

# The Bulletin

The Official Publication of the North Carolina Board of Nursing.



Equity. Integrity. Agility.



The Bulletin is the official publication of the North Carolina Board of Nursing.

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PhD, RN

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DNP, RN, CPNP, PMHNP-BC, FRE

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Brad Gibson

### Mission

Protect the public by regulating  
the practice of nursing.

### Vision

Exemplary nursing care for all.

The Bulletin is published three times a year by the NCBON. In compliance with the Americans with Disabilities Act, this publication may be requested in alternate formats by contacting the Board's office.

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**Crystal L. Tillman**  
Chief Executive Officer

## message from the

**CEO**

"You cannot get through a single day without having an impact on the world around you. What you do makes a difference, and you have to decide what kind of difference you want to make."

— **Jane Goodall**

What an honor for nurses to be recognized for the 23rd year by patients across the country in the annual [Gallup Poll!](#) Once again, nurses are at the top of the list as the most trusted and ethical profession. LPNs, RNs, NPs, CRNAs, CNMs, and CNSs impact the communities they serve and make a difference during each patient encounter. Congratulations to each of the over 185,000 licensed NC Nurses.

The January Board meeting was packed with regulatory updates, strategic planning, and approval of five new nursing programs. The NCBON remains committed to continuing to grow the nursing workforce to increase access to care for patients across the state. The NCBON also welcomed Angela Moore, RN, Staff Nurse, elected during the 2024 elections. If you missed the meeting, see page 7 for information on how to watch the entire meeting.

From a national perspective, the [Nurse Licensure Compact](#) continues to expand. There are currently 43 jurisdictions that are members of the compact. Pennsylvania has partially implemented; Connecticut, Rhode Island, and the Virgin Islands have enacted but are awaiting implementation; and New York, Illinois, and Nevada have pending legislation. If you have questions about the new 60-day rule requiring nurses who change their primary state of residence to apply for licensure in that state, there are [FAQs](#) and a [webinar](#) available.

In alignment with our strategic plan to increase the visibility and impact of the organization, if you are interested in a presentation for your nursing students to provide education on the functions of the NCBON and the process of licensure, please contact Dr. Sara Griffith ([sgriffith@ncbon.com](mailto:sgriffith@ncbon.com)) to schedule a session for your students.

Regards,

Crystal L. Tillman, DNP, RN, CPNP, PMHNP-BC, FRE  
Chief Executive Officer



# Regulatory Report: *A Snapshot in Time*



## The Regulatory Report supports the NCBON's Mission, Vision, and Values

<b>MISSION</b>	Protect the public by regulating the practice of nursing
<b>VISION</b>	Exemplary nursing care for all
<b>VALUES</b>	<p>Equity – we are committed to fairness and justice</p> <p>Integrity – we act in good faith in protecting the public</p> <p>Agility – we are responsive to emerging healthcare trends</p>
<i>Data reflects regulatory activities for October through December 2024</i>	

Dr. Crystal Tillman presented the CEO Regulatory Report at the January 16th Board Business Meeting. The report provides data regarding the activities of the full Board which support the Board's Mission, Vision, Values, and Strategic Plan. To view the CEO's report from the January Board Meeting, visit our YouTube channel at <https://ncbon.info/regsnapshot>.

## NURSING STATISTICS

### Education Statistics

The NCBON collects data on NC Pre-Licensure Nursing Education and Nurse Aide II Programs.

### Licensure Statistics

Up-to-date Licensure Statistics such as employment settings, highest degree earned, and more, these data can be located in the licensure statistics section (click on the button to the left).



## message from the

### Board Chair



**Racquel Ingram**  
Board Chair

Dear Nursing Colleagues,

I am honored and excited to greet you as the presiding chair of the North Carolina Board of Nursing (NCBON) for a second term. I hope your 2025 has begun with meaningful accomplishments despite any challenges you may be facing. Vice-Chair Arlene Imes, also serving her second term, joins me in sending warm regards. Together, we remain dedicated to upholding our mission and vision while embracing the core values outlined in our strategic plan.

On March 3rd, we celebrated NCBON's 122nd "birthday," established in 1903 as the first board to regulate nursing in the nation.

As a reminder, NCBON's mission is to protect the public by regulating the practice of nursing, with a vision of exemplary nursing care for all. Three integral values guide our work: equity, integrity, and agility. These core values support our current strategic initiatives:

1. Enhance public protection through collaborative leadership
2. Advance best practices in nursing regulation
3. Cultivate an organization that supports diversity, equity, and inclusion
4. Foster mobility of licensed nurses and facilitate access to safe nursing care

Our Board staff have been diligently working to ensure we are either accomplishing or making noteworthy progress towards these objectives. Several of these initiatives and values have been instrumental in NCBON's ability to facilitate access to safe nursing care, including for Western North Carolina residents impacted by Hurricane Helene.

Policy-related activities further support our strategic initiatives. Our legislative team actively participates in events involving legislation that impacts nursing practice and regulation, sharing expertise on NCBON matters critical for informed decision-making. This includes submitting written comments to educate legislators about proposed legislation and testifying at legislative hearings.

This year, we will update our strategic plan while continuing to explore initiatives that uphold our mission and vision. As our Vice-Chair wisely noted, "*Strategic planning is choosing where to focus and what to leave behind*" (Arlene Imes, 2025).

If you are interested in contributing to our forthcoming strategic plan, I encourage you to apply for one of three 2025 election openings: RN Practical Nurse Educator, RN At-Large, and Licensed Practical Nurse. Information about the application process can be found on our website at <https://www.ncbon.com/nomination>. We look forward to serving alongside you, either as a Board member or as a practicing nurse colleague.

Blessings to you all and thank you for the unwavering and exemplary care you continuously provide, even amid challenges!

Respectfully,

Racquel Richardson Ingram, PhD, RN  
NCBON Board Chair





**NCBON**  
North Carolina Board of Nursing



**Racquel Ingram**  
*Board Chair*



**Arlene Imes**  
*Board Vice-Chair*

# 2025 Board Members



**Cheryl Wheeler**



**LaDonna Thomas**



**Angela Moore**



**Brooke Kistler**



**Aimy Steele**



**Sandra Lewis**



**Karen York**



**Carmen Shaw**



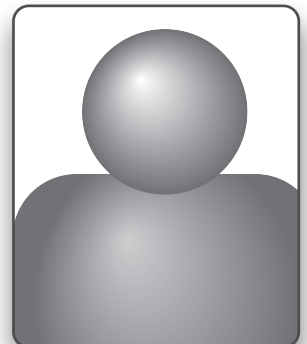
**Dianne Layden**



**Andrea Jeppson**



**Tom Minowicz**



**Vacant**



# NCBON Board Business Meeting

**January 16, 2025 | Raleigh, NC**

Board meetings are held each year in January, May, and September. Board meetings are open to the public and individuals are encouraged to attend either the full meeting or the Open Comment Period.

The purpose of the Open Comment Period is to provide members of the public and nursing community an opportunity to bring issues of concern to the Board. Individuals are encouraged to share their concerns, offer views, and present questions regarding issues that impact nursing and nursing regulation. For more information on the Open Comment Period process, visit [www.ncbon.com](http://www.ncbon.com).



**NCBON Board Meetings  
Channel on YouTube**

**Meeting Minutes**

*\*Meeting minutes are transcribed for delivery to the State Archives. Historical accuracy of these minutes is paramount in this process. As such, official meeting minutes take longer to produce than recorded video.*



# NOMINATION FORM FOR 2025 ELECTION

## General Nomination

Although we just completed a successful Board of Nursing election, we are already preparing for our next election. In 2025, the Board will have three openings: RN Practical Nurse Educator, RN At-Large, and Licensed Practical Nurse. The nomination form must be submitted by each petitioner via the [Nurse Portal](#) on or before April 1, 2025. Read the nomination instructions and make sure the individual being nominated meets all the requirements.

## Instructions

Nominations for both RN and LPN positions shall be made by submitting the electronic nomination form completed by at least 10 RNs (for an RN nominee) or 10 LPNs (for an LPN nominee) eligible to vote in the election. The minimum requirements for an RN or an LPN to seek election to the Board and to maintain membership are as follows:

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

Minimum ongoing employment requirements for both RNs and LPNs shall include continuous employment equal to or greater than 50% of a full-time position that

meets the criteria for the specified Board member position, except for the RN-At-Large position.

If you are interested in being a nominee for one of the positions, visit the [NCBON website](#) for additional information, including a Board Member Job Description and other Board-related information. You may also contact [election@ncbon.com](mailto:election@ncbon.com). After careful review of the information packet, you and your petitioners must each complete the electronic nomination form by 5:00 pm April 1, 2025.

## Guidelines for Nomination

1. RNs can petition only for RN nominations and LPNs can petition only for LPN nominations.
2. Only petitions submitted on the electronic nomination form will be considered.
3. The Nurse Portal will validate that the petitioner and each nominee holds appropriate North Carolina licensure.
4. If the nominee receives fewer than ten petitioners, the petition shall be declared invalid.
5. Petitions must be submitted via nurse portal nomination form on or before 5:00 pm on April 1, 2025 for the nominee to be considered for candidacy.
6. Elections will be held July 1, 2025 through August 15, 2025. Those elected will begin their terms of office in January 2026.



We, the undersigned currently licensed nurses, do hereby petition for the name of \_\_\_\_\_ **RN / LPN** (*circle one*),  
whose License Number is \_\_\_\_\_, to be placed in nomination as a  
Member of the North Carolina Board of Nursing in the category of (*circle one*):

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## PETITIONER

*At least 10 petitioners per nominee required.*

Only RNs may petition for RN nominations. Only LPNs may petition for LPN nominations.

TO BE SUBMITTED ON OR BEFORE **5:00PM ON APRIL 1, 2025**

**Form**

Name	Signature	Certificate Number
electronic!		
Click here to		
access		



The mission of the NCBON is to protect the public by regulating the practice of nursing.

Our vision is **exemplary nursing care for all**. In pursuit of our mission and vision, we focus on these core values:

## Equity

We are committed to fairness and justice.

## Integrity

We act in good faith in protecting the public.

## Agility

We are responsive to emerging healthcare trends.

## Strategic Initiatives

1

Enhance public protection through collaborative leadership

2

Advance best practices in nursing regulation

3

Cultivate an organization that supports diversity, equity, and inclusion

4

Foster mobility of licensed nurses and facilitate access to safe nursing care

In 2024, the Board achieved the following targets:

- Monitored legislative activities that potentially impacted nursing regulations
- Timeline finalized for Electronic Document Management System implementation for State functional schedule
- Contract approved for new Board Member portal; begin early 2025
- Virtual workshop for newly licensed nurses developed
- New Rules promulgated related to SB 20 and CNM practice
- Multiple presentations conducted for pre-licensure nursing students
- Sheps Center provided a presentation on APRN Workforce Study
- Internship Program developed and one completed during summer

For more information on the Strategic Plan, visit our website at [Strategic Plan | North Carolina Board of Nursing \(ncbon.com\)](https://ncbon.com)

ACHIEVED



# Upcoming Meetings

Meetings may be held virtually. Please check [www.ncbon.com](http://www.ncbon.com).

## **Board Business Meeting**

May 22, 2025

## **Hearing Committee**

March 26, 2025

April 30, 2025

## **Administrative Hearings**

May 21, 2025

## **Education & Practice Committee**

August 20, 2025

Please visit [www.ncbon.com](http://www.ncbon.com) for updates to our calendar and call-in information to attend public meetings.

Following @NCNursingBoard on Social Media gives you access to up-to-date information between issues of *The Bulletin* – Practice Changes, Renewal Reminders, Rule Revisions, and so much more.

Click any of the icons below to find our pages.



# Message From The Editors

## RECEIVE

The North Carolina Board of Nursing (NCBON) publishes *The Bulletin* three times per year; February, June, and October. *The Bulletin* is disseminated to all North Carolina licensed

nurses via the email address you list in the Nurse Portal, shared via @NCNursingBoard social media platforms, and posted to the NCBON website.

If you have not received a publication or communication from the NCBON, you may have unsubscribed from the email distribution list. If you think this has occurred and would like to be added back to the email distribution list, please email [publications@ncbon.com](mailto:publications@ncbon.com) with a request to be added back to the email distribution list for *The Bulletin*. If there is an error in your email address like *jon.d.nurse@gamil.com*, this could also result in not receiving communications from the NCBON.

Previously all the content in *The Bulletin* was written by NCBON staff. Over the last year, NCBON has received multiple inquiries expressing interest from members of the community on how to submit articles/content for publication.

## CONTRIBUTE

In response to these inquiries, the NCBON developed a process to review topics and provide information for potential authors. The potential authors would receive information on submission guidelines, the date for submission, and a copyright agreement.

## GET PUBLISHED

If you are in a graduate-level nursing program that requires the publication of a project, this is an opportunity for you to have your work published.

The mission of the NCBON is to protect the public by regulating the practice of nursing. The vision is exemplary nursing care for all. With this as the focus of our publications, the article topics should have a link to patient safety.



The NCBON looks forward to hearing from NC Nurses who are interested in submitting content!



# PHONE \$CAMS

Phone and email scams are nothing new, but the way that scammers try to manipulate you to give them your personal information or money changes often. We have received multiple reports of NC nurses who have received suspicious calls. Let's look at a few examples that we've heard.

## Scenario 1

A man called a Nurse Practitioner and said that she was under investigation by the NCBON and DEA for using her NPI number to prescribe Fentanyl in large quantities and these drugs were being sold across the Texas/Mexico border. Caller said he was an investigator with the NCBON office and told her she needed to hire a criminal attorney. He was able to repeat her NPI number associated with her name. When she refused to provide details and pressed him for his credentials with the NCBON, he hung up on her.

## Scenario 2

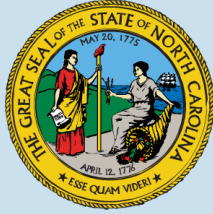
A NC Nurse's son received a call. He was told that they were calling from the Bureau of Registered Nursing and that the DEA had a warrant out for his mother's arrest for drug trafficking and they needed \$500 via Cash App to take care of the charges against her. The licensee's son started asking questions and the caller hung up on him.

## Scenario 3

A licensee that received a phone call appearing to be from the NCBON. The suspicious caller stated that there was a pending charge on the nurse license. Having heard of scams like this, the licensee hung up and dialed the NCBON's main number and spoke with one of our licensure staff to confirm their license status.

The stories are all different, but the fact that remains is these bad-actors are intending to put you in enough panic to provide personal or credit card information. Should you receive a suspicious call appearing to be from the NCBON, we suggest hanging up and calling the NCBON directly at **(919) 782-3211** to check the authenticity of the call.

**STAY VIGILANT!**



# NCDHHS

## Dementia Friendly Communities and Hospitals Network Toolkit

Are you interested in making your workplace dementia friendly? Or if your workplace is already involved in dementia friendly initiatives, are you interested in making your workplace more dementia friendly?

If so, please review the recently completed Dementia Friendly Communities and Hospitals Toolkit for ideas about getting started or for ideas on enhancing your already dementia friendly workplace. You can access it using this link:

**Toolkit**

***\*\*PLEASE NOTE\*\* The toolkit is in a zipped file and you will need to download the file to access the toolkit.***

Please feel free to contact Heather Carter at the NC Division of Aging with any questions at



[heather.carter@dhhs.nc.gov](mailto:heather.carter@dhhs.nc.gov)

Thank you for your interest in this very important work.



# The Future of Healthcare Nurse Workforce Development



## Our Goal

Recruit, train, and provide next-level support to nursing professionals to impact the nursing shortage and enhance care throughout the Triangle region.

## We Offer

- NC AHEC RN Refresher program for retired nurses
- Financial support to nursing students in a Nurse Aid (NA), Practical Nurse (PN), or Registered Nurse (RN) program
- Upskilling of direct care workers such as home health aides into a nursing pathway starting with Nurse Aid (NA)

## Who is this for?

- Residents of Wake, Johnston, Chatham, Lee or Orange counties
- WIOA-eligible which includes:
  - Aged 18 or older
  - Dislocated Workers
  - Veterans
  - Persons with disabilities
  - Long-term unemployed
  - Justice-involved
  - Mature Workers (ages 55+)
  - Limited English speakers
  - Authorized to work in the U.S. (Males must be registered with selective service.)

***All participants must connect with the Healthcare Workforce Outreach Coordinator and enroll in NCWorks to receive funding support.***

**CONTACT US FOR MORE INFORMATION!**

Jamie Reyno  
Healthcare Workforce Outreach Coordinator  
[jamie.reyno@wake.gov](mailto:jamie.reyno@wake.gov)

Equal Opportunity Employer/Program

Capital Area Workforce Development Board Workforce Innovation and Opportunity Act (WIOA) Programs are federally supported 100% by the U.S. Department of Labor as part of an award totaling \$8,228,002.

## Training Partners:





# Nursing Rules Roundup

At its January 16th Business meeting, the Board voted to approve proposed amendments to the following Rules and direct staff to proceed with permanent rulemaking:

- 21 NCAC 36 .0211 Licensure by Examination
- 21 NCAC 36 .0218 Licensure by Endorsement

Stay informed regarding proposed rule adoptions, amendments, and repeals by visiting our website at [Proposed Rule Changes | North Carolina Board of Nursing](#) or sign up to receive notifications regarding laws and rules using the link below.

If you have any questions regarding rules, please email [lawsrules@ncbon.com](mailto:lawsrules@ncbon.com).

**Want to receive notifications on Law and Rule changes?**

**Sign up!**

## Here you are!



**We've missed you!**

**Have you changed jobs recently?**

**Maybe moved to a new address?**

Be sure to update your contact information in the NCBON Nurse Portal.

It's the **rule**\*!

**\*21 NCAC 36 .0208 CHANGE OF NAME AND CONTACT (a) and (b)**

**NCBON Nurse Portal**



# Nurses' Emotional and Mental Health: Nursing Implications and Resources

**Introduction:** The North Carolina Board of Nursing (NCBON) is authorized by state lawmakers to “protect the public by regulating the practice of nursing” which includes addressing impairment on duty and impairment due to mental health conditions. A nurse experiencing a mental health crisis may not be able to safely practice nursing, placing the patient at risk. Impairment on duty may be caused by a range of factors including sleep deprivation, substance use, or mental health conditions. In this article, emotional and mental health issues that may result in an impaired ability to safely practice nursing will be reviewed.



**Objective:** The intent of this article is to discuss the nurse’s responsibility to ensure their practice is not impaired by a physical or mental disorder; to increase awareness of the warning signs of a mental health crisis in self or others; to identify factors which impede a nurse from reaching out for mental health care; and to provide resources for nurses who may be experiencing emotional or mental health difficulties.

Scenarios are provided to encourage readers to consider their own emotional and mental health status and the best action if they believe a colleague may be experiencing a mental health challenge affecting their ability to practice safely. Reflection questions are included to facilitate understanding of the material.

**Disclaimer:** The content of this article is not healthcare advice and does not replace guidance from a licensed healthcare provider.

**Background:** The NCBON's authority to investigate mental health impairment allegations is found in the North Carolina Nursing Practice Act (NPA) §90-171.37 (a) (3) [when a nurse] “Is unable to practice nursing with reasonable skill and safety to patients by reason of illness, excessive use of alcohol, drugs, chemicals, or any other type of material, or by reason of any physical or mental abnormality; and in 21 NCAC 36 .0217 (21) “accepting responsibility for client care while impaired by sleep deprivation, physical or psychological conditions, or by alcohol or other agents, prescribed or not.”

The World Health Organization defines mental health as “a state of well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community” (WHO, 2022). Phrases such as “burnout” or “compassion fatigue” in nursing are often utilized. What do these terms mean and is there a difference between the two?



Maslach & Leiter (2016, p. 103) define “burnout” as a “psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job. Three key dimensions of this response are an overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment.”

Compassion fatigue (CF) has been described as “the convergence of secondary trauma stress and cumulative burnout.....a state of physical and mental exhaustion caused by a depleted ability to cope with one’s everyday environment.” Healthcare workers are susceptible to CF and it can “impact standards of patient care, relationships with colleagues, or lead to more serious mental health conditions such as post-traumatic stress disorder (PTSD), anxiety or depression” (Cocker & Joss, 2016, p.1).

**Data Regarding Nurse Mental Health:** The American Nurses Foundation and Joslin Marketing conducted a survey of 9,572 nurses between August and September 2021. Nurses were asked to respond to 17 questions rating how much they were bothered by responses to stressful experiences in the past 30 days. Questions addressed physical symptoms, sleep disturbances, memory issues, emotional distress, avoidance, and concentration difficulties, among others. The survey revealed that 34% of nurses reported “they were not” or were “not at all” emotionally healthy (American Nurses Foundation, 2021).

The United States Department of Health and Human Services, Centers for Disease Control and Prevention concluded workers in health occupations reported a large decline in overall mental health when compared with other workers (Nigam et al., 2023). Moreover, a national longitudinal study published by researchers with the University of California San Diego School of Medicine and University of California San Diego Department of Nursing reported “nurses have a higher risk of suicide when compared with the general population” (Davidson et. al, 2020, p. 266). Lascelles et al., (2023, p. 1667) identified potential stressors contributing to this increased risk including “physically and emotionally demanding experiences in the workplace, long, irregular hours in often understaffed and at times unsafe environments, exposure to pain, death, trauma, workplace bullying, verbal, physical and sexual harassment, and work-related injuries”.

The NCBON regularly receives complaints related to allegations of impairment while on duty. In 2024, seventy (70) complaints with a primary allegation of impairment while on duty were received by the NCBON. Often the nurse at the center of an impairment allegation will report mental health challenges were a contributing factor to their actions and behaviors. The National Alliance on Mental Illness (2020) reports individuals experiencing mental illness or burnout are also at risk for substance use and abuse. Due to the increased risk of mental health challenges for nurses, it is imperative nurses self-assess their mental health. Nurses who find they are experiencing symptoms should make appropriate changes to improve well-being and obtain help from a licensed healthcare professional, if needed. The Well Being Initiative (2024, Table 1) provided a list of physical, cognitive, and social impacts of excessive stress shown on the next page.



## Symptoms and Impact of Mental Health Distress

Physical Symptoms of Mental Health Distress	Cognitive Symptoms of Mental Health Distress	Social Impacts of Mental Health Distress
<ul style="list-style-type: none"> <li>• Rapid Heart Rate</li> <li>• Muscle Tension</li> <li>• Headaches</li> <li>• Chronic Exhaustion</li> <li>• Nightmares or Flashbacks</li> <li>• Sleep Disturbances</li> <li>• High Startle Response</li> <li>• GI Distress</li> </ul>	<ul style="list-style-type: none"> <li>• Anger</li> <li>• Fear</li> <li>• Frustration</li> <li>• Anxiety</li> <li>• Sadness</li> <li>• Guilt</li> <li>• Irritability</li> <li>• Difficulty thinking clearly</li> <li>• Difficulty problem solving</li> <li>• Difficulty remembering instructions</li> </ul>	<ul style="list-style-type: none"> <li>• Unnecessary risk-taking</li> <li>• Substance misuse</li> <li>• Blaming others</li> <li>• Conflicts</li> <li>• Withdrawal and isolation</li> <li>• Becoming clingy or needy</li> </ul>

Table 1. The Well Being Initiative: Symptoms and Impact of Mental Health Distress [Nurses Guide PDF](#)

**Preventing Patient Harm (Nursing implications):** Nursing is a complex profession requiring a unique blend of clinical competence, resolve, listening skills, advocacy, and problem-solving skills. When a nurse is experiencing mental health challenges it may diminish these crucial skills (Nicole et al., 2024). Researchers with the Ohio State University College of Nursing, Partners in Health, the University of Michigan, and SSM Health Saint Louis University Hospital completed a systematic review regarding nurse burnout and patient care as well as organizational outcomes. The study found self-reported burnout among nurses was linked with decreased quality and safety of patient care and patient satisfaction (Jun et al., 2021). Researchers with the University of British Columbia completed a survey of 5,512 Canadian nurses in December of 2019 and a survey of 4,523 Canadian nurses in June of 2020. The findings demonstrated that when nurses reported having increased mental health symptoms, they also reported lower ratings of quality of care and patient safety (Havaei et al., 2022). The association between burnout of healthcare workers and patient safety was examined prior to the impacts of the COVID-19 pandemic. In a systematic review of the existing data on burnout conducted jointly by researchers in Brazil and Ireland, it was found burnout of healthcare workers had a stronger association with patient safety than patient demographics or organizational characteristics (Garcia, et al., 2019). In a 2015–2016 cross-sectional study of hospital nurses, researchers found characteristics of burnout and symptoms of depression affected perceptions of patient safety (Johnson et al., 2017).

There are numerous personal factors which may contribute to mental health challenges. These may include the death of a parent or other loved one, divorce, caring for an aging or ill parent,



physical health issues, parenting children, and financial stressors (Rink et al., 2023). There are also occupational issues which may contribute to mental health challenges, including burnout. These factors may include excessive turnover, insufficient staffing levels, high workloads, and unclear or contradictory directions or orders regarding policies and procedures (Maslach & Leiter, 2016). Regardless of the sources of mental health challenges, clinical errors, omissions, or reckless behavior negatively affecting patient care may occur. These errors, omissions, and reckless behavior issues may also violate the North Carolina NPA. Examples of violations of the NPA which may be in part caused by mental health issues, include, but are not limited to:

- **Neglect of a patient;**
- **Documentation errors or omissions;**
- **Falsification of documentation such as documenting rounds or checks when they were not done;**
- **Medication administration errors;**
- **Inappropriate verbal or physical interaction with a patient;**
- **Diversion of controlled substances;**
- **Use of impairing substances while on duty, whether prescribed or illicit;**
- **A positive drug or alcohol screen due to substance use; and**
- **Delegating inappropriately to unlicensed staff duties, such as medication administration.**

The nurse is responsible for ensuring they are safe and competent to care for patients. Mental health issues may impact the nurse's ability to provide safe and competent care. Therefore, each nurse must be aware of their mental health and obtain professional help when needed.

**Special Consideration for Nurses in Leadership Roles:** It is important for leadership staff to be aware of the cognitive, physical, and social symptoms of mental distress as discussed in this article. Nurse Leaders such as Nurse Supervisors, Directors of Nursing, Nurse Managers, and Charge Nurses are responsible for ensuring competent staff are assigned to care for patients. If a leadership staff member has reason to believe a nurse may not be able to safely practice due to potential impairment, it is imperative they follow facility policy and take appropriate action.

**Managing Mental Health:** Much like a physical ailment left untreated, mental health issues can affect every aspect of one's life and are reflected in one's behaviors.

Experts in psychiatry and mental health recommend various individual strategies for dealing with burnout and stress. Recommendations include:

- **Adjustment of work patterns, which includes taking breaks when possible and balancing work with other life activities.**
- **Actively engaging with others for social support. This includes talking with a trusted family member or friend about worries and/or accessing support through an organized support group or spiritual/religious community.**
- **Development of coping skills. This may include accessing a therapist or counselor to assist with exploring areas of struggle and developing resilience.**



- **Actively planning and engaging in relaxation. Schedule time to relax. Relaxation may look different for everyone. For some, meditation or reading may be calming whereas others may find tranquility hiking or walking outside (Maslach & Leiter, 2016).**

“The physical health of American nurses is often worse than that of the general population, especially with regard to nutrition, sleep, and physical activity” (Gould et al., 2019). The American Nurses Association (ANA); American Association of Critical-Care Nurses (ACCN); American Psychiatric Nurses Association (APNA); and Emergency Nurses Association (ENA) developed the following tips on sleep (Table 2):

<b>Well-Being Initiative Recommendations</b>	
<b>Prioritize Sleep</b> <ul style="list-style-type: none"> <li>- Maintain a regular sleep schedule on days working and days off. Aim for 7–9 hours sleep in a 24-hour period.</li> <li>- Create a comfortable, cool, and dark sleeping environment.</li> </ul>	<b>Keep Track of Sleep</b> <ul style="list-style-type: none"> <li>- Use a wearable fitness tracker to monitor sleep and wake activity.</li> <li>- Use a phone app to track your sleep.</li> <li>- Keep a sleep diary.</li> </ul>
<b>Before Bed Wind Down</b> <ul style="list-style-type: none"> <li>- Turn off technology.</li> <li>- Unwind by reading, doing gentle stretches, meditating, or practicing progressive relaxation.</li> </ul>	<b>Monitor Caffeine</b> <ul style="list-style-type: none"> <li>- Limit caffeine intake to 400 mg per day (about two medium 16 oz cups of coffee).</li> <li>- Try to avoid caffeine 6 hours prior to sleep.</li> <li>- Decrease caffeine use gradually. Mix caffeine &amp; decaf.</li> </ul>
<b>Manage Your Worries</b> <ul style="list-style-type: none"> <li>- Talk with someone you trust about your worries.</li> <li>- Control the amount of news and social media you watch.</li> <li>- Make a to-do list or journal about your concerns.</li> </ul>	<b>Take Naps</b> <ul style="list-style-type: none"> <li>- Take a 20-minute power nap to restore energy.</li> <li>- Take a longer nap to catch up on sleep.</li> </ul>
<b>Other Tips</b> <ul style="list-style-type: none"> <li>- Maintain a healthy diet.</li> <li>- Utilize religious community or spiritual direction.</li> <li>- Practice and receive expressions of gratitude.</li> <li>- Engage in regular exercise.</li> <li>- Engage in mindfulness or meditative practices.</li> </ul>	<b>Invest in Sleep</b> <ul style="list-style-type: none"> <li>- Sleep longer than you normally would on days off to try to catch up.</li> <li>- Bank sleep ahead of time to prepare for long periods without sleep.</li> </ul>

Table 2. Well-Being Initiative: Guide to Sleeping Better and Restoring Energy, 2020



Stigma regarding mental health treatment is a barrier to nurses accessing the help they may need. Nurses have reported hesitation in utilizing mental health services as they fear their ability to perform their job duties may be questioned (Weston et al., 2022).

It is imperative for a nurse experiencing symptoms of mental health distress to seek assistance before a mental health challenge becomes a crisis that affects the ability to safely practice nursing (Bergman & Rushton, 2023).

When to Seek Medical Treatment	
<b>If you experience:</b> <ul style="list-style-type: none"> <li>- Confused thinking</li> <li>- Prolonged depression</li> <li>- Feelings of extreme highs and lows</li> <li>- Excessive fears, worries, and anxieties</li> <li>- Social withdrawal</li> <li>- Dramatic changes in eating or sleeping habits</li> <li>- Strong feelings of anger</li> <li>- Delusions or hallucinations</li> <li>- Growing inability to cope with daily problems and activities</li> <li>- Suicidal thoughts</li> <li>- Denial of obvious problems</li> <li>- Numerous unexplained physician ailments</li> <li>- Substance abuse</li> </ul>	<b>If your stress reactions:</b> <ul style="list-style-type: none"> <li>- Interfere with your daily functioning</li> <li>- Persist for several weeks</li> <li>- Continue to worsen</li> <li>- Are overwhelming</li> </ul>

Table 3. Well-Being Initiative: When to Seek Mental Health Treatment. 2020. [Nurses Guide PDF](#)).

## SCENARIOS

The following scenarios depict some examples of potential mental health-related situations you or your nurse colleagues may experience.

### Scenario #1

Phoebe is an RN in her mid-20s. She has worked at the same hospital since 2021 and has worked in ICU since 2022. She is driven and wants a future in nursing leadership. She is a perfectionist and can be counted on to work extra shifts if needed.

Phoebe reports to work in jeans and a T-shirt. She is very talkative and has difficulty focusing when others try to talk with her. You are scheduled to work with Phoebe. Several co-workers state this is not her typical behavior.



**What would you do in this situation?**

1. Do nothing. Phoebe may be having an off day.
2. Take Phoebe aside and ask her if she is okay.
3. Call the Nursing Supervisor or Charge Nurse to report your concerns.
4. Discuss with your co-workers to see what should be done.

**Discussion:** The correct answer is #3 Call the Nursing Supervisor or Charge Nurse to report your concerns. Let them assess the situation and determine if Nurse Phoebe is safe to care for patients.

**Scenario #2**

You have been working in the ED since 2023. It is a fast-paced environment and you recognize you are struggling to keep up with demands. When others ask if you are okay or if you need something, you feel very uncomfortable. You know you have not been yourself lately and have been struggling with sadness and fatigue, but you are concerned about disclosing this to your supervisor. You feel you must continue to come to work, day after day, with no relief.

**What should you do?**

1. Seek the help of a therapist or other professional.
2. Enlist the services of an Employee Assistance Program (EAP).
3. Ask for time off.

**Discussion:** There is no one right answer. Consider available resources including your Primary Care Provider, Employee Assistance Program, or other mental health and wellness options.

**Scenario #3**

Anna is an RN staff nurse on the Med/Surg Unit. She has been a nurse for over 30 years and employed at the facility for about six months. Anna works night shift and is giving shift report to you, the oncoming nurse. Anna is noticeably disheveled with hair which appears unbrushed and makeup smeared on her face. She does not look like she typically looks. She begins loudly cursing and speaking negatively about several of her patients in front of other staff and patients.

**What would you do as the oncoming nurse who observed Anna's behavior?**

1. Do nothing. Anna may have had a rough shift, and she needs to go home and rest.
2. Immediately notify Anna her language and tone are inappropriate and remind her there are patients and other staff present on the unit.
3. Immediately notify the Nurse Supervisor or Manager about Anna's behavior.

**Discussion:** The answer is 2 and 3. Anna needs to be reminded her behavior is inappropriate. The nurse supervisor or manager should also be informed of her behavior. The leadership team will intervene and follow facility policies which may include drug screening, fitness for duty exams, or referrals to EAP.



**Scenario #4**

Kayla is a home health nurse for a pediatric patient. She arrives at the patient's home and begins to assess her patient as the patient's mother leaves for work. Kayla finds herself crying and thinking of her mother, who passed away the week prior. Kayla fails to start the patient's 4:00 p.m. tube feeding, fails to administer several scheduled medications, and fails to change the patient's diaper during the shift. Furthermore, she fails to document her assessment. The patient's mother returns home, and notes Kayla is sitting on the couch, crying; the patient's diaper is soiled, the tube feeding has not been started, and medications were not given.

The patient's mother calls the Clinical Supervisor, who comes to the patient's home. When confronted by the Clinical Supervisor, Kayla explains she recently lost her mother and is dealing with a lot of personal issues. Kayla states she thought she was able to safely care for the patient. Kayla explains she did not call out sick because she did not want to leave the patient's mother without care for the patient, as the patient's mother had to go to work.

**True or False?**

Kayla going to work while experiencing mental distress created the risk of patient harm and violated the Nursing Practice Act.

**Discussion:** The answer is True. Kayla failed to complete patient care, including administration of the patient's tube feeding, and medication administration, thus neglecting the patient. She also failed to document her assessment.

**Reflective Questions**

What should you do if you suspect a colleague is experiencing mental health distress or any type of impairment which is affecting their ability to practice safely?

If you are experiencing mental health distress prior to a shift, what should you do?

List cognitive symptoms of mental distress and the potential effects on patient safety.

List examples of physical symptoms of mental distress and the potential impact these may have on patient safety.

If a nurse accepts a patient assignment when the nurse knows or has reason to believe they are not competent to perform, what may happen?

What resources are available for nurses experiencing mental distress?



# Resources

**The Emotional PPE Project:** Dial or text 988, website 988lifeline.org. Referral to volunteer therapists for any healthcare worker in need at no cost, confidential emotional support.

[APNA-Nurses-Guide-to-Locating-Mental-Health-Support-and-Services.pdf](#)

**The American Nurses Foundation Well-Being Initiative**

<https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/the-well-being-initiative/>

## for Help

**The American Nurses Association Nurse Suicide Prevention/Resilience:**

<https://www.nursingworld.org/practice-policy/nurse-suicide-prevention/>

**American Nurses Foundation — Happy Frictionless Mental Health For the Frontlines:**

Text FRONTLINE to 741741: Free crisis counseling for healthcare professionals to help deal with fear, isolation, anxiety, stress, and other challenging emotions.

**Substance Abuse and Mental Health Services Administration Disaster Distress Helpline:**

1-800-985-5990: The SAMHSA national hotline provides support 24/7 to people who have experienced a natural or human disaster and provides referrals

to local crisis support centers for follow-up care.

**SAMHSA National Helpline:** 1-800-662-HELP (4357): This is a free treatment and information referral service provided in English and Spanish for people facing mental health or substance use challenges. Referrals may be made to local treatment centers, support groups, and community-based organizations.

**National Alliance on Mental Illness (NAMI):** 1-800-950-6264: The national organization offers a range of resources for healthcare professionals facing symptoms of trauma or stress. Nurses can access the NAMI Helpline available Mon-Fri 10 a.m. to 10 p.m. and a list of confidential support resources. The list includes resources for peer support, building resilience, and family support.

**Safe Call Now:** 206-459-3020: This is a 24-hour crisis referral service for emergency services personnel and was established with the idea that no first responder should face a crisis alone. They work with a variety of groups to provide support and a safe place to turn for first responders.

**Happy:** Nurses can call 858-367-3001 to reach a support giver. Recommended by the American Nurses Association. Cost: Free for nursing professionals. Happy is available as an app to employers and insurers to create frictionless access to mental health services. The organization operates as a proactive, peer-based mental health service to change how the delivery of services is executed. The company hopes to remove barriers that prevent people from receiving adequate services and support.



**Heroes Health:** Available at <https://www.heroeshealth.care/> Cost: Free version for individual nurses, but you may get more specific resources if your employer signed up as an organization leader. This online app measures and tracks your mental health by asking a 5-minute set of weekly questions that empower nurses to identify changes in their mental health and seek help early. Users can access a list of vetted crisis counseling agencies and wellness tools, which enables them to speak to a mental health counselor, get support by text, or receive support for opioid dependence. Within the app, users also have access to search engines that help find free or reduced-cost services in their local area. Heroes Health, originally developed by the University of North Carolina Chapel Hill, has transitioned to Marvin Online Teletherapy, which is continuing to offer free personalized outreach for mental health services.

**Moodfit:** Available at <https://www.getmoodfit.com/> Recommended by the American Nurses Foundation. Cost: Free for nurses through the American Nurses Association. Thanks to a grant from the American Nurses Foundation, nurses across the U.S. have access to the full version of Moodfit without charge. This app was voted the best overall mental health app in 2020, 2021, and 2022. Nurses have access to tools, insights, and education that recognizes there is no one-size-fits-all solution to good mental health. The app helps nurses to reduce stress and build resilience by learning what affects their mental health, beating procrastination, and helping nurses to respond rather than react to situations. There are also tools to help nurses rewire their thinking, so it no longer negatively impacts their behavior. Examples include breath work, mindfulness, cognitive behavioral therapy, and more.

**The Schwartz Center for Compassionate Healthcare:**

<https://www.theschwartzcenter.org/mentalhealthresources/> Cost: Free resources and additional support if you become a Schwartz Center healthcare member. The Schwartz Center for Compassionate Healthcare maintains a list of resources to support mental health and well-being for healthcare workers. These resources address preventing and managing stress and resources specific to the COVID pandemic. Included are ways to deal with [workplace violence](#), resources for [healthcare leaders](#), and guides for families of healthcare workers.

**NurseGroups:** <https://www.nursegroups.org/> Cost: Free. This is a volunteer-led initiative created in response to the COVID pandemic. The group does not offer licensed mental health services and recommends nurses who are in crisis should seek care immediately. The online video conference service was created for nurses to develop greater resilience and reduce stress. They offer no-cost, confidential groups for nurses to interact at a variety of times and days throughout the week. The groups run for about one hour and are facilitated by 1-2 people; typically, between 4-12 nurses participate.

**988 National Suicide Prevention Lifeline:** Available 24 hours day/7 days per week. Crisis Text Line – Text HOME to 741741. Trained counselors are on staff to assist.

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# Is your birthday this month?

It may be time to renew your license.  
Log into the Nurse Portal to check your status and renew your nursing license.



Find more information about  
**NCBON Position Statements.**



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# REGULATORY EDUCATION

TO ACCESS ONLINE ARTICLES, SESSION REGISTRATION, AND THE PRESENTATION REQUEST FORM, GO TO [WWW.NCBON.COM](http://WWW.NCBON.COM) AND LOOK FOR EDUCATION ON THE MENU. QUESTIONS? EMAIL [PRACTICE@NCBON.COM](mailto:PRACTICE@NCBON.COM).

As of June 30, 2024, the North Carolina Board of Nursing no longer provides CE contact hour credit for *The Bulletin* articles and Standard Presentation Offerings.

## Online Bulletin Articles

- Nurses' Emotional and Mental Health: Nursing Implications and Resources
- Sleep Deprivation: Am I at Risk for Patient Harm?
- The Role of the Licensed Practical Nurse: A complement to the multi-disciplinary team
- Staying Inside the Lines: The Importance of Professional Boundaries in the Coordination of Care

For more articles, go to [www.ncbon.com](http://www.ncbon.com).

## Nurse Leader Regulatory Orientation

Learn about the functions of the NCBON and how these functions impact the roles and responsibilities of the nurse leader (administrator, director, manager, clinical leader, supervisor, and others) and aspiring leaders in all types of nursing services and practice settings. The orientation offers 5.5 contact hours (Provider Number ABNP1583; Valid Through 5/20/2028). Registration is open to active NC or compact state RNs in leadership and aspiring leadership roles.



### The 2025 sessions are listed below as follows:

April 2-Virtual

May 14-In-Person

Sept 10-Virtual

October 15-In-Person

\$50.00 fee (non-refundable/non-transferable)

You will be notified of any date or format changes.

Register online at [www.ncbon.com](http://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 provide this information via email to [practice@ncbon.com](mailto:practice@ncbon.com) so someone on the waiting list can attend.



## Available Online

### Legal Scope of Practice Online Course

The purpose of this offering is to provide information and clarification of the components of the legal scope of practice for licensed nurses (RN and LPN) practicing in North Carolina.

### Just Culture in Nursing Regulation Booklet

The booklet provides an introduction to the basic principles of Just Culture and the use of these concepts in evaluating the reportability of untoward events to the NCBON using the NCBON Complaint Evaluation Tool (CET).





## NCBON Staff Presentations

NCBON Staff are available upon request to provide presentations regarding nursing practice. To request a presentation, 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 25 – 30 licensed nurses (APRN, RN, or LPN) are required for presentations. Length of presentations can vary.

### Standard Presentation Offerings

**Continuing Competence** – Presentation is for all nurses with an active license in NC and is an overview of continuing competency requirements.

**Legal Scope of Practice** – Defines and contrasts each component of the RN and LPN scope of practice including nursing accountability for delegation of tasks to unlicensed assistive personnel. Potential violations are discussed.

**Delegation: Responsibility of the Nurse** – 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. Discussion includes the role and responsibilities of the nurse for delegation to unlicensed assistive personnel.

**Understanding the Scope of Practice and Role of the LPN** – Assists RNs, LPNs, and employers of nurses in understanding the LPN scope of practice.

**Nursing Regulation in NC** – Describes an overview of the NC Board of Nursing authority, composition, vision, function, activities, strategic initiatives, and resources.

**Introduction to Just Culture and NCBON Complaint Evaluation Tool** – 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 audience is nursing leadership: director, administrator, manager, supervisor, etc.

**Introduction to the NCBON Complaint Evaluation Tool** – Provides brief information about Just Culture concepts and instructions for use of the NCBON Complaint Evaluation Tool, consultation with the NCBON, consultation with NCBON about practice errors and mandatory reporting. Suggested for leadership familiar and unfamiliar with Just Culture.

**Overview of Nursing Practice Act (NPA) Violations and Investigations** – Provides information regarding the five common NPA violations reported to the NCBON and the five common pieces of evidence gathered during an investigation.

**Newly Licensed Nurse Orientation Workshop** – Provides newly licensed nurses with information about the functions of the NCBON, the Nursing Practice Act, Administrative Rules, common practice concerns, strategies to avoid potential violations, and available resources.

NEW

As of June 30, 2024, the North Carolina Board of Nursing no longer provides CE contact hour credit for *The Bulletin* articles and Standard Presentation Offerings.



# APRN

## What has the NCBON done to understand the needs of the APRN workforce in NC?

Understanding the Advanced Practice Registered Nurse (APRN) workforce in NC can supplement knowledge related to the APRN supply and demand in NC. It is common knowledge that North Carolinians need improved access to healthcare providers. The four APRN roles are Nurse Practitioner (NP), Certified Registered Nurse Anesthetist (CRNA), Certified Nurse-Midwife (CNM), and Clinical Nurse Specialist (CNS). The NC Board of Nursing (NCBON) collaborated with the UNC Cecil G. Sheps Center for Health Services Research and funded the project. This APRN Workforce study explored various demographics of all four APRN roles in NC, as well as gaps of knowledge related to this workforce. In short, this study is a “who, what, when, and where” related to education, licensure, and other demographics of all APRNs roles currently serving North Carolinian patients. The goal of this study is to inform the current state of APRNs in NC while continuing to promote strategies for improvement in understanding this crucial workforce. The NCBON has already utilized the recommendations to improve processes on how to capture more accurate data related to the APRN workforce. The full report and executive summary can be read [here](#).



**Kimberly Luisana**

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Advanced Practice  
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## NORTH CAROLINA ADVANCED PRACTICE REGISTERED NURSES

*A Report on the Advanced Practice Registered Nurse  
Workforce in North Carolina*

*Final Report*



# Compliance

## What is the employer's role when employing a nurse monitored by the NCBON?

### Consent Order Monitoring

The NCBON Compliance Department monitors nurse participants' compliance with consent order terms including, but not limited to, a period of satisfactory nursing practice verified by an approved clinical RN supervisor, random drug screening, remedial course completion, and practice restrictions. For participants seeking nursing employment and actively employed in nursing, the NCBON Compliance Department works with employers to verify awareness of the consent ordered employment requirements and employer responsibilities.

Presently, the NCBON monitors approximately 220 participants – the majority due to a diagnosis of a substance use disorder that interferes with their nursing practice. The mission of the non-published, non-disciplinary Alternative Program for Nurses in Recovery (AP) and the published, disciplinary Discipline Program for Nurses in Recovery (DP) is:

*“to protect the public by providing a structured approach to monitoring nurses experiencing a substance use disorder and to return nurses in recovery to safe nursing practice.”*

Each participant is assigned a designated Compliance Case Analyst (CCA) to verify and monitor compliance. The AP and DP require participants to complete substance use disorder treatment, attend approved mutual support group meetings, and submit random observed drug screens. A participant is eligible to return to restricted single-state practice following an initial period of compliance with the consent order conditions. Participants are monitored for a minimum of 3 years of employment or 5 years of drug screening with no evidence of relapse.

### Employer Engagement

Once a participant receives a job offer, the CCA will review the proposed position description and schedule a work site conference to speak with the participant and potential clinical RN supervisor. The CCA verifies the position can accommodate the participant's employment conditions. The employing facility and approved clinical RN supervisor agree to the following:

- Support the conditions on the license. For the AP and DP, these include shift and overtime restrictions, limiting access to controlled substances, and on-site RN supervision.
- Complete quarterly work performance evaluations verifying the quality of nursing practice.

*Continued on next page*



**Alison Bailey**  
Director, Compliance



- Immediately notify the NCBON of:
  - Any change in clinical RN supervision.
  - Any change in employment status.
  - Performance resulting in verbal or written counseling.
  - The results of any employer requested drug or alcohol screen.
- Immediately remove the participant from duty:
  - If the participant provides a positive drug screen.
  - If the participant refuses or fails to successfully provide a drug screen when requested by the employer.

Communication is the key to promoting a successful relationship between the employer and participant and supporting the NCBON in its mission of public protection. A Resource Manual for Nurse Administrators is available on the NCBON website [compliance-resource-manual.pdf](#) and a copy is provided electronically to each approved AP and DP supervisor.

# New Workshop!

## Newly Licensed Nurse Orientation Workshop



Learn about the functions of the NCBON, the Nursing Practice Act, Administrative Rules, common practice concerns, strategies to avoid potential violations, and available resources.



Workshop is provided virtually or in-person and is available upon organizational request.

To request, scan the QR code above or email [practice@ncbon.com](mailto:practice@ncbon.com).



# Education

## What are the NCBON Education Consultants' favorite resources?

Resources are assets that can be drawn on by a person or organization to function effectively. The Education Department via the NCBON website ([www.ncbon.com](http://www.ncbon.com)) provides a list of **Program Director (PD) Resources** to ensure PD's have access to, and support needed to comply with rules and regulations. Here is a list of our favorite resources:



**Terry Ward**

PhD, MSN, RN, CNE, ANEF  
Education Consultant

- [Approved Nursing Programs](#)
- [Administrative Code-Rules](#)
- [Roadmap for North Carolina Licensure by Examination](#)
- [Assessing a Clinical Agency](#)
- [Approved Programs that Meet Faculty .0318\(c\)\(5\)\(A\) Teaching Learning Requirements](#)
- [Focused Client Care Experience Guidelines](#)
- [Suggestion for Utilization of Preceptors](#)
- [Simulation Guidance](#)
- [NCLEX Pass Rates](#)
- [NCSBN](#) National Council of State Boards of Nursing
- [ACEN](#) Accreditation Commission for Education in Nursing
- [CNEA](#) National League for Nursing Commission for Nursing Education Accreditation
- [CCNE](#) American Association of Colleges of Nursing Commission on Collegiate Nursing Education

### How do I access Program Director Resources?

Position the computer cursor over the **Education** tab on the NCBON website's main page. A drop-down menu will appear.

**Pre-Licensure Education** is the first list available. Position your cursor over "**Approved Nursing Programs**" and click the link. This is a list of approved nursing programs, the assigned consultant, program name, program type, program status, national accreditation, maximum enrollment, NCLEX Program Code, and Program Website link.

**Program Director Resources** is the third list of items available. Position the computer cursor over "**General Information**" and click the link. You will find contact information for the education department ([education@ncbon.com](mailto:education@ncbon.com)), "**Education Documents**," and "**Resources**".

In the **Program Director Resources** banner there is a printer icon which will allow you to print the entire page.

Contact us at [education@ncbon.com](mailto:education@ncbon.com) for more information or questions.



# Investigations

## How does the NCBON determine RN/LPN scope of practice?

The North Carolina Board of Nursing (NCBON) receives complaints from various practice settings, such as home health agencies, hospitals, correctional institutions, and long-term care facilities alleging nurses have exceeded their scope of practice. In 2024, the NCBON investigated 64 complaints involving a nurse exceeding their scope of practice.



**Becky Ezell**

BSN, RN, CPN

Nurse Investigator

Does a nurse exceed their scope of practice if they do any of the following?

- Give an IV fluid bolus without a provider's order.
- Enter a medical diagnosis into the medical records without a provider diagnosis.
- Intubate/extubate a patient in the presence of a provider.
- Administer more or less pain medication than what is ordered by the provider.
- Start an arterial line.

These are some of the complaints received by the NCBON regarding a nurse exceeding their scope of practice in 2024.

RN practice is not defined by specific activities or tasks but rather as a process consisting of a legally defined set of Components of Practice. These Components use the steps of the nursing process as outlined in 21 NCAC 36 .0224. Many healthcare settings require that nursing tasks utilize specific steps to ensure they are performed safely and effectively. These steps include:

1. Provider Order.
2. Education: Nurses must have the proper knowledge and training for the task, often gained through formal education, continuing education, or workplace training programs.
3. Competency: Health care organizations usually require nurses to demonstrate competence in performing specific tasks. This can be done through understanding theory, hands-on practice, and passing evaluations.
4. Check-off by Licensed Personnel: For certain procedures or advanced tasks, a licensed professional such as an educator, supervisor, or peer may need to validate the nurse's ability to perform the task safely.

Both the RN and LPN are tasked with providing safe nursing practice. The RN is accountable for validating the qualifications of personnel to whom nursing care is assigned or delegated.

*Continued on next page*



A facility may restrict a nurse's practice but may *never* expand a nurse's practice. Before performing any nursing task ask yourself the following questions:

- Do I have the knowledge and skills to perform this activity?
- Do I have the documented competency (from school, training, employer) for doing this activity?
- Would a reasonable and prudent nurse with my same education and national certification provide similar care?
- Does my employer allow this activity?
- Is this company policy?

Nurses play a critical role in maintaining public safety by adhering to their scope of practice. As nursing roles grow and broaden with advanced education, certifications, and evolving healthcare needs, it becomes even more essential for nurses to understand and respect the boundaries of their professional scope.

To effectively uphold the boundaries surrounding the scope of practice, nurses should:

1. Stay informed about the legal definitions of their scope of practice that are specific to North Carolina.
2. Engage in continuous education to remain updated on best practices and role expectations.
3. Seek guidance from other healthcare professionals when care decisions go beyond their scope.
4. Advocate for clear policies and protocols in the workplace to support safe and effective practice.

For additional information, please see the NCBON website at: <https://www.ncbon.com>.

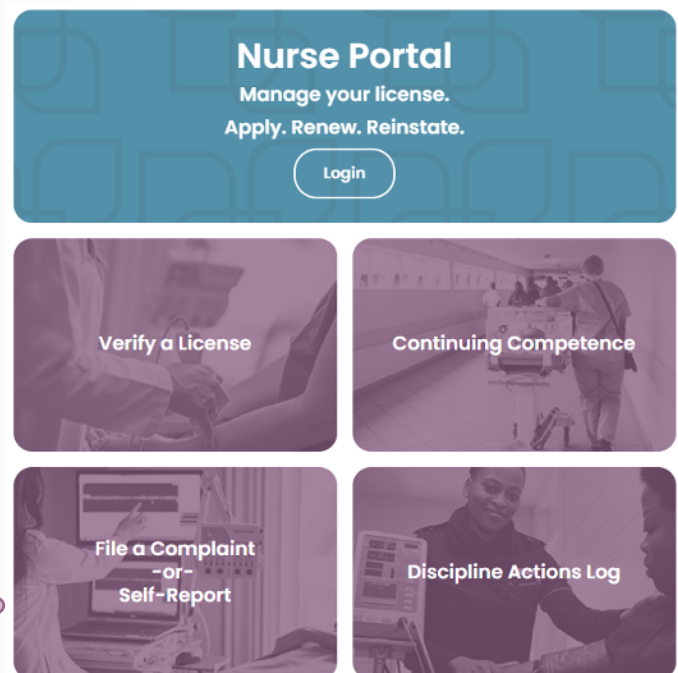
If you have a scope of practice question, you can email an NCBON Practice Consultant at [practice@ncbon.com](mailto:practice@ncbon.com).

## Need to file a complaint?

If you would like to file a complaint regarding a nurse, click the button on our home page entitled

**"File a Complaint or Self Report."**

All complaints must be submitted via this portal to ensure the correct information has been provided by the complainant.



# Legal

## What is the difference between a Settlement Conference and Administrative Hearing?

Following an investigation for a violation of the Nursing Practice Act and regulations, a licensee may receive an offer of resolution to the matter. The offer may be a Non-Disciplinary Consent Order (NDCO) which is an educational, non-disciplinary sanction or a Published Consent Order (PCO) which is public discipline such as a reprimand, probation, or suspension. If the licensee rejects the offer, the licensee may request a Settlement Conference or an Administrative Hearing pursuant to G.S. 150B.



**Christy Joyce**

JD

Staff Attorney

### **Settlement Conference**

A Settlement Conference is an informal, non-public meeting with a Settlement Committee (Committee) consisting of Board members who review the offer and underlying investigation, and the licensee is provided with the opportunity to request a different resolution than what was offered. During the Settlement Conference, the investigator assigned to the case presents a summary of their investigation including witness interviews, documents or records reviewed, and any other relevant information. The licensee will then be given the opportunity to provide information about the case, including mitigating factors, or an explanation for the events. It is important to note that the facts of the case are not disputable during settlement, rather it is an opportunity for the licensee to request what they consider to be a reasonable offer in the matter. However, at the conclusion of the Settlement Conference, the Committee may determine that the sanction should remain the same, recommend additional requirements above what was offered, or recommend a lesser sanction. The original offer given to the licensee before the Settlement Conference is essentially replaced by the offer from the Committee. The licensee has the opportunity to accept or reject the offer made by the Committee. If an agreement is not reached, the case is referred for an Administrative Hearing.

### **Administrative Hearing**

An Administrative Hearing is a formal hearing open to the public where Board members receive evidence, hear sworn testimony from the assigned investigator and relevant witnesses, and the licensee should they choose to testify. The licensee may also call witnesses to testify on their behalf or offer evidence regarding the issue before the Board. Following a presentation of all the evidence, the Board will decide whether the licensee's

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practice constitutes a violation of the Nursing Practice Act and regulations and, if so, what is the appropriate sanction based on the evidence presented. An Administrative Law Counsel is also present to assist the Board with matters of law. An Administrative Hearing may be held before a Hearing Committee comprised of three or more Board members or before a majority of the Board members. A Hearing Committee issues a recommended decision at the conclusion of the hearing, which will be presented to the full Board for a vote on the final action delivered via a Final Order. If the hearing was conducted before a majority of the Board members, the Board will issue a Final Order at the conclusion of the hearing.

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# Licensure

## What are the differences between single state and multistate nursing licenses in North Carolina?

Nursing is a profession that requires not only dedication and skill but also the appropriate licensure. In North Carolina, nurses may be approved for either a single state license or a multistate license [based on the uniform licensure requirements](#). Understanding the differences between these two types of licenses is crucial for nurses who wish to practice in North Carolina.

A North Carolina single state nursing license permits a nurse to practice only within North Carolina. This type of license is ideal for nurses who plan to work exclusively in North Carolina and do not anticipate needing to practice in other states.

A North Carolina multistate nursing license, on the other hand, is part of the Nurse Licensure Compact (NLC), which permits nurses to practice in any of the participating compact states without the requirement to obtain additional licenses. This type of license is beneficial for nurses who may need to work in multiple states or who wish to have greater mobility in their practice. To qualify for a multistate license issued by North Carolina, North Carolina must be your primary state of residence (PSOR).

Because of the NLC requirements, a nurse changing PSOR may hold a multistate license in the current home state but would be ineligible for multistate licensure in the new home state. A nurse holding a multistate license prior to January 2018 may have been “grandfathered” and allow to retain multistate status. Changing the PSOR would cancel the “grandfathered” status, and the new requirements would apply. Requirements for multistate licensure are the same in all compact states. Requirements for single state licensure may vary depending on the nursing licensure requirements in that state. If you are considering relocating, you are encouraged to check the licensure requirements in the state in which you are moving. Additionally, when the PSOR changes, the nurse has 60 days to apply for licensure in the state. To learn more about the 60-day rule change, visit the [NCBON website](#). Geographic scope, flexibility, application requirements, and continuing education should be considered when requesting licensure in North Carolina. Applications expire after one year and fees are non-refundable.



**Tony Graham**

MS, CPM

Chief Operations Officer

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Choosing between a single state and a multistate nursing license depends on a nurse's career goals and mobility needs. For those who plan to work solely in North Carolina or live in a noncompact state and need to provide services to NC residents, a single state license may suffice. However, for nurses seeking greater flexibility and the ability to practice in multiple states, a multistate license offers significant advantages. Understanding these differences can help nurses make informed decisions about their licensure and career paths.

For other questions regarding licensure in North Carolina, email: [endorsement@ncbon.com](mailto:endorsement@ncbon.com).



**NCBON**  
North Carolina Board of Nursing

# NCBON Staff Presentation Available for Students

## Presentation Objectives

- Discuss the Mission, Vision, and Values of the NC Board of Nursing (NCBON)
- Explain the Nursing Practice Act and Rules
- Discuss NCBON Elections
- Identify NCBON Resources
- Identify and Review Licensure Information
- Differentiate between the NCBON and NC Nurses Association
- Discuss NCBON Legislative Activities

To request a speaker, email: [practice@ncbon.com](mailto:practice@ncbon.com)



# Practice

## Is it within the RN or LPN scope of practice to determine and pronounce death?

Determining and pronouncing the death of a client is a critical responsibility. The North Carolina (NC) Nursing Practice Act [[GS 90-171.20 \(7\) for RNs](#)] and [[GS 90-171.20 \(8\) for LPNs](#)] and the Administrative Rules [[21 NCAC 36 .0224 for RNs](#)] and [[21 NCAC 36 .0225 for LPNs](#)] define nursing scope of practice.

The Board-approved Position Statement, [Death and Resuscitation](#), provides guidance for nurses and nurse leaders. Based on the interpretation of the law and rules, it may be within both the RN and LPN scope of practice to assess a client to determine and pronounce death provided:

1. The nurse has the appropriate education, training, and validated competency to perform the skills.
2. Agency policy permits this. An agency/employer may choose to restrict the nurse's scope of practice but never expand it beyond the legally defined scope of practice.
3. Appropriate supervision is available for the LPN. The LPN does not practice independently but is always dependent on the assignment and supervision by an RN, physician, nurse practitioner, physician assistant, dentist, or other person authorized by State law. The supervising person is responsible for determining the type and amount of supervision the LPN needs to perform the activity. Determining the degree of supervision required is summarized in [21 NCAC 36 .0225](#).

It is the responsibility of the nurse to promptly validate the code status ordered by the provider or MOST (Medical Orders for Scope of Treatment) form which contains a legal order for end-of-life directives by an NC provider. The nurse should follow agency policy on how the client's code status will be identified and communicated. The nurse should begin emergency resuscitation if there is no Do Not Resuscitate (DNR) order or policy outlining otherwise until a provider order to discontinue is received.

Presumptive signs of death include unresponsiveness; absent respirations; no heart sounds or no palpable carotid or femoral pulses; pupils fixed and dilated; and cool, cyanotic skin. Conclusive signs of death include blood pooling in dependent body parts; body is cool to room temperature or the environment; muscle rigidity or hardness;



**Ruthie Go**

MSN, M.Ed., RN

Practice Consultant

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extended asystole (no rhythm) on EKG; or injuries so traumatic survival is not possible.

An agency may have a written policy indicating if the patient has a DNR order, the nurse may determine and pronounce death after assuring **ALL** presumptive signs of death are clearly and immediately present. Per agency policy, for an unwitnessed cardiac arrest in which there is no DNR order, the nurse may decide not to initiate CPR if the nurse has assured **ALL** presumptive signs **AND** at least **ONE** conclusive sign of death is clearly and immediately present. Otherwise, resuscitation must be initiated immediately.

Documentation of the determination and pronouncement of death should include the assessment details and information outlining all presumptive signs of death and any conclusive signs of death per agency policy.

[RN-LPN Scope of Practice Decision Tree \(www.ncbon.com\)](http://www.ncbon.com) is a resource to guide nursing leadership in establishing the appropriateness of the nurse determining and pronouncing death. Please contact [practice@ncbon.com](mailto:practice@ncbon.com) with additional questions.

## REFERENCES

North Carolina Administrative Code (NCAC) Title 21 NCAC 36.0224. (2019). Components of nursing practice for the registered nurse. <https://tinyurl.com/2p9kwnsk>

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# License Verification for Nurses



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\* See [nursys.com](https://nursys.com) for participating BONs.



# License Verification for Employers



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\* See [nursys.com](https://nursys.com) for participating BONs.





# Interstate Commission of Nurse Licensure Compact Administrators

January 2, 2024, a Nurse Licensure Compact (NLC) rule went into effect. Nurses relocating to another compact state have **60 days** from the time they move to apply for a new license by endorsement in a new primary state of residence.

The Amended NLC Residency Rule states:

402(2) A multistate licensee who changes primary state of residence to another party state shall apply for a multistate license in the new party state within 60 days.

Helpful FAQs and a brief video about the new rule are available online. Nurses can enroll at no cost in Nursys eNotify to receive notifications related to license renewals at [www.nursys.com](http://www.nursys.com).

For more information



Visit  
[www.nursecompact.com](http://www.nursecompact.com)



email  
[nursecompact@ncsbn.org](mailto:nursecompact@ncsbn.org)



**The next issue of**

# The Bulletin

will be released in June 2025

What to expect...



Slate of Candidates for the  
2025 Board Member Election

- Q&A Corners
- ...and much more!

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