

NURSING BULLETIN

**Your Voice, Your Vote:
NCBON Election 2019**

 **page 6**



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SUMMER 2019 BULLETIN
NC BOARD OF NURSING
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letter from the **Chief Executive Officer**

Make your choice for the Board of Nursing

It is that time of year to register your vote for those running for seats on the NC Board of Nursing. In this issue of the magazine we introduce you to the candidates, but to read their full interview and biography please visit the Board's homepage at www.ncbon.com

Remember the election window runs from July 1st through August 15th.

Also, if you think that one vote hardly matters, let me assure you in past years the winning margin in some cases has been less than 10 votes.

Additionally, in this issue of the Bulletin, we are reminding all licensees that effective July 1, 2019, the Board will no longer be sending you a license renewal card. The Board will be using Nursys e-notify as the primary licensure notification system (Page 26) Please log into www.nursys.com to learn more about Nursys and to create your account. It is vital that you maintain up-to-date information including an email address that you access routinely.

Last, but not least in this issue, is a Joint Statement on Medication Management of Pain in End-of-Life Care. This statement is a joint effort from the Boards of Medicine, Nursing and Pharmacy. It addresses consumers misperceptions by outlining practice expectations for licensees and other health care professionals who are authorized to prescribe medications, as well as nurses and pharmacists involved in end-of-life care (Page 20.)

Have an enjoyable summer!

Sincerely,

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



NORTH CAROLINA BOARD OF NURSING **CALENDAR OF EVENTS**



Board Meeting:
September 20, 2019

Administrative Hearings:
July 25, 2019
September 19, 2019

**Education/Practice
Committee:**
August 14, 2019

Hearing Committee:
August 29, 2019

Licensure Review Panel:
August 8, 2019
September 12, 2019

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 - Nurse Administrator

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Angela Ellis and Sara Griffith, MSN, RN

Purpose:

The purpose of this article is to provide NC licensees a historical overview of the Board of Nursing's establishment of an election system whereby the nurses of NC elect a majority of its board members. Additionally, to provide information regarding the Board's major duties and responsibilities, Board composition and positions as well as reflections from current Board members and past voters. The information provided in this article will provide licensees information regarding qualifications to become a candidate, as well as providing guidance to access slate of candidates to assist in voting decision-making.

Outcome:

Licensed nurses will increase their knowledge related to board composition, duties and responsibilities of the Board, use of the candidate biographies in voting decision-making, and the election process. Knowledge regarding the Election of Nurse Members will increase the number of nurses participating in the election annually.

We stand alone!

North Carolina is the only state in the nation that elects its nurse members. Eleven of the fourteen members are elected by nurses holding North Carolina nursing licenses. This is a unique process and opportunity for the licensed nurses of NC. In other states, the board members are appointed by government officials. Election of Nurse Members provides the licensed nurses of NC a voice in the selection process, as well as provides licensed nurses the opportunity for leadership on a state level. This could be an opportunity for NC licensed nurses to be at the table during discussions to raise questions, dialogue, and make the policies that impact the profession of nursing.

But wait. . . in order to know where you are going, you have to first look at where you have been.

Founded in 1903, the NC Board of Examiners, now known as the NC Board of Nursing, was the first Board of Nursing in the nation. Mary Lewis Wyche, recognized as the first registered nurse in the United States, was the first individual appointed to the NC Board of Examiners. At that time there were only 35 nurses licensed. Of those 35 licensed, Josephine Burton from Craven County was the first state-registered nurse and Annie Lowe Rutherford, a graduate of Freedman's Hospital in Washington, DC, was the first African American Nurse. In 1929, the first male registered nurse endorsed into North Carolina from Pennsylvania. From those early years, the Board has grown to license over 159,000 registered nurses and licensed practical nurses

statewide. Today, your Board of Nursing is recognized statewide and nationally for its leadership in healthcare and innovation. For more information on the BON's rich history, visit our website at <https://www.ncbon.com/board-information-historical-information>.

Present Day Mission and Vision!

The Board's mission to "protect the public by regulating the practice of nursing" and vision "exemplary nursing care for all" drive the work of Board members as they set policy regarding nursing practice in the state. The Board's values of professionalism, accountability, commitment and equity drive Board members and staff in carrying out the Board's daily responsibilities. In addition to focusing on our present, the Board also serves as visionaries to project the Board's growth in an everchanging healthcare environment. The Mission, Vision and Values are a driving force for the Board's Strategic Plan, a 4-year vision. The components of quality improvement, effective communication and utilization of relevant technology are integral to the plan and inherently woven into each of the strategic initiatives. Learn more about the Board's vision by accessing the current Strategic Plan at <https://www.ncbon.com/board-information-governance-strategic-plan>.

Oh the possibilities!

"You're off to Great Places!
Today is your day!
Your mountain is waiting,
So. . .get on your way!" (Seuss, 1990)

Why not follow Dr. Seuss' lead to climb the mountain and consider

Your Voice, Your Vote

running as a candidate for the Board of Nursing?

When reflecting on his service with the Board, Frank DeMarco, Chair, wrote “As nurses we learn very early on in our careers that we have the responsibility to advocate for our patients and families. As a nurse leader in an organization that responsibility is amplified as our oversight of nursing practice widens. As a board member our actions and decisions are focused on protecting the public. From a personal perspective, I have integrated that obligation to enhance my ability to be a patient advocate. In addition, I have become a resource for the nursing staff as well as the nurse leaders in my organization as it relates to the NC BON” (personal communication, April 5, 2019).

Let’s look at how your professional climb up the mountain begins. . .

Are you qualified for a Board Position?

The Board, in accordance with the Nursing Practice Act and Administrative Rules Chapter 36, defines the minimum requirements for nurses to both seek election to the Board and maintain the position once elected. Minimum requirements include:

- Hold a current unencumbered license to practice in North Carolina
- Declare North Carolina as the primary state of residence
- Have a minimum of five years of experience in nursing
- 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.

In addition, licensees must have continuous employment equal to or greater than 50% of a full-time position that meets the criteria for the specified Board member position.

You meet the minimum qualifications to run for a position. Now let’s take a look at the individual position requirements.

Registered Nurses (8)	Licensed Practical Nurses (3)	Public Members (3)
Nurse Administrator employed by a hospital or hospital system (1)	Any practice setting	Appointed by: Governor Senate House
Advanced Practice Nurse (1)		
Staff Nurse (2)		
At-Large Registered Nurse (1)		
Nurse Educator (3)		

Positions on the Board are defined within the Nursing Practice Act (G.S. 90-171.21) as follows:

- **Nurse Administrator employed by hospital or hospital system** must be a Chief Nurse Executive or director of nursing services for a major service division that includes inpatient care. The Nurse Administrator is accountable for administration of nursing services and not directly involved in patient care.
- **Advanced Practice Registered Nurse** may be a Nurse Practitioner (NP), Certified Nurse Midwife (CNM), Certified Nurse Specialist (CNS) or a Certified Registered Nurse Anesthetist (CRNA).
- **Staff Nurses** are primarily involved in direct patient care regardless of practice setting. The legislative intent is that staff level RNs, not those in APRN roles, fill this position.
- **At-Large Registered Nurse** is defined as any currently licensed RN other than a nurse eligible for a nurse educator position. This position also allows for a retired nurse as long as the minimum requirements are met to include a current, unencumbered license.
- **Nurse Educator** is any nurse who teaches in or directs a Board approved nursing program. The individual must meet the minimum education requirements as established by the Board’s education program standards for nursing faculty. A nurse educator is not eligible to run in the At-Large position as there are 3 Nurse Educator positions on the Board: Practical Nurse Educator, ADN/Diploma Nurse Educator and BSN/Higher Degree Nurse Educator.
- **Licensed Practical Nurses** in any practice setting may run for a position on the Board as long as they meet the minimum requirements.
- **Public Members** shall not be a provider of health services, employed in the health services field or hold a vested interest at any level in the provision of health services. In addition, no public member or person in the public member’s immediate family (spouse or dependent’s minor child) shall be currently employed as a licensed nurse or been previously employed as a licensed nurse.

Once the nomination process is complete, nominees for each of the nurse positions complete and submit a candidate packet which provides information related to licensure and employment in order for staff to determine whether or not a nominee qualifies to run in the Board position. Once the qualification process is complete and you are an official candidate for a Board position, the rest is

up to you! This is your opportunity to engage the licensed nurses of NC to vote in the election process!

Why are public members important to the Board's composition?

You might be asking yourself “what does it mean to be a public member?” The BON has three public members. One public member is appointed by the Governor and the remaining two are appointed by the General Assembly. Public members bring different perspectives and expertise to the discussions. Public members are eligible to serve on all committees, serve as chair or vice-chair of the BON, and discuss and vote on all decisions coming before the BON for consideration.

Martha Ann Harrell, a public member, reflected on her service “Through my experiences and interactions with the members of this board and with the North Carolina Health Care Community as a whole, I have grown to understand and know that policies and procedures are in place to protect the public. I see today how the public’s healthcare experiences, including my own personal experiences, have been positively impacted by decisions and programs enacted by this board and the health and safety of our community is better for it. Additionally, through the multiple roles that I have served within this board, I have gained valuable leadership skills and the unique ability to engage and encourage all thoughts and opinions from others to access situations through an objective lens and with the collective best interest as a goal” (personal communication, April 7, 2019).

Additionally, Martha Ann Harrell reflected “Serving as a public member to this board, allows for me to be a voice of the general public, and my voice is valued by all members and within all decisions to ensure that our mission

and our focus is never lost” (personal communication, April 7, 2019).

Congratulations! You have been elected to the Board! Now let's get started!

If elected to the Board, nurses serve a 4-year term. Newly elected and appointed Board members are sworn into office at the January Board meeting following the election and serve through December 31st of the 4th year. At the end of the 4-year term, a nurse may choose to run for re-election. No board member shall serve more than 2 consecutive 4-year terms or 8 consecutive years.

It is estimated an average of 30 days per year is required to carry out the duties and responsibilities of the Board. The time commitment for board members is based on the number of committee assignments. In addition to the three full board meetings held in January, May and September of each year and the five scheduled Administrative Hearings, board members serve on additional BON committees. These committees are assigned yearly and are based on the board members area of interest or expertise. The various BON committees include Education and Practice, Licensure Review Panel, Finance, Board Governance, Settlement, Hearing Committee, Joint Sub and Midwifery Committee. Each of these committees support the work of the Board and are driven by mission of public protection. In addition to meetings, there is needed time to prepare for meetings by reviewing any documents provided pertinent to the meeting. The documents are provided electronically and in advance of meetings. Preparation is key to efficient, productive, and mission-driven decisions and dialogue.

As a Board member, what are the major duties and

responsibilities of my position?

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

- Issue its interpretations Nursing Practice Act (i.e. position statements and decision trees). These can be found on the BON website www.ncbon.com
- Adopt, amend or repeal rules and regulations as may be necessary to carry out the provisions of the Nursing Practice Act (NPA)
- Establish qualifications of, employ, and set the compensation of an executive officer who shall be a registered nurse and who shall not be a member of the Board
- Examine, license, and renew the licenses of duly qualified applicants for licensure
- Investigate and take appropriate action for violations of NPA
- Establish standards and monitor nursing programs that lead to initial licensure
- Implement and monitor continuing education of nurses
- Appoint advisory committees
- Appoint and maintain a subcommittee of the Board to work jointly with the subcommittee of the North Carolina Medical Board to develop rules and regulations to govern the performance of medical acts by registered nurses
- Recommend and collect such fees for licensure, license renewal, examinations and reexaminations
- Implement the interstate compact



Still not convinced your vote has any value? Let's see what nurse voters say about their experience.

"It is a part of my professional duty and it gives me the opportunity to have some influence on the decision-making process that affects the practice of nursing in North Carolina." – Hope Y.

"It gives me a voice in the selection of a candidate. I love being a nurse and I want to be involved in every aspect of the profession." – Dot T.

"I am honored to have a voice in selecting each position that is open. Reading backgrounds lets me know what they have accomplished in their career and how each has made a difference in the practice of nursing." – Hutch A.

"We worked hard to get the right for nurses to vote for their own representation rather than having BON members appointed by the legislature." – Donna M.

"Nurses in many states don't have this important right – it's a way of making my voice count in my profession." – Pamela B.

"It is a professional obligation to ensure qualified persons are selected to make decisions about professional behavior and protect the public from irresponsible practice." – Susan R.

"The BON affects the practice of us all." – Tammy H.

"It is a professional responsibility that moves us into the future and keeps nursing on the cutting edge of advancements." – Jessica VE.

"As a registered nurse, I (now) understand the importance of having highly qualified board members who are charged with making policy changes that will affect my practice. Having a diverse group at the table for decision-making is vital." – Carlene C.

- 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

practice in North Carolina. Just like in governmental elections, you have the ability to elect candidates you feel are best qualified to carry out the duties and responsibilities related to your nursing practice. The Slate of Candidates, which contains biographical information, is available on page 12 of this issue. Take the time to get to know your candidates prior to casting your vote!

Speaking of voting, the process is quick and easy! In fact, the process is even more streamlined this year! Effective July 1, 2019, licensees will access the electronic election system through their individual Gateway

accounts. Licensees are no longer required to provide license numbers and year of birth in order to vote. Simply log into your individual Gateway account, locate the logo for the electronic election system and you're on your way! Before you cast your vote, be sure to review the Slate of Candidates which will be posted on your Gateway account. For more information on the new voting system, see Gateway to Voting instructions on page 11 of this issue. Voting is open from July 1st through August 15th annually.

Are you ready to climb that mountain?

Each year in the fall and winter issue of the Bulletin, the magazine published by the NCBON, a nomination form is published seeking licensed nurses in NC who are interested in running for a position on the BON. The nomination form includes the guidelines for submitting a nomination along with the positions available for the upcoming election. Keep in mind. . .

- RNs nominate RNs; LPNs nominate LPNs
- Petitioners provide certificate number and signature
- Information is verified with the records of the Board to validate each nominee and petitioner holds appropriate NC licensure
- Nomination forms must be postmarked on or before April 1st to be considered for candidacy.
- For detailed information regarding the nomination process, visit the Board's website at <https://www.ncbon.com/board-information-election-general-information>.

Yolanda M. VanRiel, Vice-Chair, reflected on her service "Being a board member has expanded my knowledge base as an educator not only at my

Now that you've learned more about your Board, why is voting so important?

Participating in the election is a significant way to influence the decisions that affect your nursing

institution but across the state. I have an in-depth understanding of the Nursing Practice Act and the rules that affects regulation, education and practice. I have participated in strategic planning and governance that impacts every licensed nurse in the state. I take this understanding and apply it to my teaching for my prelicensure and graduate students” (personal communication, April 5, 2019).

Nomination forms are due April 1st annually.

Positions available for the 2020 elections are....

- Advanced Practice Registered Nurse
- Staff Nurse (1)
- Practical Nurse Educator

You may recognize there are no LPN positions listed for the 2020 election. The next LPN position will be available in 2021.

Still unsure about running for a Board position? Perhaps our current members can convince you to start climbing the mountain.

Yolanda Van M. VanRiel, NCBON Vice-Chair, provided the following advice for a nurse considering seeking nomination to serve on the Board: “NCBON is the only board of nursing in which members are elected to serve on and it is a great honor to be a board member. Additionally, I would say that being a member of the NCBON sets you apart from other BONs and that you are looked upon as a leader. I would tell them to research the position that they are interested in and make sure that they fulfill the requirements. Lastly, I would tell them that it is a rewarding experience (personal communication, April 5, 2019).

As a public member who is appointed, Martha Ann Harrell provided the following advice for anyone seeking an appointment “I would tell them that their time, their experience

and their learnings will be invaluable and irreplaceable. I underestimated the time I anticipated to spend working with board-related activities, however, I found that much of the time spent was driven by my own personal desire to learn and understand better the board’s role and how I could best be an asset to it. The colleagues I interact with through this board are truly some of the most talented, knowledgeable, and respected persons I have had the pleasure of working with in my professional career. Learning from those I was partnered and engaged with, in combination with the robust training and education provided to board members made my time and my efforts more than worth it. This is a very strong working board, and for anyone seeking an appointment to this board, they will greatly benefit from their experiences” (personal communication, April 7, 2019).

Frank DeMarco, NCBON Chair, provided the following advice to nurses considering nomination to serve on the Board: “I would strongly encourage anyone that is interested in becoming a board member to do so. It is a responsibility that should not be taken lightly. At the same time, you will grow professionally. It provides one the opportunity to impact nursing practice in a unique way while obtaining a better understanding of nursing regulation and practice. It is an amazing experience that only enhances your practice as a nurse” (personal communication, April 5, 2019).

Questions?

Contact Chandra Graves at election@ncbon.com or visit our website at <https://www.ncbon.com/board-information-election-general-information>.

We hope to see you as a future nominee for a Board position!

Required Reflective Questions:

1. What is the mission of the NCBON?
2. Where are the candidate biographies located?
3. Why are the candidate biographies important in the election process?
4. Where is access to the Electronic Election located?
5. When does the Election take place?
6. What are the overall responsibilities for NCBON board members?
7. What is the composition of the NCBON board members?
8. What are the qualifications to be a NCBON board member?
9. How are public members appointed to the NCBON?
10. Locate and review the position statements and decision trees on the NCBON website

References

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EARN CE CREDIT

“Your Voice, Your Vote: NCBON Election 2019” (1 CH)

INSTRUCTIONS

Read the article, online reference documents (if applicable), and reflect on the 10 questions listed under the “Required Reflective Questions” section of this article.

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, “Your Voice, Your Vote: NCBON Election 2019.” 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 (Your Voice, Your Vote: NCBON Election 2019). **Registration deadline is 8-15-2019.**

PROVIDER ACCREDITATION

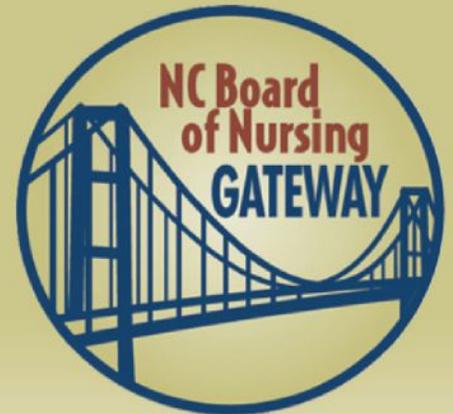
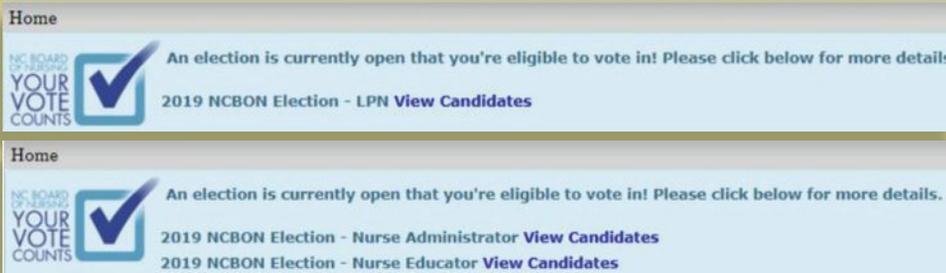
The North Carolina Board of Nursing will award 1 contact hour for this continuing nursing education activity.

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.

NCBON CNE CONTACT HOUR ACTIVITY DISCLOSURE STATEMENT

The following disclosure applies to the NCBON continuing nursing education article entitled “Your Voice, Your Vote: NCBON Election 2019.”

Participants must read the CE article, online reference documents (if applicable), and reflect on the 10 questions listed under the “Required Reflective Questions” section of this article in order to be awarded CNE contact hours. Verification of participation will be noted by online registration. Neither the author nor members of the planning committee have any conflicts of interest related to the content of this activity.



Gateway to Voting!

“Every election is determined by the people who show up” - Larry J. Sabato, “Pendulum Swing”

It’s time to vote and the Board has opened your “Gateway” for easier access!

But wait! Before you vote, take the time to read the CE election article on page 6 to learn more about your Board and the importance of voting as well as review the Slate of Candidates on page 12 to learn more about your candidates.

Once you’re ready, it’s as simple as 1 – 2 – 3!



1. Log onto your Gateway account on the Board’s website at www.ncbon.com

2. Locate the election logo

3. Follow the instructions and cast your vote



It’s that simple! Voting is open from July 1st through August 15th!
Exercise your right to vote today!

Questions? Contact the Board of Nursing at election@ncbon.com

2019 Slate of Candidates

Voting begins July 1, 2019 and closes at
midnight on August 15, 2019

Nurse Educator



Name: RACQUEL INGRAM Position: Nurse Educator

BIOGRAPHICAL INFORMATION: Dr. Racquel Richardson Ingram received a PhD from the University of North Carolina-Greensboro (UNCG), an MSN from UNCG, and a BSN from Winston-Salem State University (WSSU). She currently serves as Coordinator of RN-BSN at North Carolina Agricultural and Technical (NCAT) State University. **I would like to serve on the North Carolina Board of Nursing because...**

RESPONSE: Serving on the North Carolina Board of Nursing would be an honor. Service is a significant component of my professional and personal obligation to the community, and supports my ethical framework regarding effectively impacting diverse communities.



Name: BONNIE BENETATO Position: Nurse Educator

BIOGRAPHICAL INFORMATION: Bonnie B. Benetato, PhD, MSN, MBA, FNP-BC is a Clinical Associate Professor in the College of Nursing at East Carolina University. Bonnie is the DNP Post Masters Concentration Director and she enjoys teaching statistics and research, population health, and healthcare finance.

I would like to serve on the North Carolina Board of Nursing because...

RESPONSE: This is an important time for healthcare, nursing, and most of all, the people of North Carolina. After deliberation I decided the best way for me to serve the people of NC was through public service on this regulatory board. I believe I will add value as a Board member to articulate the mission, and sustain the vision of the nation's first Board of Nursing founded in 1903.



Name: JENNIE WAGNER Position: Nurse Educator

BIOGRAPHICAL INFORMATION: Jennie Wagner is a full-time Assistant Professor at UNC-Chapel Hill School of Nursing and a weekend Lactation Consultant. She earned an Associate's degree in Nursing from Wayne Community College, earned her BSN and MSN at East Carolina University, and received an MBA and Doctorate in Adult Education from NC State University.

I would like to serve on the North Carolina Board of Nursing because...

RESPONSE: I wish to serve the citizens of North Carolina to uphold the NC Board of Nursing mission to "Protect the public by regulating the practice of nursing." Also, I want to represent the nurses and the schools of education in North Carolina to promote professionalism, accountability, commitment and equity in nursing and educational practice.



Name: KATHRYN TINKENBERG Position: Nurse Educator

BIOGRAPHICAL INFORMATION: Kathryn Tinkenberg has a BSN and MS from The Ohio State University as well as a PhD and post-master's certificate in nursing education from Duquesne University. Kathryn is currently a professor in the School of Nursing at Lenoir-Rhyne University and the Director of the MSN Program.

I would like to serve on the North Carolina Board of Nursing because ...

RESPONSE: As a nurse educator, I have a passion for protecting the public, and I consider it my calling to develop students into safe practitioners. I have seen firsthand the effects training and public policy have on nurses and the millions of patients we serve. I believe my education and administrative experience have prepared me to serve the nursing community on the Board with a focus on safe and healthy work practices.



Name: DIANNE DANIELS Position: Nurse Educator

BIOGRAPHICAL INFORMATION: Dianne Daniels' highest level of education preparation: PhD in Curriculum and Instruction; other degrees: MSN, BSN, and ADN; certification: National League for Nursing Certified Nurse Educator (CNE). Employment: Current position Clinical Associate Professor and Undergraduate Lead Faculty at UNC Chapel Hill School of Nursing.

I would like to serve on the North Carolina Board of Nursing because ...

RESPONSE: Serving in this capacity is an excellent way to give back to the profession! It would be an honor and a privilege to be elected by NC nurses to serve on the Board of Nursing and to have the opportunity to influence decisions that will shape the future and direction of nursing in our state.



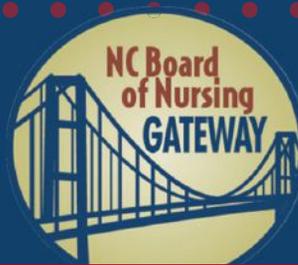
Name: JENNIFER WELLS Position: Nurse Educator

BIOGRAPHICAL INFORMATION: In 1995, Jennifer Wells earned her BSN from Radford University. She completed her MSN from Duke University in 2004. Wells earned her PhD from UNC Greensboro in 2013. During her 15 years in academia, she has served in several positions including SouthCentralNC Regionally Increasing Baccalaureate Nurses (RIBN) Collaborative Grant Project Director; Director of Graduate Programs; Chair, Department of Nursing; and is currently the Director of Program Outcomes at UNC Pembroke, Department of Nursing.

I would like to serve on the North Carolina Board of Nursing because ...

RESPONSE: Service is an integral component of a well-rounded professional nursing career. As a nurse educator, I see service to the Board of Nursing as a natural progression of my desire to advance nursing by contributing to the development and maintenance of safe, competent, and caring workforce. It would be my distinct honor to serve the profession of the state as a member of the NC Board of Nursing.

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Nurse Administrator



Name: MONICA JILL PHILPEAU

Position: Nurse Administrator

BIOGRAPHICAL INFORMATION: Monica Jill Phippeau, RN MSN CNOR has had the honor to staff in the operating room, hospice home, and med-surg floor. Her leadership began in 2004 as an operating room manager. She has had the privilege to grow as a leader in Peri-Anesthesia, Endoscopy, Operating Room, Heart and Vascular, ICU, Infection Prevention, Central Sterile Department, and Anesthesia over the last 15 years to her current position at Wayne UNC as the Administrative Director for Surgical Services. **I would like to serve on the North Carolina Board of Nursing because ...**

RESPONSE: I see this as an important role to the nurses of North Carolina. I would love to be a part of a broad group to positively impact the image of nurses and their improved practice. I would give 100% to a profession I absolutely love.



Name: MICHELE WOODS Position: Nurse Administrator

BIOGRAPHICAL INFORMATION: Michele Woods is the current Manager of Women's and Children's Services at Frye Regional Hospital in Hickory, North Carolina. She received her master's degree in nursing from Western Carolina University.

I would like to serve on the North Carolina Board of Nursing because...

RESPONSE: I would like to serve on the North Carolina Board of Nursing because I have a passion for nursing and want to serve to make a difference for continued growth of the nursing profession. Serving allows the opportunity to partner with other leaders in the field to promote change and advance the field of nursing by advocating for fellow nurses and the patients we serve.



Name: LYNETTA HOWARD Position: Nurse Administrator

BIOGRAPHICAL INFORMATION: Lynetta Howard has provided nursing care to vulnerable populations in our state psychiatric hospitals, correctional facilities, and nursing homes. She is a Unit Nurse Director with the NC DHHS at Cherry Hospital.

I would like to serve on the North Carolina Board of Nursing because ...

RESPONSE: I fell in love with nursing at the age of 13, while serving as a volunteer at Rex Hospital. My passion for nursing has only grown deeper. To meet the demands of healthcare consumers, it is important to set appropriate priorities that ensures public safety. I would like to contribute to the legacy of shaping nursing practice for future generations that embodies processes that are transparent, participatory, and evidence-based.



Name: CLYDE BRISTOW Position: Nurse Administrator

BIOGRAPHICAL INFORMATION: Clyde Bristow, DNP, RN, CENP serves as CNO WFBH – LMC. In 2013, he was promoted to his current role and has responsibility for Nursing, Pharmacy, Laboratory, Respiratory, and Physical Therapy.

I would like to serve on the North Carolina Board of Nursing because...

RESPONSE: I truly went from CNA to CNO in my career. As a nurse leader with over 20 years of nursing experience, I feel I have a wealth of information to share with my nursing colleagues. There are three challenges facing the nursing profession today: Violence against healthcare workers, a fierce opioid epidemic and the need for nurse educators to create our future. Being in a position to impact those challenges and serve my peers is humbling.



Name: FRANK DEMARCO Position: Nurse Administrator

BIOGRAPHICAL INFORMATION: Frank DeMarco received his diploma in nursing from Albany Medical Center School of Nursing in 1988, his Bachelor of Science in Nursing in 2012, and his Masters of Science in Nursing in 2015. Since 2017 he has held the position of Associate Chief Nursing Officer at Duke University Hospital, providing oversight of Nursing Practice in Emergency, Trauma, Critical Care Transport, Patient Flow, and Radiology Services.

I would like to serve on the North Carolina Board of Nursing because ...

RESPONSE: Continuing to serve the board will allow me to focus on patient safety and advocacy. I have always been aware of how nurses respond to patients and families in times of crisis. It is important to not judge patients and families while providing a safe health care to our patients. My goal is to improve patient safety, advocacy with a primary focus on protecting the public. As a board member, I can achieve that goal.

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Name: CHERYL WHEELER Position: LPN

BIOGRAPHICAL INFORMATION: Cheryl Wheeler attended Conway School of Practical Nursing in South Carolina and graduated with honors in 1993. She has been fortunate to work in geriatrics, pediatrics and oncology. She was also blessed to work as a Hospice Nurse for 14 years during which time she was certified in Hospice and Palliative Care.

I would like to serve on the North Carolina Board of Nursing because ...

RESPONSE: I believe serving on the board of nursing would be a wonderful experience as it would give me the chance to observe how the board governs the nursing practice and the opportunity to be a part of that process.



Name: JODI CAPPS Position: LPN

BIOGRAPHICAL INFORMATION: As an LPN employed at Carolina Village in Hendersonville, Jodi Capps is the only current Board member bringing a voice from the Western part of our state. Both professional and life experience have led her to have a passion for serving the elderly, the mentally ill, and those struggling with addiction. If re-elected, she will continue to work towards the Board's Vision of exemplary nursing care for all, and its Mission of protecting the public, which includes those of us who are nurses.

I would like to serve on the North Carolina Board of Nursing because ...

RESPONSE: ...the state has given its nurses the opportunity to regulate themselves. NC not only allows us to elect our members but also mandates a diversity of voices from LPNs, RNs, Administrators, Educators and APRNs.



Name: ANDREA JEPSON Position: LPN

BIOGRAPHICAL INFORMATION: Andrea Jeppson completed her LPN degree at Coastal Carolina Community College in 1985. In 1986 she began working at Duplin General Hospital (now known as Vidant Duplin) in the Intensive Care Unit; she has been there for 32 years.

I would like to serve on the North Carolina Board of Nursing because ...

RESPONSE: I desire to advocate for the role of LPNs that serve in healthcare. To see that they can perform to the highest licensed ability and meet the great shortage in nursing and population needs.



Name: KATRINA HOBBY Position: LPN

BIOGRAPHICAL INFORMATION: Katrina Hobby holds a BA in English from East Carolina University and a Licensure for Practical Nursing from ECPI. She works as a float nurse in psychiatric care at Holly Hill Hospital in Raleigh, NC. She also works PRN at Springmoor Lifecare Community where she worked fulltime beginning 2012, providing geriatric care to include memory care.

I would like to serve on the North Carolina Board of Nursing because ...

RESPONSE: As an LPN, I would like to provide input into the governance of nursing practices based on norms and our changing society.



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LPN-BSN Academic Progression Taskforce Findings and Initiatives

A study by Dr. Cheryl Jones and colleagues at the Cecil G. Sheps Center for Health Services Research (SHEPS Center) reported on the nursing workforce in North Carolina (NC) uncovering an untapped resource in addressing the unmet need for Registered Nurses (RNs). The study of Licensed Practical Nurses (LPN) who transitioned to RN licensure found that 8% of the LPNs licensed in North Carolina (NC) had become RNs between 2001 and 2013 (Jones, Toles, Knafl, & Beeber, 2018). In response to this finding, the NC Foundation for Nursing Excellence (FFNE) developed a small workgroup in 2014 to investigate the opportunities for LPN academic progression towards a BSN. This evolving workgroup includes NC representatives from nursing program leadership, healthcare employers, NC Area Health Education Centers, NC Board of Nursing, and NC Community Colleges System.

LPN-BSN Academic Program Findings

Information related to current LPN-BSN academic interest and/or initiatives helped the group to develop plans to impact the nursing workforce of the future. The LPN to BSN task force reviewed information gathered from other states relating to LPN-BSN programs, specific curriculum, admission criteria, and successes. This information indicated there were both a limited number of focused LPN-BSN initiatives and a general lack of interest in creating and/or maintaining such programs. The schools queried stated that the limited number of LPN to BSN initiatives were based on a number of factors, including low admission and program completion rates and low first-time NCLEX RN pass rates.

In North Carolina, future planning and interest in developing LPN-BSN initiatives



varied widely across both community colleges and university programs. Academic leadership focus groups reported contributing factors in the decision not to provide an LPN-BSN option:

- Lack of resources (financial and human) to start a new academic initiative
- Lack of advisement, coaching and other academic support services
- Limited enrollment capacity
- Limited clinical sites
- Expressed concerns regarding future existence of or need for the LPN role in the workforce

While some NC associate degree nursing programs offer advanced placement LPN-RN transition options, there is not a consistent pathway. Currently, a few university nursing programs are actively developing an LPN-BSN academic pathway.

Survey Results

An email survey was sent to 19,700 LPNs in the state using the NC Board of Nursing licensee data.

Survey items focused on participant’s interest in pursuing higher education and perceived obstacles. Of the 3,400 survey responses received (17.3% response rate), 95% practiced in NC and 65% were over age 40 years.

- 75% of practicing NC LPNs reported interest in pursuing further nursing education.
- 58% reported a goal to achieve a BSN or higher degree.
- 81% reported interest in an LPN to BSN education pathway.
- 15% reported current enrollment in a nursing program; 85% of which were enrolled in ADN programs.

Many respondents perceived obstacles to pursuing additional nursing education and three main themes were identified:

- *personal/family obstacles:* financial, family responsibilities, time
- *educational program offerings:* cost, format (flexibility), location, capacity, lack of recognition of prior coursework
- *employer/employment issues:* work schedule, employer support

The data obtained from this survey provided valuable information toward developing academic progression opportunities for NC LPNs to achieve a BSN or higher degree. (Foundation for Nursing Excellence, 2016)

Qualitative Responses from Healthcare Employers

Healthcare system representatives were contacted via telephone survey and attendance at LPN-BSN Task Force meetings. Qualitative data from Healthcare representatives from throughout NC revealed interest and support for LPN academic progression.

LPN to BSN Academic Progression Initiatives

Based on the survey results, it was determined that there was sufficient evidence for the LPN-BSN Task Force to pursue academic progression models. The LPN to BSN taskforce transitioned from data gathering to monitoring outcomes of LPN Academic Progression pathways that are being developed and implemented in NC. Some of these include partnerships between Forsyth Technical Community College and Winston Salem State University; Durham Technical Community College and North Carolina Central University; Robeson Community College and UNC Pembroke; and Surry Community College and Leas-McCrae University. Winston Salem State University has also developed and implemented a stand-alone LPN to BSN Program. Thus far, the taskforce members and participating colleges indicate a strong interest among LPNs and also report that qualified applicants greatly exceed the number of available spaces. The continuing aim of the workgroup is to investigate and develop opportunities for academic progression of LPN to BSN degree.

References

- Foundation for Nursing Excellence. (2016). Report of LPN-BSN Feasibility Workgroup. Raleigh: Foundation for Nursing Excellence.
- Jones, C., Toles, M., Knafl, G., & Beeber, A. (2018). An untapped resource in the nursing workforce: Licensed practical nurses who transition to become registered nurse. *Nursing Outlook*, 66, 46-55.

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Question:

Can CMAs or MOAs work in an acute care setting like NA I and IIs? Can a CMA or MOA validate competence of another CMA or MOA?

CRYSTAL TILLMAN, DIRECTOR OF EDUCATION & PRACTICE

Answer:

The NC Board of Nursing uses the collective term “Unlicensed Assistive Personnel (UAP)” for all individuals who work in healthcare settings but do not hold an occupational license issued by a State Board. Occupational licenses, such as those issued to Registered Nurses (RN) and Licensed Practical Nurses (LPN), provide protection to the public. Nurse Aide (NA), Personal Care Assistant (PCA), Certified Medical Assistant (CMA), and Medical Office Assistant (MOA) are just a few of the many titles held by unlicensed individuals in the healthcare industry. While some UAP may hold listing on state registries (e.g., NA I and NA II) or certification from various entities (e.g., CMA), public protection is not assured at the same level provided by licensure. For that reason, client care activities must always be delegated to UAP by those holding healthcare licenses and the licensed individual retains responsibility and accountability for client care.

The licensed nurse (RN and LPN) may delegate nursing care activities and non-nursing tasks to UAP based upon assessment of the client’s status, competence of UAP, and the employer’s policies/procedures. Before delegating nursing activities, the licensed nurse needs information concerning the validated competencies for each UAP. Only RNs can validate competence in performing nursing activities. All activities delegated to UAP must meet all criteria established in the NCBON Decision Tree for Delegation to UAP.

Things to consider in determining if CMAs or MOAs can function as UAP on Acute Care Units:

- In the acute care setting, there is no doubt that the majority of non-physician care being delivered on the inpatient units is nursing care. The hospital’s formal Nursing System, under the direction of the Chief Nursing Officer, is responsible for the provision of this nursing care.
- CMAs/MOAs are not, in any way, the equivalent



- of an LPN and cannot be used interchangeably.
- CMAs/MOAs are not listed on a State registry as are NA Is and NA IIs. They are not educated in a consistent manner, as are NA Is and NA IIs, and there is no public protection against their acts as there is for those on the NA registry.
- UAPs may only perform nursing care activities as delegated by an RN or LPN. All elements of delegation in nursing rules and the NCBON Delegation Tree apply to all UAPs, including CMAs/MOAs.
- CMAs/MOAs are not educated to perform inpatient care activities, so they would need to be educated to do so prior to assignment - baths, mouth care, elimination, etc. This education and validation of competence must be provided by an RN. One option for consideration is the requirement that Nurse Aide I (and possibly Nurse Aide II) education and listing be successfully completed by these individuals.
- CMAs/MOAs are not educated to administer medications to acutely ill patients. They would need to be educated and competence-validated to do so by an RN, and then could do so only under nurse delegation, with the nurse maintaining accountability for the delegation decisions made.
- State Facility Licensure Regulations and payer reimbursement policies should be consulted for relevance to this decision.
- Finally, only RNs are qualified to teach nursing care activities and only RNs are qualified to validate competence in performing nursing care activities (including those performed by any UAP, including CMAs/MOAs). CMAs/MOAs cannot teach and validate competence of other CMAs/MOAs - particularly when dealing with nursing care activities.

Question:

Is there a regulatory requirement for physician co-signature on APRN's documentation in a patient's health record?



Answer:

Not if the APRN is practicing in North Carolina. Physician co-signature on APRN health record documentation is not required by North Carolina Law and Rules. An institution may choose to be more restrictive in their policies and procedures. If the APRN's practice involves another state, the APRN is responsible for complying with that state's Law and Rules.



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Joint Statement on Medication Management of Pain in End-of-Life Care



The NC Boards of Medicine, Nursing, and Pharmacy have revised their Joint Statement on Medication Management of Pain in End-of-Life Care as follows:

Through dialogue with members of the healthcare community and consumers, a number of perceived regulatory barriers to adequate pain management in end-of-life care have been expressed to the Boards of Medicine, Nursing, and Pharmacy. The following statement attempts to address these misperceptions by outlining practice expectations for licensees and other health care professionals authorized to prescribe medications, as well as nurses and pharmacists involved in this aspect of end-of-life care. The statement is based on:

- the legal scope of practice for each of these licensed health professionals;
- professional collaboration and communication among health professionals providing palliative care; and
- a standard of care that assures on-going pain assessment, a therapeutic plan for pain management interventions; and evidence of adequate symptom management for the dying patient.

It is the position of all three Boards that patients and their families should be assured of competent, comprehensive palliative care at the end of their lives. Healthcare providers, including physicians, physician assistants, advanced practice registered nurses, nurses, and pharmacists, should be knowledgeable regarding effective and compassionate pain relief, and patients and their families should be assured such relief will be provided.

Because of the overwhelming concern of patients about pain relief, the physician or other prescriber needs to give special attention to the effective assessment of pain. It is particularly important that the prescriber frankly but sensitively discuss with the patient and the family their concerns and choices for the end of life. As part of this discussion, the prescriber should make it clear that, in some end of life care situations, there are inherent risks associated with effective pain relief. The Medical and Nursing Boards will assume opioid use in such patients is appropriate if the responsible prescriber is

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continued from page 20

familiar with and abides by acceptable medical guidelines regarding such use, is knowledgeable about effective and compassionate pain relief, and maintains an appropriate medical record that details a pain management plan. Because the Boards are aware of the inherent risks associated with effective pain relief in such situations, they will not interpret their occurrence as subject to discipline by the Boards.

With regard to pharmacy practice, in general North Carolina has no quantity restrictions on dispensing controlled substances—including those in Schedule II. The STOP Act limits initial prescriptions for opioid medications in Schedules II and III to five- and seven-day supplies when prescribed for acute pain or post-operative acute pain, respectively. But those limitations do not apply to treatment of chronic pain or pain being treated as a component of hospice or palliative care.

Federal law allows partial filling of Schedule III and IV prescriptions for up to six months, and, for terminally ill patients, partial filling of Schedule II prescriptions for up to 60 days. This allows the pharmacist to dispense smaller quantities of the prescription to meet the patient's needs, thereby minimizing patient expenses and unnecessary waste of drugs. The prescriber should note on the prescription that the patient is terminally ill to facilitate these partial fills.

Transmission of prescriptions for terminally ill patients is often a matter of urgency. Federal and state law allow the fax transmittal of all schedules of controlled substances. For Schedule III, IV, and V prescriptions, the fax serves as the original. For a Schedule II prescription, the fax serves as the original if the prescriber notes on the face of the prescription that it is for a patient receiving hospice care or who is a resident of a long-term care facility.

Federal and state law allow electronic transmission of prescriptions for all schedules of controlled substances using an e-prescribing tool that meets DEA security requirements. E-prescribing is often the quickest, most secure way to meet a patient's urgent needs.

The nurse (RN or LPN) is often the health professional most involved in assessment of pain and in the on-going management of pain, through implementing the prescribed/ordered pain management plan, evaluating the patient's response to such interventions, and adjusting medication levels based on prescriptions/orders and patient status. Consistent with the licensee's scope of practice, the RN or LPN is accountable for implementing the pain management plan utilizing his/her knowledge base and documented assessment of the patient's needs

through the use of designated pain evaluation tools.

If, in order to achieve adequate pain management, prescriptions/orders include a medication dose and/or frequency range, the instructions on how the nurse determines the appropriate administration dose or time frame should be included in the order. In the absence of such instructions, the nurse has the authority to adjust medication levels within the dose and frequency ranges stipulated, in accordance with the agency's established protocols. However, the RN or LPN does not have the authority to change the medical pain management plan. When adequate pain management is not achieved under the currently prescribed/ordered treatment plan, the nurse is responsible for reporting such findings to the prescriber and documenting this communication. Only the licensee or other health professional with authority to prescribe/order may change the medical pain management plan.

Communication and collaboration between members of the healthcare team, and the patient and family are essential in achieving adequate pain management in end-of-life care. Within this interdisciplinary framework for end of life care, effective pain management should include:

- thorough documentation of all aspects of the patient's assessment and care;
- a working diagnosis and therapeutic treatment plan including pharmacologic and nonpharmacologic
- interventions;
- regular and documented evaluation of response to the interventions and, as appropriate, revisions to the treatment plan;
- evidence of communication among care providers;
- education of the patient and family; and
- a clear understanding by the patient, the family and health care team of the treatment goals.

It is important to remind health professionals that licensing boards hold each licensee accountable for providing safe, effective care. Exercising this standard of care requires the application of knowledge, skills, as well as ethical principles focused on optimum patient care while taking all appropriate measures to relieve suffering. The health care team should give primary importance to the expressed desires of the patient tempered by the judgment and legal responsibilities of each licensed health professional as to what is in the patient's best interest.

Revised and Approved by: NC Board of Nursing, NC Medical Board, and NC Board of Pharmacy – 1999, 2019

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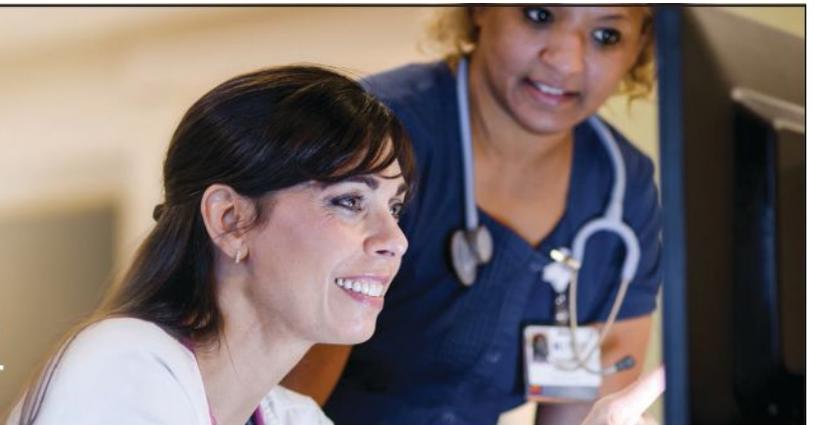
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Faculty CE Courses

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Understanding the NCLEX® - A Guide for Nursing Educators
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Continuing Education Courses for Nurses

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Disciplinary Actions: What Every Nurse Should Know
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Ethics of Nursing Practice
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Journal of Nursing Regulation CE Articles
1.0-2.0 Contact Hours | \$15

Medication Errors: Causes & Prevention
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Nurse Practice Acts CE Courses
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‡Disclaimer: Does not meet the 1-hour law and rule (Category A) requirement for the Ohio Board of Nursing.

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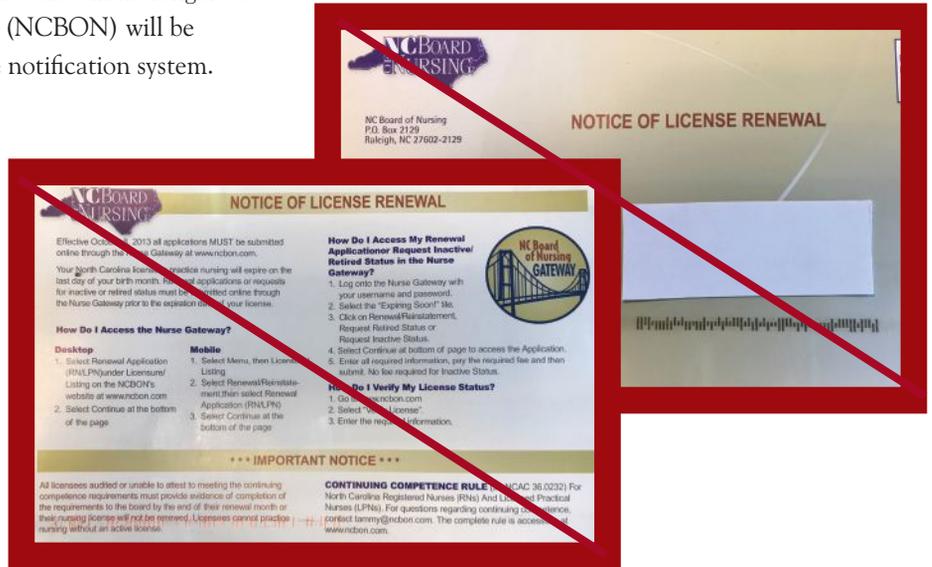
Reminder: North Carolina Board of Nursing to Use Nursys E-notify as Primary Licensure Notification System

Effective July 1, 2019 notices of license renewals will no longer be mailed out. North Carolina Board of Nursing (NCBON) will be using Nursys e-notify as the primary licensure notification system. You must register with the system to receive notifications. Please log into www.nursys.com to learn more and create your account.

e-Notify for nurses is a free of charge innovative nurse licensure notification system. The system helps nurses track their license and provides license renewal reminders. The information is provided as it is entered into the Nursys database by participating boards of nursing.

It is vital that you maintain up-to-date demographic information to include email address. Your email address will be the primary source of communication concerning your licensure status. Every nurse licensed in North Carolina is encouraged to sign up for Nursys e-notify to receive automated reminders and updates for: license status, license expiration and discipline/final order action and resolution.

Sign up with Nursys e-notify to stay up-to-date on your nurse licensure status. Your North Carolina license to practice nursing will expire on the last day of your birth month. Renewal applications or requests for inactive or retired status must be submitted online through the Nurse Gateway prior to the expiration date of your license. To avoid a lapse in licensure, reinstatement cost or loss of multi-state status enroll in Nursys e-notify today, www.nursys.com.



“Like” the NCBON on Facebook!

The North Carolina Board of Nursing is committed to communicating with the nurses and public of North Carolina. In order to keep you updated and informed about nursing regulation in our state, the NCBON uses a variety of communication tools to reach you, including our website, this magazine, email marketing and just recently we've added social media to the mix.

The NCBON joined Facebook in November 2017 and we're happy to report that over 10,400 people have liked and followed our page to remain engaged with nursing in our state. We routinely post updates about the new enhanced Nurse Licensure Compact (eNLC), regulation affecting your license, license renewal reminders, updates on Board Meetings, office closures, nursing in the news and much more!

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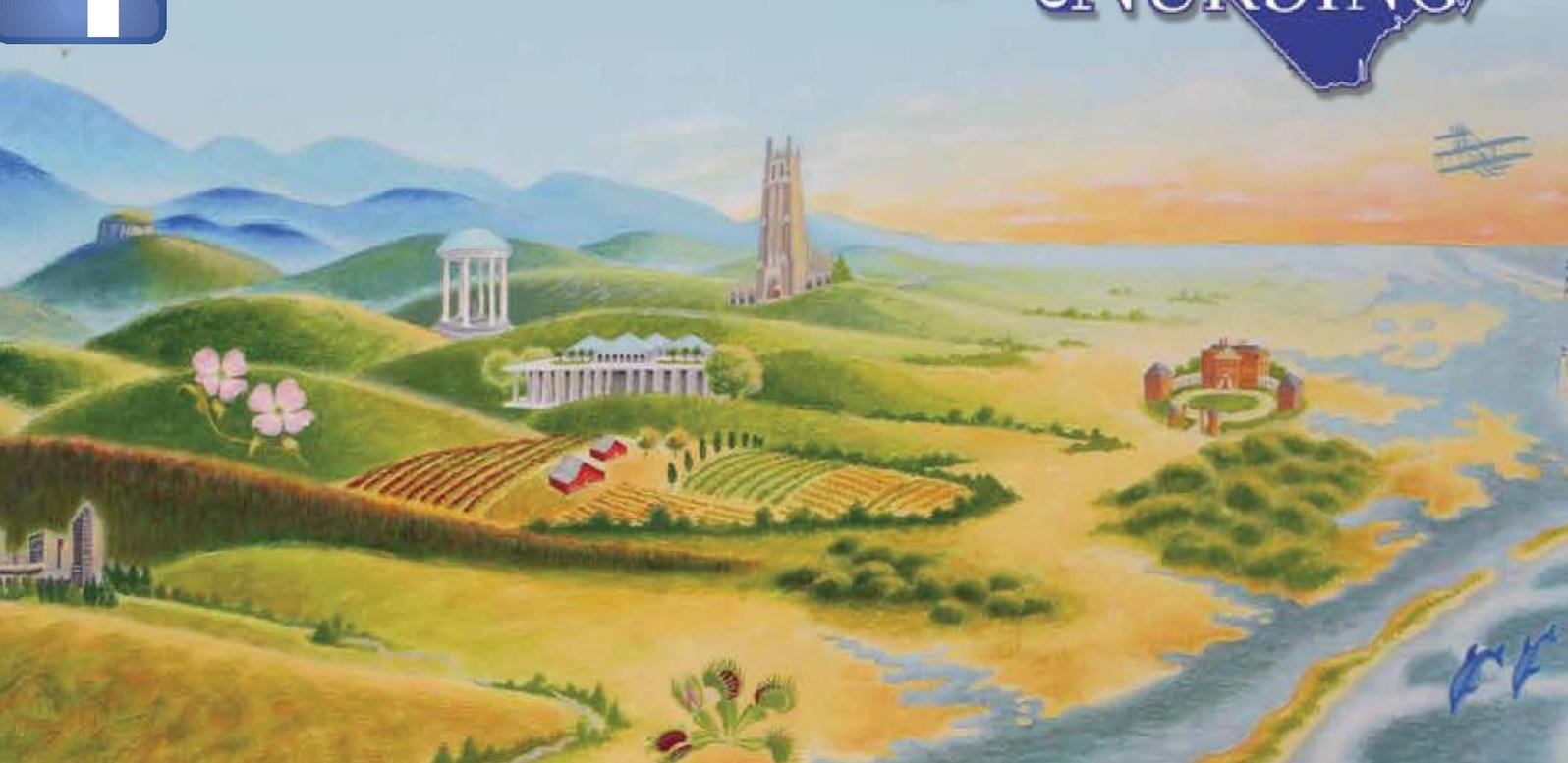


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Don't Forget

Having a current e-mail address on file with the NC Board of Nursing will ensure important communications will reach you in a timely manner. If you have recently changed employers, now would be a good time to update your e-mail address. Changes to your contact information can be made easily by logging into the NC Board of Nursing Gateway at www.ncbon.com.

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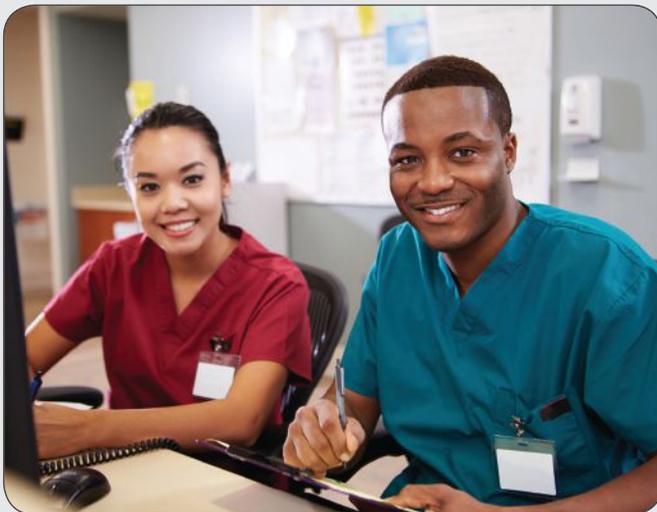


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SUMMARY of ACTIVITIES

Administrative Matters:

- Approved the proposed fiscal year 2019-2020 budget and designation of funds

Education Matters:

Ratification of Determination of Program Approval Status:

- Catawba College, Salisbury – BSN
- South College, Asheville – BSN

Ratification of Full Approval Status:

- Gardner-Webb, Boiling Springs – BSN and ASN
- Lenoir Community College, Kinston – ADN and LPN
- Lenoir Rhyne University, Hickory – BSN
- South Piedmont Community College, Monroe – ADN and LPN
- University of North Carolina at Chapel Hill, Chapel Hill - BSN
- University of North Carolina at Charlotte, Charlotte – BSN
- Western Piedmont Community College, Morganton – ADN
- Wingate University, Wingate – BSN

Ratification of Approved Enrollment Expansions:

- Carolinas College of Health Sciences, Charlotte – ADN, increase enrollment by 30 for a total program enrollment of 300 students beginning Fall 2019
- Fayetteville State University, Fayetteville – BSN, increase enrollment by 30 for a total program enrollment of 180 students beginning Summer 2019
- Wayne Community College, Goldsboro – ADN, increase enrollment by 24 for a total program enrollment of 180 students beginning Fall 2019

Ratification of Approval of NA II Courses:

- Beaufort Community College, Washington – Continuing Education
- Surry Community College, Dobson – Career and College Promise, Curriculum and Continuing Education

Notification of Alternate Scheduling Options:

- Mitchell Community College, Statesville – Paramedic to ADN Option

FYI Accreditation Decisions by ACEN for Initial or Continuing Approval – Next Visit:

- Fayetteville Technical Community College, Fayetteville – ADN – Continuing approval with conditions – Spring 2026

FYI Accreditation Decisions by CNEA for Initial or Continuing Approval – Next Visit:

- Asheville-Buncombe Technical Community College, Asheville – ADN – Pre-accreditation status granted – June 2021
- Robeson Community College, Lumberton – ADN – Pre-accreditation status granted – October 2021
- Sandhills Community College, Pinehurst – ADN – Pre-accreditation status granted – June 2021

Practice Matters:

- Revision of the Joint Position Statement on Medication Management of Pain in End-of-Life Care (see article on page 20)

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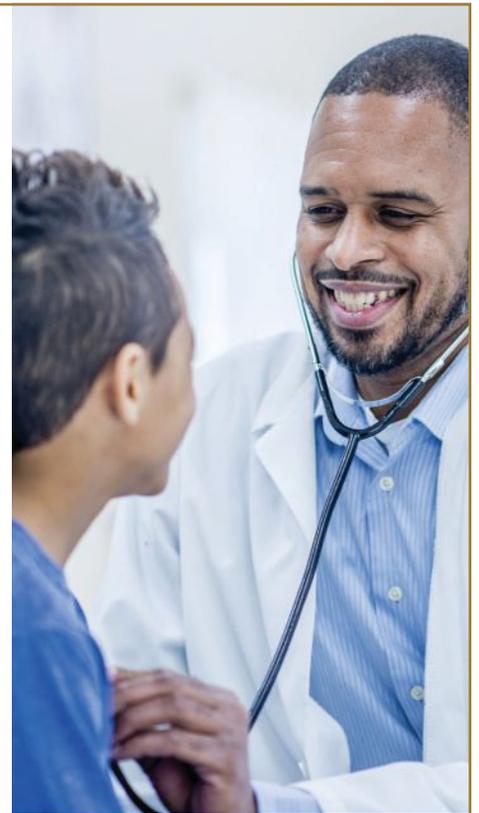
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Standard presentations offered are as follows:

- **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

- **Protect Your Nursing License: Safe Handling, Administration, and Documentation of Controlled Substances (1 CH)**. No fee.
- **Continuing Competence Self-Assessment: Have You Met Your Professional Responsibility? (1 CH)**. No fee.
- **Maintaining Professional Boundaries in Nursing (1 CH)**. No fee.
- **What Nurses Need to Know about Informatics, Social Media, and Security! (1.9 CHs)**. No fee.

More offerings on www.ncbon.com

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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

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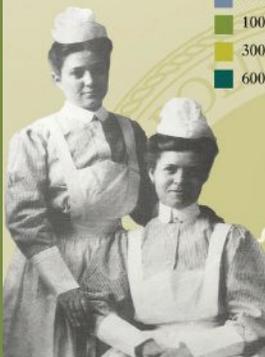
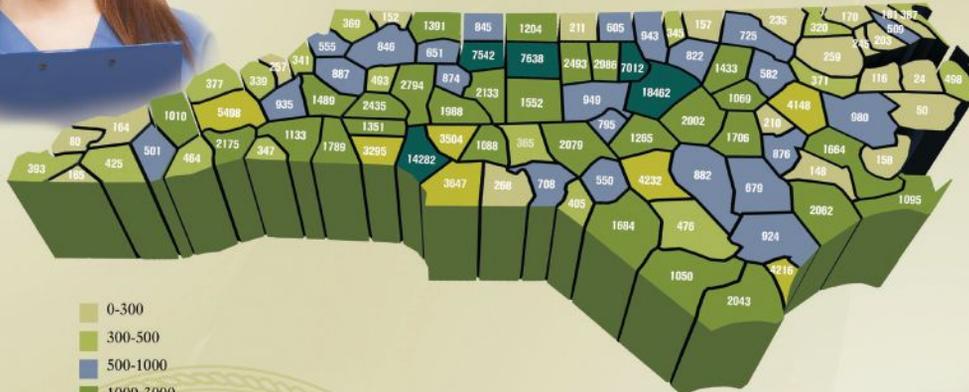
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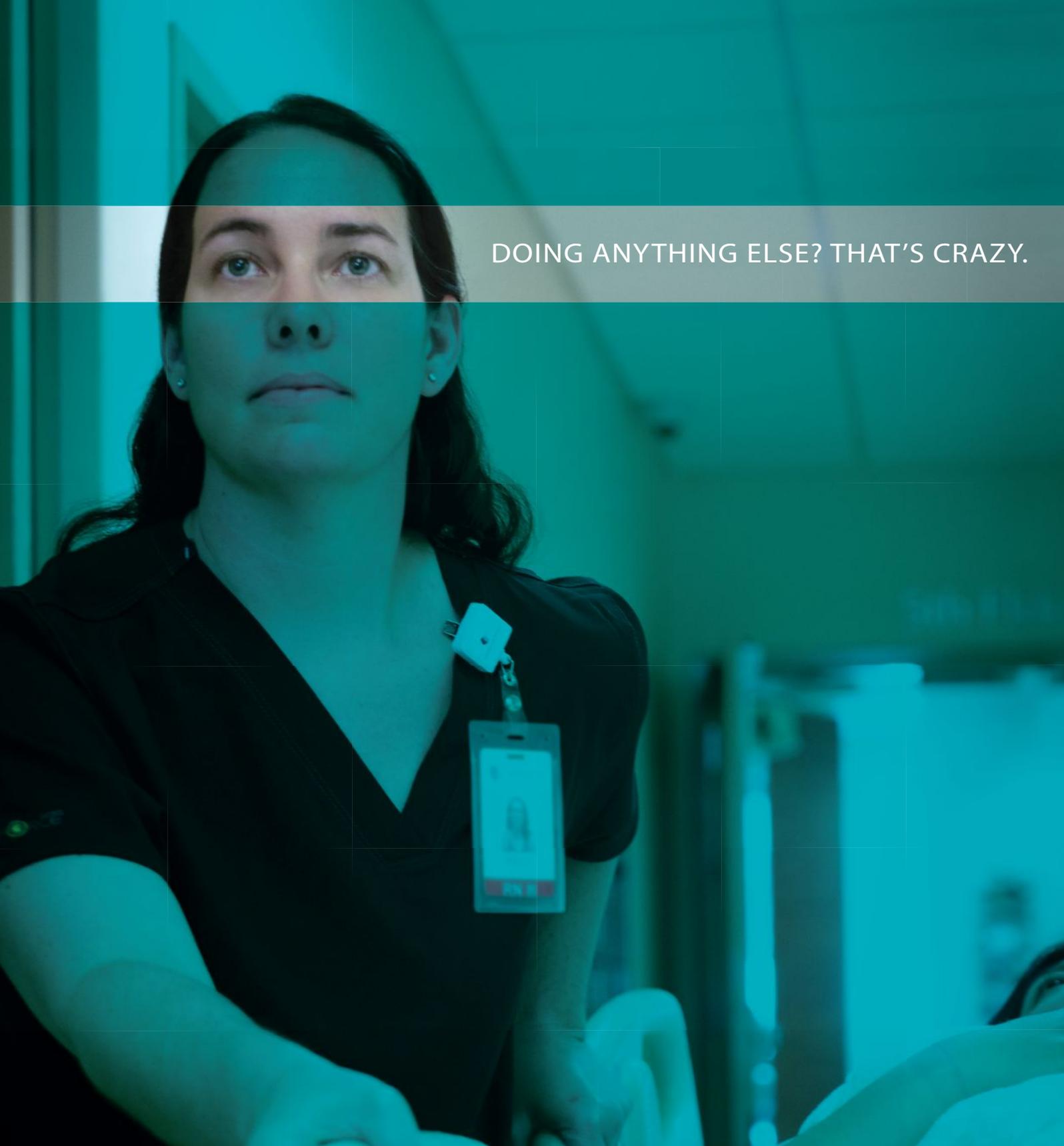
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