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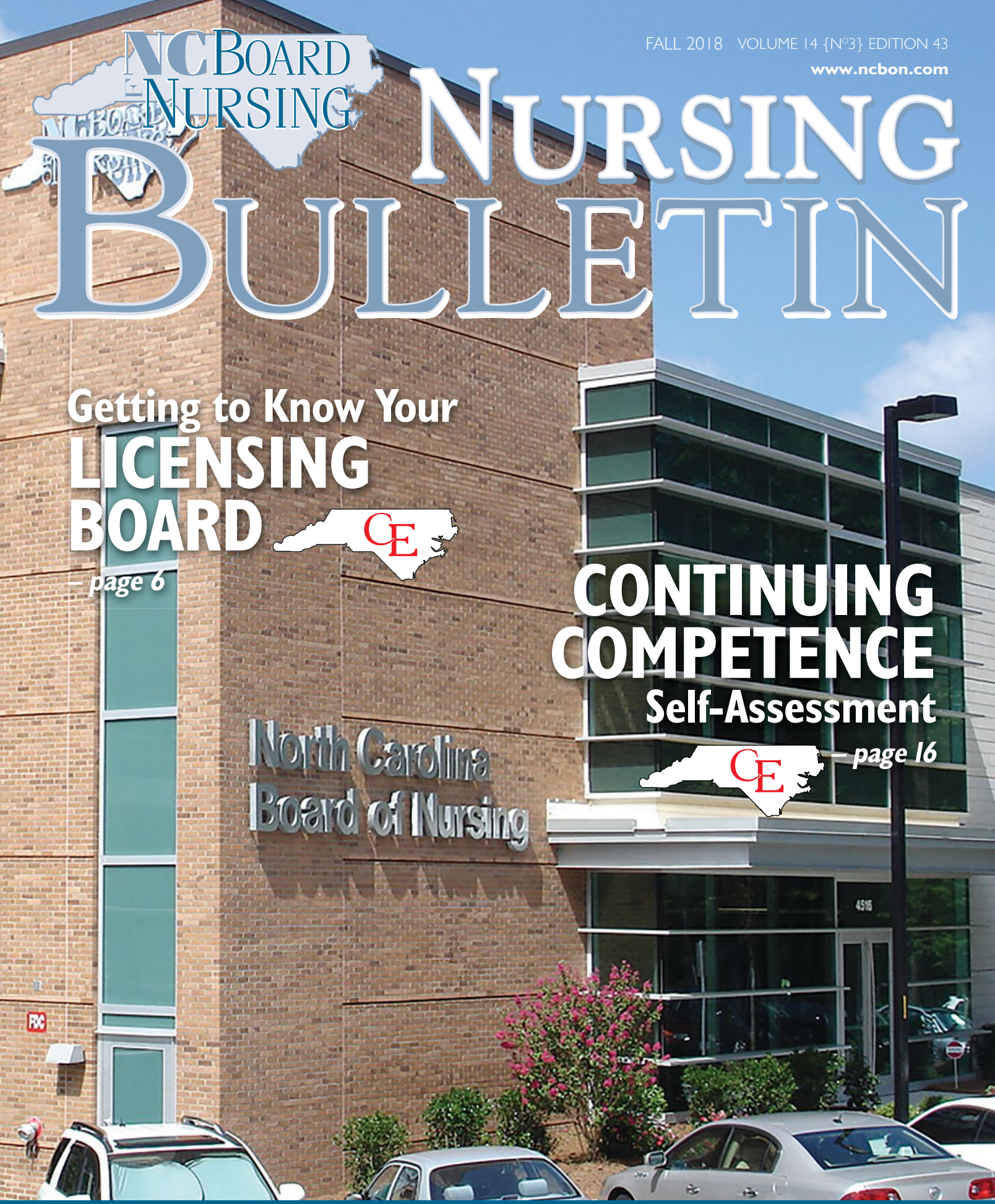

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letter from the Chief Executive Officer

This issue the Nursing Bulletin is getting to you late because of the rescheduling of our September Board meeting. Our meeting was cancelled due to hurricane Florence. So instead of recalling the end of summer you are probably planning for the Holidays. It is in that spirit that I want to thank all the nurses who worked extra hours or made the extra effort to visit home bound patients during hurricane Florence and tropical storm Michael. Nursing is a caring profession and this was clearly demonstrated during these most recent natural disasters.

Here at the Board we recognize the need to be prepared for natural disasters. Consequently, we are making efforts to improve our disaster preparedness by transitioning to a new data center with state-of-the-art security and disaster recovery services.

In this issue of the Nursing Bulletin, the CE article is on getting to know your licensing board. Kathleen Privette authored the article and you will find it very informative. Additionally, Joyce Roth has updated an article about the CE process which answers many questions that we hear repeatedly from nurses contacting us directly.

I also want to congratulate the new Board Members. We welcome Arlene Imes, LPN and Ann Marie Millner, RN as our newest Board Members. I am happy to report that the number of nurses voting in this year's election increased substantially.

Finally, take the opportunity to visit our website and while you are there review this publication in its electronic format. More and more readers are asking about getting their publication via their electronic devices and we are working toward that goal.

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

NORTH CAROLINA BOARD OF NURSING CALENDAR OF EVENTS

Board Meeting:
January 17-18, 2019

Administrative Hearings:
February 28, 2019
May 23, 2019

Education/Practice Committee:
March 20, 2019

Hearing Committee:
January 24, 2019
March 28, 2019

License Review Panel:
January 10, 2019
February 14, 2019
March 14, 2019

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GETTING TO KNOW YOUR LICENSING BOARD:
The North Carolina Board of Nursing at a Glance (updated May 2018)

Kathleen Privette, RN, MSN, NEA-BC, FRE

"No person shall practice or offer to practice as a registered nurse or licensed practical nurse, or use the word 'nurse' as a title for herself or himself, or use an abbreviation to indicate that the person is a registered nurse or licensed practical nurse, unless the person is currently licensed as a registered nurse or licensed practical nurse…"§ 90-171.43.

Consider for a moment what healthcare would look like if the providers entrusted to care for your loved ones had no standard basic education requirements, no established scope of practice and no measures by which to remove an incompetent professional. Scary thought? It should be! Professional licensing boards exist solely to protect the public from harm by unscrupulous and incompetent persons engaging in practice. Citizens have the right to expect each professional licensing board to advocate for the public welfare in the execution of its duties. Licensing a professional sends a clear message to the public that the individual holding a license has satisfied necessary academic requirements and has met minimum entry-level standards of competency before being approved to practice in that profession. In addition, licensing assures the public of oversight of the professional discipline by holding its members accountable for minimum standards of competency. The focus of licensing boards is different than that of professional organizations. It is a common misconception that professional regulatory boards are professional advocacy groups. Nurses should be aware that the mission of their regulatory board is public protection while the role of their professional organization is advocacy for the profession.

This article provides an overview of the North Carolina Board of Nursing's (Board) structure, function and legal authority. Throughout the article specific statutes (laws) from the NC Nursing Practice Act (NPA) are cited as references. Further, the author provides "helpful tips" to give the reader additional supporting information on specific topics discussed herein.

In 1903, NC enacted the country's first NPA for the purpose of regulating the practice of Nursing. These laws provide the foundation for every function and duty carried out by the Board. The NPA requires licensing of any person representing themselves as a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) and defines the legal scope of practice for nurses practicing within the state [§90-171.20 (7)(8)]. The NPA laws are further clarified through NC Administrative Code Rules which are developed by the Board and provide the details necessary to support implementation of and adherence to the laws. (Both Laws and Rules are published on the Board website). Together laws and rules are designed to protect the public as described in the Board's mission statement:

"The Mission of the North Carolina Board of Nursing is to Protect the Public by regulating the practice of Nursing."

Each state has legislatively enacted an NPA. While there are variations in statutory language among the states or jurisdictions, the NPAs all have a common mission of public protection. A nurse may hold a single state license or a multi-state license. In some situations, a nurse may hold both.

The holder of a single state license is limited to practicing in the state in which the license was issued. A nurse holding a multi-state license issued by the home state of residence is authorized to practice in their home state AND in other states ("party states") participating in the enhanced Nurse Licensure Compact (eNLC) without having to apply for a license in that state. Not all states participate in the eNLC however, over half the states are participating and number of states joining continues to increase.

A nurse holding a multi-state NC license is governed by and held accountable for the NPA of the state or jurisdiction where in which the patient or client is receiving care. The eNLC applies in a like manner to nurses practicing in NC on their PTP granted through a multi-state license issued by their home state of residence. A nurse changing the primary or home state of residence, is required to apply for licensure in the new home state. A nurse relocating to NC and declaring

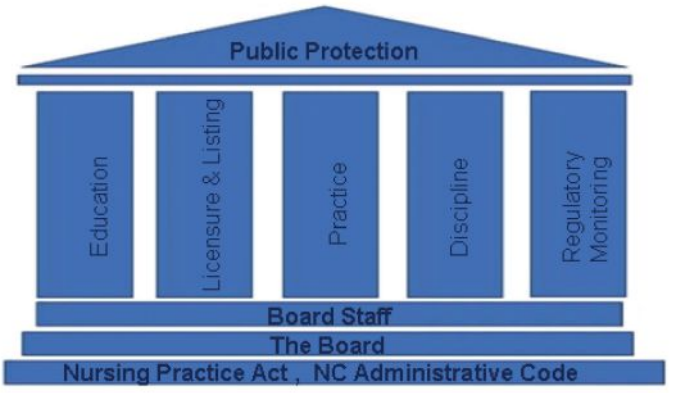
NC as the new primary or home state may practice for ninety (90) days before the former license becomes invalid.

Helpful tips: The NC NPA Laws and Rules are published on the Board's website under the tab Laws & Rules. General information on the eNLC, an updated version of the original Nurse Licensure Compact (NLC) implemented in 2018 is published on the Board's website under the tab Licensure & Listing: Enhanced Nurse Licensure.

Licensing Boards vary in size but are generally inclusive of members of the specific professional discipline and members of the public, unaffiliated with the profession. The NC NPA provides for the creation of an independent 14-member board [§90-171.21]. Members include 8 RNs; 3 LPNs and 3 public members appointed to serve by the Governor and the NC Legislature. The NC Board is recognized nationally as the only state board of nursing that elects its nursing (RN and LPN) members. Each year, the Board holds elections to fill vacancies occurring when a sitting RN/LPN's term has expired. Every RN and LPN holding a current license in NC has the opportunity to vote for members to fill anticipated vacancies. A list of our current Board Members may be found on the Board's website under the "Board Information" tab.

To support its many and varied duties, the Board employs a staff led by a Chief Executive Officer (CEO) [§90-171.24]. The CEO serves as liaison to the Board in daily operations and regulation of practice. Regulation is defined as the process of interpretation, implementation, and enforcement of laws, rules and policies designed to ensure minimum standards of nursing competency and public protection. The CEO oversees the staff in the implementation of the strategic plan and in supporting the functions of the Board.

There are 5 primary functions of the Board as depicted in the model:



North Carolina Board of Nursing Functions

The foundation for the existence of the Board and the authority for its functions and operations are grounded in the NPA with a clear legislative mandate for Public Protection.

EDUCATION

The Board establishes standards for pre-licensure nursing education programs and the qualifications for nursing faculty [§90-171.38]. Each request to develop a new program requires approval from the Board prior to operation. The approval process includes submission of an application providing evidence that the program can meet the minimum standards for pre-licensure education necessary to ensure their graduates have the education necessary to practice as an RN or as an LPN in a safe and competent manner. Following receipt of the application and supporting evidence, a site visit is conducted by designated Board staff before initial program approval is granted by the Board. A second site visit during the final semester of the program's curriculum leads to full approval status by the Board if all requirements are met. Once approved, all pre-licensure nursing programs are continuously monitored for quality and formally reviewed at least every eight (8) years, or sooner for non-compliance program issues. In situations where a program is unable to show evidence of meeting minimum standards, the Board holds the authority to place the program on warning status until such time as evidence is submitted to demonstrate correction of deficiencies. The Board publishes a list on its web-site of each pre-licensure program in the state along with their approval status. Trended scores on the National Council Licensure Examination (NCLEX) for RNs or PNs are one measure used by the Board in its ongoing efforts to monitor a program's quality. NCLEX results are published and available on the Board's website.

The Board frequently receives questions related to the requirements for a Refresher Course. A Board approved course is mandatory if the NC nursing license has been inactive, retired or lapsed for five years or more and the nurse has not been licensed in another jurisdiction in the last five (5) years. The nurse must satisfactorily complete the Refresher Course prior to reactivating or reinstating the NC license. The nurse must then apply for reinstatement within one year of completing the approved course. On the other hand, if the nurse has maintained an active NC license and had not been employed in a licensed position for an extended period of time, a Refresher course is not mandatory. Many nurses in this situation voluntarily seek this level of preparation prior to returning to active practice, however it is not required by the Board.

The Board also has the authority for granting approval of continuing education programs designed to enhance nursing practice by teaching skills not generally included in the basic educational preparation of the nurse (RN or LPN). A request for the implementation of such an educational program requires the requestor to demonstrate need and to show evidence of the quality of the curriculum, faculty and the practicum. Prior to granting approval, the Board will determine

that upon satisfactory completion of the educational program, the nurse can be expected to carry out those procedures in a safe and competent manner. Examples of such advanced skills include those which may be performed in an emergency situation by an RN during critical care transport; by an RN who has completed the requirements for the Sexual Assault Nurse Examiner, or by an LPN Nurse who has demonstrated competency in selected advanced skills [§90-171.42].

The Board is the determining authority to identify those nursing care activities which may be delegated to unlicensed personnel, regardless of title. The Nurse Aide I is educated to perform basic nursing skills and personal care activities. The Nurse Aide II is educated to perform more complex nursing skills with emphasis on sterile technique in elimination, oxygenation, and nutrition. The Board also establishes Medication Aide training program requirements to support safe medication administration and improve client, resident, and patient outcomes. It establishes standards for faculty and applicant requirements. Medication Aides must hold a NA I certificate in order to satisfy requirements for the Medication Aide certificate and listing on the registry. They are limited to performing only the technical tasks of medication administration in a skilled nursing facility (long term care).

It is important for employers to be knowledgeable of and to differentiate between the Board approved program and the Division of Health Services Regulation (DHSR) Medication Aide program (separate from the Board). The entry level education for the DHSR program is a high school diploma however some NAs may elect to complete the program. Upon successful completion of this DHSR program, the Medication Aide is limited to performing tasks in an Assisted Living facility.

Because there is variation in education and training requirements between the Board and the DHSR programs, NAs completing one may not cross-over and work as a Medication Aide with the other client population.

LICENSURE & LISTING

The Board requires initial entry to licensed practice through the standard National Council Licensure Examination (NCLEX) [§90-171.30]. Foreign graduates or graduates from other jurisdictions who have not completed the NCLEX may be considered for endorsement to NC when there is

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verification that requirements of the pre-licensure program were deemed to be equivalent to those required of NC and that in the opinion of the Board, the applicant is able to meet the minimum standards set forth in the NPA. Applicants for licensure are required to submit a criminal background check which is reviewed prior to issuance of the initial license [§90-171.48].

Following initial licensure, the Board requires a nurse to renew the license every two years (birth month). At the time of renewal, the nurse attests to meeting minimum continuing competency requirements and reports any adverse incidents, including but not limited to criminal charges or convictions which may have occurred since the date of last renewal [§90-171.34].

The division of Health Services Regulation (DHSR), a division of the NC Department of Health and Human Services has primary responsibility for "listing" of the Nurse Aide I (NA I) and Medication Aides (MA) on the respective registries. NA Is and Medication Aides are not licensed, rather they hold a certificate. Medication Aides are "listed" on both the Nurse Aide Registry as NA Is and the on the Medication Aide Registry with DHSR. The role of the Medication Aide is limited to long term care where they are supervised by a licensed nurse in the performance of their duties.

The NPA provides for a Nurse Aide II (NA II) option. Current NA Is completing a specific training program can be "listed" as NA II with the Board. The Board approves listed NA IIs to perform specific tasks beyond those skills approved in the basic NA I training program. Jurisdiction over NA disciplinary issues can be confusing. The responsibility for all disciplinary action and jurisdiction in all matters related to NAs (I and II) is addressed under the NA I listing status by DHSR rather than under the NA II listing status by the Board.

The NPA requires Employers to verify the license status of a prospective new nurse [§90-171.43A] using the Board's licensure verification system through www.ncbon.com. Verification of the NA II listing and renewal is also located under the Licensure & Listing tab. The employer maintains ongoing accountability for assuring that each licensed or listed employee remains in current, active status throughout employment. To facilitate real-time notification of nurse license status changes, institutions are encouraged to take advantage of the National Council

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of State Boards of Nursing (NCSBN) licensure notification system (e-Notify for Institutions). This free service provides alerts regarding licensure and published discipline data. Another free service available for employers through the NCSBN is NURSYS Quick Confirm. This service, also free to employers facilitates a search of licensure history and status in other states. Without verifying a compact license status through NURSYS the employer cannot be guaranteed that the license status in other jurisdictions is unencumbered. Both free services may be accessed through the Board website found under the tab: Licensure & Listing: Verify a License.

Helpful tips: It is the responsibility of every nurse to maintain a current address with the Board and to renew the license prior to its expiration. A nurse is in violation of the NPA by practicing without a valid license. The license expires the last day of the birth month every 2 years. While the nurse has until the last day of the month to complete the application, renewal will be delayed IF the nurse is audited or IF the application is incomplete. There is no grace period. The nurse must renew using the Nurse Gateway portal on the Board's web site located under the tab: Licensure & Listing.

Likewise, it is the responsibility of every NA II to maintain a current address and to renew their listing as a NA II (with the Board) and NA I (with DHSR).

PRACTICE

The Board, provides staff consultative services and education to nurses, employers, physicians, and others making an inquiry regarding clinical practice issues or interpretation of the law and rules as they relate to the RN (including the APRN) or LPN scope of practice. The staff remains abreast of research and evolving nursing practice trends locally and nationally. A myriad of tools has been developed and is available to nurses and employers in guiding practice. These tools, grounded in best practice, laws, and rules include information on the scope of practice for the RN, APRN, LPN, Nurse Aide II and Medication Aides, Delegation Decision Trees, Position Statements, Nurse Practitioner Regulation including but not limited to Standards of Care for Opioid Prescribing and Joint Statements. A list of frequently asked questions (FAQs) is also available and is a helpful adjunct to the published materials.

Helpful tip: Decision Trees, Position Statements, Joint Statements and FAQ's are available on Board's website and found under the tab: Practice

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DISCIPLINE

"Any person who has reasonable cause to suspect misconduct or incapacity of a licensee or who has reasonable cause to suspect that any person is in violation of this Article… shall report the relevant facts to the Board…Any person making a report pursuant to this section shall be immune for any criminal prosecution or civil liability resulting therefrom unless such person knew the report was false or acted in reckless disregard of whether the report was false" [§90-171.47].

Use of the Board's Complaint Evaluation Tool (CET) is recommended in determining whether an incident is a reportable event. Board staff practice consultants are available to assist the employer in making the appropriate determination. Can the event be classified as normal human error? Is it indicative of unintentional risk-taking behavior? Could it be intentional risk-taking behavior? Or, is it deemed reckless behavior? The answers will determine reportable events from those able to be managed at an organizational level. In some cases, after consultation, the employer and the Board consultant reach an opinion that the most appropriate resolution in a matter is determined to be the nurse's completion of a Practitioner Remediation Enhancement Program (PREP), a non-disciplinary resolution in a particular matter designed to address an issue with a nurse before it becomes a violation of the NPA and a reportable event. It should be noted that incidents related to confidentiality, fraud, theft, drug abuse, impairment on duty, drug diversion, failed drug screen, boundary issues, sexual misconduct, and mental/physical impairment are not appropriate for evaluation using the CET. These events/issues are classified as professional misconduct, not practice incidents or events, and MUST be reported to the Board. All complaints received are reviewed and analyzed. Board staff investigators conduct inquiries into reports submitted from the public, patients, employers, healthcare organizations, law enforcement or from other states alleging a violation of the NPA. If, following initial review of a complaint, there is information suggesting a potential violation of the NPA, a formal investigation is initiated. Investigators evaluate the infraction and assess the level of the nurse's culpability in the matter and the risk to the public as a result of the reported behavior.

The Board has the authority to take action on a license when it determines that there is evidence that the nurse is in violation of the NPA [§90-171.37]. The nurse is advised of their rights at the onset of an investigation and informed that reaching a resolution in the matter could take from weeks to several months. In general, while a nurse is under investigation, the license remains active although it may be flagged to denote the investigation is underway (see licensure verification screen shot below). Prior to action against the license, the nurse is granted an opportunity to be interviewed and to review the evidence in the matter. The role of the investigator is to establish the facts in the case. They are authorized, after consultation with a Board staff attorney, to communicate with the nurse and offer resolutions when it has been determined that the incident reported constitutes a violation of the NPA. Options for resolution may be disciplinary and published or non-disciplinary and non-published. In situations where there is published discipline, including a request to voluntarily surrender during or immediately following an investigation; the license has a permanent flag displayed when the license is verified through the Board's license verification system. Documents related to the violation and subsequent action are also published on the website (see screen shot below) and all public documents should be reviewed by the prospective employer (note arrow in screen shot pointing to "click here to display available public documents").

This sample screen shot depicts a "caution flag" which is displayed on the license of a nurse whose license is suspended; encumbered in a drug monitoring program or probation; or who may be under investigation. Public documents related to Board action can be viewed by clicking the link in "Charges/Discipline Information for this License/Privilege."

Following loss of a license through voluntary surrender or suspension for a disciplinary matter, the nurse is required to petition the Board for reinstatement, a process which requires documented evidence to support that he/she is safe to return to practice. It should be noted that a nurse may not request to "retire" the license or "lapse" the license while there is a matter under investigation with the Board. At the conclusion of an investigation, if it is determined that there is no evidence to substantiate the allegation, the case may be closed. On the other hand, if the outcome of the investigation results in disciplinary action, the Board reports such action federally to the National Council of State Boards of Nursing (NCSBN) and

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the National Practitioner Data Bank (NPDB); the Office of Inspector General (OIG), and at the state level to the DHSR. Consistent with the Board's mission, any and all outcomes of investigations are thoughtfully processed with the goal of public safety and quality improvement. Once any disciplinary action taken by the Board has been resolved, the caution flag on the verification system will be removed. The system will continue to reflect that there has been prior disciplinary action and all public documents related to the action will continue to be available to anyone verifying the license.

Some criminal convictions may result in action against the nursing license. [§90-171.48 (a)(1)(2)]. Driving While Impaired (DWI) is the most commonly reported conviction. At the time of license renewal, nurses are required to report any criminal convictions (felony or misdemeanor) and/or any pending criminal charges that have not been previously reported to the Board. Failure to disclose this information or falsely answering the questions asked is considered falsification of the application for initial licensure or renewal. Pre-licensure convictions may result in denial of licensure until the applicant has petitioned the Board and appears before a licensure panel.

Helpful tips: Through its research on the subject, Board staff has developed a Complaint Evaluation Tool (CET) to assist the nurse leader in evaluating practice events or errors. Staff has also researched and developed an instruction booklet called "Just Culture in Nursing Regulation" (Burhans, Chastain, & George, 2012). These resources provide valuable education on complaint evaluation and examples of reportable and non-reportable events for licensees and

for employers. This booklet and the CET are available at no cost on the Board's website under tab: Discipline and Compliance. Employer complaint. Information on the PREP program is also available on the Board's website under tab: Discipline and Compliance: Practitioner Remediation. Licensee Rights during an investigation and a description of the investigation process are published on the Board's website under tab: Discipline and Compliance: Investigation & Resolution. Information on Charges/Disciplinary Action, is available on the licensure verification by clicking on the link: "Click here to display available public documents"

REGULATORY MONITORING

"The Board is empowered to establish programs for aiding in the recovery and rehabilitation of nurses who experience chemical addiction or abuse or mental or physical disabilities and programs for monitoring such nurses for safe practice: establish programs for aiding in the remediation of nurses who experience practice deficiencies [§90-171.23 (b)(18)(a)].

When the Board has determined that a nurse is in violation of the NPA, appropriate measures are employed to enhance competency and quality of nursing practice as they relate to the mission of public protection. Some of these measures require close monitoring of the individual through a legally binding Consent Order. Consent Orders may be published or a non-published . For example, nurses diagnosed with a substance use disorder/chemical dependence are typically offered participation in a program through a non-published Consent Order. They are monitored by Regulatory Compliance staff for a period of 3 to 5 years . Some nurses in violation of the NPA may require monitoring for a period of 1 year of employment. Yet, others may simply be required to complete mandatory training/education program and show evidence of satisfactory completion of the program. Regulatory Compliance monitoring staff members are assigned to engage the nurse at the time they enter into the Consent Order with the Board and until such time as the conditions of the Consent Order are satisfied. The Regulatory Compliance monitoring staff members serve as the primary contact for the nurse and the interface between the individual, the employer and the Board for the duration of the period of the Order.

Helpful tip: The National Council of State Boards of Nursing provides resources related to Substance Use Disorders in Nursing; www.ncssbn.org

The Board exists to uphold its mission of Public Protection. Through statutory authority, the public places its trust and confidence in professional regulatory boards. The public deserves assurance that the standards established to assure their safety, well-being, and health are upheld. The citizens of North Carolina can be assured that in the execution of their fiduciary responsibilities, Board of Nursing members avoid conflicts of interest and effectively serve in the interest of the Public. From establishing nursing education standards, setting minimum standards of competence, and regulating professional practice, through enforcement of the NPA and Rules, all functions, duties and actions taken by the Board are done so with this mission in mind.

OUTCOMES

- Describe the primary functions of the Board.
- Discuss the use of the Nursing Practice Act in evaluating nursing practice.
- Develop skills to navigate the Board's web site for access to resources and information.

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Getting to Know Your Licensing Board: the North Carolina Board of Nursing at a Glance

INSTRUCTIONS

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

RECEIVE CONTACT HOUR CERTIFICATE

Go to www.ncbon.com and scroll over "Nursing Education;" under "Continuing Education" select" Board Sponsored Bulletin Offerings," scroll down to the link, "Getting to Know Your Licensing Board: the North Carolina Board of Nursing at a Glance." Register, be sure to write down your confirmation number, complete and submit the evaluation, and print your certificate immediately.

PROVIDER ACCREDITATION

The North Carolina Board of Nursing will award _1.0_ contact hours for this continuing nursing education activity.

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

NCBON CNE CONTACT HOUR ACTIVITY DISCLOSURE STATEMENT

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

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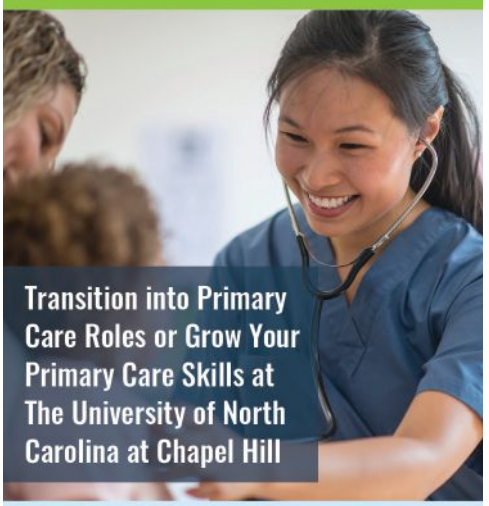

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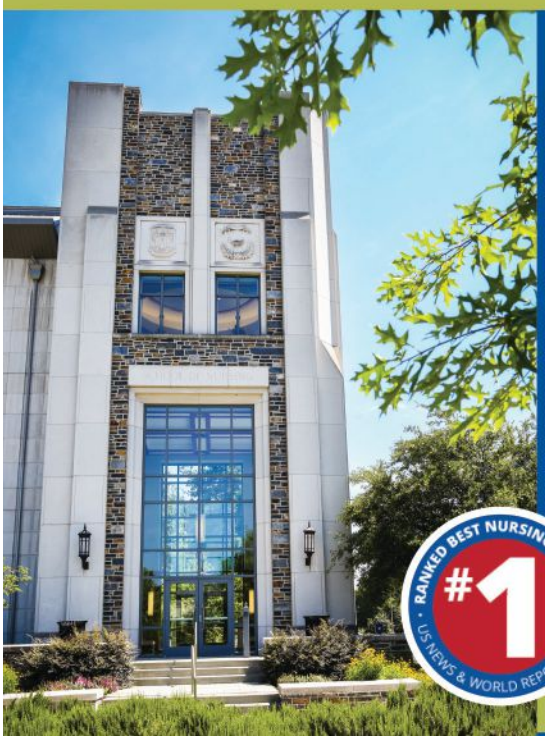

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CONTINUING COMPETENCE SELF-ASSESSMENT: Have You Met Your Professional Responsibility?

Joyce Roth, RN, MSN, NE-BC

Outcome:

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

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

Continuing Competence, according to the NC Administrative Code Nursing Rules, is the ongoing acquisition and application of knowledge and the decision making, psychomotor, and interpersonal skills expected of the licensed nurse resulting in nursing care that contributes to the health and welfare of clients served (NC Nursing Rules, 21 NCAC 36.0120[11]). Initial competence is demonstrated when one completes an approved program of nursing education and passes the licensure examination. Nursing practice changes quickly, however, and in order to provide safe care, all nurses must engage in reflective practice to maintain competence. Reflective practice is a process used to assess one's own practice to identify and seek learning opportunities to promote continuing competence. Reflective practice helps nurses identify goals and progress from "novice to expert" (Benner 1984). All NC licensees seeking renewal or reinstatement must attest to having completed the Continuing Competence process (including a self assessment, development of a learning plan, and completion of specific chosen learning activities) and be prepared to submit evidence of completion if requested by the Board. This means, that if you have an active license, you will complete the entire Continuing Competence process within every 2-year renewal cycle. A good way to stay on top of this is to remember as soon as your license is renewed, it is time to begin the two year continuing competence cycle again: complete your self assessment, develop your plan, select learning opportunities, and implement your plan so that you have completed the cycle by the time you once again renew your license. This means that you will have a new self assessment, plan, and action implementation every two years! If your license is currently inactive, you will have to demonstrate that you have met the continuing competence requirements within the immediate two years before your license can be reinstated.

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

Think about the following situations:

- a patient you are caring for has a problem with which you are unfamiliar;

- a medication has been ordered that you have never given before and about which you don't know anything;
- you will need to use a new, unfamiliar piece of equipment for patient care;
- you have moved to a new specialty of practice, or a new patient population is now part of your clinical area;
- you are part of a team examining a process, but do not have all of the information you need to participate fully; or,
- you are a faculty member who has been asked to teach using a new methodology.

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

Now that you see how self assessment is part of your practice every day, let's look at the specific self assessment steps for NCBON-required Continuing Competence. This self assessment includes four dimensions of nursing practice that are applicable in all practice settings and roles. The dimensions are founded in NC nursing law and rules and are general in nature, allowing them to be applicable regardless of your specific nursing practice setting or role. When selecting standards that apply to your area of practice, you may also consider professional or specialty organization standards or agency policies. Your performance evaluation and feedback from your colleagues or manager may be other resources to help you complete a self assessment. The NCBON has created four worksheets to assist you as you examine the self assessment dimensions. Each worksheet includes broad statements that you need to rate in terms of your own practice. The possible ratings for each statement are from "1" (novice) to "5" (expert). Only you will see this self assessment, and it is important that you are honest in your rating as your self assessment will be the basis for your learning plan. Keep in mind that often it is difficult to honestly assess oneself, and you will need to thoughtfully consider the items on the worksheets so that you do not rate yourself too high or too low. Once you complete all four of the worksheets, you will use this information to identify areas of your practice that are strong, and areas where you would like to improve or gain additional knowledge and/or experience. This will lead you to the next step in the Continuing Competence process (development of a learning plan), but that is beyond what will be discussed in this article. The link for accessing each of the self assessment worksheets is included with each individual dimension discussion below so that you can pull them up now on your computer and/or print them off for use as you complete this exercise.

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

- **DIMENSION ONE: Professional Responsibility** (https://www.ncbon.com/vdownloads/self-assessment/self-assessment-dimension1.pdf).

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

- **DIMENSION TWO: Knowledge Based Practice** (https://www.ncbon.com/vdownloads/self-assessment/self-assessment-dimension2.pdf).

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

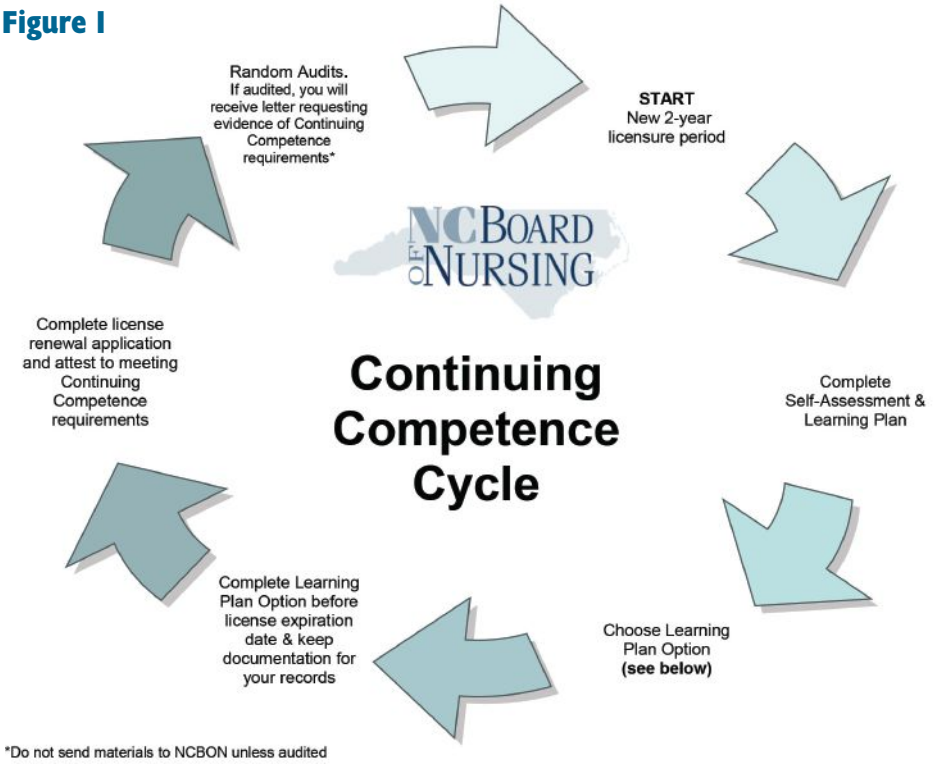
- **DIMENSION THREE: Legal-Ethical Practice** (https://www.ncbon.com/vdownloads/self-assessment/self-assessment-dimension3.pdf).

This dimension examines your understanding of the legal and ethical aspects of your practice. Here you are asked to rate items related to your knowledge of required NCBON reporting situations, client advocacy responsibilities, maintaining confidentiality, assuring professional boundaries, your role in creating or supporting a professional healthcare environment, and identification of alternate approaches to maximize outcomes for clients. Take some time now to reflect upon these components and complete this worksheet for Dimension Three.

- **DIMENSION FOUR: Collaborative Practice** (https://www.ncbon.com/vdownloads/self-assessment/self-assessment-dimension4.pdf).

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

Figure I



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

- Using your worksheets, identify areas where you feel strong in your practice. Is there anything in these areas that you want to make even stronger? Do you want to consider ways that you can share your areas of strength with other nurses?
- Using your worksheets, identify areas where you have opportunities to improve your knowledge and/or skill, or where you are uncomfortable in your nursing practice. Are there any areas that could potentially cause you to provide care that is not of the highest quality, or is actually unacceptable or unsafe?
- Talk with your peers if you are comfortable asking for feedback. If you do not want to ask directly, think back—have you gotten any feedback from your peers about areas where you were strong, or areas that could use some improvement? Do these areas coincide with your self-assessment?
- Talk with your manager or look at your last performance evaluation. What areas were identified as strong? Which areas need some improvement? Do these areas match your self-assessment?
- Think about your area of practice, the clients you care for, and any goals you have for yourself (for example, are you planning to become certified in a specialty?).
- Are you a supervisor, manager, or nursing administrator? If so, did you reflect upon your broader responsibilities as you addressed each of the four worksheets? Did you reflect upon how you impact and assure safe client care in your role? Did you think about leadership and organizational development knowledge and skills? If not, return to the worksheets and reflect again with these issues in mind.

LEARNING PLAN OPTIONS							
SELECT **ONE** OF THE LEARNING PLAN OPTIONS							
1) NATIONAL CERTIFICATION OR RE-CERTIFICATION BY A NATIONAL CREDENTIALING BODY RECOGNIZED BY THE BOARD	**2)** 30 CONTACT HOURS OF CONTINUED EDUCATION	**3)** COMPLETION OF A BOARD APPROVED REFRESHER COURSE	**4)** COMPLETION OF A MINIMUM OF TWO SEMESTER HOURS OF POST-LICENSURE ACADEMIC EDUCATION RELATED TO NURSING PRACTICE	**15 CONTACT HOURS ALONG WITH ONE OF THE FOLLOWING OPTIONS (5-8):**			
				5) COMPLETION OF A NURSING PROJECT AS PRINCIPAL INVESTIGATOR OR CO-INVESTIGATOR TO INCLUDE STATEMENT OF PROBLEM, PROJECT OBJECTIVES, METHODS, DATE OF COMPLETION AND SUMMARY OF FINDINGS	**6)** AUTHORING OR CO-AUTHORING A NURSING-RELATED ARTICLE, PAPER, BOOK OR BOOK CHAPTER	**7)** DEVELOPING AND CONDUCTING A NURSING CONTINUING EDUCATION PRESENTATION OR PRESENTATIONS TOTALING A MINIMUM OF FIVE CONTACT HOURS, INCLUDING PROGRAM BROCHURE OR COURSE SYLLABI, OBJECTIVES, DATE AND LOCATION OF PRESENTATION, AND APPROXIMATE NUMBER OF ATTENDEES	**8)** 640 HOURS OF ACTIVE PRACTICE WITHIN PREVIOUS 2 YEARS

- Are you an educator, consultant, regulator, or practice in a unique role? If so, did you reflect specifically upon your role and responsibilities in considering the various components of each dimension? Did you think about how knowledge and skill enhancement related to your role might improve your ratings?

Using all of the information you have gathered from these sources, you now have a thorough self-assessment that will allow you to develop a plan, identify appropriate actions, and complete your Continuing Competency requirements for the current two year license renewal cycle. You may need to establish priorities as you determine a reasonable, achievable plan. The eight learning plan options (see Figure 1) enable you to customize exactly how you want to achieve your goals. The need for lifelong learning among all professionals is well-established. This is particularly important in the healthcare professions where the health and welfare of others depends upon our knowledge and skills being kept current. The NCBON Continuing Competence requirements provide a structure within which all NC nurses are able to demonstrate lifelong learning and assure the public of their continuing competence to practice.

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

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

- ABCD Sheet
- Self-Assessment – Dimension Worksheet 1
- Self-Assessment – Dimension Worksheet 2
- Self-Assessment – Dimension Worksheet 3
- Self-Assessment – Dimension Worksheet 4
- Rule definitions
- Rule 232
- Continuing Competence Cycle Diagram (PDF)

Reference

1. North Carolina Administrative Code Title 21 Occupational Licensing Boards and Commissions Chapter 36 Nursing. Retrieved from http://reports.oah.state.nc.us/ncac/title%2021%20-%20occupational%20licensing%20boards%20and%20commissions/chapter%2036%20-%20nursing/21%20ncac%2036%20.0120.pdf
2. Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park:CA: Addison-Wesley Publishing Company

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Continuing Competence Self-Assessment: Have You Met Your Professional Responsibility?

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Long-Serving Former Board Member Dies

Paul Rusk, LPN who served on the North Carolina Board of Nursing for several terms recently passed away in Wilmington, North Carolina.

While serving on the Board, Rusk worked on policies such as the development of the Med Aide program and requirements establishing continuing education for all licensed nurses.

Rusk received his Bachelor's degree from the University of North Carolina at Wilmington. He also attended Cape Fear Community College's practical nursing program. His nursing career spanned more than 30 years. Rusk worked for 22 years at New Hanover Regional Medical Center, five years on the dialysis unit and 17 years on the cardiac telemetry unit. In 2005 he join Liberty Commons and worked there until his retirement.

Paul leaves a wife, Retha, and three sons; Joshua, Andrew and Aaron.

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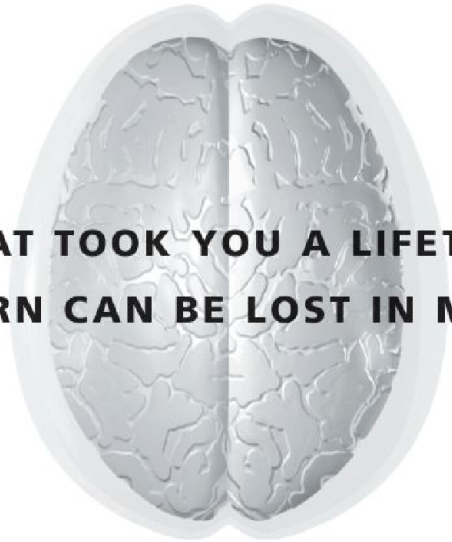

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2018 Board Member Election Results

Election winners for 2018 were Arlene Imes and Ann Marie Millner. Almost 6,000 nurses cast votes during the 2018 election and we appreciate all the candidates who ran for the Board. North Carolina is the only state that elects its Board of Nursing members. It is encouraging to see the number of people who want to serve as Board members. Also, the number of nurses who cast ballots was up again this year. Please keep on voting and running for office.

Should you have an interest in running for the Board, there is an election in 2019. Please see the 2019 Nomination Form in this issue of the magazine for more details.

Ann Marie Millner — was elected from the slate of AND/ Diploma Nurse Educators. Millner has 25 years of nursing experience and a strong commitment to nursing education at every level.

Arlene Imes — was elected from a slate of LPN candidates. Imes has 31 years of nursing experience. She has served on several committees and boards related to nursing.

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NOVANT HEALTH

Julie George Elected President of NCSBN

At their annual meeting in August, The National Council of State Boards of Nursing (NCSBN) elected Julie George, MSN, RN, FRE as the Council's President for the next two years.

George previously served as the organization's president elect in 2016. Prior to that she served as NCSBN's treasurer for five years and also served as the Area 3 director from 2007 to 2011.

"Julie is an exceptional leader that has an extraordinary commitment to public protection at the state, national and internationals levels," said David Benton CEO of NCSBN.

George is the CEO of the North Carolina Board of Nursing, a position she has held since 2008. During her tenure she has continued to keep North Carolina in the forefront of nursing regulation nationally.

NSCBN was created to lessen the burdens of state governments and bring together boards of nursing to act on matters of common interest. Currently, NCSBN's membership includes all 50 state boards of nursing plus the District of Columbia and 4 U.S. territories. Also, there are 30 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

NCSBN member boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. In total these boards regulate more than 4.5 million licensed nurses.

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SUMMARY of ACTIVITIES

Administrative Matters

- Approved proposed amendments to 21 NCAC 36, Board of Nursing and directed staff to proceed with next steps in the periodic review of rules.
- Announced the election of Chair and Vice Chair for 2019
  Chair: Frank DeMarco, RN
  Vice Chair: Yolanda VanReil, RN

Education Matters:

Ratification of Full Approval Status

- Cleveland Community College, Shelby – LPN
- Coastal Carolina Community College, Jacksonville – ADN and LPN
- Fayetteville Technical Community College, Fayetteville – ADN and LPN
- Gardner-Webb University, Boiling Springs – BSN
- Gardner-Webb University, Boiling Springs – ADN

Ratification to Approve the Following Enrollment Expansions

- Brunswick Community College, Supply – LPN, increase enrollment by 27 for a total program enrollment of 50 students beginning Fall 2018
- Fayetteville State University, Fayetteville – ADN, increase enrollment by 70 for a total program enrollment of 280 students beginning Fall 2018
- Pitt Community College, Greenville – ADN, increase enrollment by 75 for a total program enrollment of 300 students beginning Spring 2019
- Wilson Community College, Wilson – ADN, increase enrollment by 10 for a total program enrollment of 90 students beginning Fall 2018

Ratification of Approval of NA II Courses

- Gaston College, Dallas – Curriculum Traditional
- Gaston College, Kimbrell – Curriculum Traditional
- Gaston College, Kimbrell – Continuing Education Traditional
- Lenoir Community College – Greene County Center/Hybrid, Snow Hill – Curriculum Traditional
- Lenoir Community College – Jones County Center/Hybrid, Trenton – Curriculum Traditional

Notification of Program Closing

- Beaufort County Community College, Washington – Continuing Education and Curriculum Traditional NA II Programs
- Davidson County Community College, Lexington – Curriculum Traditional NA II Program
- Randolph Community College, Asheboro – Continuing Education and Curriculum Traditional NA II Programs
- South University, High Point – BSN, discontinuing the BSN option beginning Fall 2018

Notification of Planned Decrease in Approved Total Enrollment

- Montgomery Community College, Troy – LPN, decrease enrollment by 25 for a total program enrollment of 35 students beginning Fall 2018

FYI Accreditation Decisions by CNEA (Initial or Continuing Approval – Next Visit)

- Asheville-Buncombe Technical Community College, Asheville – ADN – Pre-Accreditation Status Granted – June 2021
- Sandhills Community College, Locust – ADN – Pre-Accreditation Status Granted – June 2021

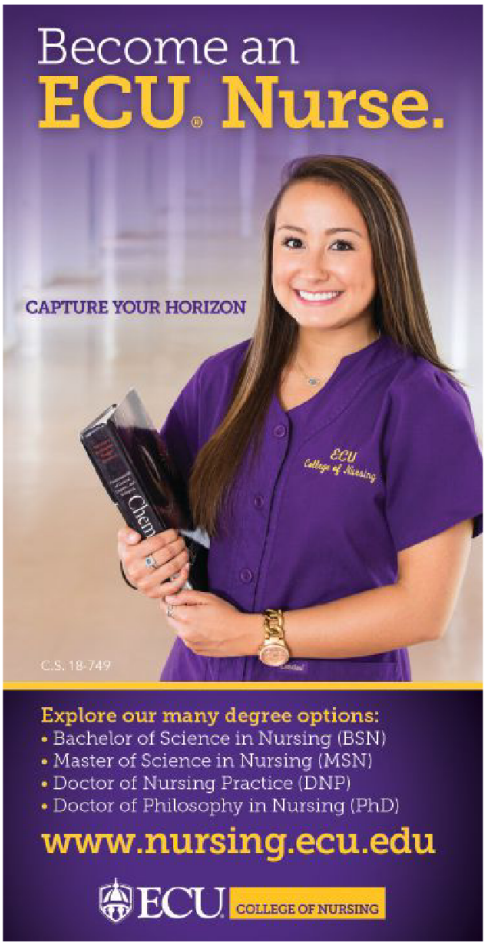
FYI Accreditation Decisions by ACEN (Initial or Continuing Approval - Next Visit)

- Caldwell Community College, Hudson – ADN – Initial approval – Spring 2022
- Sampson Community College, Clinton – ADN and LPN – Continuing approval – 2020
- North Carolina Central University, Durham – BSN – Continuing approval – warning status removed

FYI Accreditation Decisions by CCNE (Initial or Continuing Approval – Next Visit)

- Campbell University, Buies Creek – BSN – Initial approval – Fall 2022

Follow the North Carolina Board of Nursing on Facebook!



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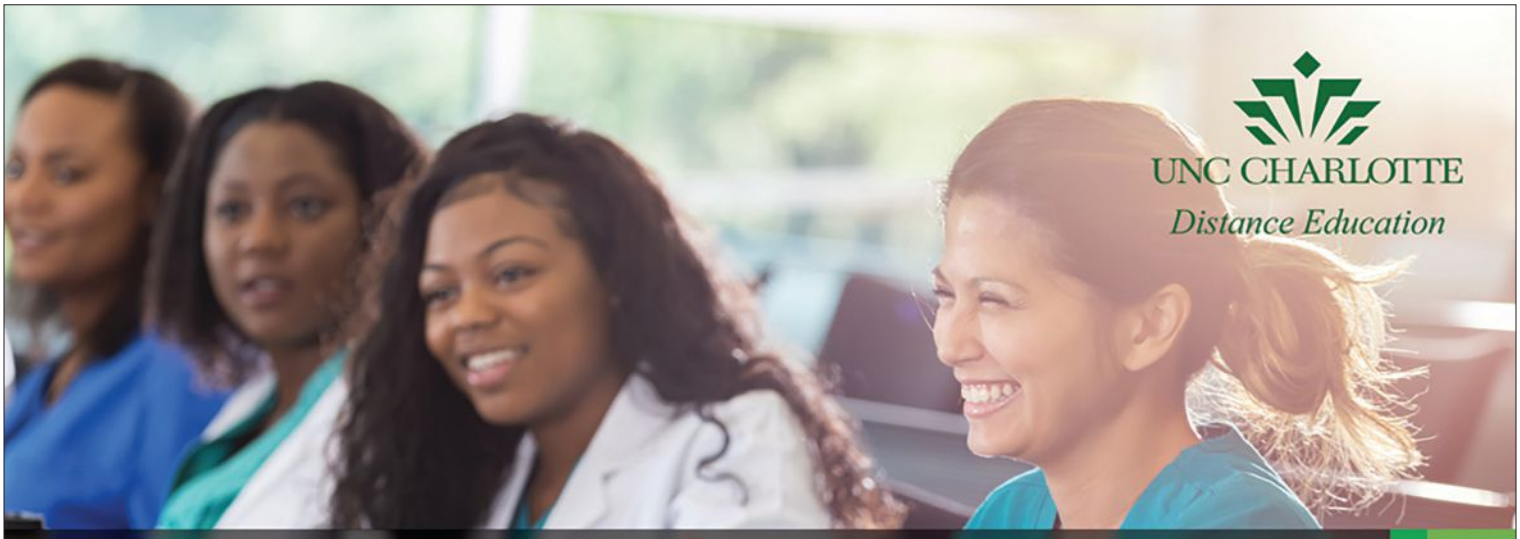

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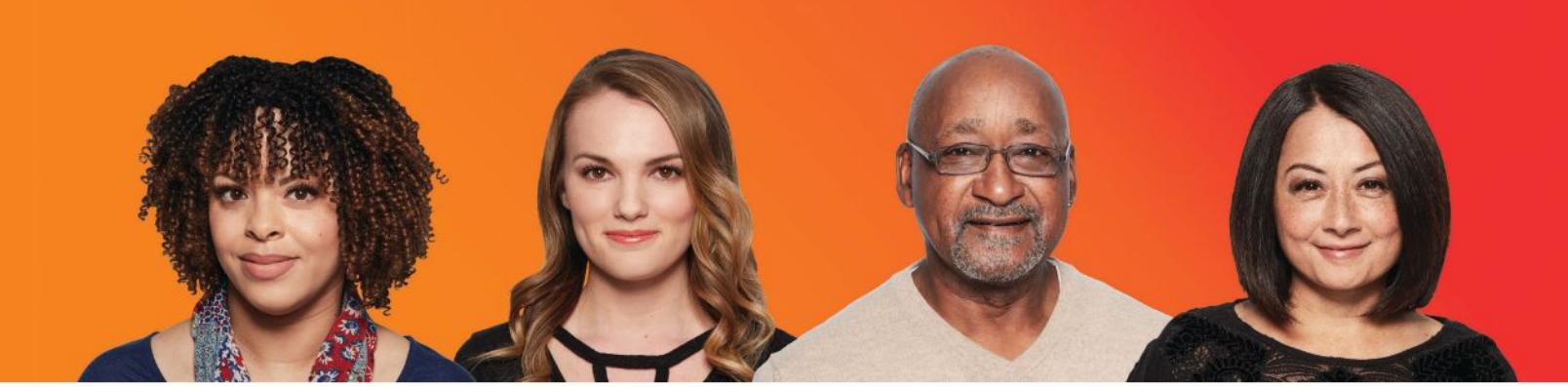

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An NCBON education & practice consultant is available to provide educational presentations upon request from agencies or organizations. To request an education & practice consultant to speak at your facility or via webinar, please complete the Presentation Request Form online and submit it per form instructions. The NCBON will contact you to arrange a presentation. A minimum of 30 participants are required for presentations.

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.
- **Delegation: Responsibility of the Nurse** - 1 CH – 1 hour Provides information about delegation that would enhance the nurse's knowledge, skills, and application of delegation principles to ensure the provision of safe competent nursing care.
- **Understanding the Scope of Practice and Role of the LPN** (1 CH) – 1 hour – Assists RNs, LPNs, and employers of nurses in understanding the LPN scope of practice. Also available as webcast.
- **Nursing Regulation in NC** (1 CH) – 1 hour – Describes Board authority, composition, vision, function, activities, strategic initiatives, and resources.
- **Introduction to Just Culture and NCBON Complaint Evaluation Tool** (1.5 CHs) – 1 hour and 30 minutes
  Provides information about Just Culture concepts, role of nursing regulation in practice errors, instructions in use of NCBON CET, consultation with NCBON about practice errors, and mandatory reporting. Suggested for audience NOT familiar with Just Culture.
- **Introduction to the NCBON Complaint Evaluation Tool** (1 CH) 1 hour – Provides brief information about Just Culture concepts and instructions for use of the NC Board of Nursing's Complaint Evaluation Tool, consultation with NCBON about practice errors, and mandatory reporting. Suggested for audience already familiar with Just Culture.

To access online CE articles, webcasts, session registration, and the presentation request form, go to www.ncbon.com - Nursing Education - Continuing Education

ONLINE BULLETIN ARTICLES

- Continuing Competence Self-Assessment: Have You Met Your Professional Responsibility? (1 CH)
- Maintaining Professional Boundaries in Nursing (1.0 CH). No fee.
- What Nurses Need to Know about Informatics, Social Media, and Security! (1.9 CHs). No fee.
- Regulatory Intelligence: A Necessary Competency for Advanced Practice Nurses (2 CHs). No fee.

More offerings on www.ncbon.com

ORIENTATION SESSION FOR ADMINISTRATORS OF NURSING SERVICES AND MID-LEVEL NURSE MANAGERS

Face-to-face workshop at NC Board of Nursing office. Learn about the functions of the Board of Nursing and how these functions impact the roles of the nurse administrator and the mid-level nurse manager in all types of nursing services.

Session Dates

March 13, 2019 April 9, 2019 October 9, 2019 November 7, 2019

$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. If you are unable to attend and do not have a substitute to go in your place, please inform the NCBON so someone on the waiting list can attend.

WEBCASTS

- Understanding the Scope of Practice and Role of the LPN (1 CH) Provides information clarifying the LPN scope of practice. An important course for RNs, LPNs, and employers of LPNs. No fee.
- Legal Scope of Practice (2.3 CHs) ~ Provides information and clarification regarding the legal scope of practice parameters for licensed nurses in North Carolina. $40.00 Fee

PODCASTS

- Just Culture Podcast & Resources
- Continuing Competence Requirements

https://www.ncbon.com/news-publications-statistics-podcasts
(No CH provided)

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

NOMINATION FORM FOR 2019 ELECTION

Although we just completed a succesful Board of Nursing election, we are already getting ready for our next election. In 2019, the Board will have three openings: Nurse Educator: ADN/ Diploma, Staff Nurse, LPN. This form is for you to tear out and use. This nomination form must be completed on or before April 1, 2019. Read the nomination instructions and make sure the candidate(s) meet all the requirements.

Instructions

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

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

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

If you are interested in being a candidate for one of the positions, visit our website at www.ncbon.com for additional information, including a Board Member Job Description and other Board-related information. You also may contact Chandra, Executive Assistant, at chandra@ncbon.com or (919) 782-3211, ext. 232. After careful review of the information packet, you must complete the nomination form and submit it to the Board office by April 1, 2019.

Guidelines for Nomination

1. RNs can petition only for RN nominations and LPNs can petition only for LPN nominations.
2. Only petitions submitted on the nomination form will be considered. Photocopies or faxes are not acceptable
3. The certificate number of the nominee and each petitioner must be listed on the form.
4. Names and certificate numbers (for each petitioner) must be legible and accurate.
5. Each petition shall be verified with the records of the Board to validate that each nominee and petitioner holds appropriate North Carolina licensure.
6. If the license of the nominee is not current, the petition shall be declared invalid.
7. If the license of any petitioner listed on the nomination form is not current, and that finding decreases the number of petitioners to fewer than ten, the petition shall be declared invalid.
8. The envelope containing the petition must be postmarked on or before April 1, 2019, for the nominee to be considered for candidacy. Petitions received before the April 1, 2019, deadline will be processed on receipt.
9. Elections will be held July 1 and August 15, 2019. Those elected will begin their terms of office in January 2020.

Please complete and return nomination forms to 2019 Board Election, North Carolina Board of Nursing, P.O. Box 2129, Raleigh, NC 27602-2129.

Nomination of Candidate for Membership on the North Carolina Board of Nursing for 2019

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

☐ BSN/Higher Nurse Educator ☐ Nurse Administrator in a hospital or system ☐ LPN

Address of Nominee: _____

Telephone Number: (Home) _____ (Work) _____

E-mail Address: _____

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

TO BE POSTMARKED ON OR BEFORE APRIL 1, 2019

NAME	SIGNATURE	CERTIFICATE NUMBER

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