
Registered Nurses | Experienced & New Grad

NHRMC offers employees an inspiring work environment, an opportunity to influence change and room for advancement. Outside of work, NHRMC encourages its employees to embrace opportunities to live a fulfilling, active and healthy lifestyle.

Nursing Incentives at NHRMC:
- Tuition Reimbursement
- Clinical Ladder
- Education Resource Fund
- Preceptor Program
- Nursing Congress
- Certification Reimbursement
- Shared Governance Model

Ask us about our transition incentive.*

New Hanover Regional Medical Center
Wilmington, NC

Join our Talented Nursing Team Today!
Visit nursingatnhrmc.com or Text “Nursing” to 910.218.9750
Leading Our Community to Outstanding Health

*Restrictions apply
Table of Contents

6 2018 NC Nurses Vote for Board Members
12 2018 Slate of Candidates
16 Excerpt from “A Study of Non-Disciplinary Consent Orders Effectiveness”
22 New LPN Member Appointed to Board
24 Follow the NC Board of Nursing on Facebook!
26 NCBON Wins GOLD for Nursing Bulletin & Newly Redesigned Website
28 The Role of Nurses in Mitigating the Impact of the Opioid Epidemic
36 CE Opportunities 2018

Departments:
4 From the Editor
4 BON Calendar
24 Summary of Activities
38 Classifieds
from the
EDITOR

Vacation and Voting …
...And the Bulletin Magazine—as you like it!

It’s that time of year again to exercise your opportunity to vote for the candidates of your choice to NC Board of Nursing. We introduce the candidates to you in this issue and to read each candidate’s full interview and biography, please visit the information on the Board’s homepage at www.ncbon.com.

The window for voting runs from July 1 through August 15th.

The growth trend in nursing continues as we begin the second half of 2018. On the bottom of the Board’s homepage we report—and update regularly—the number of licensed nurses in the state. Currently, we are fast approaching 160,000 licensed nurses and among that number are almost 12,000 advanced practice nurses: NPs, CRNAs, CNSs and CNMs.

The summer CE article in this expanded issue of the Nursing Bulletin Magazine is our traditional article on voting which has been updated for 2018. Additionally, a very timely article titled: The Role of Nurses in Mitigating the Impact of the Opioid Epidemic, is authored by co-workers Bobby Lowery, Ph.D, FNP-BC, FAANP and Kathleen Privette, MSN, NEA-BC FRE also appears in this current issue. See Page 28.

Speaking of the magazine—the inaugural issue of the Nurse Bulletin, in magazine format, was sent out to NC nurses in October of 2004. Considering the growth in the number of nurses over this time period, a rough calculation comes to a total of more than 5 million copies of the magazine produced and mailed.

Our random readership surveys indicate that the majority of readers still want to receive a hard copy of the magazine. However, in the months ahead we will investigate ways for electronic distribution of the magazine to nurses who may prefer to receive it in that format.

Sincerely,
David Kalbacker
Editor, NC Board of Nursing

NORTH CAROLINA BOARD OF NURSING
CALENDAR OF EVENTS

<table>
<thead>
<tr>
<th>Board Meeting:</th>
<th>Education/Practice Committee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 14, 2018</td>
<td>August 1, 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administrative Hearings:</th>
<th>Hearing Committee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 26, 2018</td>
<td>August 30, 2018</td>
</tr>
<tr>
<td>September 13, 2018</td>
<td>October 25, 2018</td>
</tr>
<tr>
<td>November 29, 2018</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licensure Review Panel:</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 9, 2018</td>
</tr>
<tr>
<td>September 12, 2018</td>
</tr>
<tr>
<td>October 11, 2018</td>
</tr>
<tr>
<td>November 8, 2018</td>
</tr>
</tbody>
</table>
LEARN L I V E T H R I V E
Be transformed.

Enroll in our 100% online RN to BSN or MSN programs.
You take your nursing career advancement seriously. We take it personally, and we’ll be there to help you succeed every step of the way.

University of MOUNT OLIVE

Online and seated fall classes begin the week of August 27. Apply Today!
umo.edu/nursing 844-UMO-GOAL
2018 NC Nurses Vote for BOARD MEMBERS

Joyce V. Winstead, MSN, RN, FRE and David Kalbacker

Purpose:
North Carolina is the only state in the United States in which the nurses have the privilege to nominate and elect nursing members for their Board of Nursing. The purpose of this article is to provide information about the NC Board of Nursing elections and the importance of participation, candidate biographical information, and Board member qualifications.

Outcome:
Nurses will have an increased awareness of the importance of participation in the Board member elections and the knowledge to make appropriate candidate selections.

You Are Unique! Opportunity Awaits You!
You are unique because ... as a North Carolina (NC) nurse, you have the special privilege to nominate and elect the nursing members of the NC Board of Nursing (Board). NC is the only state in the nation in which nurses have this privilege. Privilege is defined as a special right or entitlement given only to a specific group of people. An example of a privilege is the freedom to pursue “life, liberty, and the pursuit of happiness” available to all citizens of the United States. Possessing a nursing license is a privilege that holds responsibilities and commitment to the public for the provision of safe competent nursing care. NC nurses sustain their privilege to vote for nursing Board members through active participation in the annual elections. Every nurse who holds an active NC license is eligible to vote in the annual Board elections.

• Registered Nurses (RN) with an active NC license are eligible to vote in the election of the RN Board members.
• Licensed Practical Nurses (LPN) with an active NC license are eligible to vote in the election of the LPN Board members.

The opportunity that awaits you is ... the privilege to vote for the Board member(s) that you think would make appropriate choices to better serve nursing regulation in NC. The elected Board members determine the direction for the regulation of nursing practice in NC and are responsible for overseeing the activities of the Board of Nursing. Just as the privilege to participate in national, state, and local elections is the cornerstone of democracy; participating in the election of Board members serves to allow nurses the opportunity to voice their opinions and proactively influence the direction of nursing practice. Each individual nurse’s vote is important! The vote of one nurse builds collectively upon the votes of other nurses to result in the election of the Board members who will impact nursing regulation. Elections for the Board are conducted annually between July 1st and August 15th.

The 2018 Board Elections Candidate Positions Are:
• RN: Nurse Educator for Associate Degree Nursing and/or Diploma Programs
• RN: Staff Nurse
• LPN

When considering which candidate to vote for, the nurse is encouraged to carefully review the candidate’s qualifications:
• educational preparation,
• length of experience,
• areas of expertise,
• leadership abilities, and
• reputation for professionalism and transparency.
How Many Nurses Voted in the 2017 Board Elections?

NC currently has over 157,000 licensed nurses (RNs and LPNs). The percentage of nurses, both RNs and LPNs, that voted in the 2017 Board member election was only 3.27% (see Figure 1). Of the 134,831 RNs in the state, 3.61% voted in the election (see Figure 2) and two hundred forty-three of the 22,401 LPNs or 1.08% voted in the election (see Figure 3).

Historical Importance

In 1903, NC became 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 NC Medical Society) and three nurses from the NC State Nurses’ Association. Gene Tranbarger, EdD, RN, MSN, FAAN, a former Board member that served from 1979 to 1986 shared a historical perspective regarding the challenges and successes for achieving the privilege for nurses to be elected to the Board by the nurses of NC. During an interview Dr. Tranbarger stated that in the 1970’s a Task-force of nurse leaders were charged with the responsibility to rewrite the Nursing Practice Act (NPA). It was during this time that nurse leaders also recognized the Board’s need to strengthen the regulation of nursing practice in NC and revamp the current Board member composition to include nurses with a variety of expertise. At that time, the Board member composition was by Governor appointment only and consisted of nurses, two physicians, and two hospital administrators. Dr. Tranbarger stated, Conversations between the Governor and a representative of 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 in qualifications for appointment to the Board.

In 1981, legislation was passed that made significant changes to the Board’s composition and appointment of members. The new changes required Board member composition to include RNs, LPNs, and several public members. The changes also included the requirement that the nurse Board members would be nominated and elected by the nurses of NC. Dr. Tranbarger encourages nurses with these words:

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. Former Board member, Jennifer Kaylor, BSN, RN, CWON, stated:

Nurses regulating nursing is the best way to ensure that the people of North Carolina are cared for by professionally trained, safe practicing nurses.

Powers and Duties of the Board of Nursing [G.S. 90-171.23]

The NPA defines nursing as a dynamic discipline which includes assessing, caring, counseling, teaching, referring and implementing of prescribe treatment in the maintenance of health, prevention and management of illness, injury, disability or achievement of a dignified death. It is ministering to, assisting, and sustained, vigilant, and continuous care of those acutely or chronically ill; supervising patients during convalescence and rehabilitation; the supportive and restorative care given to maintain the optimum health level of individuals, groups, and communities; the supervision, teaching, and evaluation of those who perform or are preparing to perform these functions; and the administration of nursing programs and nursing services.
The NPA authorizes the Board to protect the public by regulating the practice of nursing and defines the Board member composition. The Board is composed of 14 members: eight RNs; three LPNs; and three appointed public members, one by the Governor and two by the General Assembly. Board members serve a four-year term. The four-year terms are staggered so that Board vacancies are consistently filled while maintaining a Board of experienced members. The Board meets three (3) times per year in the following months: January, May, and September. Board meetings are open to the public and attendance is encouraged.

Former Board member, Jennifer Kaylor, BSN, RN, CWON, shared insight regarding the experience of a member of the Board:

Over those next four years I was fortunate to have a professional experience that only the state of North Carolina provides: to be chosen by one’s peers to serve on the Board of Nursing, to protect its citizens through ensuring that they receive the highest quality, safest, nursing care available. What an honor to collaborate and learn from such a dedicated group of fellow nurses and lay people committed to the nursing profession and the people of North Carolina. I have been able to employ the leadership skills I gained while on the Board in my institution’s nursing governance, my team, and in a new Board role in my neighborhood association.

The duties and responsibilities empowered to the Board by the NPA are:

- Administer and issue interpretations of the NPA.
- Adopt, amend, or repeal rules and regulation necessary 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; and grant or deny approval of programs.
- Appoint advisory committees on an as needed basis, to explore initiatives.
- 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 RNs.
- Implement programs for assisting in the recovery and rehabilitation of nurses who experience chemical addiction or abuse, or mental or physical disabilities.
- Implement and regulate the continuing competence requirements.
- Employ an RN executive officer and other personnel to implement the NPA.
- Recommend and collect fees for licensure, renewals, examinations, and re-examinations.
- Maintain records of all proceedings and provide an annual summary of actions.
- Request criminal background checks for applicants applying for licensure.
- Implement the interstate compacts to facilitate the practice and regulation of nursing.

**Nomination Process for RN and LPN Positions on the Board**

The election process begins with the nomination of nurse candidates to fill the Board member vacancies for the upcoming year. Candidate nominations for Board vacancies are submitted to the Board annually between January 1st and April 1st:

- Candidates nominated for the RN member positions would need to submit the written petition of nomination (available from the Board) along with at least 10 RN signatures endorsing the nomination. The endorsing RNs must be eligible to vote in the election.

**Board Member Qualifications**

The Board nursing members are composed of eight RNs and three LPNs. The minimum employment requirement for each RN and LPN on the Board is continuous employment equal to or greater than fifty percent (50%) of a full-time position.

The qualifications for each RN position are:

- **Nurse administrator** (1 position) — is employed by a hospital or a hospital system, has accountability for the administration of nursing services, and is not directly involved in patient care;
- **Advanced Practice RN (APRN)** (1 position) — meets the requirements to practice as a certified RN anesthetist, a certified nurse midwife, a clinical nurse specialist, or a nurse practitioner;
- **Staff nurses** (2 positions) — individuals primarily involved in direct patient care regardless of the practice setting;
- **At-large RN** (1 position) — RN that is not currently an educator in a nursing program that leads to licensure or granting a degree;
- **Nurse Educators** (3 positions): must meet the minimum education requirements established by the Board’s education program standards for nurse faculty. The positions are:
— Practical nurse educator (1 position)
— Associate degree or diploma nurse educator (1 position)
— Bachelor’s or higher degree nurse educator (1 position)
• Hold a current, unencumbered license to practice as an RN in NC and be a resident of NC;
• Have a minimum of five years of experience as an RN;
• 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; and
• Provide evidence that the RN’s employer is aware of the nurse’s intentions to serve on the Board.

The APRN member (nurse practitioner, certified RN anesthetist, certified nurse midwife, or clinical nurse specialist) is an RN 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, and
• Practices in a manner consistent with rules adopted by the Board and other applicable law.

The qualifications for the three LPN positions are:
• Hold a current, unencumbered license to practice as an LPN in NC and be a resident of NC;
• Have a minimum of five years of experience as an LPN;
• Have been engaged continuously in the position of an LPN for at least three years immediately preceding election; and
• Provide evidence that the employer of the LPN is aware of the nurse’s intentions to serve on the Board.

Perspective from Former Board Member

Patricia A Beverage, LPN served as an LPN member on the Board 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.

A Nursing Privilege

The opportunity to elect nursing members to the Board of Nursing is a privilege held by nurses of the state of NC. Seize your opportunity by voting July 1 – August 15th, 2018! The Slate of Candidates for the 2018 NC Board of Nursing Election is available on Page 12.
**Instructions for Voting**

Voting begins July 1, 2018 and continues to August 15, 2018 at midnight

Voting for Board members is easy!

Vote online from any location via computer, 24 hours a day, 7 days a week!

**Vote with or 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 under Information Spotlight.
- Then follow the instructions as indicated.
- You will have two options:
  1. Vote and receive Continuing Education Contact Hours (See EARN CE CREDIT below for instructions), or
  2. Vote without Receiving Continuing Education Credit.
- Follow the instructions on the appropriate link.

**EARN CE CREDIT**

“NORTH CAROLINA NURSES VOTE in 2018!” (2 CH)

**INSTRUCTIONS**

Read the article. 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, NORTH CAROLINA NURSES VOTE in 2018!

Register, be sure to write down your confirmation number, complete and submit the evaluation, and print your certificate immediately.

If you experience issues with printing your CE certificate, please email practice@ncbon.com. In the email, please provide your full name and the name of the CE offering (North Carolina Nurses Vote in 2018).

Registration deadline is 8-15-2018.

**PROVIDER ACCREDITATION**

The North Carolina Board of Nursing will award 2.0 contact hour 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.

The following disclosure applies to the NCBON continuing nursing education article entitled “NORTH CAROLINA NURSES VOTE in 2018!”

Participants must read the CE article 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.
Participating in the NC Board of Nursing election is a significant way to influence who will make the decisions that affect your nursing practice. North Carolina remains the only state in the nation that allows nurses to elect a Board of their peers. YOUR VOTE COUNTS!

2018 Election Positions:
- LPN
- Staff Nurse
- ADN/Diploma Nurse Educator

Review the slate of candidates for each position in this, Summer 2018, edition of the Nursing Bulletin. Elected candidates will serve a term from January 2019 – December 2022 to uphold the NCBON Mission of public protection.

Voting is quick and easy and can be done from any location... home, work and even your mobile device! Simply visit www.ncbon.com and look for the vote icon. All you need to participate in the election is your license number and year of birth. Good luck to all of the candidates and keep an eye out for the winners announced in the Fall 2018 Nursing Bulletin!
2018 Slate of Candidates

The Board invites you to take the opportunity to learn more about the candidates nominated for the upcoming 2018 Board Election for LPN, ADN/Diploma Nurse Educator and Staff Nurse positions. Due to the large number of candidates for 2018, full interviews and biographical information are available under the “Information Spotlight” on the NCBON website, www.ncbon.com. On the following pages, you can find each candidates’ answer to the following question:

“How will the experience you have had as a nurse contribute to the Board’s work?”

Voting begins July 1, 2018 and closes at midnight on August 15, 2018.

<table>
<thead>
<tr>
<th>LPN</th>
<th>ADN/DIPLOMA NURSE EDUCATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eric Cahn</strong>&lt;br&gt;I have worked with geriatric, adults, children, and infants interacting with their concerned families. Each client/patient is unique in needed care and environmental concerns. Being a frontline nurse means being an interface for families and the entire health care team. Communication between nurses and family, in a constructive way, is ESSENTIAL in the safety of the patient and nurse, satisfaction of care for patients and family members.</td>
<td><strong>Robert (Bob) Newsom</strong>&lt;br&gt;I feel that my 20 years of experience as an LPN practicing in skilled nursing will be particularly important in the next several years, as the Board reviews the role of the LPN as charge nurse in skilled nursing facilities, and the LPN scope of practice. I hope to serve on the Education and Practice committee when it studies these issues, and I believe I can make a unique and valuable contribution to this work.</td>
</tr>
<tr>
<td><strong>Arlene Imes</strong>&lt;br&gt;With having 31 years of experience, passion for nursing, enthusiasm and dedication is the best contribution. I have served on many committees and boards related to nursing. I have worked in varies areas throughout the hospital from Long Term Care to Telehealth. This has helped me understand patients’ needs in different areas in healthcare. I’m dedicated to anything I’m involved in and can be counted on to complete commitment.</td>
<td><strong>Kimberly Crawley</strong>&lt;br&gt;Working for the federal government I have been a board member of several committees. I have been tasked with presenting new information and procedures to groups of employees. I have handled the schedule for every employee on the cardiology/oncology unit and was able to work through staffing challenges without compromising patient safety. I look forward to new challenges and productive outcomes.</td>
</tr>
<tr>
<td><strong>Renee Harrison</strong>&lt;br&gt;My experience with being able to make decisions based on policies and procedures; as well as my commitment to honor the profession of nursing, and maintain the integrity of the profession will help me contribute to the work of the board. It is my goal to continue the rich historical values and ensure the best future for nursing.</td>
<td><strong>Cyra Kussman</strong>&lt;br&gt;I see the difficulties of my students trying to balance the rigor of the nursing curriculum with the need to pay their bills and work, the struggles of ESL students, the difficulty of attracting trained faculty to the community college landscape, and the constant turnover of the bedside nurse. With increasing demand for nurses expected, but increasing complexity in teaching I would now like to be a small voice in figuring out solutions.</td>
</tr>
</tbody>
</table>
How will the experience you have had as a nurse contribute to the Board’s work?

Voting begins July 1, 2018 and closes at midnight on August 15, 2018.

Full interviews and biographical information are available under the “Information Spotlight” on the NCBON website, www.ncbon.com.

ADN/DIPLOMA NURSE EDUCATOR

Barbara Knopp
Having worked as both LPN and RN, I have appreciation of the contribution of each. I have served as an Education Consultant and Manager of Education and NCLEX. I am actively keeping abreast of best practices in nursing practice, regulation and education. I have current experience as faculty (classroom and clinical) and as program director in nursing education and actively work with clinical agencies in addressing increasing demands of the health care systems.

Ann Marie Millner
With more than 25 years of diverse nursing experience, I have passion for education nursing professionals. I am skilled in team management and have a preference for leading by example. I think it is important to form collaborations with other healthcare professionals within the community. I am informed on current nursing education standards, accreditation requirements and importance of community relationships and affiliations. I have a strong commitment to nursing education at every level.

Alexis Welch
My nursing experience prepares me to serve the citizens of North Carolina and represent nurses in all practice settings. My desire for unparalleled nursing care is influenced by my roles as a consumer, mother, daughter and friend. Leadership graduate courses, educational opportunities and the positions I have held affords me valuable experiences to serve in leadership positions such as the NCBON.

Wake Forest Baptist Medical Center

More than a Job
A CALLING

Wake Forest Baptist Medical Center was the first hospital in the Carolinas to achieve the status of "Magnet Hospital."

Nursing Professionals magazine named us one of the Top 100 Hospitals to Work For.

A Patient and Family Promise

Join us in delivering patient and family centered care

www.wakehealth.edu/HR
“How will the experience you have had as a nurse contribute to the Board’s work?”

Voting begins July 1, 2018 and closes at midnight on August 15, 2018.

Full interviews and biographical information are available under the “Information Spotlight” on the NCBON website, www.ncbon.com.

**RN / STAFF NURSE**

**April Turner**
The NCBON’s mission to protect the public by regulating the practice of nursing. My experience as a bedside clinician and team member of multiple healthcare entities is invaluable. I have impacted care and contributed to change through professionalism, accountability, commitment and equity. My goal is to see that exemplary nursing care is provided for all. I support the NCBON vision and values and want the opportunity to represent the voice of nurses state wide.

**Chester Farley**
The knowledge and skills gained from experience as an RN and LPN provide a foundation to the work I can contribute to the Board. I will use this experience to guide my decisions and uphold the ethics and regulations of nursing practice. Understanding and practicing exemplary nursing care are the core to making educated and unbiased decisions. I will support disciplinary actions as necessary using my experience to enhance nursing practice and the Board’s work.

**Becky Ezell**
I have been a staff nurse in a hospital setting for over 33 years. I have worked in Pediatrics and Imaging with adults. I have seen the changes throughout the 22 years including Electronic records, medication Pyxis, and the in and out nursing shortage with increasing pt. census.

**Jimmy (Lee) Thompson**
My experiences and desire to see continuous improvement in nursing care throughout North Carolina; is the standard from which I will approach any work done with the Board of Nursing.

**Gilbert Mata**
I believe that my experiences, both in and out of nursing, will bring a new and fresh perspective to the Board. I have an advantage that I have been a nurse since 1989 but I also tend to think forward and am not afraid to look to our future and how new ideas and technology will make nursing and nurses better. The Board is what should be guiding our profession and only with nurses to help in that endeavor will we succeed.
Cone Health Nursing Opportunities

Cone Health seeks great RNs in Progressive Care and Orthopedics!

At Cone Health, we empower you to provide patients with the highest quality service and to stand behind core values: caring for your patients, caring for each other and caring for your community.

Cone Health is ranked:
- Top 100 in the Nation for Medical Excellence in Major Orthopedic Surgery, CareChex, 2018
- One of “America’s 100 Best Hospitals for Pulmonary Care” Award”, Healthgrades, 2018

When you join the Cone Health Team, you will enjoy:
- Participating in a health system that has been designated a Magnet Organization three times
- A competitive salary and comprehensive benefits plan (sign-on and relocation bonuses for those who qualify)
- A working environment that promotes teamwork, education, advancement and exceptional patient care

To view all open positions, including those in our Progressive Care and Ortho areas, visit: conehealth.com/careers
talentacquisition@conehealth.com • (866) 266-3767

NURSING - PSYCH/MHNAP FACULTY
Vacancy #: 976118
Salary: Commensurate with Qualifications
Closing Date: Open Until Filled

Organizational Unit Overview: The mission of the college is to serve as a national model for transforming the health of rural underserved regions through excellence and innovation in nursing education, leadership, research, scholarship and practice.

Job Duties: East Carolina University College of Nursing is currently seeking applications for a full-time 12 month faculty position to teach MSN and Post-Master’s students in the Psychiatric/Mental Health Nurse Practitioner concentration. The College of Nursing research emphasis areas are broad and include Quality Improvement. This position reports to the Chair of the Department of Advanced Nursing Practice and Education.

Responsibilities will include teaching courses in the BSN to MSN Program (Psych NP) and Post Masters certificate option, assisting with clinical evaluation (site visits), academic advising, and participating in collaboration with other disciplines.

Tenure-track or fixed-term position available.

Minimum Qualifications:
- A valid non-registered North Carolina registered nurse license is required upon employment.
- Master’s degree in Nursing required.
- Qualifying degrees must be received from appropriately accredited institutions.
- A minimum of three years of advanced practice clinical experience.
- Approval to practice as a nurse practitioner in North Carolina upon employment.
- Current national ANCC certification as a Psychiatric Mental Health Nurse Practitioner.
- Scholarship activity, effective oral and written communication skills, and effective interpersonal skills to work with a diverse population of students.

Preferred Education and Experience:
- PhD preferred for tenure-track at the title/rank of Assistant Professor or higher. Candidates with a DNP may be considered for fixed-term at the title/rank of Clinical Assistant Professor or higher. Commitment to complete doctorate upon employment.
- Demonstrated experience, credentials, and scholarship in psychiatric mental health nursing (PMHNP).
- Teaching experience in online programs.
- Desirable characteristics include a program of research and/or quality improvement activities, experience in mentoring students, the ability to work collaboratively with a diverse faculty and student body, and expertise in areas of need (e.g., Psych Mental Health NP).

Special Instructions to Applicants: East Carolina University requires applicants to submit a candidate profile online in order to be considered for the position. In addition to submitting a candidate profile online, please submit online the following required applicant documents: Curriculum Vitae, Letter of Interest, List of Three References (noting contact information).

Additionally, please submit two original letters of reference and original transcript of your highest degree. If the highest degree is not in nursing, send original of highest degree and original of highest degree in nursing to:
Becky Bagley, DNP, CNM
Chair, PSYCH/MHNAP Faculty Search Committee
3160 Health Sciences Bldg.
Mailstop: 162
Greenville, NC 27834
Phone: (252) 328-6358
Email: bagley@ecu.edu

Additional Instructions to Applicants: In order to be considered for this position, applicants must complete a candidate profile online via the PeopleAdmin system and submit all requested documents.

Application Types Accepted: Applications will be considered.

Please submit an online ECU application for vacancy # 976118 to ECU Human Resources at http://jobs.ecu.edu.

Equal Opportunity/Affirmative Action Employer
Visit this job posting at: http://ecu.peopleadmin.com/postings/14217
Study Background

The purpose of this study was to take an in-depth look at the North Carolina Board of Nursing’s (NCBON) Non-Disciplinary Consent Order (NDCO) process. Since 2004, the North Carolina Board of Nursing has utilized Non-Disciplinary Consent Orders (NDCOs) as an option to resolve minor practice complaints when the nurse acknowledges her/his action in the reported matter is a violation of nursing law/rules. The NDCO is an optional resolution that imposes a mandatory educational remedy as a means of protecting the public and helping the nurse to improve and maintain safe practice. Since the inception of the NDCO option for resolving minor practice violations, more than 826 NDCOs have been issued. This retrospective research study reviewed the data of 826 NDCOs over an eleven-year timeframe [2005 – 2016] to provide evidence-based results of the appropriateness and effectiveness in relation to the various types of minor practice violations of the Nurse Practice Act. This review of NDCO data is driven by two important issues that impact the use of NDCOs: effectiveness and transparency.

Abstract:

Since 2004, the North Carolina Board of Nursing has been utilizing Non-Disciplinary Consent Orders (NDCOs) as an option to resolve minor practice complaints when the nurse acknowledges her/his action in the reported matter is a violation of nursing law/rules. The NDCO is an optional resolution that imposes a mandatory educational remedy as a means of protecting the public and helping the nurse to improve and maintain safe practice. Since the inception of the NDCO option for resolving minor practice violations, more than 826 NDCOs have been issued. This retrospective research study reviewed the data of 826 NDCOs over an eleven-year timeframe [2005 – 2016] to provide evidence-based results of the appropriateness and effectiveness in relation to the various types of minor practice violations of the Nurse Practice Act. This review of NDCO data is driven by two important issues that impact the use of NDCOs: effectiveness and transparency.

Laws governing nursing practice are enforced by regulators to help ensure that licensees are safe and competent to practice. Through responding to, assessing, and investigating complaints about nurses and their practice, and taking appropriate action, the regulatory body upholds professional standards.

Table 1 NCSBN Standards of Proof by State

<table>
<thead>
<tr>
<th>Standards of Proof</th>
<th>Jurisdictions</th>
<th>Number of Boards</th>
<th>Percentage of Boards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear and convincing evidence</td>
<td>AL, CA-RN, CA-VN, CNMI, FL, GU, IL, MD, MS, NC, OK, SC, SD, VA, WA, WY</td>
<td>16</td>
<td>33%</td>
</tr>
<tr>
<td>Preponderance of the evidence</td>
<td>AZ, CO, CT, DE, GA, IA, ID, KY, LA-RN, MA, ME, MN, MO, MT, ND, NH, NJ, NM, NV, OH, OR, PA, TN, TX, UT, VT, WI, WV-PN</td>
<td>28</td>
<td>58%</td>
</tr>
<tr>
<td>Substantial evidence</td>
<td>AR, HI, KS</td>
<td>3</td>
<td>6%</td>
</tr>
<tr>
<td>Reasonable cause/suspicion evidence</td>
<td>DC</td>
<td>1</td>
<td>2%</td>
</tr>
</tbody>
</table>
and contributes to maintaining public confidence in the profession and the integrity of the Board. A fundamental and important aspect of the Board’s disciplinary work is to remediate, whenever possible, the behavior or practice that led the Board to take action.

Since inception of the NDCO option for resolving minor practice violations, in NC, more than 826 NDCOs have been issued. This research study reviewed the data of all 826 NDCOs that have been issued over an eleven-year timeframe [2005 – 2016] to provide evidence-based results of the appropriateness and effectiveness in relation to the various types of violations of the NPA. Board approved protocols/sanctioning guidelines provide consistent guidance for when to issue a NDCO and when to pursue a disciplinary action. The results of this study help to clarify the appropriateness and effectiveness of the NDCO option for adequately addressing minor practice breakdown. This verification serves to increase public confidence in the NDCO process as a preventative to recidivism. Analyzing and evaluating this data was important for establishing evidence regarding the North Carolina NDCO processes. Benton, Perez-Ray, Gonzalez-Jurado, Rodriguez-Lopez (2015) indicate although there is a shift to more research in the area of nursing regulation, much more is required to keep pace with the ever-changing world.

The review of the NDCO data was driven by two important issues that impact the use of NDCOs, effectiveness and transparency. Specifically, do the non-disciplinary intervention options effectively prevent recidivism; and second, is the regulatory board meeting their mandate in protecting the public by not publicizing the orders. The research question guiding this study is:

- Are non-disciplinary remediation plans effective as measured by recidivism rates?

**Statement of the Problem**

As regulators, the Board of Nursing’s primary purpose is to protect the public. Adamson (2012) indicates that today’s critical and inquiring public demands are for an honest, unguarded representation of facts, figures, recommendations, and actions that are not masking ulterior motives or hidden agendas. NDCOs are nonpublished Board Orders between the regulatory board and the licensee. This poses the problem of transparency to the public. Because of the demand for transparency and publicizing sanctioning, non-published sanctioning such as NDCOs should be evaluated to validate its effectiveness in assuring public safety.

Many programs that provide alternatives to disciplinary action for nurses with substance use disorders are in place across the country. However, few Boards offer alternative programs for practice deficiencies. The significance of this study is the systematic evaluation of the efficacy of NDCOs in preventing recidivism among violators of the Nursing Practice Act and protecting the public. In this study, recidivism is defined as a substantiated subsequent complaint for the same or related issue. Analysis of the data provides the Board evidence for continuing the remediation program, identifying it as an effective approach for reducing the incidents of practice breakdown without hindering public safety.

**Summary of Literature Review**

As professions look for ways to make members more responsible for their own behavior and successes, more innovative approaches have developed to not only concentrate on the punishment but to correct the behavior. According to the literature, alternative disciplinary approaches like NDCOs have become more prevalent throughout industry and professions. Instead of punishing members for their actions, Boards or organizations can remind individuals of the standards and ask for their agreement to solve the problem. This is not just a difference in semantics, but a difference in values, attitudes, and behavior.

Non-disciplinary agreements and alternative approaches to discipline are not new concepts. Professions have morphed away from the traditional approaches of discipline, and realized the use of punitive forms of discipline should be reserved for the unadjusted, discontented, nonconformist who has not been amenable to other, more positive methods.
Discussion

Reviewing recidivism for the effectiveness of the NDCO resolution is the foundation for this research study. The study reviewed 11 years of NDCO data and found results from the research and analysis are supportive of the continuation of the NDCO resolution for minor practice violations. The results of this study can support other Boards of Nursing considering implementation of remedial programs for minor practice violations. With recidivism at less than 2.5% (21 related complaints out of 826) it is evident that a remedial nonpublic program can be a viable option for resolution.

As presented in the literature review, public discipline can be detrimental to a nurse’s career even after the license is restored to an unencumbered status. Disciplinary actions are considered public information and may compromise a nurse’s employability. NDCOs provide a resolution options for minor practice violators to avoid the irreversible results of public discipline action on the license.

In addition, resolving minor practice violations without public discipline can benefit employers by allowing them to retain an experienced nurse. At the time of referral to the Board, 60% of the licensees in this study had been terminated from their job but could potentially have remained employed without jeopardizing public safety. The NDCO can assist employers in maintaining an experienced nurse without having to recruit, employ, and orient a new employee.

The data presented in this study supports maintaining NDCOs as a resolution option for minor practice violations. The continued appropriateness and effectiveness of the resolution option will rely on continued review of the NDCO resolution to monitor recidivism rates. Ongoing review can be beneficial in improving eligibility criteria, monitoring appropriate remedial resolutions and assuring patient safety is maintained.

Limitations and Further Research

Although the findings of this study support continued use of the NDCOs, limitations should be considered. This study was limited in reviewing exclusively the data of licensees who were offered and signed non-disciplinary consent orders (NDCO) and their recidivism rates. A study of the Public Consent Orders (PCO) versus the
LIFECARE HOSPITALS OF NORTH CAROLINA IS HIRING RNs!

LifeCare Hospitals of North Carolina is a small, family-oriented specialty hospital exclusively focused on the care and recovery of medically complex patients. We live by our mission to accelerate healing, restore health and improve the lives of our patients.

APPLY ONLINE:
WWW.LIFECAREJOBBOARD.COM

Join our team of passionate and caring individuals who work together to make a positive difference in the lives of our patients!

LIFECARE HOSPITALS
OF NORTH CAROLINA
A member of LifeCare Health Partners
1051 Noell Lane | Rocky Mount, NC 27804
LifeCare Hospitals of North Carolina is an Equal Opportunity Employer.

DOCTOR OF NURSING PRACTICE (DNP): Post-MSN DNP  *Apply Now for Fall 2019*
- 30 credit hours/5 Semesters – Most courses hybrid or online. Required on-campus sessions 2-5 days per semester.
- Convenient for working professionals.
- Open to all Advance Practice Nurses (APRNs/APNs) with an MSN in: Clinical Nurse Specialist; Clinical Nurse Leader; Nurse Practitioner; Nurse Midwife; Nurse Anesthesia; Nurse Administrator/Leader; Nursing Informatics.

BRIDGE PROGRAM: Post-BSN Certificate  *Apply Now for Spring 2019*
- ‘Bridge’ for RNs with Nursing Education MSN to move to DNP program.
- 15 credit hours of content (4 online courses over 2 semesters).
- At completion, eligible to apply for Post-MSN DNP Program.
NDCO would not provide an equitable review of comparison. A Public Consent Order (PCO) is a public discipline action that is issued when there is a clear and convincing evidence of a violation of the Nursing Practice Act and the licensee’s behavior was a moderate to severe risk of harm, was reckless and/or intentional. The PCO is in contrast of the NDCO which is offered when the licensee’s behavior would not pose a threat to public safety. POCs offer disciplinary sanctions that include any or a combination of the following: reprimand, probation (with or without remediation)/limitation to practice, monitoring or suspension from practice. NDCOs offer remediation. Reviewing a published discipline order in contrast to the non-discipline orders would be evaluating “at risk behavior” in comparison to reckless or intentional behavior. The decision to assess NDCO recidivism was to determine if remediation was effective in preventing licensees’ from escalating to reckless behaviors.

However, for complete transparency and to provide the reader with the data of the PCOs, there were 2,605 discipline orders issued during the same time frame as NDCOs, 2005-2016. Of the 2,605 discipline cases, 783 were drug related complaints. Therefore, 1,822 of the cases were practice violations in which there was clear and convincing evidence of a violation that the behavior was high risk, reckless or intentional. A general review of these 1,822 cases was done to identify licensees with repeat violations for the same or related issue yielded a total of 43 “repeat offenders.” An additional 121 licensees were identified for noncompliance with their Board Order.

Further research regarding the subsequent violators of PCOs and NDCOs for the causes of recidivism may provide better insight of when disciplinary action is needed. An in-depth review of the NDCO recidivism and types of remediation required in comparison to successful completion with no further recidivism would be beneficial in guiding staff with selections of remedial courses for future offerings.

Additionally, as previously mentioned, 60% of the licensees receiving NDCOs in this study were terminated from their employment as a result of the minor practice incident that was reported to the Board. These were nurses that could potentially have remained employed without jeopardizing public safety. Further research could investigate the success of the nurse who was issued a NDCO and remained employed and the cost savings to employers. Additionally, researcher could survey employers for information regarding reasons for termination for minor incidents; the employers support of remediation; and their willingness to retain licensees who have minor practice deficits.

**Conclusion**

The NDCO offers an alternative method of handling minor practice complaints in lieu of traditional public discipline. This study reveals that NDCOs are successful in enabling nurses to maintain their career without public discipline while demonstrating there have been no reports of failure to maintain patient safety throughout the eleven-year history of the program. Information concerning NDCO success rate is important to Boards of nursing as it provides evidence based data to support nonpublished disciplinary actions. Overall, the vast majority of licensees that signed NDCOs did not repeat the remediated behaviors with 686 (83%) licensees having no subsequent complaints and 805 (97.46%) licensees having no substantiated subsequent complaint for the same or related violation.

For a copy of the full study contact: Melissa@ncbon.com.

**References**

12-Month / Online

RN-BSN

Designed with the working RN in mind

Busy schedule? No problem.
Pfeiffer’s flexible online RN-BSN prepares nurses for leadership roles in client care and management.

Take your career Beyond Boundaries!

Apply today and learn more: pfeiffer.edu/rn-bsn or 800-338-2060

Nationally accredited by the Commission on Collegiate Nursing Education (www.acen.nche.edu/cne-accreditations)

ATTENTION NURSING PROFESSIONALS
You will thrive at Croasdaile Village!
Our residents love it here, and so will you...

Croasdaile Village is one of the most popular choices for retirement living in the Triangle and beyond. If you would describe yourself as outgoing, fun-loving, and caring, we invite you to apply with us today. We’re looking for qualified individuals who love making someone else’s day special!

Perks as far as the eye can see!
• Generous paid time off accrual
• 403B Retirement Plan with company matching
• Tuition reimbursement
• Weekend/evening shift differentials, holiday double-pay
• Employee Assistance Program.
  Free, confidential help with personal concerns, referrals for other sources for assistance, and 24-hour emergency care.
• On-site banking
• and much more! We have a nurse practitioner on site every Tuesday and Thursday as a free benefit for employees enrolled in the wellness medical plan, we offer employee scholarships, access to resident pool and gym, scenic walking trails, onsite parking, and reduced fees for our onsite chiropractor and massage therapist!

Visit www.croasdailevillage.org to view our openings and APPLY ONLINE TODAY

EOE
Jodi Capps, LPN has been appointed to the Board to fulfill a vacated LPN position, serving until the term expires on December 31, 2019. Capps moved to North Carolina in 1994 and received her Diploma of Practical Nursing from Isothermal Community College in Spindale, NC. She obtained certification through the National Council of Certified Dementia Practitioners, as her passion continues to be caring for Geriatrics, especially those with dementia. She is currently employed at Carolina Village, a continuing care retirement community in Hendersonville NC. Jodi is honored to serve the public and nurses of North Carolina.
THE DOCTOR OF NURSING PRACTICE (DNP) AT UNCW

WHY STUDY WITH US AT UNCW?
We as a faculty respect your clinical expertise and are committed to your successful professional development. In addition to a streamlined, all online, 36-hour credit course of study, UNCW offers you opportunities to specialize in nursing education, transcultural nursing, nurse executive leadership, or technology and informatics. If you are an advanced practice registered nurse* we invite you to join our energetic, practice-focused faculty at UNCW.

uncw.edu/DNP

contact: Matthew J. Gallek, Ph.D., RN, CNRN
gallekm@uncw.edu • 910.962.7647

Study Nursing at a Premier University Located in a Scenic Coastal Port City

GRADUATE
Doctor of Nursing Practice – Online with campus orientations
Master of Science: Family Nurse Practitioner – Hybrid Master
Master of Science: Nurse Educator – Online
Post-Master Certification: Family Nurse Practitioner – Hybrid

UNDERGRADUATE
Bachelor of Science in Nursing Prelicensure – Main Campus
Bachelor of Science in Nursing RN-BSN – Online

Preparation for Professional Nursing Practice at All Levels

To learn more, please visit: uncw.edu/chhs/son

UNCW is an EEO/AA institution. Questions regarding UNCW’s Title IX compliance should be directed to TitleIXCoordinator@UNCW.edu.
SUMMARY of ACTIVITIES

Education Matters:

Ratification of Determination of Program Approval Status:
- Campbell University, Buies Creek – BSN
- Chamberlain University, Charlotte – BSN
- Mars Hill University, Mars Hill – BSN
- Mayland Community College, Spruce Pine – LPN
- Northeastern University, Charlotte – BSN

Ratification of Full Approval Status:
- Barton College, Wilson – BSN
- Brunswick Community College, Bolivia – ADN
- Cabarrus College of Health Sciences, Concord – ADN
- Carolinas College of Health Sciences, Charlotte – ADN
- ECPI University, Greensboro – LPN
- Lenoir Rhyne University, Hickory – BSN
- Pfeiffer University, Misenheimer – BSN
- Richmond Community College, Hamlet – ADN and LPN
- Sandhills Community College, Pinehurst – ADN

Ratification to Approve the Following Enrollment Expansions:
- Johnston Community College, Smithfield – ADN, increase enrollment by 20 for a total of 125 students beginning Fall 2018
- Rowan Cabarrus Community College, Kannapolis – ADN, increase enrollment by 40 for a total of 180 students beginning Spring 2019

Ratification of NDCO’s or other legal proceedings against programs for any reason:
- Halifax Community College, Weldon – LPN
- Methodist University, Fayetteville – BSN

Ratification of Approval of NA II Courses:
- Guilford Technical Community College, Jamestown
- Pitt Community College, Greenville
- Rowan-Cabarrus Community College, Kannapolis

Notification of Alternate Scheduling Options:
- Robeson Community College, Lumberton – LPN to RN Option
- Rowan-Cabarrus Community College, Salisbury – LPN to ADN Option

Notification of Program Closing:
- Carolinas College of Health Sciences, Charlotte – NA II – March 2018
- Cone Health, Greensboro – NA II – March 2018
- South College, Asheville – ADN – March 2018

FYI Accreditation Decisions by CNEA (Initial or Continuing Approval – Next Visit):
- Forsyth Technical Community College, Winston-Salem – ADN and LPN – Pre-Accreditation Status Granted – February 2020
- Pitt Community College, Winterville – ADN – Pre-Accreditation Status Granted – February 2020
- Stanly Community College, Albemarle – ADN – Pre-Accreditation Status Granted – June 2020

FYI Accreditation Decisions by CCNE (Initial or Continuing Approval – Next Visit):
- Lees-McRae College, Banner Elk – BSN – Continuing Approval – Spring 2027

Follow the NC Board of Nursing on Facebook!

The North Carolina Board of Nursing remains committed to communicating with the nurses and public of North Carolina regarding matters that affect your nursing license, practice and the safety of the public. The NCBON continues to update our communications platforms and currently uses a variety of communication tools to reach you, including our website, this magazine, email marketing and Facebook.

The NCBON joined Facebook in November 2017 and we’re happy to report that over 7,600 friends have liked and followed our page to remain engaged with nursing regulation and practice in our state. Our NCBON Facebook page (NC Board of Nursing) routinely posts information related to the new enhanced Nurse Licensure Compact (eNLC), nursing in the news, regulation affecting your license, license renewal reminders, updates on Board Meetings, office closures and much more!

Remain engaged with your licensing board! Like and Follow us today!
We treat careers with exceptional care.

At Southeastern Health, you'll find a technologically-advanced facility with an open, collaborative culture. It's that blend of professional excellence, opportunity and welcome that has earned us a reputation of quality care for patients and team members. We are seeking:

**STAFF REGISTERED NURSES (Shift Varies)**
- Medical-Surgery/Telemetry
- Surgical
- Labor and Delivery/OB
- Emergency Room
- Intensive Care Unit
- Pediatric
- Maternal Child Health
- CVICU
- Cardiac Cath
- CDU

**NURSE RESIDENCY PROGRAM**
Southeastern is proud of its one-year residency program, designed to help new nurses succeed and thrive in their nursing role.

**SIGN-ON BONUS/RELOCATION ALLOWANCE**
Southeastern Health offers competitive salaries and excellent benefits to include assistance with interview and relocation expenses. *Available to qualified applicants

**RETENTION PROGRAM**
Southeastern has implemented an Retention Program to help retain the current, yet valuable Nursing Staff. This program consists of incentives, recognition, and etc. aimed to boost the morale of its employees and to promote employee engagement.

NEW GRADS WELCOME!

For more information and to apply, please visit SoutheasternHealth.jobs or contact Tammy McDuffie, Nurse Recruiter/Retention at (910) 272-3024 or Mcduff10@srmc.org.

**A Relevant Master’s Degree For Today’s Nursing Professionals**

American Public University understands today’s nursing environment. Our Master of Science in Nursing (MSN) program allows you to focus on either the Nursing Education or Nursing Leadership specialty tracks to fit your career goals. Get a respected, affordable nursing education that’s 100% online.

Learn from a nationally recognized leader in online education.

Get started today at StudyatAPU.com/NC-MSN

---

American Public University

We want you to make an informed decision about the university that’s right for you. For more about our graduation rates, the median debt of students who completed each program, and other important information, visit www.apu.edu/disclosures.

This master’s degree in nursing is accredited by the Commission on Collegiate Nursing Education, 655 K Street, NW, Suite 750, Washington, DC 20001-2678, 888-536-2414.
The North Carolina Board of Nursing works hard to deliver you information in the best format with an eye for detail and design. This year, our Chief Communications Officer entered the NCBON Nursing Bulletin and newly redesigned website into a marketing and communications competition, known as the Aster Awards. Our goal was to measure how well we are supplying you with information compared to other similarly sized and structured organizations.

The Aster Awards program is an elite competition dedicated to recognizing the nation’s most talented healthcare marketing professionals for outstanding excellence in publications and advertising.

We’re happy to report that the NCBON won GOLD for the NC Board of Nursing Nursing Bulletin in the Magazine Publication – Series category and GOLD for the NCBON website, www.ncbon.com, in the Website category. Both submissions were entered to compete in the Non-Hospital Organization/Association group.

Congratulations to all involved for your hard work and dedication to the nurses and public of North Carolina!
NURSING DIRECTOR POSITIONS AVAILABLE

Cardiac Telemetry and Post-op Surgical

REQUIREMENTS:
- Licensed as a Registered Nurse with ability to practice in North Carolina
- BSN with Master’s Degree required (MSN, MBA, MHA)
- Director-level experience preferred

RELATED CLINICAL EXPERIENCE IS REQUIRED FOR AREA OF RESPONSIBILITY
- Problem solving and leadership abilities
- Excellent interpersonal skills

To view these, and other RN positions, and to apply, please visit www.iredellhealth.org

OUR MISSION, VISION, VALUES

Our Mission is to Inspire Wellbeing — Together by enhancing patient experience, improving population health, providing cost-effective care and caring for the caregiver.

Our Vision is to guide our neighbors to optimal health by helping them reach their best or most favorable outcome based on their circumstances.

Our Values of Compassion, Respect, Collaboration and Integrity encompass all that we expect from our employees and what we expect of each other.
New research and mortality data reveal an increasing severity and impact of the opioid epidemic in the U.S. Despite inter-professional efforts to integrate resources across multiple agencies and stakeholders, Americans are living shorter lives because of Substance Use Disorder (SUD) involving opioids, newer and more lethal synthetic opioid derivatives, and other substances of abuse (Vivolo-Kantor, Seth. P, Gladden, & et al., 2018). Figure 1 provides a graphic representation of the growth and mortality impacts related to unintentional Opioid overdose deaths observed in North Carolina since 1999. It is imperative that nurses and other Interprofessional team members have a clear knowledge and increased index of diagnostic suspicion for risk factors for SUD, including opioid abuse. The purpose of this brief article is to amplify the role of nurses in mitigating the impact of the opioid epidemic by understanding red-flag behaviors suggestive of SUD, integrating assessment and interventions about the risks of opioid diversion, providing leadership in the diagnostic process, providing patients and caregivers with information on current evidence-based guidance on safe opioid prescribing, and finally, the safekeeping, proper disposal, and tracking patients’ use of controlled substance.

**Background**

Prescription medications, mostly opioids, are often the precursor to the development of SUD and are a major source of deaths from drug overdoses: the leading cause of death by drug overdose in the United States (Scher, C., Meador, L., Van Cleave, J. & Reid, M., 2018). The Centers for Disease Control (CDC) found that 41,918 Americans died from an opioid overdose in 2016, marking a one-year, 29 percent increase from 2015 (Vivolo-Kantor, Seth. P, Gladden, & et al., 2018). In November 2017, the White House Council of Economic Advisors (CEA) estimated that in 2015, the economic cost of the opioid crisis was $504 billion, or 2.8 percent of gross domestic product (GDP) that year. This six-fold increase far exceeded previous estimates (Council of Economic Advisors, 2017).

Nearly four North Carolinians die every day because of unintentional opioid poisoning (DHHS. & DMH/DD/SAS, 2016). Interprofessional stakeholders continue to implement strategies designed to reverse the devastating impact of this epidemic. When considering the interprofessional resources available to patients, what group has the potential to make the most significant impact?

**Nurses as Key Leaders**

Nursing practice in North Carolina is regulated by the North Carolina Board of Nursing (NCBON). The mission of the NCBON is to protect the public by regulating the practice of nursing as authorized by the nursing practice act (NCBON1, 2018 & Article 9. Nurse Practice Act, 1981). Consistent with national data, nurses comprise the largest segment of the NC healthcare workforce with more than 157,000 licensees as noted in figure 2 (NCBON2. 2018). The practice of nursing is a scientific process founded on a professional body of knowledge. It is a learned profession based on an understanding of the human condition across the lifespan and the relationship of a client with others and within the environment (NCBON 1, 2018).

The 2010 landmark report, the Future of Nursing: Leading Change, Advancing Health, calls for nurses to be fully engaged with other health professionals and assume leadership roles in...
redesigning care in the United States. Nurses are key leaders and team members essential to mitigating the impact of the prescription opioid epidemic. Nurses comprise the largest segment of the health care work force in the United States (U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis., 2014). Nurses have consistently surpassed all other professions in Gallup poll ratings for honesty and ethics every year but one since 1999 (Brenan, M. 2017). In comparison to other health professionals, nurses spend the most time in direct contact with patients in every setting (IOM, 2010). Nurses are key leaders in any effort to combat this epidemic because of their nexus to direct patient contact. Nurses have the opportunity and responsibility to contribute to the diagnostic process and to provide essential anticipatory guidance every time a patient receives prescription medication (IOM, 2010; Manworren.R. & Glison.A, 2015; NCBON1, 2018, NCSBN & Graber, M., 2018, & Scher, C., Meador, L., Van Cleave, et al, 2018).

**Red Flags for SUD/Opioid Dependence**

The risk factors for SUD include multifactorial physiologic and social determinants that cross socioeconomic and professional boundaries are listed in Figure 3 as documented in the Winter 2018 Bulletin (Privette & Lowery, 2018). This epidemic is reflected in the aggregate representation of all of humankind. What is the role of nurses in impacting this devastating epidemic? Nurses are well-equipped and well-poised to help mitigate the occurrence and potentially fatal consequences of prescription opioid diversion through assessment and intervention.

**Assessment and Interventions**

Providing pain relief and symptom management is a clinical responsibility of nurses in all settings. In the evolving world of evidence-based pain management, what are the responsibilities of the nurse in assuring that safe and appropriate nursing care is provided?

Practice environments and individual clinicians may differ significantly in their approaches to pain management. However, the licensed nurse’s scope of practice remains constant, regardless of practice setting.

Registered Nurse (RN) scope of practice is independent, comprehensive and does not change with practice setting or clinician preference. The practice of the RN does not require assignment or supervision by a higher-level health care provider (NCBON3, 2017). In contrast, the Licensed Practical
Nurse (LPN) scope of practice is limited and focused; requiring assignment or delegation by and performance under the supervision, orders, or directions of a registered nurse (RN), physician, dentist, or other person authorized by State law to provide the supervision (NCBON6, 2017). For example, while the LPN may participate in both initial and ongoing nursing assessments of the client’s pain and response to intervention, it is the RN or other person authorized by state law that retains overall responsibility for verifying data collected, interpreting data, and formulating a diagnosis. An agency/employer, including authorized licensed health care providers, may restrict the nurse’s practice but never expand the practice beyond the legal scope as defined by the nursing practice act (NCBON1, 2014).

The licensed nurse is responsible to ensure that the patient receives evidence-based pain assessment and interventions consistent with the standard of care and within the nursing scope of practice. To meet this responsibility, the nurse must have a knowledge of self, a knowledge of pain, and a knowledge of the standard of care.

Knowledge of Self

One’s values, beliefs and cultural background, and personal experiences influence the assessment, evaluation, and interpretation of pain. The biases arising from the aforementioned factors may be further compounded when accompanied by a lack of knowledge regarding evidence-based standards related to pain management. The nurse is responsible for ensuring that he or she is competent and has the requisite knowledge and skills to appropriately assess and manage pain. In response to the 1995 Pew Health Professions Commission recommendations, the NCBON developed and implemented a requirement that nurses implement Continuing Competence processes. This requirement provides documentation of the ongoing application of knowledge and the decision-making, psychomotor, and interpersonal skills expected of the licensed nurse within a specific practice setting resulting in nursing care that contributes to the health and welfare of clients served. The criteria are specified in rule 21 NCAC 36.0232 (NCBON, 2008). This requires a reflective assessment of one’s own practice to identify and seek learning opportunities to promote continuing competence. Inherent in this process is the evaluation and incorporation of this learning into one’s practice. Moreover, advanced practice registered nurses who have prescriptive authority are required to demonstrated continuing competence through specific continuing education and evidence-based standards, monitoring programs, and administrative codes as reflected on the NCBON’s link for controlled substance prescribing information (NCBON5, 2017).

Knowledge of Pain

Pain has both subjective and objective components. The nurse must recognize how previously discussed biases can impact the objective pain assessment. Continuing competence in pain management requires the nurse to understand and utilize evidence-based pain assessment tools. A variety of evidence-based resources on pain management appropriate for the licensed nurse including both non-pharmacologic and pharmacologic approaches are provided on the NCBON website link Controlled Substance Prescribing Information (NCBON5, 2017). These resources contain information for nurses with and without prescriptive authority.

Knowledge of the Standard of Care

The opioid epidemic and SUD are serious public health problems. Nurses are in an ideal position to strongly advocate for implementation of safe disposal centers for medications, including controlled substances, within the community. Opportunities to reinforce these important measures include initial and ongoing assessment and education for patients, families and communities. This education can further reinforce surveillance and safety checks through medication reconciliation, pill counts, ensuring that all patients are informed about institutional policies, through consents to prescribe controlled substances, and controlled substance prescribing agreements. Nurses are key leaders in ensuring a multidisciplinary approach to pain management including but not limited to physical therapy, mental health consultation, and pain specialists. Moreover, the nurse may serve as a provider’s delegate in monitoring
It’s your career. Make the choice of a lifetime.

You’ve put your very soul into your nursing degree, giving you a world of career options. With Vidant Health, you have lots of choices — home health, seven community hospitals, 80+ medical practices, wellness centers and Vidant Medical Center, one of the state’s largest hospitals. And even better, you can make your home in waterfront communities, scenic small cities, vibrant college towns or even along the Outer Banks of North Carolina.

Growth like ours needs visionary nurses practicing at the top of their license, with energy left to explore the history and beauty of our unique region. Come for a visit. You’ll want to stay for a lifetime.

Find your best fit at VidantHealth.com/Careers.

Tangible rewards
- Comprehensive benefit program
- Flexible shift and scheduling options
- Competitive compensation package
- Tuition assistance
- Health clinic and pharmacy
- Wellness programs

Vidant Medical Center is proud to have achieved Magnet® status.
and documenting the patient’s use of controlled substances through the NC Controlled Substance Registry. Reference to this Registry is a standard of care and legal requirement for those prescribing controlled substances. Participation in these measures will amplify the role of the licensed nurse as a contributing member of the diagnostic team.

**Diagnostic Process**

It has long-been established that working in silos creates a dangerous scenario increasing risk for patient care errors in the diagnostic and management process. The number one recommendation from the National Academy report was to facilitate more effective teamwork in the diagnostic process (NCSBN & Graber, M. 2018).

No other professional group has the level of direct patient care contact that we see from nurses (IOM, 2010; NCSBN & Graber, M. 2018). Patient safety is enhanced when nurses are part of the diagnostic process. Nurses are at the nexus of patient care as noted in Figure 4. Nurses serve a critical role in ensuring that communication, coordination of care, patient education, monitoring, and surveillance serve to enhance patient safety. For example, the RN care coordinator in the primary care clinic is a vital diagnostic team member who coordinates care and services from the point of admission to a practice, during transitions to other levels of care, and among consultation and referral sources. These roles and the documentation process may vary depending on the setting and the electronic health record documentation process, but it is the nurse who is most proximal to the nexus of care and can provide...
valuable information to the diagnostic process. Reciprocal sharing of this information is critical to optimizing patient outcomes and mitigating the impact of the opioid epidemic.

**Conclusion**

Nurses are essential leaders in mitigating the impact of the opioid epidemic. A clear understanding of red-flag behaviors suggestive of SUD, whether noted in assessing patients at the point of care or in behaviors noted among peers, is a critical skill in protecting the public. Current evidence-based resources that can be useful in integrating assessment, management, and ongoing evaluation using an interprofessional model for pain management are located on the NCBON website. These resources include evidence about the risks of opioid diversion, safe opioid prescribing, and the safekeeping and proper disposal of opioids. Nurses may partner with prescribers in tracking patients’ analgesic use of prescription analgesics and other controlled substances through the controlled substance registry. This tracking is a legal requirement and is essential to evidence-based pain management. Nurses, being most central to the nexus of patient care, are essential leaders on diagnostic teams; optimizing safe, patient-centered care in a manner that mitigates the impact of SUD and the opioid epidemic. Continuing a rich history of excellence, the NCBON remains a nimble leader and committed partner in protecting the public through the regulation of nursing practice. The Board will continue to provide guidance and resources addressing issues including but not limited to SUD and opioid abuse as the healthcare environment continues to evolve.

**References**


Retrieved from [https://www.ncleg.net/enactedlegislation/statutes/html/byarticle/chapter_90/article_9a.html](https://www.ncleg.net/enactedlegislation/statutes/html/byarticle/chapter_90/article_9a.html)


4. Council of Economic Advisors. (2017). The underestimated cost of the opioid...


Join the WakeMed team and take the next step in your nursing career.

WakeMed is looking for experienced nurses to join our talented team.

Our exceptional team of doctors, nurses and specialists represents the best minds and biggest hearts in the business. We believe that a dynamic work environment motivates our team to provide the highest quality of care, while allowing you to grow personally and professionally. Between our three hospitals, our ambulatory sites and growing network of physician practices, you’re sure to find the right setting to further your career and display your passion for outstanding care.

We proudly offer comprehensive benefits and competitive salaries as well as:
- Robust career ladder
- Shared decision-making structure
- Tuition & specialty certification reimbursement
- On-site bachelor’s and master's degree programs
- Continuing education and career advancement opportunities

At WakeMed, we put patients first in all we do. If you have a passion for providing exceptional patient care, we want to hear from you.

Learn more at www.wakemed.org/experiencednurses
EDUCATION & PRACTICE CONSULTANT AVAILABLE TO PRESENT!

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 (1.0 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 webinar.

• **Delegation: Responsibility of the Nurse – (1.0 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 (1.0 CH)** – 1 hour – Assists RNs, LPNs, and employers of nurses in understanding the LPN scope of practice. Also available as webinar.

• **Nursing Regulation in NC (1.0 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 (1.0 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.

ONLINE BULLETIN ARTICLES

• 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 (2.0 CHs). No fee.

• What Could Happen: The consequences of “practice drift”… Is It Worth the Risk? (1.5 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**
- September 11, 2018 • November 7, 2018

$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 (1.0 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
• Internationally Educated Nurses

http://www.ncbon.com/dcp/i/news-resources-podcasts
(No CH provided)
NC AHEC Nurse Council Presents

THE 2ND ANNUAL STATEWIDE CELEBRATION OF Rural Nursing
FRIDAY, NOVEMBER 30, 2018

7 EVENT LOCATIONS - ALL 9 AHECS!
1. Blue Ridge Community College, Hendersonville (Henderson County) - Mountain AHEC
2. Isothermal Community College, Spindale (Polk & Rutherford Counties) - Charlotte AHEC
3. Appalachian Center at Hickory (Catawba County) - Northwest AHEC
4. Robeson Community College, Lumberton (Robeson County) - Southern Regional AHEC
5. William F. Andrews Conference Center, Raleigh (Wake County) - Area L, Greensboro & Wake AHECs
6. New Bern Riverfront Convention Center (Craven County) - Eastern & South East AHECs
7. YMCA at the Pines, Elizabeth City (Pasquotank County) - Eastern AHEC

A CONCURRENT CONFERENCE FOR RURAL NURSES

Statewide broadcast keynote addresses will link all the regions together, setting the theme for the conference. Additional live presentations at each site will focus on regional topics. Attending nurses may earn CNE contact hours or continuing education credits.

Save the date!

Visit ncahec.net/news/rural-nursing-2018 for more information about this event.
“I BELONG TO NCNA”
North Carolina Nurses Association
The professional association for ALL registered nurses since 1902.
You can stay on the cutting edge of nursing policy, education, and practice in an ever-changing healthcare environment by joining NCNA. We are proud to be the only nursing association in the state that represents all of North Carolina’s Registered Nurses. If you want to help shape the future of nursing, join NCNA today!

- Continuing Education
- Professional Networking
- Legislative Advocacy

“NCNA provides the means to help me fulfill my professional interests beyond employment and participate in decisions that impact nursing at large.”
- Donna Owen, RN, BSN

JOIN TODAY!
www.ncnurses.org
(800) 626-2153
RNs@ncnurses.org

NURSE NETWORK
Reach every nurse in North Carolina for as little as $500.
Economical Classifieds (1.5” wide x 2” high)
RESERVE YOUR SPACE NOW! CONTACT VICTOR HORNE:
vhorne@pcipublishing.com • 800-561-4686, ext. 114

“Control your Destiny by owning your own HOME CARE BUSINESS!”
– Tammy Jurnett-Lewis

Now Available On:
amazon.com
www.iamtammylewis.com

“You must read this!”
–Amazon Reviewer

DOSHER Memorial Hospital
has the following NURSING OPPORTUNITIES:
• Med/Surg Nurse RN — full-time positions
• ED Nurse (RN) — full-time positions
Visit “Job Opportunities” at www.dosher.org or contact HR at jobs@dosher.org or (910) 457-3801

DPS
DEPARTMENT OF PUBLIC SAFETY
CORRECTIONAL HEALTHCARE
Exciting, Different, Independent, Variety, Rewarding. Just a few words to describe Correctional Nursing!
Join our team...become a Correctional Healthcare Professional.
The North Carolina Department of Public Safety provides medical care for incarcerated offenders in the 56 prisons it operates statewide.

To apply, visit: http://oshr.nc.gov/work-for-nc
Electronic applications should be submitted via this website.
For further info, contact: Ram Upadhyaya, RN
(919) 255-6078
Ramesh.upadhyaya@ncdps.gov

Representing Nurses and Allied Health Professionals
Young Moore
YOUNG MOORE AND HENDERSON, P.A.
Judicial and Regulatory Matters
John N. Fountain • Reed N. Fountain
Donna Renfrow Rutala, BSN, JD
(919) 782-6860
www.youngmoorelaw.com

Karen McKeithen Schaede
Attorney at Law, PN, JD
Proven Expertise in License Matters, including:
• Defense Against Disciplinary Action
• License Reinstatement
Greensboro, NC
(336) 333-7907
kschaede@connorsmorgan.com
www.connorsmorgan.com

Connor's
M O R G A N
P L C
quality of work = quality of life

Cape Fear Valley Health is more than just a place to work. For more than 850 physicians and 7,500 skilled professionals, it’s home.

We’re a regional, integrated health system with eight hospitals reaching across Southeastern North Carolina, with one focus … our patients.

Cape Fear Valley Health offers the same opportunities to grow your career as other academic medical centers, but without the big city traffic and high cost of living. And you’ll have plenty of down time for day trips to the beach, weekends in the mountains, great shopping and other leisure pursuits.

Make our hometown, your hometown too.
Opportunities for a Lifetime

LIFE AS A DUKE NURSE IS EXHILARATING.

Our nurses have unparalleled opportunities to grow and develop throughout their careers, with residency, mentoring and precepting programs, a robust clinical ladder, and a supportive environment for lifelong learning and academic progression.

Duke Nurses take pride in raising the standards of nursing excellence through research and performance improvement projects. They are valued leaders and members of interprofessional teams focused on fulfilling the Duke Health mission of “Advancing Health Together.”

Duke Nurses experience many intrinsic rewards in their professional practice, and are compensated with competitive pay and valuable benefits, including:

- Pension plan
- Generous paid time off
- Comprehensive health and wellness benefits
- Nursing school loan forgiveness
- Tuition assistance
- Community discounts

EXTRAORDINARY OPPORTUNITIES. REWARDING EXPERIENCES. BE A DUKE NURSE.

dukennursing.org

U.S. News & World Report
Duke University Hospital (#1),
Duke Raleigh Hospital (#1),
and Duke Regional Hospital (#13)
are proud to have been selected
as top hospitals in North Carolina