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Winter **2010** | Edition 22

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KBNursing CONNECTION

Winter 2010, Edition 22

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KBN MISSION

It is the mission of the Kentucky Board of Nursing (KBN) to protect public health and welfare by development and enforcement of state laws governing the safe practice of nursing.

RETIRING? If you are retiring and will not be keeping an active license status, and would like to continue receiving the KBNursing Connection, please send a request via email (kbnwebmaster@ky.gov). Be sure to include your name, license number and mailing address.

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Winter **2010** Edition 22

Statistics Corner

As of November 23, 2009 KBN records show:

RN Active: 53,962

LPN Active: 13,977

Adv. Reg. Nurse Practitioners: 3,656

Dialysis Technicians Active: 561

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EXECUTIVE DIRECTOR'S MESSAGE

KNOW YOUR PROFESSIONAL BOUNDARIES

"For the seventh straight year, nurses enjoy top public accolades in Gallup's annual Honesty and Ethics of Professions survey. Eighty-four percent of Americans call their honesty and ethical standards either 'high' or 'very high.' "

"Nurses have topped Gallup's Honesty and Ethics ranking every year but one since they were added to the list in 1999. The exception is 2001, when firefighters were included on the list on a one-time basis, shortly after the Sept. 11 terrorist attacks" (http://www.gallup.com/poll/112264/Nurses-Shine-While-Bankers-Slump-Ethics-Ratings.aspx).

As nurses we are gratified by and perhaps even accustomed to reading headlines like the one above, which conveys the great respect that the public holds for those who provide nursing care. With such respect comes a responsibility to practice within appropriate professional boundaries. Because we engender such trust, it is particularly important that we provide the optimal, quality nursing care that all have a right to expect, yet the high level of trust that the public holds for nursing also puts nurses at risk for boundary violations. And while we often discuss the most appropriate plan of care for patients, we seldom give thought to behaviors that could cause that plan to go awry.

What is a professional boundary? The National Council of State Boards of Nursing (NCSBN) states that "professional boundaries are the spaces between the nurses' power and the patient's vulnerability" (https://www.ncsbn.org/pdfs/ProfessionalBoundariesbrochure.pdf). Put more simply, boundary violations occur when a nurse uses the client relationship to meet a personal need.

The ability to define, create and maintain appropriate treatment boundaries is one of the most important nursing competencies and it would seem to be self-evident that nurses must always maintain their professional boundaries and be very aware of events or situations that may threaten them. However, boundary crossings and boundary violations are all too common and can result in patient harm that may or may not be verbalized by the patient, or may or may not be observed. Boundary crossings can arise from thoughtless or inadvertent acts such as over-involvement or sharing of too much personal information, spending too much time with a particular patient, or trying to become the patient's friend. As a single incidence the boundary crossing may be inconsequential, however, repetition of such behavior can easily lead to a boundary violation.

Boundary violations are usually purposeful misconduct and can range from flirting and keeping secrets with a patient to neglect, involvement in patient finances, sexual misconduct and both physical and verbal abuse. In some cases the nurse-patient roles may be reversed with the nurse seeking out the patient to discuss problems and seek comfort.

Obviously, KBN views boundary violations very seriously; in addition these behaviors may be considered patient abuse and a breach of the Kentucky Nursing Law. However, KBN learns of these acts after the fact – the effect on the patient and perhaps their family is immediate. The patient's health status and recovery could be compromised and at the very least, the patient experiences role confusion, hesitancy and doubt regarding the caregiver from whom they require healthcare, education, and comfort.

Because each patient is unique, nurses must continually be aware of what constitutes an appropriate therapeutic relationship and what behavior could pose a potential boundary crossing or violation. A number of references are available to aid nurses in determining appropriate actions, such as the ANA Code of Ethics. In this issue of the KBN Connection (page 27-29) we have reprinted NCSBN's *Guide to the Importance of Appropriate Professional Boundaries* – this brochure can be downloaded from the citation noted above. Our colleagues at the College of Registered Nurses of Nova Scotia (CRNNS) have developed an excellent white paper on professional boundaries which includes a decision tree – should the nurse answer "No" to any of a series questions, the behavior is not appropriate (http://www.crnns.ca/documents/professional-boundaries.pdf). I encourage readers to seek out these references for discussion.

As nurses, our goal is to provide professional and appropriate care that alleviates suffering and optimizes health and abilities. Keeping within professional boundaries will significantly increase our potential to carry out that goal.

Charlotte F. Beason, Ed.D., RN, NEA

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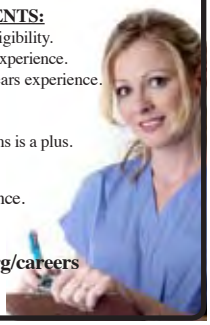

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PRESIDENT'S MESSAGE

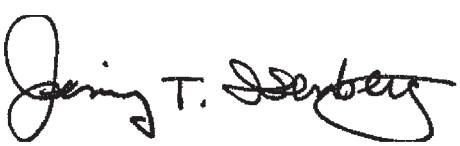
Advocate, a Latin term from the word *advocatus*, means one that defends or maintains a cause or proposal. Webster defines the term as one that pleads the cause of another or one that supports or promotes the interests of another. In the nursing profession, we talk about nurses being the patients' advocates as we speak or plead the cause on behalf of our patients. The KBN serves as an advocate for the public in fulfilling our mission of public protection. We do this by enacting regulatory legislation with public protection in mind.

This brings me to the main point of discussion. Nurses have always been good advocates for others, but ***now is the time to become advocates for ourselves and our profession***. There are a couple of key issues that we all need to take heed and act upon:

- First is the National Healthcare Debate that is currently a hot topic in the news today. Neither I nor the Board is advocating one option over another, I am just saying that if we don't let our thoughts and wishes be known and take part in the decision-making process, someone else will make our decisions for us. Many times, the decisions others make for us may not be in the best interest of what we truly want and need.

- Second, we are all continuing the saga of poor economic times. This not only affects our personal life but our professional one as well. The KBN has continued to be hit hard with fund transfers from our accounts to help fund and balance the state's General Fund. As I have stated before, all money in the KBN account comes from your licensure fees that you pay annually for licensure renewal. A very small amount is generated through application fees, etc. No money comes from the state's General Fund. In the last issue of the Connection, a letter that was sent to the chairman of the Appropriations & Revenue Committee was reprinted to keep you informed of the situation. To summarize, since 2003, a total of $3,618,400 has been transferred from the KBN to the General Fund to help balance the state's budget. ***We view this as an occupational tax on the nurses of the Commonwealth.*** If this continues, we will have no choice except to reduce services and/or increase your licensure fees.

With the legislative session beginning in January 2010, now is the time for nurses to advocate for their profession and contact the appropriate members of the legislature to tell them you do not want your licensure fees taken to balance the state's budget. As stated earlier, if we don't have a voice in what goes on in our profession, someone else will make all of the decisions for us. On Nov. 6, Dr. Beason and I were guests on Francene Cucinello's radio talk show (on 84 WHAS). The show was about the continued fund transfers from the KBN to the state. We have begun the work, and now it is time for the more than 65,000 nurses licensed in the state to respond. If we do not take action to make change, then we do not have the right to complain about the outcome.



Jimmy T. Isenberg, Ph.D., RN

Independent double-checks are vital, not perfect

Article reprinted from ISMP Medication Safety Alert! Nurse Advise-ERR (February 2009, Volume 7, Issue 2), with permission by the Institute for Safe Medication Practices

Double-checks for certain high-alert medications help prevent errors from reaching a patient, but the following scenarios show why they are not always foolproof.

Heparin error. *A physician ordered a heparin infusion with directions to follow a weight-based nomogram for lab monitoring and dose adjustments. Based on results of the patient's APTT level, the nomogram indicated the patient should get a bolus dose of heparin 1,700 units IV. The nurse removed a 10 mL vial of heparin (1,000 units/mL) from an automated dispensing cabinet (ADC) to prepare the dose, but she miscalculated the volume needed as 17 mL, not 1.7 mL.*

Concerned that she would have to use a second vial to prepare the bolus, she asked another nurse to "look at my math" to make sure she had not made an error. But the other nurse didn't actually recalculate the volume needed, so she made the same error when "looking over" her colleague's work. The patient received 17,000 units of heparin and developed severe epistaxis.

Morphine error. *An epidural infusion of fentaNYL (2 mcg/mL) with bupivacaine (0.125%) was started on a 62-year-old man who had just undergone a lobectomy for lung cancer. An outside company the pharmacy used to supply pain control infusions had prepared the bag of fentaNYL with bupivacaine.*

Several nights later, a supervisor went to retrieve a replacement bag from an ADC and accidentally picked up a premixed bag of morphine (1 mg/mL) intended for IV use. Both the IV morphine and epidural fentaNYL/bupivacaine bags were located in the same drawer, both were prepared by the same outside company, and both were packaged in identical brown plastic overwraps to shield the solutions from light. The labels, located on one side of the overwraps, looked similar, and each product was supplied as 100 mL in a 150 mL bag.

The supervisor brought the bag to the nursing unit. A second nurse double-checked the product but also failed to notice the mistake because the bag was packaged in the brown overwrap, as she had come to expect. The morphine was hung and the patient's respiratory status began to deteriorate. The epidural infusion was temporarily turned off, but no one noticed the error. It finally became evident when a nurse was documenting the waste after the epidural catheter was removed.

Although multiple system failures contributed to these errors, in both cases, failed double-checks allowed the errors to reach the patients. By understanding how the double-checks were done and the differences between endogenous (caused by internal factors) and exogenous (caused by external factors) errors, you can help avoid making similar mistakes.[1]

Endogenous Errors

An endogenous error arises within an individual who makes a random error such as making a mental slip and prescribing an incorrect dose, or making a math error and miscalculating a dose. In the heparin overdose, the nurse made an endogenous error when calculating the volume needed from the vial. Because endogenous errors arise within one person, a second person performing an independent double-check may not follow the same faulty thinking and is likely to detect the error. Had the second nurse done the math calculations herself without prior knowledge of the first nurse's work, she would have been far more likely to detect the error.

Exogenous Errors

An exogenous error arises from external conditions such as poor product labeling, illegible handwriting, or unclear information. In the epidural error, the nurse made an exogenous error related to the lookalike packaging of the IV bags provided by the outside company.

Although the second nurse performed an independent check, she failed to uncover the error. Double-checks, even when performed independently, are less successful in detecting exogenous errors because some of the external factors that initially led to the error are still present, and people with similar training may make the same mistake.

Although double-check systems sometimes fail, they still play a vital role in error detection when used at the most vulnerable points of the medication use system and when performed independently. But you can't rely on manual double-check systems alone to catch all errors. System changes are necessary to reduce error frequency.

For example, better labeling of IV and epidural products would have helped prevent the morphine error. The hospital that reported this error now applies large yellow "FENTANYL/BUPIVACAINE For Epidural Use Only" labels (to match the yellow stripe in the epidural tubing) or blue "CONTAINS MORPHINE For IV Use Only" labels on the bags and the overwraps. Labels are applied to both sides of the bags and overwraps so they are visible regardless of the bag's orientation on the IV pole or storage area. These labels are also applied to the cartons stocked in the pharmacy and the products are now stored separately in both the pharmacy and ADCs. Bedside bar-coding systems can also help prevent product mix-ups.

You can't rely on manual double-check systems alone to catch all errors.

In a case like the heparin overdose, system-based error-reduction strategies can be used to prevent further calculation errors. Dosing charts that eliminate the need for calculations and pharmacy preparation of all nonemergency drugs are two examples.

Reference: 1) Senders J. Essays on human error in medicine. October 2000; ISMP Canada. Accessed at: www.ismp-canada.org/smp0010.htm.

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LICENSURE CORNER

by Joyce A. Bonick, *RN, JD, Credentials Manager*

STATISTICS FOR RENEWAL PERIOD ENDING OCTOBER 31, 2009

Renewed:

RN: 48,055

LPN: 13,024

ARNP: 3,111

SANE: 198

RENEWAL INFORMATION

Now that the 2009 renewal is history and the statistical data collected, it has become obvious that the online renewal has changed not only the way nurses renew their licenses, but also *when* they renew.

For the past ten years, statistics have shown that 23% of all nurses who renew a license or registration do so within the first 5 weeks of the renewal period, 39% renew within the middle 6 weeks, and the remaining 38% within the last 5 weeks.

All of that changed with the mandatory online renewal. The last two years have shown that 15 % of nurses renewed within the first 5 weeks and 53% renew within the last 5 weeks. This year, 11,004 nurses waited until the final week to renew their licenses.

Based on this knowledge, at their October meeting, the Board voted to shorten the renewal period from 16 weeks to 6 weeks. Accordingly, beginning in 2010, the renewal of all nursing licenses, registrations, and credentials will begin September 15 and end at midnight, Eastern Time on October 31. Please mark your calendar for this new renewal date.

Beginning in 2010, the renewal of all nursing licenses, registrations, and credentials will begin September 15 and end at midnight, Eastern Time on October 31.

CRIMINAL HISTORY REPORT REQUIREMENT FOR REINSTATEMENT

Within the first 4 days of November, over 300 nurses reinstated a nursing license that lapsed on October 31. While those nurses may have found the reinstatement process simple and quick, that will not be the case next year.

Beginning April 1, 2010, each nurse who reinstates a nursing license must provide a copy of a criminal history report from the Administrative Office of the Courts. This requirement will also apply to those who must reinstate because they failed to renew before midnight on October 31.

The significance of this requirement is that it will take longer to reinstate a license. It is not unrealistic to expect that it may take at least two weeks from the time an application is filed with the KBN for a license to be reinstated. A request form for obtaining the criminal history report is located on the KBN website (kbn.ky.gov). The form, the required fee, and a self-addressed, stamped envelope must be sent to the address on the request form. KBN will receive an electronic copy of the criminal history report from AOC, and the individual requesting the report will receive one in the mail.

Only a report from the Administrative Office of the Courts will be accepted, and there must be a report in each surname the individual has ever used.

Although KBN may receive the report from AOC within two weeks, it is not unusual for there to be up to a four week delay. The application for reinstatement will not be processed until the criminal history report is received.

Beginning April 1, 2010, each nurse who reinstates a nursing license (including failure to renew) must provide a copy of a criminal history report from the Administrative Office of the Courts.

After a license lapses, you may not practice as a nurse in Kentucky, nor may you use the protected title of registered nurse or licensed practical nurse, until your Kentucky nursing license has been reinstated.

Practicing without a current license is a violation of nursing law and subjects the individual to disciplinary action.

NURSING PRACTICE AND A RETIRED LICENSE

This fall the Kentucky Board of Nursing received many calls from nurses holding a retired license asking if they are permitted to do certain nursing tasks.

Examples of questions we received include:

- "Can I help a neighbor by doing dressing changes on a wound?"
- "Can I teach my neighbor to do dressing changes on a wound?"
- "Can I give flu shots in a health clinic being sponsored by my church?"

In all of these cases, the neighbor and/or members of the church know you are a nurse and know you have the knowledge and skills to perform certain nursing tasks. In effect, they are asking you to perform these tasks BECAUSE you are a nurse.

Although holding a retired license allows you to use the legally protected titles of registered nurse and/or licensed practical nurse, it does not grant the authority to practice nursing.

Performing wound care, teaching wound care, or giving flu shots, whether or not you receive compensation, is the practice of nursing. To perform nursing tasks with a lapsed license, including a retired-lapsed license is a violation of the nursing laws and subjects the individual to disciplinary action. Additionally, the retired nurse retains all the liability of his/her actions should something adverse occur.

Every year, many nurses approaching retirement age consider whether to renew their license or obtain a retired license. A nurse desiring to retire from active practice may pay a one-time fee of $25 for a "retired" license. Validation of the retired license will show that the license has lapsed, and that the nurse has retired. A retired license does not have to be renewed.

When making the decision to remain active or to retire your nursing license, consider whether future situations or opportunities like those listed above may arise. If there is the potential to provide compensated or non-compensated nursing care or assistance, it would be worthwhile to maintain an active license. This involves annual renewal and achieving the continuing competency requirements for licensure.

Defining the Future of Advanced Practice Nursing: THE APRN CONSENSUS MODEL

By Suzette Scheuermann, PhD, RN, Nursing Practice and Research Consultant, and Charlotte Beason, EdD, RN, NEA, Executive Director

Exciting new regulations for ARNP practice and education are being implemented in Kentucky. In December of 2008, the Kentucky Board of Nursing approved the recommendations to pursue legislation for implementation of the Advanced Practice Registered Nurse (APRN) Model Consensus. This national model that is endorsed by more than 40 regulatory, certifying, professional and accrediting agencies establishes uniform recommendations for licensure, accreditation, certification, and education of APRNs. An overview of the Consensus Model appears below:

ARNP Title Change to APRN

Legislation to implement the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education by the Kentucky Board of Nursing is underway. One of the first changes pursued by the KBN will be to revise the title of the Advanced Registered Nurse Practitioner (ARNP) to Advanced Practice Registered Nurse (APRN). This title will be legally protected and used only by individuals licensed as an APRN.

Overview of the APRN Model

The APRN Model Consensus was the outcome of work conducted by the APRN Joint Dialogue Group made up of representatives from the Advanced Practice Nursing Consensus Work Group and the National Council of State Boards of Nursing (NCSBN) APRN committee. Former KBN board member and dean of the school of nursing at Murray State University Marcia Hobbs served on the APRN committee from 2005 -2007 and contributed to the development of the model. Within the model, four roles of advanced nursing practice are recognized: certified nurse midwife (CNM), certified nurse practitioner (CNP), clinical nurse specialist (CNS), and certified registered nurse anesthetist (CRNA). These core roles are given the title of advanced practice registered nurse (APRN). The model came about because of a lack of uniform regulation of APRNs across the states. Currently, each state determines the scope of practice, education, and the certification accepted for entry into practice.

continued on next page>>

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Licensure

Once implemented, APRNs will receive a license to practice instead of registration that is currently the procedure in Kentucky. Where state law provides, the model recommends that the boards of nursing license APRNs as independent practitioners with no regulatory requirements for collaboration, direction, or supervision.

Accreditation

APRN education must be formal education with a graduate degree (master's, doctorate) or post graduate certificate that is awarded by an academic institution accredited by a nursing accrediting organization recognized by the US Department of Education and/or the Council for Higher Education Accreditation. These include the Commission on Collegiate Nursing Education (CCNE), National League for Nursing Accrediting Commission (NLNAC), Council on Accreditation of Nurse Anesthesia Educational Programs (COA), Division of Accreditation of the American College of Nurse-Midwives, and the National Association of Nurse Practitioners in Women's Health Council on Accreditation. As part of the accreditation process, all APRN educational programs will undergo pre-approval and accreditation prior to admitting students. Monitoring of nursing accreditation and re-accreditation will be conducted by the Kentucky Board of Nursing as part of the regulatory process.

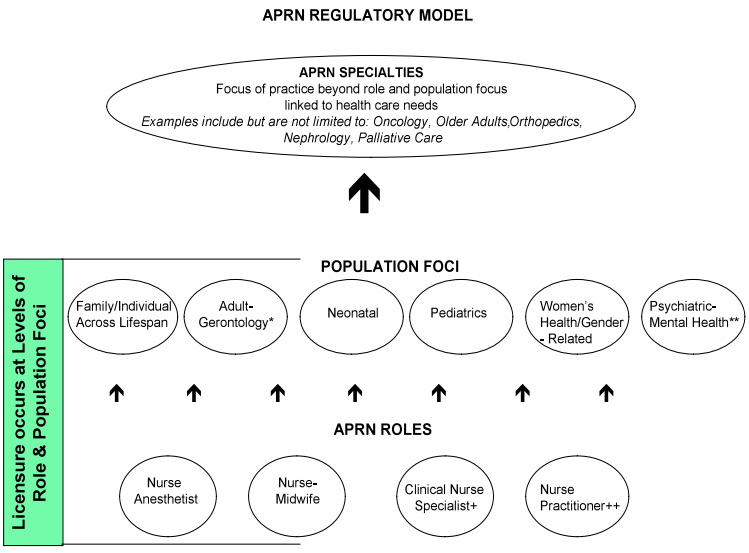
Education

All APRNs will be educated in one of the above four roles (APRN-CNM, APRN-CNP, APRN-CNS, APRN-CRNA) with a Focused in at least one of six populations:

- adult-gerontology
- pediatrics
- neonatology
- women's health/gender-related
- individual across the lifespan/family
- psychiatric/mental health.

Illustration 1: APRN Regulatory Model

Reprinted with permission from the National Council for State Boards of Nursing



APRN educational programs must ensure that clinical and didactic course work is comprehensive and sufficient to prepare the APRN graduate to practice in the role and population Focused.

Certification

Essential to recognition of the APRN role is that educational standards and practice competencies exist that are nationally recognized by the profession and accredited by the American Board of Nursing Specialties or the National Commission for Certifying Agencies. The national certifying organizations currently recognized by Kentucky Board of Nursing include American Nurses Credentialing Center; American College of Nurse Midwives, ACNM Certification Council, Council on Certification/Recertification of Nurse Anesthetists, Pediatric Nursing Certification Board, National Certification Corporation, American Academy of Nurse Practitioners, American Association of Critical-Care Nurses Certification Association; and Oncology Nursing Certification Corporation. According to the model, certifying agencies must establish psychometrically sound testing supported by legally defensible standards for APRN examination.

APRN core education will include graduate-level courses specific to the role and population. This preparation will include:

- **advanced physiology/pathophysiology**
- **advanced health assessment**
- **advanced pharmacology**
- **an understanding of the identified role**
- **principles of decision-making**
- **responsibility and accountability for health promotion and maintenance**

Specialty Certification

APRNs may pursue a specialty concurrent with or in addition to the APRN education, but that specialty cannot replace the educational preparation and role delineation associated with the core role and population focused. Educational programs may offer students a concurrent specialty to their APRN education provided that the program meets all of the other requirements for APRN education, including core role and population Focused competencies. Specialty certification is encouraged by APRNs to address the emerging healthcare needs of the public, especially since it provides additional knowledge and expertise in a discrete area of practice. However, the Kentucky Board of Nursing will only assess and monitor the status of the basic certification Specialty certification and standards will be monitored by the professional specialty organizations.

Non-Clinical Graduate Nursing Roles

As noted in the illustration, only the APRN roles of certi-

fied registered nurse anesthetist, certified nurse practitioner, certified nurse midwife, or clinical nurse specialist will be licensed by the Kentucky Board of Nursing. Graduate nursing roles that do not Focused on direct patient care, are not APRNs and are not the Focused of this new regulatory model.

Implementation of the APRN model

It is recognized that current regulation of APRNs in Kentucky does not include all of the components of the model and that changes in our regulations will evolve. Once the model has been enacted by law or regulation, all new graduates applying for APRN licensure and programs providing APRN education must meet the requirements as promulgated. In the event of conflict, a provision (grandfathering clause) will exist for exemption of those already practicing in this state to continue, but if an APRN applies for licensure by endorsement from another state, the APRN would only be eligible to practice if they meet the model's criteria as outlined.

The Kentucky Board of Nursing is committed to enacting the Consensus model to facilitate consistency in the education, certification, and licensure of the APRN role. The goal of the model is to establish standards that protect the public, improve access to safe, quality APRN care and improve practice mobility for APRNs. KBN plans an incremental implementation of the APRN model with participation by APRN educators, employers, and the APRN community. As health care evolves and new standards emerge, the APRN regulatory model will allow APRNs to care for patients in a safe environment to the full potential of their nursing knowledge and skill.

Information regarding these upcoming changes, as well as contact information to ask additional questions are available at the KBN website (http://kbn.ky.gov/practice/aprn_model.htm).

by **Sharon Eli Mercer, MSN, RN, NEA, BC,** *Nursing Practice Consultant*

Scope of Advanced Registered Nursing Practice in the Administration of Etomidate in a Pre-Hospital Emergency Situation

In October 2009, it was the advisory opinion of the Board that it is within the scope of advanced registered nursing practice for the educationally prepared and clinically competent ARNP, to administer Etomidate in a pre-hospital emergency situation for rapid sequence induction when a physician is not present.

FAQs Related to LPN Practice

Kentucky Administrative Regulation 201 KAR 20:490. Licensed practical nurse intravenous therapy scope of practice contains permitted and prohibited acts related to licensed practical nurse scope of practice for IV Therapy. KBN receives numerous calls related to this topic. Nurses frequently ask where to find this Administrative Regulation.

The Administrative Regulations may be accessed through the KBN website (www.kbn.ky.gov). Once on the KBN website, there is a box on the left side that is labeled **Laws and Regulations**. After clicking onto this box, scroll down to the link labeled **Kentucky Administrative Regulations**. This will take you to a page titled **Chapter 20 Board of Nursing**. Scroll down to 490 and click on the Administrative Regulation.

Some of the most frequently asked questions are listed below.

1. Can any LPN administer IV Therapy?

201 KAR 20:490 Section 2. Education and Training Standards states:
(1) Prior to performing intravenous (IV) therapy, the licensed practical nurse (LPN) shall have completed education and training related to the scope of IV therapy for an LPN.
(2) The training may be through a prelicensure program of nursing or an institution, practice setting, or continuing education provider.

2. Is the administration of blood within the scope of practice of a LPN? For a LPN who is educationally prepared and clinically competent, this is a permitted activity. This would be found in *201 KAR 20:490 Section 5(5)*.

3. Are there drugs that the LPN may administer via push or bolus? In *201 KAR 20:490 Section 5 (7) (8)* the following classifications of medications are permitted to be administered by push or bolus by the LPN who is educationally prepared and clinically competent:

(7) Mixing and administration via push or bolus route of any of the following classifications of medications:
(a) Analgesics;
(b) Antiemetics;
(c) The antagonistic agents for analgesics;
(d) Diuretics;
(e) Corticosteroids; and
(f) Saline or heparin to maintain patency of an IV access device;

(8) Administration of glucose to patients fourteen (14) years of age or older via direct push or bolus route.

4. Can a LPN access an implanted port?

No, this is a prohibited function. This

may be found in *201 KAR 20:490 Section 6 (14)*.

5. Can a LPN titrate medication? This is a prohibited function except in the case of a hospice patient. This prohibition can be found in *201 KAR 20:490 Section 6(6)*. In the case of the hospice patient, the titration of intravenous analgesic medications is permitted. See *201 KAR 20:490 Section 5(14)*.

6. If a nurse has the necessary education and competency to do IV Therapy in Kentucky, can the nurse perform IV therapy in a compact state? The nurse would need to know the scope of practice for LPNs related to IV Therapy in the compact state. States vary in the scope of practice for the LPN related to IV Therapy.

KRS 314.021(2) holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform. The Kentucky Board of Nursing has published *Scope of Practice Determination Guidelines* which contain a decision tree chart providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of this may be found on the Kentucky Board of Nursing's website (www.kbn.ky.gov) under the Nursing Practice box.

ARNP Practice

By Suzette Scheuermann, PhD, RN, Nurse Consultant

Advanced Registered Nurse Prescribing for Self/Family

In October 2009, it was the advisory opinion of the Board that an ARNP should not self-prescribe nor self-administer controlled substances and that an ARNP should only utilize controlled substances when treating a family member in an emergency situation which should be further documented in the patient's record by their healthcare provider.

Scope of Advanced Registered Nurse Practitioner in the Performance of Screening Colonoscopies

In October 2009, it was the advisory opinion of the Board that ARNPs should refer and utilize the "Scope of Determination Guidelines" whenever the performance of a specific act is not addressed in the Kentucky Nursing laws.

CONTINUING COMPETENCY FAQS

by **Mary Stewart,** *Continuing Competency Program Coordinator*

AUDIT

Q: I was selected for the CE audit last year. I have friends that have been in nursing for many years but have never been selected. Why did I receive an audit letter, and they did not?

A: Nurses receiving CE audit letters are chosen by random selection. The number of years one has been in nursing has nothing to do with the selection process.

Q: What will happen if I am audited, and I do not have the required contact hours?

A: You will be asked to earn the required hours and submit copies of the CE certificates to KBN along with a letter of explanation as to why these hours were earned late. Once this documentation is received and accepted by KBN, you will be allowed to enter into a Consent Decree Agreement with KBN and pay the required fine. If you refuse to earn the late hours and/or pay the fine, your records and audit response will be forwarded to the Investigation and Discipline Section of the Consumer Protection Branch for initiation of disciplinary action.

GENERAL CE/COMPETENCY

Q: I understand there have been changes to the CE regulations and I will now be required to renew my license for one year rather than two. I am confused as to the earning period. What is the present earning period for Kentucky nurses?

A: Nurses are required to earn 14 contact hours or the equivalent within the yearly earning period of November 1 through October 31. You may wish to view the CE brochure available on the KBN Web site (www.kbn.ky.gov) for additional earning information.

Q: My friend refers to the continuing education hours she earns as CEUs. I notice that you refer to them as contact hours. What is the difference in a CEU and a contact hour?

A: Contact hours refer to the stated amount of time an individual was present during a course. One contact hour is equal to 50 minutes of clock time. Continuing Education Unit (CEU) is the term used as the unit of measurement by colleges and universities to designate 10 contact hours. The terms contact hour and CEU cannot be used interchangeably. Kentucky and most nursing continuing education providers require offerings to be determined in contact hours.

Q: This is my first renewal of my Kentucky nursing license. Am I required to earn CE hours for this renewal?

A: All nurses are exempt from earning CE hours for their first Kentucky renewal. This is true for nurses licensed by examination or by endorsement from another state. If the nurse fails to renew the original license, the exemption is lost and all CE requirements must be met before the license can be reinstated.

Q: Is it true that I can use an employment evaluation for part of my CE hours?

A: Yes. A satisfactory employment evaluation or competency validation for your position as a nurse, that covers at least six months of the earning period, can be used for seven contact hours. You must earn the other seven hours. Other acceptable ways to earn your CE hours can be found online (www.kbn.ky.gov/ce/) under "Licensure Renewal Requirements."

Q: Do college courses count as CE hours?

A: Academic courses in nursing and health care, or social or physical sciences, will count toward your CE requirement. One semester credit hour equals 15 contact hours. One quarter credit hour equals 12 contact hours. These courses count as CE for the earning period in which the course was completed.

Q: I have attended a CE course that is not offered by an approved CE provider. How can I get credit for these hours?

A: You may wish to submit an "Individual Request for Review of CE Activities," (www.kbn.ky.gov/ce/) under "CE Forms and Publications," to KBN requesting contact hours for this course. There is a non-refundable charge of $10 for the review. You can also request an application form by contacting the KBN office at 800-305-2042, ext. 237. Once submitted, your application will be reviewed and, if approved, the appropriate number of contact hours will be awarded. Applications must be submitted no later than November 30 of the licensure year.

Q: Are CE hours earned on the Internet acceptable for licensure in Kentucky? If so, how many of the required 14 hours can be earned on the Internet?

A: Internet CE courses are acceptable if offered by an approved CE provider. All 14 hours or any combination of the hours may be from Internet providers.

Q: I understand that I can use my nursing certification for the required 14 contact hours of CE. Is this correct?

A: If you have a national nursing certification or recertification related to your practice role that is in effect the whole earning period or earned initially this period, it will count for the required 14 contact hours for Kentucky licensure. NOTE: In addition to the national nursing certification, ARNPs are required to earn five approved contact hours in pharmacology each earning period. SANE-credentialed nurses must earn five contact hours of approved sexual assault CE.

Q: I am required to take a class in CPR where I work. Will this CPR class count toward my CE requirement?

A: No. CPR and BLS classes, as well as in-service education and nurse aide training, do not count as CE hours.

Q: Will ACLS and PALS courses count toward my CE requirement?

A: If an approved provider offers the ACLS or PALS courses, the hours earned will be accepted by KBN. See the attached list of national nursing organizations recognized by KBN for continuing education offerings or visit the KBN Web site (www.kbn.ky.gov).

Q: Can a nurse substitute CME credits for nursing contact hours?

A: CME credits do not automatically transfer to contact hours. If you wish to earn contact hours for a course that awarded CME credit, you will need to go to the KBN CE Web page (www.kbn.ky.gov/ce/) under "CE Forms and Publications," and submit an "Individual Request for Review of CE Activities." ARNPs are allowed to use CME credits for pharmacology continuing education if the provider offering the course is recognized by their national certifying organization.

Q: I have earned more CE hours this earning period than I need. Can these hours be used for my next renewal?

A: No. CE hours cannot be carried over to the next earning period. All 14 hours must be earned within the specified earning period.

PROVIDERS

Q: Where can I find a list of approved CE providers?

A: You can print a copy of the KBN approver provider list from the KBN Web site (www.kbn.ky.gov) under "CE Forms and Publications" or you may request a

continued on page 18 >>

NCSBN Publishes 2010 NCLEX-RN Detailed Test Plan

The National Council of State Boards of Nursing (NCSBN) has published the 2010 NCLEX-RN Detailed Test Plan and has posted it to its Web site (https://www.ncsbn.org/1287.htm).

10th ANNUAL CAPTASA CONFERENCE

Clinical Applications of the Principles in Treatment of Addictions and Substance Abuse
January 29 – 30, 2010
Embassy Suites, Lexington, KY

Topics include:
- Neuropharmacology of addiction
- Designer drugs
- Medical complications of addiction
- PTSD in addicted healthcare professionals
- Anger management and alcohol/drug abuse
- Domestic violence and alcohol/drug abuse
- Gambling as an addiction

Nursing CE Contact Hours: • 7.0 for January 29, 2010
• 6.0 for January 30, 2010

For additional registration and hotel information, visit the CAPTASA website (www.captasa.org) or contact Sandy Patrick (sandyp@kyrecovery.org or 502-425-7761).

<< FAQs continued from page 16

copy of the list by contacting the KBN office at 800-305-2042, ext. 237.
In addition, a list of National Nursing Organizations recognized by KBN for continuing education is also provided on the KBN Web site and at the end of this article. If a provider approved by one of these organizations offers a course you wish to take, that course will be accepted by KBN for the same number of contact hours.

RECORD KEEPING

Q: Does KBN have a record of the CE hours I have earned?
A: No. KBN does not keep track of each nurse's CE hours – that responsibility falls on the individual nurse. It is the responsibility of the CE provider to see that the nurse receives a certificate of completion, but the provider does not send a copy of the certificate to KBN. You are not required to submit CE certificates to KBN unless requested to do so through the CE audit. Nurses must retain records of their CE/competency for at least five years following a licensure period. HIV/AIDS CE records must be retained for 12 years.

HIV/AIDS

Q: I understand there have been some changes in the HIV/AIDS CE requirements. How many HIV/AIDS contact hours must I earn, and what is the earning period?
A: All nurses are required to earn two contact hours of approved HIV/AIDS CE within the appropriate ten year period. For LPNs, that period is 11/01/2001 through 10/31/2011. For RNs, that period is 11/01/002 through 10/31/2012. The course must be offered by an approved CE provider or approved by the Kentucky Cabinet for Health and Family Services in Frankfort, Kentucky.

PHARMACOLOGY CE FOR ARNPS

Q: I am an Advanced Registered Nurse Practitioner (ARNP) in Kentucky. Are there any specific CE requirements for my registration renewal?
A: ARNPs are required to earn five contact hours of approved CE in pharmacology each licensure period. The licensure earning period is November 1st through October 31st of the renewal year. In 2008, the regulation was amended to reflect that pharmacology CE hours can be earned from any provider that is recognized by your ARNP accrediting body. It is the responsibility of the individual ARNP to contact the certifying body for a complete and up-to-date list of recognized providers for their organization.

SEXUAL ASSAULT CE FOR SANE CREDENTIALED NURSES

Q: Are SANE-credentialed nurses required to earn specific CE hours in addition to the required 14 contact hours for RN renewal?
A: SANE-credentialed nurses are required to earn five contact hours of approved sexual assault CE (forensic medicine or domestic violence CE will meet this requirement). These hours count as part of the required 14 hours for RN renewal.

National Nursing Organizations Recognized by KBN for Approval of CE Offerings

- American Academy of Nurse Practitioners (AANP) 512-442-4262
- American Association of Critical Care Nurses (AACN) 800-899-2226
- American Association of Nurse Anesthetists (AANA) 847-692-7050
- American College of Nurse-Midwives (ACNM) 240-485-1800
- American Nurses Credentialing Center (ANCC) 800-284-2378
- American Nurses Association (ANA) 800-274-4262
- Association of Women's Health, Obstetric & Neonatal Nurses (AWHONN) 800-673-8499
- National Association of Nursing Practitioners in Women's Health (NPWH) 202-543-9693
- National Association of Pediatric Nurse Practitioners (NAPNAP) 856-857-9700
- National Association of Practical Nurses Education & Service (NAPNES) 301-588-2491
- National Federation of Licensed Practical Nurses (NFLPN) 800-292-2273
- National League for Nursing (NLN) 800-669-1653
- Other State Boards of Nursing HIV/AIDS CE approved through the Cabinet for Health and Family Services (CHFS) is also accepted.

HIGHLIGHTS OF BOARD ACTIONS

Education Committee

Site Visit Reports

Berea College – Baccalaureate Degree Program

Focused visit due to Letter of Warning issued for 2nd consecutive year of less than 85% NCLEX pass rate.

- Accepted the focused visit report for the Baccalaureate Nursing Program of Berea College, Berea due to the Letter of Warning issued for 2nd consecutive year of less than 85% NCLEX pass rate.
- Approved that the Baccalaureate Nursing Program of Berea College, Berea be retained on Conditional approval status pending 2009 NCLEX results.

Kentucky Christian University – Baccalaureate Degree Program

Focused visit due to Letter of Warning issued for 2nd consecutive year of less than 85% NCLEX pass rate.

- Accepted the focused visit report for the Baccalaureate Nursing Program of Kentucky Christian University, Grayson due to the Letter of Warning issued for 2nd consecutive year of less than 85% NCLEX pass rate.
- Approved the Baccalaureate Nursing Program of Kentucky Christian University, Grayson be retained on Conditional approval status pending 2009 NCLEX results.

Thomas More College

Focused visit due to Letter of Warning issued for 2nd consecutive year of less than 85% NCLEX pass rate.

- Accepted the focused visit report to the Baccalaureate Nursing Program of Thomas More College, Crestwood Heights due to the Letter of Warning issued for the 2nd consecutive year of less than 85% NCLEX pass rate.
- Approved the Baccalaureate Nursing Program of Thomas More College, Crestwood Heights be retained on Conditional approval status pending 2009 NCLEX results.

University of Louisville – Baccalaureate Degree Program

Focused visit for adequacy of secondary site located in Owensboro, KY.

- Accepted that the location for the proposed program of University of Louisville, Baccalaureate Secondary Site in Owensboro, meets all requirements set forth in 201 KAR 20:350: "Educational facilities and resources for prelicensure registered nurse and practical nurse programs."

Beckfield College – Associate Degree Program

Focused visit due to Letter of Warning issued for 2nd consecutive year of less than 85% NCLEX pass rate.

- Accepted the focused visit report to the Associate Degree Nursing Program at Beckfield College, Florence due to the Letter of Warning issued for the second consecutive year of less than an 85% pass rate.
- Approved that the Associate Degree Nursing Program of at Beckfield College, Florence, be retained on Conditional approval status pending 2009 NCLEX results.

Beckfield College – Associate Degree Program

Focused visit related to the adequacy of new educational facilities pursuant to 201 KAR 20:350

- Approved the proposed location for the programs of Beckfield College, practical nursing and associate degree, in Florence meets all requirements set forth in 201 KAR 20:350: "Educational facilities and resources for prelicensure registered nurse and practical nurse programs."

Galen College of Nursing – Associate Degree Program

Focused visit due to Letter of Warning issued for 2nd consecutive year of less than 85% NCLEX pass rate.

- Accepted the focused visit report to the Associate Degree Nursing Program at Galen College of Nursing in Louisville Kentucky, due to the Letter of Warning issued for the second consecutive year of less than an 85% pass rate.
- Approved the Associate Degree Nursing Program of at Galen College, Louisville, be retained on Conditional approval status pending 2009 NCLEX results.

Maysville Community & Technical College – Licking Valley, Associate Degree Program

Focused visit related to the adequacy of new educational facilities pursuant to 201 KAR 20:350.

- Approved the location for the Maysville Community & Technical College, Associate Degree & Licensed Practical Nursing, Cynthiana meets all requirements set forth in 201 KAR 20:350: "Educational facilities and resources for prelicensure registered nurse and practical nurse programs."

Response to Reports

Spencerian College, Louisville – Associate Degree Program

Focused visit due to Letter of Warning issued for 6th year with less than 85% NCLEX pass rate.

- Accepted the initial report from the Associate Degree Program of Spencerian College, Louisville.
- Directed that access to course syllabi be validated at the January 2010 site visit.

New Program Applications/Proposals

ITT Technical Institute, Louisville, Associate Degree Program

- Accepted the Letter of intent allowing ITT to proceed to the proposal stage.

Practice Committee

- Accepted the letter as written the letter of response to Bill Cooper, ARNP, regarding the administration of Etomidate in a pre-hospital emergency situation by an Advanced Registered Nurse Practitioner.

Consumer Protection Committee

- Approved the Consumer Protection Committee Scope and Function statement.
- Approved the proposed revisions to the 2009-2010 Objectives.
- Approved the proposed revisions to KRS 314.
- Approved the proposed revisions to KRS 30:163, Standards for Approved Evaluators.
- Approved the proposed revisions to the Guidelines for the Evaluation of a Minor Incident.
- Approved the proposed hearing fee schedule be approved.

Advanced Registered Nurse Practice Council

- Approved the letter of response to Stephanie Mercier, RN, and Advisory Opinion Statement #37, "Role of the Advanced Registered Nurse Practitioner in the Prescribing of Medications to Self and/or Family.
- Approved the letter of response to Michele Lomoges-Gonzelez, RN, on the role of the ARNP in the performance of screening colonoscopies.
- Approved that the ARNP utilize the "Scope of Determination Guidelines" when the performance of a specific act is not addressed in the Kentucky Nursing Laws.

Disciplinary Action

Approved nine (9) Proposed Decisions, as written, and received reports on the approval of seventeen (17) Agreed Orders, ten (10) Consent Decrees, and three (3) Removal of Licenses from Probation.

CONTINUE YOUR EDUCATION

YOUR PATIENTS NEED IT, YOUR CAREER DEMANDS IT

By Board Members Susan Mudd, RN, and Gail Wise, RN

"If you don't know where you are going, you will probably end up somewhere else." - Laurence J. Peter, The Peter Principle

Where are you going? Generally speaking, nurses are caring, generous professionals who are eager to meet the needs of a growing health care crisis in America. Most nurses and health care workers strive for years to achieve their educational goals so they can enter their chosen profession and put their education to work helping people, saving lives, and serving their communities. All nurses are keenly aware that technology and innovation in the healthcare field seems to change by the minute. As a result, continuing education and lifelong learning become key factors in the professional growth and development of every health care worker. This article will reveal some methods of accomplishing what every healthcare worker desires – growth and advancement in an industry that requires continuous improvement of skills, knowledge, and practice.

If health care workers can expect to keep up with the changing clinical environment, it is essential that goals be set. Creating a career pathway can help define, refine, and accomplish your goal by indicating incremental stages of achievement. Identifying a career pathway can help you meet your need for personal and professional growth; enable you to respond to changing life circumstances; assimilate and adapt new technical skills and information; allow for life goals that better suit your personality; provide increased challenges and income; and help you find greater value and meaning in your professional career and life.

The healthcare industry offers practical and financial encouragement to nurses who want to increase their education and provide a greater level of service back into the industry. Multiple pathway options exist. If a licensed practical nurse desires to seek an associate degree and become a registered nurse or if a registered nurse wants to achieve a baccalaureate degree in nursing it is important to know what the career pathway requires, what options are available to meet new goals, how to find funding, and the best time to start the process. The same is true of baccalaureate prepared nurses who desire to gain a master's or doctorate degree or for a nurse who seeks certification in a specialty area.

In addition, consider the following in creating a career path and advancing your education:

1. **Greater employability:** there is a demand for nurses with a baccalaureate degree or higher. Associate degree nurses are realizing that being a career nurse requires upgrading their skills as a provider, in order to become a manager and coordinator of care. In addition, an increasing number of hospitals are requiring a baccalaureate degree for charge nurses and head nurses. This is especially true of hospitals desiring to attain magnet status.

2. **Higher salaries:** with advanced degrees and certifications come promotions and higher salaries. Supervisory level nursing and specialty roles simply earn more. Demand drives up salaries. Nurses with an advanced degree can earn more. To be eligible for promotion and increased income one must pursue a higher education.

3. **New challenges:** the associate degree in nursing has provided some students the motivation to further their education and the opportunity for career mobility being a wage earning stepping stone. So why, after giving up so much, would an individual want to subject themselves to more? It is in response to the realization that nurses need additional education to move into new areas of nursing or specialization in an area that is of interest to them, or to better prepare them for the unpredictable healthcare environment. Policy statements from professional organizations reflect the need for more education in preparation for the ever changing role of nursing. The need for healthcare reform is also driving this need. Healthcare is moving into communities so there is a need for more advanced nurse practitioners to provide this expanding healthcare delivery mode.

4. **More options and more freedom:** The number of nurses currently reaching retirement age and an aging public with increased medical needs translate into increasing opportunities for nursing professionals. Every community needs nurses. Wherever you want to go, there will be opportunities available for nurses. Nurses with a higher level of education will have even greater opportunities. Opportunities equal freedom and freedom provides some autonomy for a nurse with a higher degree.

The question lies in knowing which pathway adds the most value to one's life at a particular point in time. Kentucky nurses wishing to explore achievement of higher level degrees can examine a variety of career pathways. Knowing where to go and who to consult to find the career pathway that best suits your needs and goals is critical. The best source for information and assistance can be found at a local community college or university, or a school that offers the degree in the particular program of interest.

ABOUT THE COVER MARY WILLIE ARVIN, 1879-1947

Reprinted with permission from the Kentucky Commission on Women (http://women.ky.gov)

Mary Willie Arvin was born on April 21, 1879, in Henderson County, Kentucky. In 1904, she graduated from the School of Nursing at the Owensboro City Hospital in Owensboro, Kentucky. As time passed, Mary became a general practice nurse in Memphis, Tennessee.

Her stay as a general practice nurse ended in 1917 while on a visit to Richmond, Virginia. Mary decided to join an American hospital unit on June 11, 1917, that was preparing to go overseas. By mid-July, Nurse Arvin had joined the Harvard Unit, Base Hospital No. 5 at Dannes-Camiers, France.

Base Hospital No. 5 was bombed on September 4, 1917, only a few months after Nurse Arvin's arrival. This was the first time she had been under enemy fire. The bombing of Base Hospital 5 did not stop in September 1917. On June 30, 1918, the hospital was bombed again by German airplanes at Boulogne-sur-Mer.

For her actions during and after the air raid, Nurse Arvin received official recognition by the three major allied nations. She received a congratulatory letter from General John J. "Black Jack" Pershing on August 28, 1918 for her deeds during the air raid. General Pershing pointed out her extraordinary skills in handling the care of her patients throughout the ordeal.

General Pershing's letter was a true sign that Nurse Arvin was a dedicated member of the United States Armed Forces, but the praise did not stop there. She received the French Croix de Guerre and a certificate of commendation from the United States, which she would turn in and receive the first Purple Heart Medal ever awarded to a woman.

On March 23, 1919, Nurse Arvin returned to the United States aboard the S.S. Noordam. She decided to return to Henderson County, Kentucky a few days later. In October, Nurse Arvin was assigned as a Red Cross welfare worker in Hopkinsville, Kentucky, and on November 13, 1919, she was decorated with the Royal Red Cross, 2nd Class (Associate), by Prince Edward at the home of Perry Belmont in Washington, D.C. These commendations combined made her the most decorated Kentucky female veteran in WWI combat.

Mary Arvin later moved to Orlando, Florida, where she took a job with a local hospital. While in Orlando, she married William H. Tiller, a WWI veteran. Following his death, she remarried another WWI veteran by the name of Robert H. Sissons. On September 9, 1947, she died in the home of her sister in Henderson, Kentucky.

KENTUCKY BOARD OF NURSING HOSTS BI-ANNUAL CONFERENCE

By Patricia Spurr, EdD, MSN, RN, Education Consultant

On September 19, the Kentucky Board of Nursing hosted its bi-annual conference at the Holiday Inn Hurstbourne in Louisville. The theme this year was "Bringing the Nation to Kentucky." Speakers from the National Council of State Boards of Nursing (NCSBN) shared with the group issues and practices from across the United States. The Board sponsors this program in odd numbered years as a mechanism of sharing information with nurses statewide. There were over 150 nurses in attendance from across the state.

Right: KBN Staff and members of NCSBN

DISCIPLINARY Actions

Since the publication of the fall edition of the *KBN Connection*, the Board has taken the following actions related to disciplinary matters as authorized by the *Kentucky Nursing Laws*. A report that contains a more extensive list of disciplinary actions is available on the KBN website (**http://kbn.ky.gov/conprotect/investdiscp/disciplinary.htm)**. If you need additional information, contact KBN's Consumer Protection Branch at 502-429-3300.

CEASE AND DESIST NOTICES ISSUED

Jackson, Timothy		Oak Hill, OH	Eff. 11/17/2009

LICENSE/CREDENTIAL REVOKED

Shupe, Janice McKeehan	LPN License #2018362	Williamsburg, KY	Eff. 10/16/2009

IMMEDIATE TEMPORARY SUSPENSION OF LICENSE/CREDENTIAL

Agee, Leila M. Hodges	RN License #1072513	Richmond, KY	Eff. 11/25/2009
Carlina, Julianna	RN License #1119753	New Albany, IN	Eff. 9/24/2009
Hannan, Michelle Boone	LPN License #2024229	Wickliffe, KY	Eff. 10/09/2009
Lewis, Jacqueline Mechelle	RN License #1052094	Lexington, KY	Eff. 10/05/2009
Price, Tammy Faye Green	LPN License #2024843	Mayfield, KY	Eff. 10/27/2009
Spiceland, Keisha Rae Turner	LPN License #2039507	Benton, KY	Eff. 10/27/2009
Whitt, Maria Kelly	RN License #1106367	Mount Sterling, KY	Eff. 10/09/2009
Williams, Shay Nicole Phillips	RN License #1115057	Shepherdsville, KY	Eff. 10/14/2009
Witherspoon, Mona L. Porter	LPN License #2020263	Dawson Springs, KY	Eff. 10/06/2009

LICENSE/CREDENTIAL IMMEDIATELY SUSPENDED OR DENIED REINSTATEMENT FOR FAILURE TO COMPLY WITH BOARD ORDER; STAYED SUSPENSION IMPLEMENTED OR TERMINATION FROM THE KARE PROGRAM

Adwell, Carolyn S. Cross	RN License #1093094	Glasgow, KY	Eff. 12/4/2009
Becht, Jamie Lynn Cooke	RN License #1108700	Louisville, KY	Eff. 10/27/2009
Boston, Regina Marie Lyons	LPN License #2036956	Glasgow, KY	Eff. 9/24/2009
Douglas, Mary Kathleen Childress	LPN License #2026094	Hardin, KY	Eff. 9/24/2009
Douglas, Veronica Lynn Stricklan	RN License #1042058	Lexington, KY	Eff. 10/15/2009
Dukes, Elizabeth Marie Kelley	RN License #1083636	White Plains, KY	Eff. 10/09/2009
Haralson, Sarah B. Lacefield	LPN License #2037288	Campbellsville, KY	Eff. 12/2/2009
Kendall, Amanda Lee Meredith	RN License #1105254	Elizabethtown, KY	Eff. 11/5/2009
Marlow, Jessica L. Perkins	LPN License #2037408	Corbin, KY	Eff. 9/24/2009
Miller, Felicia Gail Adams	LPN License #2035870	Bonnyman, KY	Eff. 10/28/2009
Roth, Karen Elizabeth Jeffries	LPN License #2042213	Scottsburg, KY	Eff. 12/2/2009

LICENSE/CREDENTIAL CONTINUED ON SUSPENSION

Grindstaff, Krissy M.	RN License #1110287	Perry, KY	Eff. 10/16/2009
Maxwell, Melanie Lynn Eibeck	RN License #1083463	Louisville, KY	Eff. 10/16/2009
Strode, Heather Michelle Hopkins	LPN License #2033263	Tomkinsville, KY	Eff. 10/16/2009

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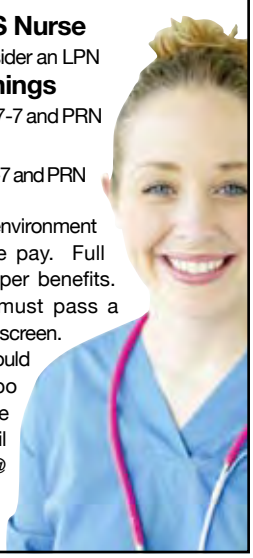

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PROFESSIONAL BOUNDARIES

A GUIDE TO THE IMPORTANCE OF APPROPRIATE PROFESSIONAL BOUNDARIES

By the National Council of State Boards of Nursing

Article reprinted from the Dakota Nurse Connection (Summer 2009, Volume 7, Number 3), with permission by the South Dakota and North Dakota Boards of Nursing

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.

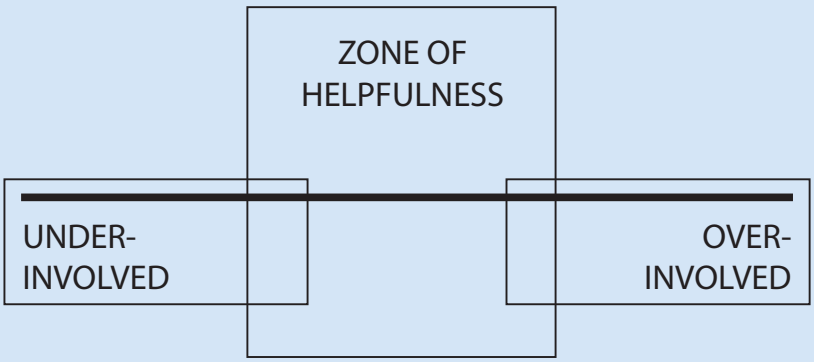
The power of the nurse comes from the professional position and the access to private knowledge about the client. Establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the client's needs.

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: What was the intent of the boundary crossing? Was it for a therapeutic purpose? Was it in the client's best interest? Did it optimize 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.

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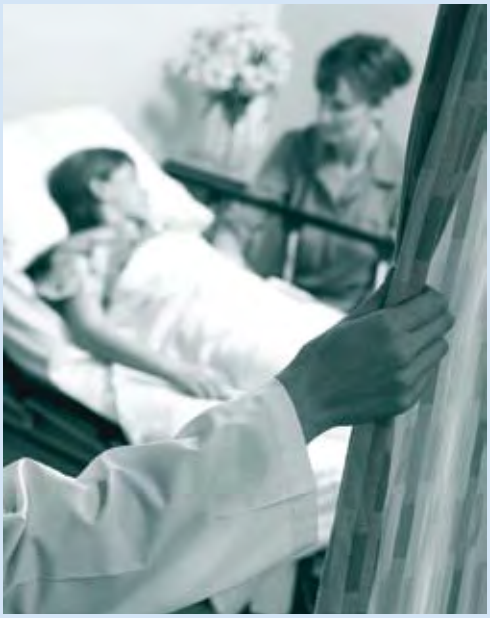
- Post-termination relationships are complex because the client may need additional services, and it may be difficult to determine when the nurse-client relationship is truly terminated.

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 responsibil-

ity 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.
- Singled-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. This form 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. Incidents should be thoroughly documented in a timely manner. Nurses should be familiar with reporting requirements, as well as the grounds for discipline, and they are expected to comply with these legal and ethical mandates for reporting.

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.

What is the KARE for Nurses Program?

by Paula S. Schenk, MPh, RN,
KARE Program Manager

The Kentucky Alternative Recovery Effort (KARE) for Nurses program was developed and is offered by the Kentucky Board of Nursing (KBN). The purpose of KARE is to identify and assist nurses whose abilities to provide nursing care are compromised by dependency on drugs or alcohol so that they can return to competent and safe practice. The program recognizes that nurses are individuals who have dedicated their lives to helping others and are now in need of help. KARE's foundation is that substance abuse is treatable and that the recovery and return to competent nursing practice is in the best interest of the nurse and public health. KARE believes that a nurse should not lose a job or license due to substance abuse and offers an opportunity for encouragement, treatment and recovery. The program emphasizes hope and is administered with compassion, confidentiality, concern and dignity for the nurse.

The Disease . . .

Many people believe that nurses are immune from addiction by virtue of their intelligence and education. In reality, exposure, easy availability, and familiarity with medications often lead predisposed health professionals to develop chemical dependency. Substance abuse is one of the major factors threatening safe nursing practice. Chemical dependency is a chronic, progressive illness characterized by the use of chemicals in spite of adverse consequences. This compulsive-use cycle may have periods where use is controlled, but it is normally followed by at least one episode of out-of-control use causing adverse consequences in one's life. Not recognizing or dealing with chemical dependency will exacerbate the problem. Often we are too engrossed in our own problems to be objective, and our individual efforts result in more stress that increases the severity of the situation. Left untreated, chemical dependency will not only risk your life, but the life and safety of patients.

There is a place to turn for help . . .

Nurses often buy into the myth that they should be able to handle their chemical dependency because they are health care providers. What may seem a tremendous burden to one person can become a lighter load when shared with someone else. The first step is to admit there is a problem. It isn't easy to admit to another person that we are having trouble handling our problems alone. It is a subject that we avoid discussing or confronting. Yet once we reach that first step, we can begin the process of regaining our life.

Services . . .

KARE develops individualized Program Agreements based upon the unique circumstances of the nurse. Monitoring can be facilitated in many ways, such as:

- Assisting with identification, assessment and referral to approved treatment providers.
- Monitoring participants' compliance during recovery and continued nursing practice.
- Providing education to nurses, employers and other groups about KARE.
- Providing encouragement and support to help ensure the participants are able to practice nursing in accordance with acceptable and prevailing standards of safe nursing care.

Confidentiality . . .

Requests for information and/or assistance are strictly confidential. All records of program participants are confidential. Participation in KARE is voluntary and will remain anonymous as long as the participant is compliant with the terms of the program agreement.

Eligibility . . .

A nurse may access KARE by self-referral, board referral, referral from another person or agency, such as an employer, coworker or family member. Admission to KARE is available to individuals who, at the time of application, meet the requirements listed below:

- RN or LPN, licensed in Kentucky, or an applicant for a credential issued by KBN;
- Request participation in the program (regardless of whether referred by the Board, self, or another person);
- Admit, in writing, to being a chemically dependent individual;
- Have not been terminated from a similar program in this or any other state for noncompliance;
- Have attended an approved treatment provider;
- Obtain a chemical dependency assessment, which includes a complete physical and psychosocial evaluation performed by a licensed or certified medical or psychological specialist in the field of drug, alcohol, or other chemical dependency;
- Agree to the terms set forth in the agreement; and
- Agree not to be employed in any capacity in a patient care setting or one that requires licensure until approved to do so by the program staff.

Questions? KARE compliance forms are located on the KBN website (http://kbn.ky.gov/kare.htm).To obtain further information or to make a confidential referral, call 800-305-2042 and speak with Paula Schenk, KARE director (Ext. 236 or PaulaS.Schenk@ky.gov) or Jill Cambron, KARE Coordinator (Ext. 289 or JillM.Cambron@ky.gov).

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