7) was approved for entry into the rule making process by the Board of Nursing on May 17th. A public hearing will be held on September 20, 2012 at 1:00 pm in conjunction with the meeting of the Board of Nursing. This proposed rule will prohibit NPs from prescribing controlled substances for themselves, their supervising physicians, their immediate families, any person living in the same residence as the licensee, or anyone with whom the nurse practitioner is having a sexual relationship or significant emotional relationship. The NC Medical Board is working on separate but matching rules for physicians and PAs. The full text of this proposed rule reads as follows:

21 NCAC 36.0809 is proposed to be amended as follows:

21 NCAC 36 .0809 PRESCRIBING AUTHORITY
(a) The prescribing stipulations contained in this Rule apply to writing prescriptions and ordering the administration of medications.
(b) Prescribing and dispensing stipulations are as follows:
(1) Drugs and devices that may be prescribed by the nurse practitioner in each practice site shall be included in the collaborative practice agreement as outlined in Rule .0810(b) of this Section.
(2) Controlled Substances (Schedules II, IIN, III, IIIN, IV, V) defined by the State and Federal Controlled Substances Acts may be procured, prescribed or ordered as established in the collaborative practice agreement, providing all of the following requirements are met:
(A) the nurse practitioner has an assigned DEA number which is entered on each prescription for a controlled substance;
(B) dosage units for schedules II, IIN, III, and IIIN are limited to a 30 day supply; and
(C) the supervising physician(s) must possess the same schedule(s) of controlled substances as the nurse practitioner’s DEA registration.
(3) The nurse practitioner may prescribe a drug or device not included in the collaborative practice agreement only as follows:
(A) upon a specific written or verbal order obtained from a primary or back-up supervising physician before the prescription or order is issued by the nurse practitioner; and
(B) the written or verbal order as described in Part (b)(3)(A) of this Rule shall be entered into the patient record with a notation that it is issued on the specific order of a primary or back-up supervising physician and signed by the nurse practitioner and the physician.
(4) Refills may be issued for a period not to exceed one year.
(5) Each prescription shall be noted on the patient’s chart and include the following information:
(A) medication and dosage;
(B) amount prescribed;
(C) directions for use;
(D) number of refills; and
(E) signature of nurse practitioner.
(6) Prescription Format:
(A) all prescriptions issued by the nurse practitioner shall
contain the supervising physician(s) name, the name of the patient, and the nurse practitioner’s name, telephone number, and approval number;
(B) the nurse practitioner’s assigned DEA number shall be written on the prescription form when a controlled substance is prescribed as defined in Subparagraph (b) (2) of this Rule.
(7) A nurse practitioner shall not prescribe controlled substances, as defined by the state and Federal Controlled Substances Acts, for the nurse practitioner’s own use nor that of a nurse practitioner’s supervising physician, nor that of a member of the nurse practitioner’s immediate family, which shall mean a spouse, parent, child, sibling, parent-in-law, son or daughter-in-law, brother or sister-in-law, step-parent, step-child, step-siblings, or any other person living in the same residence as the licensee, or anyone with whom the nurse practitioner is having a sexual relationship and/or has a significant emotional relationship.
(c) The nurse practitioner may obtain approval to dispense the drugs and devices other than samples included in the collaborative practice agreement for each practice site from the Board of Pharmacy, and dispense in accordance with 21 NCAC 36 .1700, that is hereby incorporated by reference including subsequent amendments of the referenced materials.

History Note: Authority G.S. 90-8.1; 90-8.2; 90-18(14); 90-18.2; 90-171.23(b)(14); Recodified from 21 NCAC 36 .0227(h) Eff. August 1, 2004; Amended Eff. ______________; April 1, 2011; November 1, 2008; August 1, 2004.

Rule Changes Soon to Be Effective

Several NP rule changes introduced earlier this year are continuing to make their way through the rule making process. If final approval is received, changes affecting 21 NCAC 36 .0801, .0803 will become effective in September 2012, and .0804 and .0808 will become effective January 1, 2013. The changes are as follows:

.0801(9)—the physician’s signature will not be necessary on the approval to practice identification document thereby eliminating the need for this document further streamlining the application process;
.0801(13)—the American Association of Critical Care Nurses Certification Corporation (AACN) will be added to the list of board approved certifying bodies; and
.804(4)(b) and .0808(d) will decrease the length of time out of practice from five years to two years before a nurse practitioner refresher course is required to reenter practice.

Nurse Practitioner Compliance Reviews Continue Are You Prepared?

The nurse practitioner compliance review program has entered its fifth year. Compliance reviews are conducted utilizing mail-in and site visit methodologies to assess the compliance of randomly selected nurse practitioners with the NP Rules. Since the inception of the program, one NP has received a letter of concern for failing to comply with requirements, and three NPs have been referred to discipline staff for investigation of various issues arising as a result of the reviews.

Common discrepancies include non compliance with requirements regarding the collaborative practice agreement (CPA), quality improvement (QI) meetings and continuing education (CE) requirements. Be prepared!

Go to www.ncbon.com, select practice, APRN, NP to find information on compliance reviews and the NP Rules.

If you have questions about the NP rules, compliance reviews or other aspects of advanced nursing practice, contact Eileen Kugler, Manager – Practice, at 919-782-3211, ext. 255 or ekugler@ncbon.com.
NC Board of Nursing approval is currently required if you are allowing unlicensed nursing students enrolled in nursing programs based outside of North Carolina to be placed in your agency for clinical experiences. The related Rule in its entirety is included below for you. Please note that the specified documentation needs to be in the Board office and Board approval needs to be obtained 30 days prior to the student(s) beginning the clinical experience. All required information needs to be sent to Crystal Harris at Charris@ncbon.com, or to Crystal’s attention at NCBON, PO Box 2129, Raleigh, NC 27602. Crystal can be reached at her email or at 919-782-3211, ext 263 for questions, or to discuss out of state student placement in your clinical area(s).

21 NCAC 36 .0233 OUT OF STATE STUDENTS

NAIi PROGRAM COMPLETION ALERT

The NAIi listing process is now available only electronically through the NCBON website. NAIi Program Coordinators are responsible for completing the NCBON online verification of program completion for each student who successfully completes the NAIi program. By completing the online process, the Coordinator is verifying successful completion of the theory, lab, clinical, and skills competency aspects of the NAIi course. The entire NAIi listing process should be competed as soon as possible following successful completion of the course and by law is required within 30 business days of course completion. The NCBON staff will verify that anyone requesting to list as a NAIi meets all of the requirements related to a NAIi listing.

Students in nursing education programs in North Carolina may also be eligible for NAIi listing. In order to verify NAIi program equivalency for nursing students, the Program Director must identify the point in the curriculum where the equivalent of ALL of the theory, clinical experience, and skill validation has been completed. After successfully completing that portion of the curriculum, the designated faculty may verify the completion of the NAIi requirements in the NCBON electronic system and the student may then complete the NAIi listing application.

It is important to use the correct program code when verifying program or program equivalency completion. Please contact Dacia Williams at dwilliams@ncbon.com for questions related to the NAIi listing process or program code. Tammy Edelen at tammy@ncbon.com can also be contacted for questions specifically related to your program code.

NAII COMPETENCY ASSESSMENT

Some NAIi programs and nursing programs are offering NAIi competency validation for those who have an expired NAIi listing. Please be aware that this option is available only if specific requirements are met. If you are currently offering this option, or are interested in offering it, please contact Joyce Roth at joycer@ncbon.com so that we have a complete list of sites, and can assure that you have the guidance you need to provide this option in accordance with the law.
North Carolina Board of Nursing Opportunities 2012

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: Getting Your Zzzs (1 CH)
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 Tranham 919-752-3211 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
September 25, 2012
November 7, 2012

$40.00 Fee (non-refundable unless session is canceled)

Register online at www.ncbon.com.
Registration at least two weeks in advance of a scheduled session is required.
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 NCBOA so someone on the waiting list can attend.

PAPER REGISTRATION REQUEST, CONTACT PAULETTE HAMPTON 919-752-3211 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.
### Customer Service and Professionalism

Most people associate the term customer service with larger corporations or retailers such as banks, credit card companies, airlines and the like. Customer service plays a part in almost every job, including nursing. You may have heard people say that your first impression is your only impression but as a nurse it is important to remember that your first impression is a lasting impression since many patients will return for future appointments.

Customer service is a series of activities designed to enhance the level of customer satisfaction. From the time you come into contact with your patient until the time they leave it is your responsibility to provide them with a positive experience and display a certain degree of professionalism.

One of the important things to do is to first identify who your customers are. Customers may be anyone that you come into contact with that you are providing a service to even if that service is simply providing information on the telephone. Often times we forget that we have internal customers such as coworkers that deserve the same services as our external customers such as your patients. It is important to remember what you expect when you are on the receiving end of customer service and to provide that same level of customer service and attention to detail.

As a nurse you will encounter many types of people; however they can usually be separated into two distinct groups, patients who are visiting your place of employment for a wellness visit and patients who are visiting to receive services for a medical problem. In either situation your customer is more than likely feeling worried or experiencing stress because they are hoping to obtain positive diagnosis regarding their health and the last thing they need is an unpleasant service related experience. A customer should not encounter an unpleasant experience due to the lack of quality service and professionalism from the nurse.

A few tips to get you on the right track towards providing outstanding customer service are: always greet your customers with a smile. (1) A smile goes a long way and they are contagious so when you smile at your patients they will more than likely smile back, this makes for a good start to any encounter; (2) be sure to actively listen to your patients by listening before your respond. (3) It is also helpful to summarize the patient’s statement and repeat it back to them so they know you cared enough to listen to what was said. (4) Focus on one patient at a time; it is difficult to provide your current patient with your best service if you are thinking about how many other patients are waiting to be seen. Each patient deserves your undivided attention so keep your mind focused on the current patient. (5) Keep a positive attitude. You will always encounter patients who the x-ray machine determines do not have a friendly bone in their body but responding in a negative way will only inflame the situation. Remember that you are the professional and you must keep a positive attitude at all times.

In closing always remember that people may not remember your name but they will always remember how you treated them.
"I can't have my appendix removed today," I stated as I lay on the emergency room examination table.

"And why is that, young lady?" asked Dr. Sloan, the surgeon who was in the process of removing a mole from my right eyebrow while waiting for my lab results.

"You don't need this mole either," he said smiling.

I looked at my nurse's cap, which lay on the bedside table. I had been busy for the last four months working on my studies. There was study time, clinical practice in the classroom and on real people, hospital to hospital basketball games, babysitting to offset school costs, the formal capping ceremony, and earning the privilege to wear my cap.

I was going on duty right after supper when my side began to hurt. This was the very first day I could wear my cap on duty and I didn't want to be late, I told Dr. Sloan.

Dr. Sloan studied my lab results. "We must go, but we will go together. I'll make sure your cap goes with us," he reported.

He placed my cap atop my chest and patted my hand. He and the ER nurse rolled me on the gurney to the operating room. That was February 1955.

Only recently a former roommate called and informed me that Dr. Sloan had passed away. I called the family home in Columbia, South Carolina and spoke with his youngest daughter. I had babysat Jenny and her sister during those school years. We shared fond memories and I told her about her dad taking care of my cap on the evening of my appendectomy.

Nurses no longer wear caps. It was only in recent years that I ceased to wear mine. Thoughts of my cap and what it represented came to mind upon learning of the death of my long time friend.

I pause in front of a glass-fronted cabinet in my home, where I proudly display the fluted, white linen cap with the black band around the top. I credit Dr. Sloan's careful handling of it as an extra reason to treasure it and to be proud of it. He guarded my cap for all the years that he knew were ahead of me.

Ms. Sommers is capping off a 50 year career as a nurse and medical writer.