Do You Have What it Takes?
Renewing Your License or Certificate

RN Professional Development
Streamlining access to higher education

CHANGES IN THE NURSE PRACTICE ACT

PROFESSIONAL BOUNDARIES
Mountain View Regional Hospital is committed to excellence … for our patients and our staff. Our nurses enjoy a low nurse-to-patient ratio, state-of-the-art facilities, and an emphasis on balancing work and life. Maybe that’s why we receive near-perfect patient satisfaction survey scores every month!

We are currently accepting applications for the following full-time and part-time positions:

- Critical Care RN
- PACU RN
- Pain Management RN
- OR RN

Choose Our Team and CHOOSE EXCELLENCE!
Wyoming State Board of Nursing as Regulatory Agency

A few months back, I was contacted by a nurse who was diligently working to put together a nursing education module for registered nurses (RNs) that would have provided interested nurses an additional certification and brought a needed service to Wyoming citizens. She wanted the Board to help her in the grant application process so that she could procure state funding. However, WSBN had recently affirmed that all Board resources needed to be directly focused toward support of the mission of public protection; activities that were only peripherally related would be discontinued. This was necessary to adequately address the critical regulatory functions that were top priority.

The caller was very unhappy when I explained the Board’s position; “I don’t understand that at all! Aren’t you supposed to be in charge of educating nurses? Aren’t you supposed to be in charge of educating nurses? Aren’t you supposed to be in charge of educating nurses?” I was able to explain that the Board regulated entry level nursing programs, and that while we certainly valued continuing education and certification, no, the whole purpose of the Board of Nursing was not to promote specific certification and continuing education programs. We were able to come to an understanding, and both of us left the conversation having a better appreciation of the issues.

Just this past week, I received a complaint that was addressed to the “Wyoming Nurses Association.” A recent conversation with a hospital
and encouraged. But the distinction between a professional organization and a regulatory board must be emphasized and educated on a regular basis. For that reason, this issue of WNR is devoted to regulation.

The Wyoming State Board of Nursing (WSBN) is first and foremost a regulatory agency. We are an agency of state government that exists solely to protect the public. We do that through the regulation of nursing education and practice. The key departments of WSBN are as follows: Licensing (issuance and renewal of licenses for CNAs, LPNs, RNs and APRNs); Compliance (collection and review of all documents from applicants who have a positive criminal or mental health background to determine suitability for certification/licensure); Discipline (investigation and resolution of complaints against certificate holders/licensees); Practice and Education (research on all relevant areas of nursing practice and review and assurance of compliance for all pre-licensure nursing education programs); and Fiscal (collection of all fees and budget management). Committees, comprised of Board members and Board staff, include Application Review, Disciplinary, Practice, Education, and Legislative.

Board members are appointed by the governor for three year terms. The Board includes representatives from nursing practice in the following areas: advanced practice (1), administration (1), nursing education (1), RN (2), and LPN (1). Additionally, there is one consumer member who represents the public. We are extremely fortunate to have a fully staffed Board at present but cannot maintain that without a regular pool of qualified applicants from which the governor can choose. Applications for Board positions are accepted at any time; to learn more and/or submit an application, visit the Web site http://governor.wy.gov/boards-and-commissions.html.

Amongst other state boards of nursing, Wyoming is in an enviable position. We are a self-sustaining Board, which means that we operate solely on licensure fees and are independent of the state general funds. Many other boards of nursing throughout the country have experienced drastic budget cuts, including mandatory furlough days and serious service reductions. Boards in many other states share investigators with multiple regulatory agencies, resulting in disciplinary investigations being conducted by non-nurses. Some states, such as New York, regulate nursing education through the Education Board, again resulting in regulation of nursing education by non-nurses. Colorado and Wisconsin are just two states of many who regulate nursing through what is known as an “umbrella board,” lumping nursing regulation into a pool of other professional and vocational occupations alike.

The hallmark of a profession is the ability to regulate itself. Wyoming nurses are exceptionally fortunate to be truly self-regulated. I am very grateful to be able to serve in the capacity of executive director for your Wyoming State Board of Nursing. I thank each one of you for serving Wyoming and the nursing profession in your own unique way.

Nursing and nursing regulation are changing at warp speed, and I strongly encouraged everyone in the nursing profession and affected by nursing to attempt to keep up with these changes. We simply cannot be stagnant or tethered by the "way we always did it in the before."

One of the areas we spend a great deal of time with on the Board is discipline; the committee assignments for the discipline committee are changing after the last Board meeting. We are making every attempt to keep up with and ahead of the needs of the people of the state. The discipline committee will be assigned based on the Board member who falls into that particular area of service; for instance, I would serve on an APRN discipline committee, the LPN member on an LPN discipline case. If the committee is unable to come to settlement, the discipline case will sometimes go to hearing before the entire Board, except the two people who are on the discipline committee in that case. I often hear people ask how fair that can be given that the Board is the jury; however, not only is it reflective of the statute that is the Wyoming Nurse Practice Act, but it is common for the Board to turn over the decision of the committee.

The Application Review committee functions similarly to the discipline committee, except it is made up of two people who do not change during the course of the year but may also go to hearing to defend a denial decision they have made. The education committee is made up of the education member and one other member of the Board, and the practice committee is made up of two members, usually including the LPN member as well.

This all sounds most complicated, and sometimes it is. I am thankful for an efficient staff and the attorney representation from the attorney general's office who help us keep everything organized.

Now, I said all that to say this (I am sort of famous for making a short story long), if you have questions about nursing law or regulation, CALL THE BOARD OFFICE; they are the experts. The Nurse Practice Act and the rules that pertain to it have recently changed; only the Board office, not even the individual Board members, can give you the correct information you require.

Wyoming State Board of Nursing meetings are always open to the public, subject to the Wyoming public meetings act and are publicized on our Web site as well as in this publication; we welcome citizens and license holders to come to our meetings.

Kellie Clausen, RN-C, WHCNP-BC, FNP, is current president of the Wyoming State Board of Nursing.

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Letters To the Editor

My name is Carla Bloem. I filed a complaint against a nurse licensed in the state of Wyoming a few years ago. She was calling in narcotic prescriptions for herself using me as the prescriber. I have repeatedly called the Board and even interviewed with DCI regarding this complaint and have never received a reply as to the disposition of the complaint. Until recently, the nurse in question continued to work. I believe the person that files the complaint should be aware if any disciplinary action was taken. I am disappointed that there has been no communication from the Board. This nurse committed a crime and has continued to work in the nursing profession. I would appreciate a reply regarding this issue.

Sincerely,

Carla Bloem, PA-C

EXECUTIVE DIRECTOR'S RESPONSE:

Dear Ms. Bloem,

I was able to find the file on the nurse in question. She signed a Settlement Agreement with the Board in July 2008, accepting a Letter of Reprimand as sanction for her actions. I began working at the Board in May 2008 and did not immediately realize that we were not notifying the complainant of the outcome of complaints. We amended that last year and actually went back in our notifications, but apparently not as far back as July 2008.

All final Board actions are public records, and I have attached the SA here (in e-mail response) for you to see the actual action yourself. We have just "gone live" with a new Web site http://nursing.state.wy.us and are in the process of adding a separate Discipline page listing all nurses and nursing assistants who have received public, formal discipline from the WSBN. This new page will actually have the documents attached so that anyone making a query can see the entire Board order. We are making these changes in an effort to improve our transparency.

I apologize that no one gave you a proper answer to your inquiries in the past. I have no idea who you spoke with or why they did not either answer your question satisfactorily or at least refer you to me. Please feel free to call me directly with any questions or concerns in the future.

Mary Kay Goetter, Ph.D., RNC, NEA-BC
Executive Director, Wyoming State Board of Nursing
(307) 777-6121

Mary Beth,

Thank you for spending time with our students. It is so important that they develop a relationship with the WSBN that will continue throughout their professional life. Your presentation was timely, relevant and well-appreciated.

I found that the students responded well to you and took great interest in your responses to their questions.

Best of luck in your new career direction. You will be missed at the WSBN.

Thanks again for everything.

Norine

Norine Kasperik, MSN, RN, CNE
Interim Director
Gillette College Nursing Program
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Overview of 2010 Legislative Changes to the Wyoming Nurse Practice Act and Recent and Current Rule Promulgation

Over the last several years, the Wyoming State Board of Nursing ("WSBN") has been engaged in the process of promulgating rules. During the 2010 Legislative budget session, changes were made to two provisions of the Wyoming Nurse Practice Act ("WNPA"). This article is intended to provide a brief overview of the process involved in both seeking legislative changes and in promulgating administrative rules.

2010 Wyoming Legislature: Amendments to the Wyoming Nurse Practice Act

On March 4, 2010, changes to the WNPA went into effect. These changes, found at WYO. STAT. ANN. §§ 33-21-122(c)(ix) and (x), are intended to: (1) provide the WSBN with the power to issue subpoenas for evidence related to matters under investigation by the WSBN; and (2) provide that the WSBN retains continuing jurisdiction over a licensee or certificate holder even if the license or certificate expires, lapses, or is relinquished during or after the alleged occurrence of disciplinary conduct.

These legislative changes are the culmination of an extensive process during which the WSBN examined the manner in which it investigates alleged disciplinary conduct of licensees and certificate holders. The WSBN came to the conclusion that there were two shortfalls in the WNPA: the first related to the WSBN subpoena power and the second related to continuing jurisdiction of the WSBN. In October of 2009, the WSBN drafted the proposed legislative changes, indicated above, in conjunction with its advisory attorney in the attorney general's office.

After the proposed legislation was drafted, then WSBN president, Jennifer Zettl, RN (Casper), sought out bill sponsors for the WNPA Bill in both the Wyoming House of Representatives and the Senate. The WNPA Bill sponsors in the House were Representatives Stubson (R - Casper), Landon (Sheridan), Lubnau (R - Gillette), and Shepperson (R - Casper), and in the Senate were Senators Landen (R – Casper) and Massie (D - Laramie). On January 13, 2010, the WNPA Bill was assigned a bill number, HB0032, and these legislators guided the WNPA Bill through the House of Representatives, into the Senate, and ultimately to Governor Freudenthal's desk for his signature on March 4, 2010.

The 2010 Legislative session was a budget year. This invokes some unique aspects of the Wyoming legislative process that are not present during a regular session. For example, any non-budget bill must be introduced with a two-thirds majority vote in order to proceed. The WNPA Bill was introduced in the House of Representatives and received a vote of 57 ayes, two nays, and two excused.

Following introduction, a bill must be referred to a committee. The WNPA Bill was referred to the House Labor, Health, and Social Services Committee. The WNPA Bill received a committee vote of eight ayes, zero nays, and one excused.

Following the committee vote, a bill is referred back to the House of Representatives for three more votes. These votes are referred to by the committee as the whole, second reading, and third reading. The WNPA Bill passed third reading in the House of Representatives by a vote of 57 ayes, zero nays, and three excused.

Once a bill passes either the House of Representatives or the Senate, the bill is referred to the other house and the process repeats itself, with the exception that two-thirds majority vote for introduction is not required in the second house. The WNPA Bill was introduced in the Senate, referred to and passed the Senate House, Labor, and Social Services Committee, and passed the committee of the whole, second and third reading in the Senate. The WNPA Bill passed third reading in the Senate by a vote of 27 ayes and three nays.

The WNPA Bill was amended one time during this process. In the House of Representatives, the WNPA Bill was amended to change the effective date from July 1, 2010, to make the WNPA Bill "effective immediately upon completion of all acts necessary for a bill to become law." Governor Freudenthal completed the final act to make the WNPA Bill law on March 4, 2010, when he signed the bill.

Throughout the legislative process, a bill is voted on many times. Legislatures, constituents, citizens, lobbyists, and any interested parties are given many opportunities to voice opposition or support of a bill before it becomes law. From the WNPA Bill's introduction on February 8, 2010, to Governor Freudenthal's signature on March 4, 2010, the WNPA Bill was voted on a total of nine times.

Recent and Current Rule Promulgation

Similar to the legislative process outlined above, the rule promulgation process is intended to give the public an opportunity to voice its support or opposition, or otherwise comment on an agency's rule endeavors.

Over the last few years, since the last legislative revisions to the WNPA in 2005, the WSBN has sought various revisions to its rules and regulations. Such revisions have been met with considerable opposition related to the controversial aspects of prescriptive authority for advanced practice registered nurses, increased renewal fees, and the CNA II with medication administration. In 2009, revisions were sought on all chapters, Chapters 1 through 9, of the WSBN's rules and regulations. At that time, the WSBN withdrew the proposed changes to Chapters 1, 2, 4, 5, and 6, and in June 2009, Governor Freudenthal signed the revised Chapters 3, 7, 8, and 9. Since that time, Governor

Continued on next page
Freudenthal, on March 23, 2010, signed a revised Chapter 4. The WSBN is currently accepting public comment on Chapters 1, 3, and 7. Such Chapters can be viewed on the WSBN Web site at https://nursing-online.state.wy.us. The public comment period for these chapters began on March 15, 2010, and will last 45 days, or through April 29, 2010.

Administrative rules and regulations are limited in scope by the legislatively enacted statutes that permit them. In other words, an agency such as the WSBN cannot exceed the scope of its statutory authority in enacting a particular rule. The Wyoming Administrative Procedure Act, WYO. STAT. ANN. § 16-2-101, et seq., outlines other procedural requirements involved in the rule making process.

The rule making process begins similar to the legislative process in identifying an area that needs to be addressed and in drafting the proposed rules. An agency, such as the WSBN, may request the assistance of the attorney general in preparation of the rules. WYO. STAT. ANN. § 16-3-102.

The agency must notify the governor’s office of its intent to promulgate rules. Once the governor gives approval to proceed with rule promulgation, the agency must file the notice of intent with the Wyoming Secretary of State, the Legislative Service Office, and must publish such notice of intent. The WSBN’s notice of intent for the proposed Chapters 1, 3, and 7 rules are published on the WSBN Web site.

Following publication of the notice of intent, there begins a public comment period lasting 45 days. During this comment period, interested persons or groups of people may submit comments to the proposed rules. All comments, critical, supportive, or of any general nature, are accepted. If 25 individual persons or a group consisting of 25 or more people request a public hearing on the proposed rules, the agency shall conduct a public hearing on the rules. WYO. STAT. ANN. § 16-3-193(a)(ii)(A).

Following the public comment period and the public hearing, if requested, the agency will review the comments submitted, if any, and make any changes it feels are appropriate. Following the expiration of the public comment period, on April 29, 2010, the WSBN will review the comments received in a public meeting and will make any changes it deems necessary. If requested, the WSBN will hold a public hearing on the proposed rules following the expiration of the public comment period.

Once the agency has reviewed the public comments, made any changes, and has adopted a final version of the rules, the rules are submitted once again to the governor and the Legislative Service Office. The governor may not sign, and therefore authorize, a final set of rules until the recommendation of the Legislative Management Council is received or until 40 days have passed, whichever is sooner. WYO. STAT. ANN. § 16-3-103(d). The governor is required to act on the rules within 15 days of the Legislative Management Council’s recommendation (or the 40 day period). WYO. STAT. ANN. § 16-3-103(d)

There are many procedural steps the WSBN is required to follow in order to promulgate rules. At any individual step, the public is invited to provide input. In addition to the 45 day comment period, and the opportunity for a public hearing, any time the WSBN is considering rule revisions, it must do so during a public meeting. The public, or any other interested persons or groups are welcome to provide input of any kind on the rules being promulgated by the WSBN.

Sean C. Chambers is an assistant attorney general for the Wyoming Attorney General’s Office, assigned as the advisory attorney to the Wyoming Board of Chiropractic Examiners, Dental Examiners, Medicine, and Nursing. He has been with the Attorney General’s office for nearly two years.
PROFESSIONAL DEVELOPMENT: Streamlining access to higher education for registered nurses

Outcomes improve with education levels

A cross-sectional analysis of the outcomes of 232,342 general, orthopedic, and vascular surgery patients revealed that hospitals with greater proportions of nurses educated at the baccalaureate level or higher had better patient outcomes. The main patient outcome measures included risk-adjusted patient mortality and failure to rescue within 30 days of admission. These measures were then analyzed with nurse educational levels at 168 non-federal adult, general Pennsylvania hospitals. The proportion of baccalaureate and higher degree nurses in these hospitals ranged from 0 to 77 percent. After adjusting for patient characteristics and hospital characteristics, as well as for nurse staffing, nurse experience, and whether a patient’s surgeon was board certified, a 10 percent increase in the proportion of nurses holding a bachelor’s degree was associated with a 5 percent decrease in both the likelihood of patients dying within 30 days of admission and the odds of failure to rescue.


reasons for going back to school, the work of Dr. Linda Aiken and her colleagues from the University of Pennsylvania has influenced all of our thinking about higher education. Aiken and colleagues’ work on educational levels of registered nurses and patient outcomes supports the belief that more education positively affects patient outcomes. Their groundbreaking study, published in the Journal of the American Medical Association in 2003, indicated that surgical patients experienced lower mortality and failure-to-rescue rates when cared for in hospitals that had higher proportions of nurses educated at the baccalaureate level or higher (Aiken, Clarke, Cheung, Sloane & Silber, 2003).

Additionally, hospital administrators pursuing Magnet certification have encouraged many of their nurses to return to school to demonstrate a higher proportion of BSN or MS prepared nurses. This push for more education has, in turn, caused schools of nursing, including the FWWSON, to examine their educational programs for access, relevancy to the “real world,” and how to better work with the student who is most likely employed full time while going to school.

MAKING IT EASIER TO GO BACK TO SCHOOL: ONLINE PROGRAMS

As mentioned previously in the newsletter, the FWWSON has been working with Wyoming associate degree programs to streamline the application and enrollment process for that level of student. The RN-BSN program is a completely online program that does not require on-campus time. Thus, the FWWSON has students from across the country enrolled. This mix of “local” students and students from other parts of the country provides an excellent learning forum for students to compare and contrast practices. During the past two years, efforts have been made by RN-BSN program faculty to minimize the steps involved with admission and enrollment into the courses. The majority of our students state that the BSN is only the first step in their educational plan and that MS and Ph.D. degrees are in their future. Access to a quality online BSN program is a critical step in their quest for lifelong learning.

NEED FOR NURSING EDUCATION FACULTY

Along with the current nursing shortage facing the country is a shortage of nursing education faculty. Nursing faculty are aging, and a wave of faculty retirements across the country is expected within the next 10 years. Nationwide, the current age of doctorally-prepared professors is 59.1 years, while the age of an MS-prepared professor is 58.9 years.

(AACN, 2009). Unfortunately, there aren’t enough younger faculty members to replace those retiring. Wyoming mirrors the national data. As a result, the online MS program with an option as a nurse educator fulfills a niche within the state and the nation. Being online provides access to students in rural parts of Wyoming and the country. The program is designed to prepare nurse educators for community colleges, university settings, and health care facilities. Currently, there are 33 nurse educators in the program, with 15 of them being Wyoming residents. At the present time, the program does not require on-campus time, but that will change with a mandatory on-campus orientation in 2010.

Pamala Larsen, Ph.D., CRRN, FNGNA, is former associate dean of the Fay Whitney School of Nursing at the University of Wyoming.
As a health care professional, a nurse strives to inspire the confidence of clients, treat all clients and other health care providers professionally and promote the clients’ independence. Clients can expect a nurse to act in their best interests and to respect their dignity. This means that a nurse abstains from obtaining personal gain at the client's expense and refrains from inappropriate involvement in the client's personal relationships.

Professional boundaries are the spaces between the nurse's power and the client's vulnerability. The power of the nurse comes from the professional position and the access to private knowledge about the client. Establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the client's needs.

Boundary violations can result when there is confusion between the needs of the nurse and those of the client. Such violations are characterized by excessive personal disclosure by the nurse, secrecy or even a reversal of roles. Boundary violations can cause distress for the client, which may not be recognized or felt by the client until harmful consequences occur.

Boundary crossings are brief excursions across boundaries that may be inadvertent, thoughtless or even purposeful if done to meet a special therapeutic need. The nurse can return to established boundaries after a boundary crossing, but he or she should evaluate the crossing for potential client consequences and implications. Repeated boundary crossings should be avoided.

Professional sexual misconduct is an extreme form of boundary violation and includes any behavior that is seductive, sexually demeaning, harassing or reasonably interpreted as sexual by the client. Professional sexual misconduct is an extremely serious violation of the nurse's professional responsibility to the client. It is a breach of trust.

A Continuum of Professional Behavior

A zone of helpfulness is in the center of the professional behavior continuum. This zone is where the majority of client interactions should occur for effectiveness and client safety. Over-involvement with a client is on the right side of the continuum; this includes boundary crossings, boundary violations and professional sexual misconduct.

Under-involvement lies on the left side; this includes distancing, disinterest and neglect, and it can be detrimental to the client and the nurse. There are no definite lines separating the zone of helpfulness from the ends of the continuum; instead, it is a gradual transition.

This continuum provides a frame of reference to assist nurses in evaluating professional-client interactions. For each situation, the facts should be reviewed to determine whether the nurse was aware that a boundary crossing occurred and why. The nurse should be asked: Was the intent of the boundary crossing? Was it for a therapeutic purpose? Was it in the client's best interest? Did it optimise or detract from the nursing care? Did the nurse consult with a supervisor or colleague? Was the incident appropriately documented?

Some Guiding Principles for Determining Professional Boundaries and the Continuum of

Professional Behavior

- The nurse's responsibility is to delineate and maintain boundaries.
- The nurse should work within the zone of helpfulness.
- The nurse should examine any boundary crossing, be aware of potential implications and avoid repeated crossings.
- Variables such as the care setting, community influences, client needs and the nature of therapy affect the delineation of boundaries.
- Actions that overstep established boundaries to meet the needs of the nurse are boundary violations.
- The nurse should avoid situations where the nurse has a personal or business relationship, as well as a professional one.
- Post-termination relationships are complex because the client may need additional services and it may be difficult to determine when the nurse-client relationship is truly terminated.

Questions & Answers What if a nurse wants to date or even marry a former patient? Is that considered sexual misconduct? The key word here is former, and the important factors to consider when making this determination are: • What is the length of time between the nurse-client relationship and the dating? • What kind of therapy did the client receive? Assisting a client with a short-term problem, such as a broken limb, is different than providing long-term care for a chronic condition. • What is the nature of the knowledge the nurse has had access to, and how will that affect the future relationship? • Will the client need therapy in the future? • Is there risk to the client?

Do boundary violations always precede sexual misconduct? Boundary violations are extremely complex. Most are ambiguous and difficult to evaluate. Boundary violations may lead to sexual misconduct, or they may not. Extreme sexual misconduct, such as assault or rape, is not only a boundary violation, it is criminal behavior.

Does client consent make a sexual relationship acceptable? Regardless of whether the client consents or initiates the sexual conduct, a sexual relationship is still considered sexual misconduct for the health care professional. It is an abuse of the nurse-client relationship that puts the nurse’s needs first. It is always the responsibility of the health care professional to establish appropriate boundaries with present and former clients.

How can I identify a potential boundary violation? Some behavioral indicators can alert nurses to potential boundary issues for which there may be reasonable explanations. However, nurses who display one or more of the following behaviors should examine their client relationships for possible boundary crossings or violations:

- Excessive self-disclosure - The nurse discusses personal problems, feelings of sexual attraction or aspects of his or her intimate life with the client.
- Secretive behavior - The nurse keeps secrets with the client and/or becomes guarded or defensive when someone questions their interaction.
- "Super nurse" behavior - The nurse believes that he or she is immune from fostering a non-therapeutic relationship and that only he or she understands and can meet the client’s needs.
- Single-out client treatment or attention to the nurse - The nurse spends inappropriate amounts of time with a particular client, visits the client when off-duty, or trades assignments to be with the client.

Continued on page 10
of treatment may also be reversed, with the client paying special attention to the nurse, e.g. giving gifts to the nurse.

- Selective communication - The nurse fails to explain actions and aspects of care, reports only some aspects of the client's behavior, or gives "double messages." In the reverse, the client returns repeatedly to the nurse because other staff members are "too busy."

- Flirtations - The nurse communicates in a flirtatious manner, perhaps employing sexual innuendo, off-color jokes or offensive language.

- "You and me against the world" behavior - The nurse views the client in a protective manner, tends not to accept the client as merely a client or sides with the client's position regardless of the situation. • Failure to protect the client - The nurse fails to recognize feelings of sexual attraction to the client, consult with a supervisor or colleague, or transfer care of the client when needed to support boundaries.

What should a nurse do if confronted with possible boundary violations or sexual misconduct? The nurse needs to be prepared to deal with violations by any member of the health care team. Client safety must be the first priority. If a health care provider's behavior is ambiguous, or if the nurse is unsure of how to interpret a situation, the nurse should consult with a trusted supervisor or colleague.

What are some of the nursing practice implications of professional boundaries? Nurses need to practice in a manner consistent with professional standards. Nurses should be knowledgeable regarding professional boundaries, and establish and maintain those boundaries. Nurses should examine any boundary-crossing behavior and seek assistance and counsel from their colleagues and supervisors when crossings occur.

Summary Suspension:
Everything You Hoped You Would Not Need to Know

If the phrase “Summary Suspension” is familiar to you, it may be because you may have run across it perusing the statutory provisions of the Wyoming Statutes or the Administrative Rules and Regulations of the Wyoming State Board of Nursing ("Board's Rules"). Yeah, right. On the other hand, it is more likely that you have heard about it as a form of discipline by an employer or have heard about a co-worker who was summarily suspended from work or a peer review panel, or worse, you have been the subject of a summary suspension from work. A summary suspension in the health care employment context is different than a summary suspension that the Wyoming State Board of Nursing ("Board") might order. It has the same general affect; namely, that you would not be permitted to practice nursing. However, it is different from the employment-related summary suspension in that your license status will not permit you to work anywhere in the State of Wyoming as long as it is in effect.

What is Summary Suspension?

A summary suspension order is an extreme form of action that could be taken by the Board, however, it is a temporary measure. The Board’s authority to order summary suspension was legislatively created and limited to a general category of cases. Wyo. Stat. § 33-21-147 of the Nurses Practice Act ("NPA") authorizes summary suspension and provides as follows:

A proceeding for discipline of a licensee or a temporary permit holder, or action against an applicant for a license or temporary permit, may be commenced when the board has reasonable grounds to believe that a person under the board’s jurisdiction has committed acts in violation of W.S. 33-21-146. No license to practice nursing may be revoked or denied by the board without affording the licensee or applicant due process of law. However, the board may summarily suspend a license and institute proceedings concomitantly if the board finds that the licensee presents a clear and immediate danger to the public health, safety and welfare if allowed to continue to practice.

(Bolded emphasis added) Wyo. Stat. § 16-3-113 (c) of the Wyoming Administrative Procedure Act also provides that “[i]f the agency finds that public health, safety or welfare imperatively requires emergency action, and incorporates a finding to that effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action. *** These proceedings shall be promptly instituted and determined.”

Chapter 8, Section 4(c)(iv) [Disciplinary Committee and Review of the Original Complaint] The Board’s Rules contemplate that this process be commenced by the recommendation of the Disciplinary Committee ("DC") that “the board issue an order summarily suspending a license if the committee finds the licensee presents a clear and immediate danger to the public health, safety and welfare if allowed to continue to practice.” Taken together, the process begins by a complaint made against a nursing professional and the underlying allegations that justify an urgency type of response.

Although Wyo. Stat. §33-21-147 does not appear to require a contested case hearing prior to an order of summary suspension, there is an implication that an opportunity for a contested case hearing must be initiated at least the time a summary suspension is imposed by Board action, or possibly when the DC recommends such Board action under the Board’s Rules. Regardless, the summary suspension proceeding is a contested case hearing under the Wyoming Administrative Procedure Act. Most licensees do not fully appreciate the significance of this opportunity for hearing, however. The hearing is an adversarial proceeding in which the DC will present evidence indicating that there is a substantial likelihood that it will substantially prevail on the merits regarding demonstration of a violation of the NPA and Board’s Rules and why the licensee must not be permitted to practice pending further investigation and ultimate orders of the Board. It is a trial type of hearing in which both parties are entitled to present evidence and cross-examine witnesses.

More to the point, without legal representation, a licensee faced with such a hearing will likely feel overwhelmed. These proceedings are far reaching and are not anything to be taken lightly. Legal representation is strongly encouraged.

What Kinds Of Conduct or Actions Will Prompt Summary Suspension?

There is no easy answer for this question, although if the cases that have come before the Board are any indication, substance abuse/chemical dependency/drug diversion (with or without a corresponding criminal proceeding) types of cases top the list. On the other hand, a male nurse who sexually abused a minor female patient also recently resulted in summary suspension. In these cases, it is not hard to see why summary suspension would be appropriate. Summary suspension is a means for the Board to take appropriate action to protect the public.
A summary suspension in the health care employment context is different than a summary suspension that the Wyoming State Board of Nursing ("Board") might order. It has the same general affect; namely, that you would not be permitted to practice nursing.

because the conduct or action is sufficiently egregious to warrant it.

These are not cases of isolated instances of drug abuse, for example, influenced by subjective prejudices, but ones in which there is evidence-based data that demonstrates escalating addiction behavior that becomes reckless in large measure in the nurse’s actions and potentially dangerous for patients. Ideally, co-workers and supervisors may detect impaired behavior and referral to appropriate treatment, assistance and structure can occur. However, many addicts are not particularly transparent and before long the problem has gotten out of hand or resulted in a tragic event. This represents the types of situations for which summary suspension is best utilized. It is not focused upon rehabilitation of the nurse, but upon protection of the public. When it becomes apparent that the structures in place likely will not prevent potential injurious results on patients and to some extent co-worker functioning, difficult decisions must be made. At the very least, the risk is considered so great to conclude that there is no reasonable alternative but to intervene by summary suspension.

Courts have recognized for example that drug-impaired medical practitioners, as well as the accessibility to controlled substances by medical practitioners, present a clear and obvious danger to the public. Accordingly, although the private interest affected by the challenged action is substantial (medical or nurse license), the state has a paramount interest served by the summary nature of the process. On the other hand, if the evidence does not establish that the nurse was drug-impaired, or was ever accused of being such, or that the general public was under any threat to its health and safety, summary suspension might not have a factual basis for this extreme form of remedy.

To justify summary suspension under Wyo. Stat. §33-21-147, it is important to emphasize that the subject must "present a clear and immediate danger to the public health, safety and welfare if allowed to continue to practice." Wyo. Stat. § 33-21-146(a) sets forth eleven categories as grounds for disciplining licensees, which theoretically could form the basis of a summary suspension. However, given the "urgency" context that appears contemplated by summary suspension, the more obvious grounds would include those in which a licensee is (1) unfit or incompetent to practice nursing by reason of criminal acts or professional negligence, personal habits or other causes such as "physical or mental disability, use of drugs, narcotics, chemicals or any other mind-altering material," (2) suspected to have unauthorized use of a controlled substance; or (3) has knowingly engaged in an act which the licensee knew was beyond the scope of the individual’s nursing practice prior to committing the act, or performed acts without sufficient education, knowledge, or ability to apply nursing principles and skills.” The focus is not so much on the conduct that might justify summary suspension as much as what is reasonably necessary to protect the public.

How Long Does Summary Suspension Last?

As noted above, a summary suspension is not a permanent disciplinary decision. From the legal perspective, it would be a violation of one's due process rights for a summary suspension to be indefinite. From a practical side, it merely functions as a "pause" button to assess what might need to occur before a more informed decision can occur. On the one hand, it prevents the nurse from continuing to practice thereby protecting the public or preventing harm or injury to the public. On the other hand, this pause will also allow the nurse to obtain necessary assistance for treatment or to develop a worksite structure that oversees certain activities to prevent re-occurrence at this level. It is a starting point and could form the basis for an alternative disciplinary sanction recommendation compared to revocation for example. In this way, it becomes a "win-win." Even if there is a disagreement between the nurse and the DC, there will still remain an opportunity for a formal hearing that the full Board decides.

Although a precise period cannot be articulated and will depend on what measures might need to be taken to evaluate and test, it would be fair to say that it will also depend on the nurse him or herself. As with many matters to face the Board or its many committees, there is more to be gained by cooperation and attempting to develop a common objective if possible.
The NCSBN Board of Directors Voted to Raise the Passing Standard for the NCLEX-RN® Examination at its Meeting on Dec. 10, 2009

Chicago—The National Council of State Boards of Nursing, Inc. (NCSBN®) voted on Dec. 10, 2009, to raise the passing standard for the NCLEX-RN® Examination (the National Council Licensure Examination for Registered Nurses). The new passing standard is -0.16 logits on the NCLEX-RN logistic scale, 0.05 logits higher than the previous standard of -0.21. The new passing standard will take effect on April 1, 2010, in conjunction with the 2010 NCLEX-RN® Test Plan.

After consideration of all available information, the NCSBN Board of Directors determined that safe and effective entry-level RN practice requires a greater level of knowledge, skills and abilities than was required in 2007 when NCSBN implemented the current standard. The passing standard was increased in response to changes in U.S. health care delivery and nursing practice that have resulted in the greater acuity of clients seen by entry-level RNs.

The Board of Directors used multiple sources of information to guide its evaluation and discussion regarding the change in passing standard. As part of this process, NCSBN convened an expert panel of nine nurses to perform a criterion-referenced standard setting procedure. The panel’s findings supported the creation of a higher passing standard. NCSBN also considered the results of national surveys of nursing professionals including nursing educators, directors of nursing in acute care settings and administrators of long-term care facilities.

In accordance with a motion adopted by the 1989 NCSBN Delegate Assembly, the NCSBN Board of Directors evaluates the passing standard for the NCLEX-RN examination every three years to protect the public by ensuring minimal competence for entry-level RNs. NCSBN coordinates the passing standard analysis with the three-year cycle of test plan evaluation. This three-year cycle was developed to keep the test plan and passing standard current. A PDF of the 2010 NCLEX-RN® Test Plan is available free of charge from the NCSBN Web site https://www.ncsbn.org/2010_NCLEX_RN_TestPlan.pdf.

WHAT IS THE CONFUSION? I AM A CLINICAL NURSE SPECIALIST!

This article is written in response to requests to clarify the use of the title Clinical Nurse Specialist (CNS). Recently I read an article authored by a nurse identified as a Clinical Nurse Specialist (CNS) but whose credentials did not specify a CNS certification. This title is often used as a job title without requiring advanced practice recognition. However, within the Wyoming Nurse Practice Act (NPA) and Administrative Rules and Regulations, the title CNS is associated with an advanced practice registered nursing (APRN) role for which a masters degree and national certification are required. The confusion that this situation creates is not limited to the state of Wyoming.

There is no national consensus on whether or not the title of Clinical Nurse Specialist should be protected. The problem is that there aren’t national examinations for clinical nurse specialists in every specialty, and a number of states have worded the requirements to specify recognition only if you have passed national CNS exam in your specialty (such as pediatrics or cardiovascular). Unfortunately due to the historical evolution of the advance practice nurse professional certification and legal credentialing have become confused and misunderstood as equivalent and they are not. According to Hudspeth (2009), three different philosophies impacted the education, practice and regulation of CNSs during the 1990s:

1) The CNS would continue the status quo and practice within nursing’s autonomous domain under the RN standards of practice but be granted title protection in the NPA;
2) The CNS would be separate from the RN, practice under an APRN standard of practice and be subject to taking a certification or an additional licensing examination and receive a CNS license in addition to the RN license; or
3) The roles of CNS and nurse practitioner (NP) would be blended into 1 role, be educated in the same programs and carry the same legal recognition (Hudspeth, 2009, pg271).

The National Council of State Boards of Nursing (NCSBN) developed a new APRN Consensus Model addressing distinctions between the educational preparation for the CNS role and the Nurse Practitioner role. (For more information, read Dr. Mary Burman’s description of the model in the Winter 2009 issue of the Wyoming Nurse Reporter.) The proposed revisions in Chapter 4 of the Wyoming Administrative Rules and Regulations create consistency between Wyoming Rules and the Consensus Model.

Not every Masters prepared nurse is considered an advanced practice nurse. Graduate degrees in informatics, public health, education, and administration are respected fields and add immeasurably to the development of health delivery but these do not focus directly on patient care and therefore do not match the definition of an Advanced Practice Nurse.

Curricula of graduate programs supporting the APRN distinction contain separate comprehensive graduate courses on advanced pathophysiology, advanced pharmacology, and advanced physical assessment.

In Wyoming, the title Advanced Practice Registered Nurse and the use of APRN is legally Continued on next page
Empowering the LPN: The Practical Nurse Practice Council
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Alexis K. Weber, RN UPMC Mercy
Alexis K. Weber, RN: MSN is currently the Director, Schools of Nursing at UPMC St. Margaret, Practical Nursing Program and Mercy Hospital School of Nursing at UPMC Mercy. Having worked as an LPN from 1969-1971, she has remained a strong advocate for practical nursing education. She currently still serves as a member of the LPN practice Council at UPMC St. Margaret.

ABSTRACT Empowering the licensed practical nurse in an acute care setting presents a challenging opportunity that is necessary to assure that the practical nurse becomes a fully integrated member of the health care team. The Practical Nurse Practice Council (PNPC) holds the key to empowering the practical nurse, not only in long term care, but also in the acute care setting.

REVIEW OF THE LITERATURE Practice councils are not a new concept in nursing as evidenced by the increased interest in the shared governance concept of nursing management resulting in professional control over practice issues (Kramer, 2003). However, the literature review reveals that practice councils are developed for the registered nurse, not the practical nurse. There was no referencing for practical nurse practice councils as defined by the mission and goals of the council developed at UPMC St. Margaret.

Background
UPMC St. Margaret, an advanced community/teaching hospital, has long hired licensed practical nurses as well as all entry level registered nurses to meet the health needs of its patients. This blend of nurses on the health care team has resulted in provision of quality, cost effective patient care. The need for a venue for LPN empowerment, coupled with the development of its own practical nursing school in 2003, provided an impetus for discussions to unfold regarding the creation of a practice council specific for licenses practical nurses.

Planning for the Practice Council
Initially, the Practical Nursing Practice Council (PNPC) was a small ember burning and awaiting a spark that would ignite the hearts and spirits of the Licensed Practice Nurse at UPMC St. Margaret. The Professional Nurse Practice Council (PNPC) was very active with strong attendance and strategies were explored among the Chief Nursing Officer/Vice President for Patient Care Services, the Director of Nursing and the Director of the School of Practical Nursing to enrich and enliven the practical nursing practice council. Ideas discussed included scheduling of the meeting, finding time in a nursing day for the LPN to leave the patient care unit for a meeting, and fueling the fires for change to occur in the beliefs and values of the LPN. The challenges appeared to be great.

A short questionnaire was sent to the forty-two (42) licensed practical nurses at UPMC St. Margaret. A return rate of 28% was obtained. Basic questions were asked of all licensed practical nurses working at UPMC St. Margaret, including ascertaining interest, scheduling, the length of time for the meeting and focus issues for discussion. The modest response rate was an initial concern, but plans continued for the first meeting with the underlying belief that the LPN would come to highly value the practice council.

Initial leadership for this council was

References
shared between the Director of the School of Practical Nursing and two unit managers for a strong blending of education and practice and to provide a liaison between the professional practice councils. Also joining the practice council was a member of the hospital education department and an LPN representative from each nursing unit.

Practice Council Meetings

The first meeting was held on June 20, 2006 and was attended by four (4) LPNs and two (2) practice partners. While small in number, the work began with establishing the mission statement and goals. Numerous opportunities for discussion, questions and input were provided and encouraged. This small group had taken the time out from busy nursing units to “see what this council was about” and one specific goal was to provide an inclusive council to insure continued attendance. It was essential for each person to believe this council was “for them and about them.” It took three (3) meetings for the mission and goals to unfold, but the process was enlightening. (see mission statement, display 1 and goals, display 2) With each subsequent meeting, attendance increased, a fire of empowerment was ignited, and the council reflected positivism and a commitment to the role of the practical nurse as a valued member of the health care team.

Meetings were held on a monthly basis and the agenda was prepared by the chairperson with input from nursing leadership, nursing education and the practice council membership.

One of the first major agenda items to be undertaken was the standardization of the scope of practice of the OPN at UPMC St. Margaret. This proved to be a large undertaking lasting nine (9) months but was well worth the effort as all members of the health care team were provided with a guideline for LPN practice.

Other agenda items have included short educational programs on such topics as: obtaining certification, discussion of evidenced-based practice articles, and updates from the Pennsylvania State Board of Nursing. There has been lively discussion related to practice issues and concerns regarding patient care and improving communication among all members of the health care team.

Members are appointed by the unit director from each clinical area and service on the council for one year with many members already requesting an additional term.

The Future

In the third year of the practice council, there are changes unfolding for the Licensed Practical Nurse at UPMC St. Margaret. There is a collective pride that is emerging. Council members have started communication boards on nursing units, sharing the information provided and the outcomes of the labor of this amazing group of nurses. The Licensed Practical Nurses believe they have specific practice issues regarding patient care for discussion and there is energy that they as practical nurses are making a difference.

During several initial council meetings, discussion surfaced about practice issues that impact patient care, and to enhance the professional development of the practical nurse. This provided opportunity to discuss practice issues and to contribute to quality patient care. It is an incredible journey that all nursing administrators should explore with licensed practical nurses. There is much to be experienced and shared in nursing when we journal together and co-create new practice partnerships.

GOALS

1. Provide a forum to generate and discuss issues that impact patient care.
2. Discuss and recommend alternative solutions for improving patient care in conjunction with nursing leadership.
3. Enhance the professional development of the practical nurse.
4. Envision strategies for strengthening and enlivening the work environment of the clinical staff.
5. Co-create a communication mechanism for all licensed practical nurses.

BREAST HEALTH NAVIGATION

Breast health is an important part of every woman’s life. All breast health issues, including cancer, need timely diagnosis and treatment. The role of the Breast Health Navigator serves as a point of contact to help “navigate” the health care system, help patients understand their diagnosis, provide educational materials and community resources, and most importantly provide support. The navigator collaborates with medical providers, dietitians, counselors, and community base resources to ensure patient-focused breast care. Dani Best, RN Breast Health Navigator, will work with women of all backgrounds concerning an abnormal mammogram, benign condition or a diagnosis of cancer. Dani is available in person, by phone, or by email offering a familiar face to meet the patient/family identified needs.

Dani Best RN, BSN, OCN
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Registered Nurse – OB/L&D
Platte County Memorial Hospital, Wheatland

RN Coordinator (LTC)
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ANA launched the first American Nurses Advocacy Institute (ANAI) October 25th through 27th 2009 in Washington, DC, a program designed to increase the political competence of nurses, thus promoting stronger advocacy on nursing related issues at the state and federal levels. The three day event, culminating in visits with members of Congress, is the beginning of a year-long mentored journey. Endorsed by their Constituent Member Association (CMA), twenty five ANAI Fellows have returned to work with their association to advance a policy issue within the state. Highlights during the program included the keynote address from Minnesota Representative Erin Murphy RN when she related her experience with policy change while serving in varying roles. Attendees also benefited from an interactive session on message development and dealing with media interviews. A session on the political realities of enacting law, aptly named, “How a bill doesn’t become a law”, was another favorite session. Several participants indicated the program exceeded their expectations. Ongoing communication, including regularly scheduled calls between Fellows, ANA staff and mentors will round out the experience.


Toni Decklever, MA, RN - WNA Lobbyist was the representative for Wyoming. The research project that was chosen for the state is in the area of Safe Patient Handling. Mary Behrens, FNP was chosen as one of the mentors for several of the nurses that participated.

The 2nd annual ANAI is in the planning stages and will take place sometime in the fall of 2010 in Washington, D.C.

### AMERICAN NURSES ASSOCIATION

**American Nurses Advocacy Institute (ANAI)**

**Intent and Vision**

The American Nurses Association (ANA) is interested in expanding the grassroots capacity for the nursing profession and health care through creation of the American Nurses Advocacy Institute (ANAI). With healthcare and system reform as the primary focus of many federal and state legislative and regulatory initiatives, ANA believes it is critical to create a larger pool of nurses educated on the issues in order to contribute to the public policy decision making process. The intent of the Institute is to create increased visibility from a well - prepared and connected cadre of registered nurses equipped to influence health policy at the local, state, and national levels. Institute Fellows will be viewed as a political action / advocacy leader for the ANA constituent member association (CMA). In this capacity, the Fellow will provide counsel to the CMA board, government affairs / legislative committee and volunteers related to establishing legislative / regulatory priorities, recommended strategies and assist in drafting a plan for execution of the advancement of a policy issue, while educating members about the political realities.

**Background**

A number of policy - political training programs in the metropolitan DC area deliver sessions on building advocacy skills and host renowned guest speakers from the field in which the scope of information and associated cost varies. One popular advocacy workshop specifically designed for nurses is comprised of a two and one half day learning experience with sessions delivered classroom style. Participants describe leaving energized, but without a way to utilize their newly acquired knowledge.

ANA envisions a different approach to growing its’ grassroots influence. As part of a federated model with a direct connection to state nurses associations – CMAs, participants for the Institute will be selected by their CMA with the intent of participants returning to the state to support CMA initiatives at the state and local levels. This approach eliminates the gap between the education and application of knowledge and skills. Preference will also be given to those individuals who have been part of ANA’s Nurses Strategic Action Team (N-STAT) and/or Nurses Political Action Leaders (N-PAL) program(s). N-STAT and N-PALs are ANA’s current method for engaging nurses in activism with members of Congress through letter writing and similar activities at the federal level, but without any training. Another unique feature of the ANAI compared to other training programs is that ANA will maintain a presence following the Institute, supporting Fellows with assigned mentors, routine conference calls and materials and resources to support their work.

The Institute resulted from an ANA survey in which CMA respondents expressed great interest in a venture of this kind. Subsequently, a steering committee of ANA members was convened in October, 2006 and again in 2008 to affirm the vision and describe potential structure and strategies. ANA is interested in delivering the first advocacy institute in fall of 2009 in the metro DC area with enrollment targeted at 20 - 25 RNs, and using an environmental health issue to model policy development and advocacy skill building.

**American Nurses Association**

**American Nurses Advocacy Institute (ANAI)**

**Program Goals**

Through a combination of interactive learning strategies, the two and one half day Institute and follow up support is designed to:

- Introduce the relationship between the advocacy process and policy change.
- Identify criteria and methods for conducting a political environmental scan.
- Describe effective strategies for creating and sustaining policy change.
- Build stronger communications skills: message development for working more effectively with legislators, regulators and the media.
- Explore networking and coalition building for effective advocacy.
- Establish an advocacy implementation plan and nurture critical links between the program participant and major stakeholders.
- Prepare graduates to serve as mentors to future Institute participants.
Pediatric Nursing Experts Partner to Strengthen Health Care and the Profession at the first Pediatric Nursing Invitational Forum – November 11-12, 2009

PNCB hosts historic forum to address issues facing children, adolescents and their families

GAITHERSBURG, MD (March 29, 2010) – Over the course of two days, more than thirty nursing leaders from seventeen nursing organizations and health care facilities brought their best thinking to bear on issues of importance to children’s health care and the future of pediatric nursing. At the historic Pediatric Nursing Invitational Forum hosted by the Pediatric Nursing Certification Board, Inc. (PNCB), participants agreed to work together towards a national purpose — to strengthen and secure the well-being and welfare of children and their families through the contributions of pediatric nursing. This coalition of organizations — the new Pediatric Nursing Alliance (PNA) — will launch a national awareness campaign highlighting strategic solutions to address the following five critical areas that currently impact quality care to children and their families:

- Access to Care
- Advocacy for Children’s Health
- Care Coordination
- Education for Pediatric Nurses
- Quality, Safety, and Evidence-based Nursing Practice

"The collaboration and consensus reached during this summit heralds the beginning of a sea change in securing child health through collaboration and pediatric nursing contributions," added Forum facilitator Nancy Dickenson-Hazard MSN, CPNP, FAAN. "Pediatric nurses are the defining element of any health care environment serving children. As expert knowledgeable providers, pediatric nurses lead and contribute daily through their intellectual prowess and competency skill sets to securing children’s health, one child and family at a time. They are at the front line of care and work tirelessly to improve children's health, systems, and communities."

More
Pediatric Nursing Experts Partner to Strengthen Health Care and the Profession at the first Pediatric Nursing Invitational Forum – November 11-12 2009

*Securing the Future of Children's Health,* a comprehensive white paper on the actions, recommendations, and next steps developed at the Forum, is now available at [www.pedsalliance.org](http://www.pedsalliance.org). Extensive videos are also available that profile this special event.

In the coming months, a special leadership advisory team of pediatric nursing leaders will facilitate the work of the PNA creating a united pediatric nursing voice to address critical issues to strengthen health care to children and their families. Work will continue throughout the year in preparation for a November 2010 Forum.

Visit [www.pedsalliance.org](http://www.pedsalliance.org) to learn more about this landmark event and the PNA’s efforts to bring about real change to make a difference for children and families throughout the country.

###

*The mission of the Pediatric Nursing Alliance is to create a healthy future for our nation through a unified network of pediatric nursing professionals working through education, research, and practice to secure child and youth well-being. For more information about PNA, visit [www.pedsalliance.org](http://www.pedsalliance.org).*

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Getting to Know Wyoming Nurses

Meet Annette P. Eastman, a Registered Nurse, employed by Teton County School District #1. She works as the nurse at Jackson Hole High School, Summit HS, Moran Elementary and Kelly Elementary schools. She teaches the C.N.A. program at Jackson Hole High School.

1. Tell us about your job as a school nurse and teaching in the CNA program.

I started working for the school district in August 2008. I love my job because it allows me to work with young adults on a daily basis. Teaching the C.N.A. program has allowed me to stay connected to the “hospital side” of nursing. I get to spend 36 hrs of clinical time in the hospital instructing these young adults in how to deliver excellent patient care. The course involves 34 hours of skills laboratory practice at the local hospital and 30 hours of theory. I started teaching the course in January 2009. So far, 8 of my students have received their Wyoming C.N.A. licenses! One of my senior students has worked every Saturday or Sunday night at the hospital instructing these young adults in how to deliver excellent patient care.

2. You went to nursing school abroad, tell us about your nursing journey....

My personal story is all about the journey. I am an advocate for excellent patient care. I feel strongly about teaching this generation how to provide excellent care to patients and I especially feel passionate about integrity and how we all need to do the right thing when no one is watching!!

3. Tell us about your family and how they have been a part of your nursing career.

My first degree was in Psychiatric nursing. I worked and studied in a training hospital in London. I received my RN degree and the equivalent to an American Associate degree. The European “hospital degree” is the equivalent to an American Associate degree. We spent approximately 3 months studying in the classroom, followed by approximately 3 months working in the clinical setting. It was a great way to gain experience and get paid as well! By the time we were third year students we were given the responsibility of managing the nursing unit we were working on! This helped us gain confidence in our ability to work with the entire multidisciplinary team.

My first degree was in Psychiatric nursing. I did not get into General nursing which was my first choice and I was disappointed. I never gave up on my dream and after 4 years of studying and working hard I passed my psychiatric nursing exam and immediately started applying for my general nursing degree (RN). There were no openings in any of the Irish hospital at the time but I did not let that stop me! I started to apply to nursing schools in London, England and within 4 months I had secured a position at The West Middlesex University Hospital in London. I studied there for 2 years and gained invaluable experience. I received my RN degree and was ready for my next adventure!!

New York City......... But in order to work in a US hospital I had to pass 2 major exams, one on English language and the other in Nursing. I also had to obtain a green card and pass the New York state board exam. I was successful in all of these challenges and was hired to work at one of the biggest cancer centers in the world: Memorial Sloan Kettering. I felt as if I had reached the pinnacle of my career. This was by far the most wonderful and rewarding experience of my 31 year nursing career! I believe that because of my work ethic, my empathy for others and my ability to stay focused on my goals I became an excellent care giver. My journey may seem like a long one, but it has been a very gratifying one. I tell my students that they must always embrace every opportunity to learn and experience life lessons. Yes, there will be obstacles but one should never give up..........stay positive and remember to always engage your ability to reach out to others.

I have enjoyed a long and varied nursing career and I find because of the many different areas that I have worked (psychiatric nursing, oncology, gerontology, nurse management) my love of nursing has never become jaded and I have never experienced “burn out”. I am looking forward to working with nursing students for many years to come.

Patti Gardner, MSN, CNM, PMHNP-BC is Assistant Editor for the Wyoming Nurse Reporter.
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Nurses bring medical training to a country that has suffered

Mary Behrens has traveled 8,190 miles from her home in Casper for this moment. In a classroom in Vietnam, she is showing an advanced degree nursing student exactly how to tap on a patient’s back to discover pneumonia. This is an important lesson for a Vietnamese nurse, who may not have access to laboratories, x-rays or many of the basic tests nurses in the U.S. use every day. Behrens and Sandy Conklin of Casper traveled to Vietnam in November to offer an intensive course in Physical Assessment to students in the only nursing master’s program in that country, through the organization Friendship Bridge. They donated their time and paid their own expenses to work with students for eight hours a day, teaching them the physical examination skills that are sometimes all they have to diagnose an illness, said Conklin. One reason these nursing classes are so important, Behrens said, is because the nurse is often the only medical help available in rural areas of the country.

Hungry to learn

Conklin is the director of nursing services at the Wyoming Medical Center, and taught at Yale School of Nursing for 14 years, before moving to Casper. This small group of Vietnamese students from all over the country was learning in English, their second language, but Conklin said that they performed as well as her Yale students. And their dedication was obvious. They hung around after class for hours, said Conklin. They wanted to make sure they knew everything we expected. Behrens was amazed on her first trip at how hungry they were to learn. They really worked hard.

For Conklin, this opportunity to take her vacation time and pay the expenses of an international trip to teach is what nursing is all about. I think it’s important work, she said, And I think those who have should give to those who have not.

This was the sixth trip to teach in Vietnam for Behrens, a family nurse practitioner who is active in the American Nurses Association as a former first vice president and current president of the ANA PAC. In 1995, when Friendship Bridge was setting up the program, Behrens was invited to teach the first class in Physical Assessment. She had been teaching

Continued on next page
at the University of Wisconsin in 1967 when her husband, Jerry went to Vietnam as a battalion surgeon for the Marines. The war affected both of us greatly, she said, and I thought that the opportunity to go and help nurses in a country that had suffered a great deal would be something I would like to do. I didn’t have to think twice about it.

**Things have changed**

It was a different scene in 1995 than it is now. The English spoken by the students 14 years ago was minimal, Behrens said, so an interpreter had to translate almost sentence by sentence. They worked in a hot classroom with narrow wood tables in the humid, 95-degree Vietnam weather. They set up a few fans, but electricity only worked sometimes. Behrens had loaded her suitcase on the trip with nursing textbooks, which the students treasured. They had nothing, but I was so struck by their ingenuity and interest, said Behrens.

The U.S. didn’t have diplomatic relations with Vietnam (in 1995), and we had to get our visas through Canada, Behrens said. And when they began teaching advanced skills to the nursing students, some of the doctors were skeptical. At that time the Vietnamese word for nurse meant doctor’s helper, and the typical pay was 90 cents a day. Through the efforts of the active Vietnamese nursing association, nurses are now called professional nurses. And they make enough money that one of Behrens’ first students from 1995 insisted this time on hosting her at one of the city’s best restaurants.

Now the students have studied English for years when they come to the master’s degree class. Each has a computer and a cell phone, and they are studying to become leaders in their country.

Among former students are the current director of the nursing school and nursing directors at hospitals throughout Vietnam. Tran Thi Lieu is a current master’s student who has managed a women’s clinic in Long An Province for 24 years. She made the commitment to the master’s program despite an already packed schedule and a family back in her province because she believes she could learn from the foreign teachers and become more professional in many areas. One of the two men in the class, Mai Phuong, hopes to improve his professional prospects for the sake of his two daughters. He wants to improve his English and become of teacher of nursing.

**A universal language**

Conklin was teaching about listening to the heart on her second day of class. It’s a universal language; it sounds like lub dub, she told the students. Then it was their turn to listen to each other’s hearts. This is another change, according to Behrens. The original students 14 years ago were accustomed to sitting in large lectures, not to learning in a hands on way.

Conklin is the second Casper nurse to make the trip to teach at the University of Medicine and Pharmacy in Ho Chi Minh City. Her supervisors at the Wyoming Medical Center wanted her to go, she says, as part of the hospital’s outreach effort.

Though she has traveled abroad before, Conklin was surprised at some of the infrastructure problems in Vietnam. She was equally surprised at how welcoming the people were. I felt very safe on my own, and the people in the hotel were very attentive, she said, adding that when she needed an adapter for her computer, a hotel employee went out and bought me one.

Conklin struck up some friendships in the class, eating lunch each day with the students and feeling touched when they presented her with a framed piece of artwork on her last day with them. I’ve probably never met a more caring group of people, said Behrens.

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April 16, 2010

Mary Kay Goetter
Wyoming State Board of Nursing
1810 Pioneer Avenue
Cheyenne, WY 82002

Re: Bill Signing

Dear Mary Kay:

I’m a little slow, but I wanted to get these photos to you so that you could hand them out to everyone who attended the bill signing. Thanks again for your help in keeping the bill moving. It’s helpful for those of us in the Legislature to hear from those of you on the front-lines as we try to craft practical solutions to the issues that face us. I hope and trust that the changes in your authority will help you to be more effective in your job and better able to protect patients in Wyoming and beyond.

Sincerely yours,

[Signature]
Representative Tim Stadler
House District 56
QUESTION: I want to bring to your attention a practice that has been carried out in our hospital. The Nursing department has been allowing master’s prepared RNs to call themselves Advanced Practice Registered Nurse (APRN) despite not holding APRN recognition in the State of Wyoming and not having passed a national certification exam. I am aware of one specific nurse who even has this on her name badge. She admitted to me that she did not have APRN recognition and that she had not taken her Clinical Nurse Specialist (CNS) certification exam yet. I also hold my CNS certification but have not applied for APRN recognition. Is it true that as long as the hospital recognizes one as an APRN, there is no problem with her referring to herself as the hospital recognizes one as an APRN, there is no problem with her referring to herself as an APRN? I am concerned that these types of practices are false representation to patients.

ANSWER: The title Advanced Practice Registered Nurse (APRN) is protected by the Nurse Practice Act 33-21-134.

(b) Any person who holds a license to practice as an advanced practice registered nurse in this state shall have the right to use the title “Advanced Practice Registered Nurse” and the abbreviation “A.P.R.N.” No other person shall assume this title or use this abbreviation or any words, letters, signs or devices to indicate that the person using same is an advance practice registered nurse.

Therefore, it is inappropriate for an individual or an agency to use this title to describe a person has not been granted APRN recognition by the Wyoming State Board of Nursing (WSBN).

QUESTION: I have a question about extending title protection for Advanced Practice Registered Nurses (APRNs) to Role Descriptions. Section 33-21-134 of the Nurse Practice Act details the title protections of Registered Nurses and Advanced Practice Registered Nurses in the State of Wyoming. My concerns lie specifically with sub-section (b) as it addresses the advanced practice title protections.

The development of advanced practice nursing roles across the nation and within our state demand that the Wyoming Board of Nursing (WBON) address and regulate their practice both for the safety of the public and to provide guidance to those practitioners to define their scope of practice. Within the dimensions of Advanced Practice Nursing there have developed four distinct roles which are specific to and defined by the Advanced Practice title. Nurses who attain Advanced Practice status (as defined elsewhere in the Nurse Practice Act) do so in one of these four roles: Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Certified Registered Nurse Anesthetist (CRNA), and Certified Nurse Midwife (CNM). These role names are specific to and identifiable with the attainment of Advanced Practice Registered Nurse status. However, the titling protection described in the Nurse Practice Act does not extend to these role titles.

WBON already recognizes the relationship between being an Advanced Practice Registered Nurse (APRN) and the specific role each one assumes in its current licensing process. Upon confirmation of credentials and status the WBON issues a license card identifying the individual not only as an Advanced Practice Registered Nurse but the card also specifies one of the four roles in which the applicant was certified and will practice. This dual title identification demonstrates how the two are linked even in the licensing process.

Nurses who attain an advanced practice distinction are significantly more prone to identify themselves by their specific role (NP, CRNA,CNM, CNS) than by the general term of Advanced Practice Registered Nurse. There are several reasons for this. First, it is more readily identifiable to the public. Almost everyone is aware of the term Nurse Practitioner. It is a recognized and respected title which is specific to the APRN license and deserves to be protected from misuse. The same can be said of a Nurse Anesthetist or a Nurse Midwife. They are names singularly identified as practitioners who have attained advanced practice status in a specific role which the public recognizes. While the Clinical Nurse Specialist is less recognized as a distinct role by the public it is professionally recognized and the name should no less be directly identified as belonging to an advanced practitioner.

Secondly, whether cardiologist, urologist, internist, pulmonologist, etc., all physicians can be called Doctor. Nurses do not have a single title like the medical model. They are more likely to be addressed by their first name by patients. The specific differences identified by the four advanced practice role names not only help define the practitioner but their practice. (Jim is my NP..... Mary is my Nurse Midwife, Beth is a nurse anesthetist, Bill is a CNS). It should also be noted that these role abbreviations (NP, CRNA, CNM, CNS) are as likely to be used in signatures in medical records as is APRN. These abbreviations deserve professional title protection just as APRN is given in the current document. Consideration should also be given to certain variations granted by the National Certifying Boards. Family Nurse Practitioner (FNP), Acute Care/Adult Nurse Practitioner (ACNP), Pediatric Nurse Practitioner (PNP), Psychiatric Mental Health Nurse Practitioner (PMHNP) are all recognized as specific roles within the Advanced Practice Nurse role titles. However, specifying Nurse Practitioner (NP) in the statute should cover the role variations based on population served.

Third, the Nurse Practice Act makes note of these role title distinctions in Chapter 4, Section 9. Role and Population Focus Title. Role and population foci of advanced practice registered nursing shall be declared, and the role and population foci to be utilized shall be the title(s) granted by nationally recognized professional organization(s) and/or accrediting agency(ies) or the title(s) of the role and population foci of
nursing practice in which the advanced practice registered nurse has received postgraduate education preparation. 4-7

In order to practice in one of the four roles and in a defined population, the advanced practice registered nurse must be recognized by the board in that particular role with a population focus of advanced practice nursing practice.

The State has an interest in providing broader title protection to such practitioners. It serves to help the public identify those who are licensed to provide advanced healthcare services. Specific advanced practice titles provide information about the practitioner. Title protection also distinguishes those who have attained licensure in these roles.

I believe such title protection can be accomplished with very little additional language in the statute and without becoming overly complicated. In part (b) of Section 33-21-134 of the Nurse Practice Act directly after the first sentence...shall have the right to use the title "Advance Practice Registered Nurse" and the abbreviation "A.P.R.N." .... the following sentence could be inserted:

"In addition, the titles of Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, and Certified Nurse Midwife and their associated abbreviations (NP, CNS, CRNA, CNM) shall be specifically reserved and title protected for those who have achieved Advanced Practice Registered Nurse status in those specific roles."

The last sentence of this section can be altered then to say "No other person shall assume th(ese) title(s) or use th(ese) abbreviation(s) ....."

Accordingly, it appears that no change would be needed under section 33-21-145. Violations; penalties. As it is worded now no person shall use any words, titles, or abbreviations to imply they are an advanced practice registered nurse. It would appear that words, titles, and abbreviations would cover the additions made to section 33-21-123.

I would ask that the Board seriously consider submitting these changes to the legislature. Title protection is a serious consideration for Advanced Practice Registered Nurses which doesn’t come up very often in the legislative process. I may be mistaken but it seems that this issue could be resolved easily with the addition of selective wording. I can only hope that is the case.

Todd Berger MSN, RN, APRN, ACNP-BC, ACNS-BC, RN-BC,APRN Advisory Committee - CNS representative

QUESTION: Why does the WSBN report discipline in the Wyoming Nurse Reporter and to the National Practitioner’s Data Bank?

ANSWER: The Wyoming State Board of Nursing (“WSBN”) has authority pursuant to the Nurse Practice Act, WYO. STAT. § 33-21-122(c)(ix) to “Participate in ... organizations that develop and regulate the national nursing licensure examinations and exclusively promote the improvement of the uniform and reasonable standards for the practice of nursing for protection of the public health, safety and welfare.” One such organization is NURSYS, which is associated with the National Council of State Boards of Nursing, Inc. The adverse licensure actions that the WSBN reports to NURSYS are included in the Wyoming Nurse Reporter and represents one method to alert the public regarding such actions.

There also is a reporting requirement imposed upon entities, such as the WSBN, by federal law. Specifically, the National Practitioners’ Data Bank (“NPDB”) was created by the Health Care Quality Improvement Act of 1986, [42 U.S.C. § 11101 et seq.]. The Health Care Quality Improvement Act, otherwise known as “HCQIA,” requires state medical boards, nursing boards and the like, to report to the Secretary of Health and Human Services any time sanctions are imposed, or certain professional peer-review actions are taken, against physicians, nurses or certain other licensed health-care practitioners [42 U.S.C. §§ 11132-11137]. The Health Care Integrity and Accountability Act of 1996 (“HIPAA”), which requires state medical boards and nurse licensing boards, among other entities, to report to the Secretary any final adverse actions taken against a health-care practitioner [42 U.S.C. § 1320a-7e]. This section further defines “Final adverse action” to include the following:

(i) Civil judgments against a health care provider, supplier, or practitioner in Federal or State court related to the delivery of a health care item or service.
(ii) Federal or State criminal convictions related to the delivery of a health care item or service.
(iii) Actions by Federal or State agencies responsible for the licensing and certification of health care providers ... and licensed health care practitioners, including--

(1) formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure or probation,
(2) any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or (III) any other negative action or finding by such Federal or State agency that is publicly available information [42 U.S.C. § 1320a-7e(g)(1)(A)]. (Emphasis added)

NPDB and HIPDB work hand in hand to provide a database for authorized entities to be notified or research health-care practitioners who have been the subject of a “final adverse action” with respect to licensure, including discipline against a license. In addition to fulfilling its legal obligation to report final adverse actions taken against a licensee or certificate holder, the WSBN is fulfilling its role to act in the best interest of and to protect the public.

QUESTION: Can a CNA supervise other CNAs in the workplace?

ANSWER: Thank you for contacting the Wyoming State Board of Nursing with questions about CNAs supervising the work of other CNAs. There are several appropriate rules that apply to this situation and this practice is inappropriate according to the Nurse Practice Act (NPA).

1. According to the NPA, the performance of nursing related tasks and services must be delegated by a licensed nurse: 33-21-120 Definitions (a)(xii) “Practice of a certified nursing assistant/nurse aide” means, regardless of title or care setting, the performance of nursing related tasks and services delegated by a licensed nurse.

2. Chapter 7 Section 7. Basic Nursing Functions, Tasks, and Skills that may be Delegated. (a) A certified nursing assistant, regardless of title or care setting shall be under the direction of a licensed nurse;

3. Chapter 9 Section 2 (b) “Delegation” is transferring to a competent individual the authority to perform a specific nursing task in a selected situation. The nurse retains the responsibility and the accountability for the delegated tasks.

4. Chapter 9 Section 5 (e) (i) When delegating a nursing task, the delegator shall:
(F) Provide appropriate direction or supervision;
(G) Remain accountable for the delegated tasks;
(H) Evaluate client outcomes and make adjustments accordingly; and
(I) Make clear to the nursing assistant that the delegated task cannot be re-delegated. Section 5 in Chapter 9 is especially relevant since the nurse is responsible for evaluating

Continued on page 26

Wyoming Nurse Reporter 25
client outcomes and making adjustments accordingly. Therefore, the nurse must evaluate the care provided by the CNA. It follows, then, that the nurse be responsible for the CNA’s performance appraisal.

So in summary, regardless of working title, CNA’s are not allowed to supervise as is the role of a licensed nurse; and that a nursing assistant who has been delegated a task by a licensed nurse cannot re-delegate that task.

**QUESTION:** I have an LPN that is working for us that does not have IV certification, but will graduate this May with her RN. Can she start IV’s with her GN until she has passed her boards or do we need to keep treating her as an LPN without the ability to start IV’s?

**ANSWER:** Thank you for contacting us with your question about LPN scope of practice. Your employee who is an LPN is held to the scope of LPN practice until she has applied for and received her Graduate Nurse permit from the WSN. When she is practicing as a student in her RN education program, under the auspices of that program, with her instructor, she practices in the scope of a student nurse in a pre-RN licensure program. She may NOT intermix those roles. She may NOT perform IV therapy that is outside her LPN scope.

Your question highlights a common misconception: that somehow simply being a student in a program that is preparing the individual for a higher level of practice qualifies that individual to implement that education in practice at the lower level of licensure. You and your employees are encouraged to review the Nurse Practice Act and Administrative Rules & Regulations, located at our website https://nursing.state.wy.us.

**QUESTION:** I am requesting information on how the Uniform Commercial Code relates to the State of Wyoming’s Nurse Practice Act. It is our understanding that nurses who are transiting through the state of Wyoming are allowed to care for patients for 72 hours. Does the Wyoming State Board agree with this statement?

**ANSWER:** Thank you for contacting the Wyoming State Board of Nursing with questions about nurses who are “transiting through the state of Wyoming.” The law that provides an exemption is held in the Nurse Practice Act 33-21-154: 33-21-154 Exemptions.

(a) No provisions in this act [§§ 33-21-119 through 33-21-156] prohibit:  
(vi) The practice of any currently registered nurse, licensed practical nurse or advanced practice registered nurse of another state who is employed by an individual, agency or corporation located in another state and whose employment responsibilities include transporting patients into, out of, or through this state. The exemptions shall be limited to a period of not to exceed forty-eight (48) hours for each transport:

- If the nurse is providing care for any other purpose than for transport, the nurse must be licensed in the state of Wyoming. If you have further questions please contact Mary Kay Goetter, WSBN Executive Director (307-771-6121).

**QUESTION:** I am an LPN with IV certification at a clinic and I was told that I would be orienting an MA to the clinic and blood draws. Shortly after I was told this I found out that this person is a CNA. When I questioned my supervisor I was told that the CNA would be “made into a MA before I start orientating her”. It is my understanding that one of the MAs that I currently work with was a CNA and the providers signed off on her and somehow she is magically an MA. I am looking for some guidance please advise.

**ANSWER:** Thank you for contacting WSBN with a question about delegating to an MA or CNA. Under the Nurse Practice Act (NPA) and Chapter 9 of the Administrative Rules and Regulations, as a licensed nurse, you may delegate to a CNA (and ONLY to a CNA). Using the decision tree (please see your past issues of the Wyoming Nurse Reporter or our website http://nursing.wyo.gov for explicit explanations and demonstrations of the decision tree) and the guidance in Chapter 9, you certainly could decide to delegate blood draws to a CNA, as well as provide the necessary training.

However, Medical Assistants are unlicensed (which means they are unregulated). Only a physician, under his or her medical license, may delegate to an MA, and that includes ALL TRAINING OF MAs. You are correct that it would be violation of the NPA for you to delegate, direct or train MAs as they are not included in our practice act. Therefore, you have no legal or regulatory authority to do so.

I wish you success in your quest to preserve safe patient care at all levels and encourage you to discuss this with your employer. Please feel free to contact us again with any questions, and be sure to check the website and read your WNR for valuable information to safeguard your nursing license.
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REMINDER

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Wyoming State Board of Nursing Con ducts Audit of Continuing Education

The Wyoming State Board of Nursing (WSBN), in fulfilling the mission to “serve and safeguard the people of Wyoming through the regulation of nursing education and practice”, is responsible for ensuring that licensees and certificate holders maintain continued competence. This responsibility was reinforced when the National Council of State Boards of Nursing (NCSBN) adopted a Guiding Principle related to continued competence (2007). In 2009, the NCSBN Continued Competence Committee and the NCSBN Board of Directors defined continued competence in this way:

1. The individual nurse in collaboration with employers and the nursing profession has the responsibility to demonstrate continued competence through:
   a. Acquisition of new knowledge
   b. Appropriate application of knowledge and skills
2. A culture of continued competence is based on the premise that the competence of any nurse should be periodically evaluated.
3. Requirements for continued competence should support nurse accountability for lifelong learning and foster improved nursing practice and patient safety.
4. The state boards of nursing have the regulatory authority for establishing continued competence requirements.

“Continued Competence is the ongoing synthesis of knowledge, skills and abilities required to practice safely and effectively in accordance with the scope of nursing practice. A culture of competence includes the shared beliefs, values, attitudes, and actions that promote lifelong learning and result in an environment of safe and effective patient care.”

Based on these concepts, the following are guiding principles for continued competence in nursing.

1. The individual nurse in collaboration with the state board of nursing, nursing educators, employers and the nursing profession has the responsibility to demonstrate continued competence through:
   a. Acquisition of new knowledge
   b. Appropriate application of knowledge and skills
2. A culture of continued competence is based on the premise that the competence of any nurse should be periodically evaluated.
3. Requirements for continued competence should support nurse accountability for lifelong learning and foster improved nursing practice and patient safety.
4. The state boards of nursing have the regulatory authority for establishing continued competence requirements.

One of the ways that the WSBN fulfills this responsibility is by ensuring that CNAs and APRNs are accountable for meeting continuing education requirements for renewal. In July, 2009, the WSBN conducted an audit to determine whether those who had indicated that they fulfilled continuing education requirements for renewal had, in fact, done so. Three hundred and four Certified Nursing Assistants (CNAs) and thirty Advanced Practice Registered Nurses (APRNs) were randomly selected to provide evidence of in-service/continuing education to the Wyoming State Board of Nursing. Certified Nursing Assistants were required to provide “Evidence of twenty-four (24) hours of in-service education in the past two years” prior to biennial renewal” [Chapter II, Section 11(b)(iii)]. Advanced Practice Registered Nurses (APRNs) are also required to engage in continuing education. The number of hours depended upon how the APRN became qualified for APRN recognition and whether the individual had prescriptive authority.

Authority to verify continuing education via audit is granted through the Nurse Practice Act (33-21-122 Board of nursing; powers and duties). In addition, each licensee and certificate holder pledged the following during renewal: I certify that I have records to document the statements checked on this renewal application and that if audited, I will submit the documentation to the WBON. I represent all information entered on this renewal application to be true and correct. I understand any misrepresentation or concealment of information requested may be reason for denial or revocation of licensure/certification [W.S. 33-21-146(a)(iii)(A)].

Therefore, those audited were required to submit documentation verifying completion of continuing education that had occurred during the period of time between January 2007 and December 31st, 2008. Many individuals struggled with providing the WSBN staff with the appropriate documentation in a timely fashion. Some had not notified the WSBN of a change of address (so they did not receive the initial audit letter), others lost their certificates of completion while many CNAs depended upon the agency where they were employed to maintain records of in-service hours. You can imagine the frustration that these situations caused! For example, if a CNA resigned from an agency, the human resources staff may not have maintained that employee's in-service education hours. Consequently, the CNA was at risk for being reported to the WSBN Discipline Committee!

September: No Response To Compliance Dismissed Letter of Awareness

CNA (n=304) 86(28 %) 67 (22 %) 19 (6%) 50 (16%)
APRN (n=30) 3 (10%) 4 ( 1 3 % ) 3(10%) 1(3%)

Lessons Learned

Twenty-eight percent (28%) of CNAs and 10% of APRNs were unresponsive to the WSBN’s initial request. Much time and effort was expended by the WSBN staff to give each licensee and certificate holder the opportunity to meet the requirements of the audit. In the end, 16% of the CNAs and 3% of the APRNs were out of compliance with the renewal requirements mandated by the Administrative Rules and Regulations.

A random audit will be conducted again during the 2010 renewal period. Since the audit will be performed during the renewal period, those audited will be required to submit documentation verifying completion of continuing education that occurred during the period of time between January 2009 and December 31st, 2010. Successful renewal of the certificate (CNAs), prescriptive authority (APRNs) or IV Therapy certification will depend upon meeting the continuing
To assist licensees and certificate holders during the renewal period, continuing education logs are provided on website https://nursing-online.state.wy.us. EVERYONE (who is required to maintain continued competence) will be required to submit a log. Only those audited will be required to supply the actual certificates of attendance, etc. In addition, those who could not demonstrate the evidence during the July, 2009 audit will automatically be required to do so with this renewal.

Mary Beth Stepans, PhD, RN, former Practice and Education Consultant for the Wyoming State Board of Nursing.

References


References

Dead Sea Salts: Legendary mineral rich salts to relax and ease muscles
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Grounds for discipline for licensed practice nurses and registered professional nurses are located in the Administrative Rules and Regulations, Chapter 3, pages 3-12 through 3-13, and certified nursing assistants in Chapter 7, pages 7-8 and 7-9 (June 2009).

Grounds for Discipline are: (i) engaging in any act inconsistent with uniform and reasonable standards of practice, including but not limited to: (A) Fraud and deceit including, but not limited to, omission of required information or submission of false information written or verbal; (B) Performance of unsafe client care; (C) Misappropriation or misuse of property; (D) Abandonment; (E) Abuse, including emotional, physical or sexual abuse; (F) Neglect, including substandard care; (G) Violation of privacy or confidentially in any form, written, verbal or technological; (H) Drug diversion-self/others; (I) Sale, unauthorized use, or manufacturing of controlled/illicit drugs; (J) criminal conviction; (K) unprofessional conduct; (L) Boundary violations, including sexual boundaries; (M) Failure to comply with reasonable requests from the board including, but not limited to: (I) Responses to complaints; (II) Responses to formal pleadings such as notice of hearing and/or petition and complaint; (III) Responses to requests regarding application and/or renewal information; (IV) Written response to request for explanation for failure to disclose required information; (V) Failure to appear at properly noticed hearings; (N) Impairment. (I) Lack of nursing competence; (II) Mental illness; (III) physical illness including, but not limited to, deterioration through the aging process or loss of motor skills; or (IV) chemical or alcohol impairment/abuse. (ii) Failure to conform to the standards of prevailing nursing practice, in which case actual injury needs to be established.

Calkins, Mary RN 14235  
Letter of Reprimand

On or about March 16, 2010, the District Court for the First Judicial District affirmed the WSBN's decision to issue a public letter of reprimand to Mary Calkins, R.N. On April 8, 2008, the WSBN entered an Order against Dr. Calkins which imposed a letter of reprimand for her conduct in plagiarizing an article which she submitted as her dissertation for her doctoral degree. Dr. Calkins later submitted the article for publication in various other sources. During the WSBN proceeding, Dr. Calkins stipulated that she had copied the article and had submitted it as her own work.

Carroll, Michael RN 23683  
Summary Suspension

Michael Carroll, R.N. stipulated to an Order of Summary Suspension and to a request for a mental evaluation. Proceedings for a contested case hearing before the WSBN, or other action by the WSBN, are currently pending. On or about December 17, 2009, Mr. Carroll pleaded guilty to Third Degree Sexual Assault of a Minor. This guilty plea led to the stipulation between Mr. Carroll and the WSBN to summarily suspend his registered nurse license pending further proceedings by the WSBN.

Flores, Cheryl RN 19118  
Conditional License

On or about March 29, 2010, Cheryl Flores, R.N., entered into a Settlement Agreement, Stipulation and Order with the WSBN in which she agreed to the issuance of a 60 month conditional license for her conduct in diverting patients’ drugs for her own use and for misappropriating or misuse of patients’ property. Under the terms of the conditional license, Ms. Flores is required to enter into a 60 month drug monitoring agreement with the WSBN and to comply with any treatment provider recommendations. Additionally, Ms. Flores is required to provide the terms of her conditional license to her employers, is required to provide her Board of Pharmacy prescription drug profile to the WSBN when requested, is required to abstain from practice while under the influence of any substance which may impede practice whether or not there is a valid prescription, is required to provide drug screens, and is prohibited or restricted from dispensing medication during the terms of her conditional license.

Green, Jeffrey APRN 18112.679  
Conditional License

On or about March 24, 2010, Jeffrey Green, A.P.R.N., entered into a Settlement Agreement, Stipulation and Order with the WSBN in which he agreed to the issuance of a conditional license for his conduct in diverting drugs for his personal use and for misappropriation or misuse of patients’ property. Under the terms of the conditional license, Mr. Green is required to maintain compliance with an approved drug monitoring program, to provide annual written reports representing a mental or psychological examination, to notify his employer of the terms of his conditional license, and to refrain from dispensing drugs for a period of 36 months.
<table>
<thead>
<tr>
<th>Name</th>
<th>Action</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shaffer, Kimberly</td>
<td>Voluntary Surrender</td>
<td>On or about March 31, 2010, Kimberly Shaffer, R.N., entered into a Settlement Agreement, Stipulation and Order with the WSBN in which she agreed to voluntarily surrender her license as a registered nurse for her conduct in diverting drugs for her personal use, for impairment and for violating the terms of a 2003 conditional license which was previously issue for her conduct in diverting drugs for her personal use and for impairment.</td>
</tr>
<tr>
<td>Bauer, Julie LPN 6805</td>
<td>Letter of Reprimand</td>
<td>On or about March 8, 2010, Julie Bauer, L.P.N., entered into a Settlement Agreement, Stipulation and Order in which she agreed to the issuance of a letter of reprimand for her conduct in diverting a medication from her facility’s “throw away bin” and for administering such medication to her husband. The diverted medication was non-narcotic and not addictive. Ms. Bauer admitted to the foregoing conduct.</td>
</tr>
<tr>
<td>Nemitz, Karen RN 25372</td>
<td>Conditional License</td>
<td>On or about March 4, 2010, Karen Nimitz, R.N., entered into a Settlement Agreement, Stipulation and Order in which she agreed to the issuance of a letter of reprimand and to complete courses in ethics, medication errors, and documentation for her conduct in failing to properly document medication administration.</td>
</tr>
<tr>
<td>Hamm, Randi RN 21467</td>
<td>Voluntary Surrender</td>
<td>On or about April 7, 2010, Randi Hamm, R.N., entered into a Settlement Agreement, Stipulation and Order with the WSBN in which she voluntarily surrendered her registered nurse license for her conduct in misappropriating and forging three (3) prescription forms for narcotic pain medication and for impairment related to her abuse of narcotic pain medication.</td>
</tr>
<tr>
<td>Giffin, Michelle RN 19499</td>
<td>Letter of Reprimand</td>
<td>On or about March 23, 2010, Michelle Giffin, R.N., entered into a Settlement Agreement, Stipulation and Order with the WSBN in which she agreed to the issuance of a letter of reprimand for her conduct related to her employment as a school nurse. Specifically, Ms. Giffin failed to provide timely medical care or treatment of a student, who had suffered a concussion and had committed other acts of unprofessional conduct and conduct inconsistent with the standards of nursing practice. Ms. Giffin also agreed to complete training in “Ethics of Nursing Practice.” Ms. Giffin cooperated with the investigation of these matters.</td>
</tr>
<tr>
<td>Quick, Jackson RN 22578</td>
<td>Letter of Reprimand</td>
<td>On or about April 2, 2010, Jackson Quick, R.N., entered into a Settlement Agreement, Stipulation and Order with the WSBN in which he agreed to the issuance of a letter of reprimand for his conduct in possessing controlled and non-controlled substances in a locker assigned to him by his employer. An investigation revealed no evidence of drug diversion or impairment. Mr. Quick cooperated with the investigation of these matters.</td>
</tr>
<tr>
<td>Adams, Mary Karen RN 17061</td>
<td>Voluntary Surrender</td>
<td>On or about March 1, 2010, Mary Karen Adams, R.N., entered a Settlement Agreement, Stipulation and Order with the WSBN in which she agreed to voluntarily surrender her registered nurse license. In 2006, Ms. Adams was issued a conditional license under which she was: (1) required to enter the Wyoming Professional Assistance Program for five (5) years; (2) required to comply with monitoring protocol and treatment recommendations; and (3) prohibited from dispensing medications for a 36 month period with restricted and monitored dispensing following the 36 month period. In June of 2009, Ms. Adams was found in possession of keys to the narcotics room and was suspected of being impaired which caused her to be unsafe to practice. In November of 2009, Ms. Adams was reported to have taken a sharps container containing various narcotic medications from her employer. Additional evidence demonstrated that Ms. Adams had obtained narcotic medications from 5 different physicians. As a result of this conduct, Ms. Adams voluntarily surrendered her registered nurse license.</td>
</tr>
<tr>
<td>Meier, Lynn RN 22700</td>
<td>Conditional License</td>
<td>On or about February 16, 2010, Lynn Meier, R.N. entered into a Settlement Agreement, Stipulation and Order with the WSBN in which she agreed to a 90 day suspension and to a conditional license. Ms. Meier admitted to an addiction to Tramadol. She will be prohibited from dispensing or administering controlled substances without direct supervision for 36 months, is required to receive certain evaluation, monitoring and treatment during the 90 day suspension, and is required to provide certain annual reports outlining her treatment.</td>
</tr>
<tr>
<td>Robinson (Ford-Schweda), Kelly RN 14072</td>
<td>Conditional License</td>
<td>On or about January 28, 2010, Kelly Robinson (Schweda), R.N., entered into a Settlement Agreement, Stipulation and Order, and later an Amended Settlement Agreement, Stipulation and Order, in which she agreed to the issuance of a conditional license for her conduct in testing positive for THC and opiates. The positive drug screen was reported to the WSBN by her employer. The terms of the conditional license require Ms. Robinson (Schweda) to entered into a 3 year drug monitoring agreement by a board approved program, obtain a substance abuse evaluation, provide an annual written report of her mental or physical examinations, and not to dispense controlled substances without minimal supervision for 24 months.</td>
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</tbody>
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