

OREGON BOARD OF NURSING SENTINEL

[VO.29 - NO.2 - JUNE 2010]

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SENTINEL

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Ms. Markesino is the Director for Quality Improvement for Providence Willamette Falls Hospital in Oregon City, Ore. She received her Bachelor of Science in Nursing from Wayne State University in Detroit, Mich., and her Master of Business Administration from the University of Portland, Portland, Ore. She serves in the Nurse Administrator position on the Board.

JULIA WILLIS, LPN, BOARD SECRETARY

Terms: 3/21/07 - 12/31/09, 1/1/10 - 12/31/12

Ms. Willis is the Health Services Specialist for Quail Run Assisted Living in Albany, Ore., and is one of two Licensed Practical Nurses on the Board. She received her Practical Nurse certificate from Emily Griffith Opportunity School in Denver, Colo.

DONNA CAIN, CNA

Term: 6/1/10 - 12/31/12 (eligible for reappointment)

Ms. Cain is a CNA 2-Acute Care at Rogue Valley Medical Center and has 11 years of experience, most recently in CCU and ICU. She received her nursing assistant training at Rogue Community College, in Grants Pass, Ore. Ms. Cain serves in the newly created Certified Nursing Assistant position on the Board.

KAY CARNEGIE, RN

Term: 1/1/09 - 12/31/11 (eligible for reappointment)

Ms. Carnegie is currently the Associate Dean of Health Sciences at Chemeketa Community College. She received her BSN from Illinois Wesleyan University, in Bloomington, Ill., and her master's degree from the University of Portland in Portland, Ore. She serves in the Nurse Educator position on the Board.

CHERYL COSGROVE, RN

Term: 3/16/09 - 12/31/11 (eligible for reappointment)

Ms. Cosgrove is a staff nurse at Grande Ronde Hospital in La Grande and has more than 30 years of nursing experience. She received her Associate Degree in Nursing from Evergreen Valley College in San Jose, Calif., and her Bachelor of Science in Nursing and Master of Nursing degrees from OHSU in Portland, Ore. She is one of two direct-patient care RNs on the Board.

LINDA MILL, RN

Term: 1/1/09 - 12/31/11 (eligible for reappointment)

Ms. Mill is a staff nurse in at Bay Area Hospital in Coos Bay and has more than 20 years of nursing experience. She received her Associate Degree in Nursing from Southwestern Oregon Community College in Coos Bay, Ore. Ms. Mill is one of two direct-patient care RNs on the Board.

MAX TENSCHER, RN, FNP

Term: 3/1/10 - 12/31/12 (eligible for reappointment)

Mr. Tenschler is a Family Nurse Practitioner and currently owns Integrative Primary Care Associates, in Portland, Ore. He received his Associate's Degree from Shasta College in Redding, Calif., and his nurse practitioner certificate from the University of California in Davis, Calif. He has more than 30 years of nursing experience and resides in West Linn, Ore.

REBECCA UHERBELAU, PUBLIC MEMBER

Terms: 1/1/07 - 12/31/09, 1/1/10 - 12/31/12

Ms. Uherbelau is one of two public members on the Board. Ms. Uherbelau is the Communications Consultant for the Oregon Education Association. She resides in Portland.

BENJAMIN SOUEDE, JD, PUBLIC MEMBER

Term: 3/1/10 - 12/31/12 (eligible for reappointment)

Mr. Souede is an attorney with Lane Powell, PC, in Portland, Ore. He received two Bachelor's degrees (political science and history) from the University of Pennsylvania in Philadelphia, Pa., and his jurist doctorate from Harvard Law School in Cambridge, Mass. He is a former senior advisor and speechwriter to former Senator Hillary Rodham Clinton. Mr. Souede resides in Portland, Ore.

OFFICE CLOSURES

The current recession has reduced state revenues, and has forced the Legislature to make deep cuts in agency budgets. Coping with these cuts requires closing most state offices and facilities, including the Board of Nursing, on the days listed below. State workers affected by the closures will take unpaid furloughs on those days. We apologize for any inconvenience these closures might cause, and we look forward to restoration of a full work schedule for all state agencies when the economy improves.

Most agencies and programs will be closed on specific days during the biennium.

2010	Friday, June 18, 2010	Friday, September 17, 2010
	Friday, August 20, 2010	Friday, November 26, 2010
2011	Friday, March 18, 2011	Friday, May 20, 2011

The designated closure days will not affect the Oregon University System, state courts or the legislative branch of government.

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By OSBN RN/LPN Practice Consultant *Marilyn L. Hudson, RN, MSN, CNS, FRE*

CAMP NURSING: What You Need to Know

Summer is almost here and so are summer camps. Camp nursing jobs are often set in beautiful, idyllic surroundings (after all this is Oregon), so a camp nursing position may at first appear to be no more than a relaxing break from the normal rat race of a more traditional nursing position. While camp nursing can be a great job, nurses who are considering work in this field must also understand that it is a specialty unto itself with some very specific responsibilities

First of all, camp nurses in Oregon must be currently licensed here. In addition to having a license, camp nurses also must have the current knowledge and age-specific competencies needed to care for kids at camp. For example, if this is a camp for kids with special needs, nurses should definitely have current knowledge about the disease processes that children may have, be able to provide proper nursing interventions, and be able to carry out any appropriate medical orders.

Many times camps are located in more remote or even wilderness settings, and much of the time the nurse is the only licensed health care professional to provide emergency assistance. Because independent nursing assessment and clinical judgment is often required, this is a role that falls within the Registered Nurse (RN) scope of practice. The Licensed Practical Nurse (LPN) may assist in this setting if a RN or a licensed independent practitioner, such as a physician or Nurse Practitioner (NP), is on-site to provide clinical direction.

Camp nurses have multi-faceted responsibilities. Generally, they are expected to provide routine and emergency care for campers and staff, and manage a wide variety of physical, behavioral and psychosocial needs. They



may find themselves educating campers on preventive health issues, responding to an accident, injury, communicable disease or heat-related illness, consoling a homesick child, dealing with a child's enuresis (bedwetting), or managing another child's more complex chronic health needs. It is essential that camp nurses have excellent assessment skills, and up-to-date knowledge on blood borne pathogens, standard precautions, airway management, CPR, first aid, medication management and environ-

mental hazards. Proper synthesis and analysis of data is required as is sound clinical judgment. Humor and flexibility are big plusses as well.

In order to function effectively, it is important to understand the policies,

procedures and protocols in place at the camp. Before starting a position, camp nurses should have clear and current protocols and standing orders for medication administration and disease management that are signed off by the medical director for the camp so that she/he may administer over the counter medications and manage simple injuries or illnesses. The nurse should also have a clear understanding of emergency procedures, and what resources are available. For example,

will there be a licensed independent practitioner, such as a physician or NP, to contact for questions? What are the parameters for contacting a parent, for referral for additional care, or for emergency care? The more that these types of questions are answered in advance with camp administrators and with the camp's medical director, the more comfortable the nurse will be in this setting.

The following are some frequently asked questions and responses about camp nursing:

What is the nurse's responsibility for documentation?

As with any other practice area, the licensed nurse is responsible for documentation. This means the nurse must document nursing plans of care,

assessments, interventions (medications or treatments), follow-up evaluations, referrals, etc.

What is the expectation regarding medication management?

All prescription medications should be in original containers and should have clear administration instructions. Medications in other types of containers should not be accepted. This problem can be minimized by making sure parents are aware of this before the kids come to camp.

Is an unlicensed assistive person (UAP) allowed to administer medications and carry out tasks of nursing?

If the RN is there around the clock, she/he may have a trained, competent UAP assist if this is allowed by the camp.

In this situation, the RN must follow OAR 851-045-0060 (8), found at www.oregon.gov/OSBN/pdfs/npa/Div45.pdf

If the RN is not there around the clock, then the rules found at www.oregon.gov/OSBN/pdfs/npa/Div47.pdf must be followed.

May I administer over the counter medications or manage simple illnesses or injuries?

Nurses should have protocols and standing orders in place, signed by the medical director for the camp, to do this.

Pediatric Nursing (2007). *Camp nursing: rewards and challenges*. Retrieved May 10, 2010, from http://goliath.ecnext.com/coms2/gi_0199-6780944/Camp-nursing-rewards-and-challenges.html

Chastain, K. (2006). Interested in Camp Nursing? *North Carolina Board of Nursing Bulletin*, 2(6), 21.

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By OSBN Advanced Practice Consultant *Tracy Klein, RN, FNP, FAAN*

Common Dilemmas and Resources

Oregon enjoys a progressive scope of practice for Clinical Nurse Specialists, Nurse Practitioners (including Nurse Midwives), and Certified Registered Nurse Anesthetists. As Advanced Practice Registered Nurses (APRNs), all three categories may provide their services autonomously to their patients. Many APRNs choose to set up their own business, while others are employees or contractors. The variety of options for practice in Oregon also brings up many questions. Some areas of practice are outside of the Board's jurisdiction, though the Board may be contacted to point the way. The following resources are offered to support the general practice requirements for APRNs in Oregon:



I want to open a business- what do I do?

The Board does not authorize or register corporations. The Board of Nursing does need to be notified of your business address within 60 days of any change. For more information on business law and the operation of a business in Oregon, please visit www.filinginoregon.com or consult an attorney with expertise in this area.

I cannot practice anymore because of retirement/illness/practice closure. What does the Board expect of me?

This concern applies primarily to APRNs who own and operate their own practice. The Board's Patient Abandonment Policy explains the process for discharging a patient from care: www.oregon.gov/OSBN/pdfs/policies/abandon.pdf. The closure of a practice involves a similar process: notifi-

cation of patients, notification to the Board, and provision for records storage and release in concordance with HIPAA and other state regulations. It is also important to notify appropriate entities with which you are certified/credentialed of any change in practice such as Medicare, Medicaid, private insurance carriers, the Drug Enforcement Administration and your malpractice carrier. Address changes for your NPI number can be done online at: <https://nppes.cms.hhs.gov/NPPES/Help.do?topic=OrgProfile>. The DEA address change form can be found at: www.dea diversion.usdoj.gov/drugreg/change_requests/index.html.

I just got a subpoena for records. What do I need to release and when do I need to release it?

The Board is unable to give legal advice. Please contact your professional association, malpractice carrier or the Oregon State Bar www.osbar.org/public/ris/ris.html#referral regarding attorney recommendations.

I have a patient who is unsafe to drive. What do I do?

Guidance regarding the law may be found at: www.obop.net/ODOT/DMV/faqs/Mandatory_Reporting.shtml.

I've been asked to see a Workers Compensation patient. What do I do?

The current worker's compensation law applies to Nurse Practitioners. It can be found at: www.cbs.state.or.us/external/wcd/rdrs/mru/nurse_pract.html.

By OSBN Nursing Assistant Program Consultant **Debra K. Buck, RN, MS**

Nursing Assistant Corner

Wanted: Certified Nursing Assistants (CNAs)

The Board is looking for CNAs who are interested in providing input and feedback on the development of rules and policies related to CNA issues. If you are a CNA and would like to volunteer, please e-mail debra.buck@state.or.us and ask to be placed on the CNA stakeholder e-mail list. You will then receive e-mail notices of meetings being held by the Board to discuss topics of interest to CNAs and will receive draft rule and policy language for review and comment.

Benefits of Maintaining CNA Certification

Frequently, CNAs contact the Board and ask “what is the benefit of maintaining my certification? Why do I want to be regulated when there are individuals who perform the same caregiving skills as I do and they are not certified?” It is easier to maintain current CNA certification than to reactivate CNA certification. So the next time you are wondering whether you want to keep your CNA active, please consider the following:

There are benefits associated with certification. Certification implies regulation. The primary purpose of regulation is *public protection*. The public should have access to care providers who safely and competently perform the skills. Certification assures the public that the individual meets minimum competency standards.

It also provides a means by which CNAs who fail to comply with the Board’s standards can be held *accountable*, e.g., disciplined, including the revocation of their certification. The CNA has a legal liability for the safe and competent performance of the skills within their authorized duties. This *accountability*

benefits not only the client and the employer, but also the CNA. CNAs want the best for their client, patient, or resident(s). They want some assurance that their chosen occupation is free from those individuals who might be unscrupulous, incompetent, and unethical caregivers.

“What is the benefit of maintaining my certification? Why do I want to be regulated when there are individuals who perform the same caregiving skills as I do and they are not certified?”

The individual CNA also benefits from certification in other ways. Certification gives the CNA recognition for their special knowledge and skills to their employer, client, patient, or resident(s), and peers. This *credibility* can also provide enhanced career mobility and increased compensation, as there are some positions that require CNA certification.

Certification links the CNA to *continued on page 10*

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the Board's activities and resources. The CNA receives the Board's communications and has access to information on current topics and items of interest to CNAs. The Board offers *opportunities* for CNAs to provide input into standards and policies related to their occupation.

Delegation to CNAs in Hospitals, Nursing Homes, and Other Settings Where the Nurse Is Present to Provide Direct Supervision

The Registered Nurse (RN) considers the health, safety, and welfare of the client, patient, or resident when deciding whether to delegate a

nursing task to a CNA. A CNA cannot perform tasks outside of the CNA authorized duties even if asked to do so by the RN. RNs may only delegate to CNAs tasks of nursing that are within the CNA's authorized duties as outlined in Division 63 of the Nurse Practice Act.

The RN considers the training, experience and cultural competence of the delegated individual as well as the facility and agency policies and procedures before delegating the task to the CNA. Even if a task is a CNA authorized duty, the CNA only performs the task at the direction of the nurse. The RN maintains the right to refuse to delegate a task of nursing if the RN believes it would be unsafe to delegate or the RN is unable to provide adequate supervision. For example, trimming toenails is an authorized duty for a CNA 1. However, a facility may have a policy prohibiting CNAs from trimming toenails in that facility. Also, the RN may determine for a particular individual, it is not safe for the CNA to perform this task.

CNA 2 Classes

The list of the Board-approved CNA 2 Training Programs can be found at www.oregon.gov/OSBN/pdfs/CNA_CMAprograms.pdf. The programs are located by city. Once you find a program that you are interested in, contact the program personnel to ask a few questions to determine if this particular program will be a good fit for you. Some questions to address include: What are the classroom and clinical days and times? Where is the location of the classroom and clinical? What costs are associated with the program, including the criminal history check fees?

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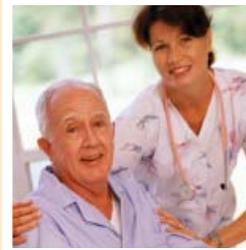
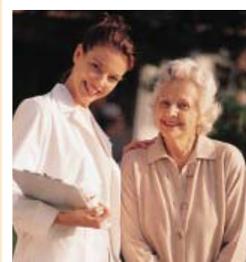
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By Nursing Education Consultant Joy Ingwerson, RN, MSN

DIVISION 21 REVIEW: Stakeholder Input Key to Success

A task force including representatives from all levels of pre-licensure nursing education is currently working on revisions to Division 21 of the Nurse Practice Act (Standards for the Approval of Education Programs in Nursing Preparing Candidates for Licensure as Practical or Registered Nurses). The main focus of the group is on approval of nursing programs for various reasons and at different stages. This includes approvals for out-of-state programs, new programs, and the process for on-going approval of existing programs.

The common theme applicable to the work of the task force is the goal of having nursing education programs that provide graduates who can succeed on the National Council Licensure Examination (NCLEX®) and function at the entry level in nursing. The

oversight of pre-licensure nursing education programs by the Oregon State Board of Nursing (OSBN) is an important connection to our mission:

“The Oregon State Board of Nursing safeguards the public’s health and wellbeing by providing guidance for, and

regulation of, entry into the profession, nursing education and continuing safe practice.”

The task force plans to hold a limited number of meetings this summer and draft possible changes to the Division 21 rules for first reading by the Board during the Sept. 16, 2010 Board Meeting. Task force meeting notices and minutes are available on the OSBN website under “Meetings and Minutes.”

Meetings are open to any interested stakeholders. Comments or questions may be submitted via e-mail to Joy Ingwerson, Nursing Education Consultant, at joy.ingwerson@state.or.us.

Transition of NMP to New Mandated Health Professionals’ Services Program

The passage of House Bill 2345 during the 2009 Legislative Session requires any health regulatory board with an impaired professional program to transfer their program to a new, centralized program by July 2010. The four agencies initially affected are the Boards of Nursing, Pharmacy, Dentistry and the Oregon Medical Board. Other healthcare regulatory boards may opt-in to the program at a later date. The new program will be a part of the Oregon Health Authority, a division of the Department of Human Services.

The Oregon Health Authority will contract out for both the monitoring and the Board-reporting portions of the new program. Reliant Behavioral Health was selected to be the program’s independent monitoring firm. A

decision on the reporting entity is forthcoming.

Oregon Administrative Rules regarding the program administration have been drafted and will be available on the OSBN website in June.

Transition plans for current participants in the Boards’ existing programs are underway. Participants will receive transition packets in early June.

Current NMP participants should contact OSBN Investigations Manager Linda Fisher-Lewis at 971-673-0648 for more information. Questions about the new Oregon Health Authority program should contact Darcy Edwards, PhD, MSW, CADC III, at 503-945-6602, or visit <http://egov.oregon.gov/DHS/addiction/health-professionals.shtml> for more information.

PROFESSIONAL BOUNDARIES

A Guide to the Importance of Appropriate Professional Boundaries

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 or melding.

This continuum provides a frame of reference to assist nurses in evaluating their own and their colleagues' professional-client interactions. For a given situation, the facts should be reviewed to determine whether the nurse was aware that a boundary crossing occurred and for what reason. 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 its 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?

What if a nurse lives in a small community? Does this mean that he or she cannot interact with neighbors or friends?

Variables such as the care setting, community influences, client needs, nature of the therapy provided, age of the client and degree of involvement affect the delineation of behavioral limits. All of these factors must be considered when establishing boundaries and all contribute to the complexity of professional boundaries.

The difference between a caring relationship and an over-involved relationship is narrow. A professional living and working in a remote community will have, out of necessity, business and social relationships with clients. Setting appropriate standards is very difficult.

If they do not relate to real life, these standards may be ignored by the nurse, or simply may not work. However, the absence of consideration of professional boundaries places the client and nurse at risk.

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. In some cases, extreme

A Continuum of Professional Behavior

Every nurse-client relationship can be plotted on the continuum of professional behavior illustrated above.



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 also 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 or melding.

sexual misconduct, such as assault or rape, may be habitual behavior, while at other times, it is a crime of opportunity. Regardless of the motive, extreme sexual misconduct is not only a boundary violation, it is criminal behavior.

Does client consent make a sexual relationship acceptable?

If the client consents, and even if the client 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 a nurse 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 nontherapeutic relationship and that only he or she understands and can meet the client's needs.
- **Singled-out client treatment or client 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

continued on page 14

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**—Thenursecommunicates 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 work to 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.

The Nurse's Challenge

- Be aware.
- Be cognizant of feelings and behavior.
- Be observant of the behavior of other professionals.
- Always act in the best interest of the client.

For more information, contact the OSBN at 971-673-0685 or the National Council of State Boards of Nursing at 1-312-525-3600.

Nursing Opportunities

No Nights or Weekends

The Yakima Valley Farm Workers Clinic is the largest community health center network in the Pacific Northwest. We provide comprehensive medical, dental and social services in over 17 communities. We value nurses as a critical part of our health care team. We also recognize the importance of providing a caring environment for our patients and employees.

We currently have opportunities for:

Clinic Nurse Supervisors | Charge Nurses
Clinic Nurses | Public Health Nurses

We offer generous benefit packages that include a sign-on bonus and relocation assistance. With locations throughout Washington and Oregon, we may have the perfect fit for your skills and lifestyle.

Our mission celebrates diversity. We are committed to equal opportunity employment.



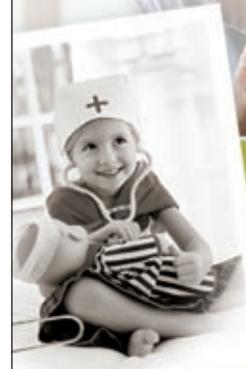
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OSBN PART OF REVENUE'S TAX COMPLIANCE PILOT

In compliance with House Bill 3082, passed during the 2009 Legislative Session, the Oregon State Board of Nursing (OSBN) is one of three agencies cooperating with the Department of Revenue's (DOR) tax compliance pilot project this summer. The Landscape Contractors Board and the Board of Examiners for Engineering and Land Surveying also are participating in the DOR's effort to evaluate the level of tax compliance in the state.

The OSBN provided a random sample of 17,500 licensee names and addresses to the DOR for evaluation of their tax compliance status. Those licensees who have filed the required income tax returns for the preceding three years, or who have entered into and are following the terms of a

payment plan with the DOR, will be considered compliant. The DOR has scheduled a series of three mailings to the sample group, on June 30, July 7 and 14, to inform licensees of their status and next steps, if appropriate.

Licensees who receive one of these mailings and have questions, should contact the DOR at 1-800-356-4222 or 503-378-4988, or by e-mail at questions.dor@state.or.us.

Keep Up-to-Date with the OSBN List Servs

Subscribing to one or more of the Board of Nursing public mailing lists, called a list-serv, is a quick and convenient method for its licensees and the public to keep abreast of the latest information on nursing scope-of-practice issues, nursing assistants, administrative rule changes, advanced practice issues and upcoming Board meetings.

Subscribers will receive regular e-mail updates regarding Board meeting agendas; upcoming Oregon Administrative Rule hearings affecting the OSBN and scopes-of-practice; CNAs; CMAs; RNs; LPNs; Nurse Practitioners; CNSs; and, CRNAs. The following are the internet links to visit to set-up your subscription:

- **RULE HEARING NOTICES:**
http://listsmart.osl.state.or.us/mailman/listinfo/osbn_rule_hearing_notif
- **BOARD MEETING AGENDAS:**
http://listsmart.osl.state.or.us/mailman/options/osbn_bd_mtg_agenda
- **INFORMATION REGARDING RNS AND LPNS, INCLUDING SCOPES-OF-PRACTICE:**
<http://listsmart.osl.state.or.us/mailman/listinfo/rnandlpn>
- **INFORMATION REGARDING ADVANCED PRACTICE NURSING:**
<http://listsmart.osl.state.or.us/mailman/listinfo/aprnboardnews>
- **INFORMATION REGARDING CNAS AND CMAS, INCLUDING AUTHORIZED DUTIES:**
<http://listsmart.osl.state.or.us/mailman/listinfo/cnaprogram>
- **INFORMATION REGARDING ALL OTHER STATE OF OREGON AUTOMATED MAILING LISTS:**
<http://listsmart.osl.state.or.us/mailman/listinfo>

For more information, contact the OSBN office at 971-673-0685.

Directory of OSBN APPROVED NURSING SCHOOL

ASSOCIATE DEGREE PROGRAMS

Blue Mountain Community College

Web site: www.bluecc.edu

2411 N.W. Cardin
P.O. Box 100
Pendleton, OR 97801
(541) 278-5881

Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

Central Oregon Community College

Web site: www.cocc.edu

2600 N.W. College Way
Bend, OR 97701
(541) 383-7540

Chemeketa Community College

Web site: www.chemeketa.edu

4000 Lancaster Drive N.E. or
P.O. Box 14007
Salem, OR 97309
(503) 399-5058

Clackamas Community College

Web site: www.clackamas.edu

7738 SE Harmony Rd.
Milwaukie, OR 97222
(503) 594-0659

Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

Clatsop Community College

Web site: www.clatsopcc.edu

1653 Jerome
Astoria, OR 97103
(503) 338-2436

Columbia Gorge Community College

Web site: www.cgcc.cc.or.us

400 East Scenic Dr.
The Dalles, OR 97058
(541) 506-6140

ITT Technical Institute

Web site: www.itt-tech.edu

9500 N.E. Cascades Parkway
Portland, OR 97220
(503) 255-6500

Currently under Initial Approval status.

Lane Community College

Web site: www.lanecc.edu/hp/nursing

4000 E. 30th Avenue
Eugene, OR 97405
(541) 463-5754
Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

Linn-Benton Community College

Web site: www.linnbenton.edu

6500 S.W. Pacific Blvd.
Albany, OR 97321
(541) 917-4520 or (541) 917-4511

Mt. Hood Community College

Web site: www.mhcc.cc.or.us

26000 S.E. Stark
Gresham, OR 97030
(503) 491-6701
Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

Oregon Coast Community College

Web site: www.occ.cc.or.us/programs/nursing/index.html

400 SE College Way
Newport, OR 97366
(541) 867-8542

Portland Community College

Web site: www.pcc.edu

12000 S.W. 49th or
P.O. Box 19000
Portland, OR 97280
(503) 977-4205
Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

Rogue Community College

Web site: <http://learn.roguecc.edu/allied-health/nursing/home.htm>

3345 Redwood Highway
Grants Pass, OR 97527
(541) 956-7308
Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

Southwestern Oregon Community College

Web site: www.socc.edu

1988 Newmark Ave.
Coos Bay, OR 97420
(541) 888-7298
Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

Treasure Valley Community College

Web site: www.tvcc.cc/Nursing/index.htm

650 College Blvd.
Ontario, OR 97914
(541) 881-8822, Ext. 345

Umpqua Community College

Web site: www.umpqua.edu

1140 College Rd., or
P.O. Box 967
Roseburg, OR 97470
(541) 440-4613
Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

BACCALAUREATE DEGREE PROGRAMS

Concordia University

Web site: <http://www.cu-portland.edu/hhs/undergraduate/nursing/welcome.cfm>

2811 N.E. Holman Street
Portland, OR 97211-6099
(503) 288-9371

George Fox University

Web site: <http://www.georgefox.edu/academics/undergrad/departments/nursing/index.html>

414 N. Meridian Street, #6174
Newberg, OR 97132-2697
(503) 554-2955

Linfield-Good Samaritan School of Nursing

Web site: www.linfield.edu/portland

2255 N.W. Northrup, Room 304
Portland, OR 97210-2952
(503) 413-8080
Also offers an online RN-to-BSN program.

Oregon Health & Science University (OHSU) School of Nursing--Portland

Web site: www.ohsu.edu/son

3455 S.W. U.S. Veterans Hospital Rd. (SN-5S)
Portland, OR 97239-2941
Program information: (503) 494-7725
Also offers RN-to-BSN program.

**OHSU School of Nursing at
Eastern Oregon University**

Web site: www.eou.edu/ohsu
1 University Blvd.
LaGrande, OR 97850
(541) 962-3383
Program information: (503) 494-7725

**OHSU School of Nursing at
Oregon Institute of Technology**

Web site: www.oit.edu/academic
3201 Campus Drive
Klamath Falls, OR 97601
(541) 885-1339
Program information: (503) 494-7725

**OHSU School of Nursing at
Southern Oregon University**

Web site: www.sou.edu/nursing
1250 Siskiyou Blvd.
Ashland, OR 97520
(541) 552-8453
Program information: (503) 494-7725

**OHSU School of Nursing at
Western Oregon University**

Web site: www.ohsu.edu/son
345 N. Monmouth Ave.
Monmouth, OR 97361
(503) 494-7725
Program information: (503) 494-7725

**University of Portland
School of Nursing**

Web site: www.nursing.up.edu
5000 N. Willamette Blvd.
Portland, OR 97203
(503) 943-7211

Walla Walla University School of Nursing

Website: www.wallawalla.edu/nursing
10345 S.E. Market St.
Portland, OR 97216
(503) 251-6115
Also offers RN-to-BSN program.

PRACTICAL NURSE PROGRAMS**Apollo College**

Web site: www.apollo.edu
2010 Lloyd Center, 3rd Floor
Portland, OR 97232
(503) 761-6100

Central Oregon Community College

Web site: www.cocc.edu
2600 N.W. College Way
Bend, OR 97701
(541) 383-7540
Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.

Chemeketa Community College

Web site: www.chemeketa.edu
4000 Lancaster Drive NE or
P.O. Box 14007
Salem, OR 97309
(503) 399-5058
Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.

Clatsop Community College

Web site: www.clatsopcc.edu
1653 Jerome
Astoria, OR 97103
(503) 338-2436
Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.

Columbia Gorge Community College

Web site: www.cgcc.cc.or.us
400 East Scenic Dr.
The Dalles, OR 97058
(541) 506-6140
Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.

Concorde Career College

Web site: www.concorde.edu/programs/practical-nursing.asp
1425 N.E. Irving St., Building 300
Portland, OR 97232
(503) 281-4181

Mt. Hood Community College

Web site: www.mhcc.cc.or.us
26000 S.E. Stark St.
Gresham, OR 97030
(503) 491-6727

Oregon Coast Community College

Web site: www.occc.cc.or.us/programs/nursing/index.html
400 SE College Way
Newport, OR 97366
(541) 867-8542
Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.

Pioneer Pacific College, Springfield

3800 Sports Way
Springfield, OR 97477
(541) 684-4644

Pioneer Pacific College, Wilsonville

Web site: www.pioneerpacific.edu/Nursing.htm
27375 S.W. Parkway Ave.
Wilsonville, OR 97070
(503) 682-1862

Rogue Community College

Web site: <http://learn.roguecc.edu/alliedhealth/practicalnursing/home.htm>
202 S. Riverside
Medford, OR 97501
(541) 245-7504

Sumner College

Web site: www.sumnercollege.edu
8909 SW Barber Blvd., Suite 100
Portland, OR 97219
(503) 223-5100
Currently granted "Initial Approval."

Treasure Valley Community College

Web site: www.tvcc.cc/Nursing/index.htm
650 College Blvd.
Ontario, OR 97914
(541) 881-8822, Ext. 345
Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.

Umpqua Community College

Web site: www.umpqua.edu
1140 College Rd., or
PO Box 967
Roseburg, OR 97470
(541) 440-4613
FAX: (503) 363-6483
Currently granted "Initial Approval."

Valley Medical College

Web site: www.valleymedicalcollege.com
4707 Silverton Rd. N.E.
Salem, OR 97305
(503) 363-9001

YOUR BOARD IN ACTION

Highlights from the April 2010 Board Meeting

RULES ADOPTED

The Board adopted temporary rule changes to Division 50 of the Nurse Practice Act (OAR 851-050-0138)(1) (c) that allows acceptance of national certification for a portion of the continuing education requirement for NP renewal.

Temporary rule changes to Division 63 (OAR 851-063-0090)(7)(a) and Division 45 (OAR 851-045-0070(5) (d) was adopted that made the current language in regards to violations relating to impairment of nursing assistants consistent with language in Division 45 referring to nurses.

All three sets of temporary rules were effective upon filing; a permanent rulemaking will be held September 16, 2010.

The Board adopted rule changes to Division 10 of the Nurse Practice Act (OAR 951-010-0024) that codifies in rule the existing compensation rates for Board members, as directed by House Bill 2058 that was passed during the 2009 Legislative Session.

FIRST READINGS

The Board accepted proposed rule language to Division 2 of the Nurse Practice Act (OAR 851-002-0010(11) and -0040(16)) that eliminates fees for retired nurse status and the CNA 2 registration fee.

Proposed rule language for Division 62 (OAR 851-062) also was accepted that clarified the process for student nurses to obtain a CNA 2, enable reactivation of a CNA 2, and permit a RN or LPN to obtain a CNA 2.



The Board accepted proposed rule language for Division 63 (OAR 851-063) that removed language related to the CNA additional tasks, and established core CNA 2 authorized duties.

POLICIES ADOPTED

The Board accepted a policy creating a core curriculum for CNA 2s, and accepted changes to the existing curriculums for CNA 2-Acute Care, CNA2-Restorative Care, and CNA2-Dementia Care. The changes were the result of the extensive work of the CNA stakeholder group.

The Board also accepted a proposed 15-member list for the new Nursing Practice Committee. Five associate members also were accepted. Members represent all geographic areas of the state and a wide range of practice areas. The committee's first meeting was scheduled for May 15, 2010.

Additional meeting dates can be found on the OSBN website, www.oregon.gov/OSBN/meetings.

EDUCATION

The Board approved the Rogue Community College's practical nursing program for up to eight years and accepted Blue Mountain Community College's pass rate improvement report. RCC is located in Grants Pass, Ore., and BMCC is located in Pendleton, Ore.

ADMINISTRATION

Executive Director Holly Mercer presented information on the new Health Professionals' Services Program for impaired healthcare professionals. Current Nurse Monitoring Program participants will transfer to the new program July 1, 2010. (See article on page 11.)

For complete meeting minutes, please visit the OSBN website at www.oregon.gov/OSBN/meetings.

DISCIPLINARY ACTIONS

Name	License Number	Discipline	Effective Date	Violations
Kimberly D. Acord	200612530CNA/ 200820069CMA	Voluntary Surrender	5-12-10	Violating the terms and conditions of a Board Order and failure to cooperate with the Board during an investigation.
Eleanor J. Arnold	200911266CNA	Suspension	4-14-10	30-day suspension, with conditions. Client abuse, failing to respect client rights and engaging in other unacceptable behavior in the presence of clients.
Kenda R. Bailey	200630106LPN	Revocation	4-14-10	Failing to comply with the terms and conditions of the Nurse Monitoring Program.
Paul A. Barry	000036392CNA	Probation	3-10-10	24-month probation. Using intoxicants to the extent he was unable to perform CNA duties safely.
Jamie C. Bass	200612673CNA	Reprimand	3-10-10	Failing to answer questions truthfully and misrepresentation during the certification process.
Heather R. Bean	200210623CNA/ 200420102CMA	Voluntary Surrender Voluntary Surrender	4-14-10 11-18-09	Violating the terms and conditions of a Board Order. Misrepresentation during the certification process and failure to answer questions truthfully.
Annamay Bertholf	200541132RN	Voluntary Surrender	4-14-10	Inaccurate and incomplete recordkeeping, unauthorized removal of drugs from the workplace, and failing to conform to the essential standards of acceptable nursing practice.
Heather A. Beyer	200810651CNA	Voluntary Surrender	4-14-10	Violating the terms and conditions of a Board Order.
Bryan A. Bodily	200841989RN	Voluntary Surrender	4-14-10	Using the client relationship for personal gain and failing to comply with the terms and conditions of the Nurse Monitoring Program.
Steven G. Bunes	200411736CNA	Reprimand	3-10-10	Reprimand with conditions. Client neglect and failing to respect client rights.
Aletha V. Burke	200210903CNA	Reprimand	3-10-10	Criminal Mistreatment II conviction.
Julianna M. Castaneda	CNA Applicant	Voluntary Withdrawal	3-10-10	Using intoxicants to the extent that such use impairs the ability to conduct CNA duties safely.
Cathryn L. Chapman	092000445RN	Probation	4-14-10	24-month probation. Performing acts beyond her authorized scope, administering drugs to any person except as directed by a person authorized by law to prescribe drugs, and failing to conform to the essential standards of acceptable nursing practice.
Leonard L. Christian	200141576RN	Voluntary Surrender	3-10-10	Practicing nursing while impaired.
Daniel A. Clark	200612611CNA	Suspension	5-12-10	Indefinite suspension. Failing to cooperate with the Board during an investigation.
Brandy L. Clem	200730419LPN	Voluntary Surrender	4-14-10	Using the client relationship for personal gain, unauthorized removal of drugs and money from clients, and practicing nursing without a current license.
Sean Cluver	200911363CNA	Revocation	3-10-10	Sexual misconduct related to a client and client abuse.
Jill G. Cooper	200442408RN	Voluntary Surrender	4-14-10	Using intoxicants to the extent she was unable to practice nursing safely and a Burglary conviction.
Teresa L. Crockett	200410511CNA	Voluntary Surrender	5-12-10	Violating the terms and conditions of a Board Order.
Julie Jo Deal	098003064RN	Reprimand	4-14-10	Reprimand, with conditions. Incomplete recordkeeping, administering drugs without authorization, performing acts beyond scope and failing to conform to the essential standards of acceptable nursing practice.
Melissa D. DeLay	200612629CNA	Voluntary Surrender	5-12-10	Violating the terms and conditions of a Board Order.
Anita J. Delint	200341264RN	Reprimand	4-14-10	Conduct derogatory to the standards of nursing.
Betty L. Dietrich	080044999RN	Voluntary Surrender	3-10-10	Practicing nursing while impaired.
Tabitha R. Duval	200130233LPN	Application Denied/ Civil Penalty	4-14-10	\$5,000 civil penalty. Practicing nursing without a valid license.
Heather M. Duvall	000037301CNA	Suspension	5-12-10	Indefinite suspension. Failing to cooperate with the Board during an investigation.
Kristie L. Ebersole	200941325RN	Reprimand	4-14-10	Reprimand with conditions. Failing to implement the plan of care and failing to conform to the essential standards of acceptable nursing practice.
Carrie J. Edmonds	200211554CNA	Probation	4-14-10	24-month probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Fayelene D. Elson	200812201CNA	Voluntary Surrender	4-14-10	Violating the terms and conditions of a Board Order.
Jesus Espinoza-Gallegos	200512189CNA	Voluntary Surrender	3-10-10	Violating the terms and conditions of a Board Order.
Brian K. Estavillo	RN/CRNA Applicant	Application Denied	4-14-10	Practicing while impaired and suspension of his Arizona license.
Laura C. Firkus	000025483CNA	Probation	3-10-10	24-month probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Anna M. Fladager	200440846RN	Suspension	5-12-10	30-day suspension, with conditions. Failing to maintain professional boundaries with a client, and failing to conform to the essential standards of acceptable nursing practice.
Jeannie L. Frank	079011282RN	Voluntary Surrender	4-14-10	Failing to comply with the terms and conditions of the Nurse Monitoring Program.
Janice L. Freeman	200830385LPN	Voluntary Surrender	5-12-10	Failing to take action to promote client safety and failing to conform to the essential standards of acceptable nursing practice.
Lois M. Garner	CNA Applicant	Probation	4-14-10	24-month probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Cynthia H. Garson	000017552CNA	Reprimand	4-14-10	Reprimand with conditions. Incomplete recordkeeping.
Danette Gerhardt	200010068CNA	Voluntary Surrender	3-10-10	Failing to meet requirements for renewal.
Pamela J. Gibson	000007531LPN	Voluntary Surrender	5-12-10	Violating the terms and conditions of the Nurse Monitoring Program.
Lukas M. Girdler	200820137CMA	Suspension	4-14-10	9-month suspension, with conditions. Failing to administer medications as ordered, failing to document medications as administered, and altering medication administration record.
Linda K. Givens	098003027LPN	Voluntary Surrender	4-14-10	Violating the terms and conditions of a Board Order.

Name	License Number	Discipline	Effective Date	Violations
Lester W. Glidden	RN Applicant	Application Denied	5-12-10	Failing to comply with a Board Order.
Maryann L. Goings	000013046CNA/ 000013046CMA	Voluntary Surrender	5-12-10	Removing drugs from the workplace without authorization.
Hector A. Gonzalez	200712723CNA	Revocation	4-14-10	Exploiting the client relationship for personal gain, and failing to cooperate with the Board during an investigation.
Kimberly A. Grant	087000113RN	Revocation	3-10-10	Failing to comply with the terms and conditions of the Nurse Monitoring Program.
Leedessa Colbert Gumbs	200010445CNA	Probation	5-12-10	12-month probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Connie Hamilton	200811345CNA/ 200920048CMA	Voluntary Surrender	5-12-10	Failing to administer medications as ordered, and failing to competently perform CNA duties.
Renee M. Hansen	200742174RN	Reprimand	5-12-10	Reprimand with conditions. Client neglect, failure to respect client dignity, and failure to conform to the essential standards of acceptable nursing practice.
Claudio F. Heffel	200411205CNA	Revocation	5-12-10	Identity Theft and Forgery convictions.
Erin L. Howell	CNA Applicant	Application Denied	5-12-10	Failing to answer questions truthfully during the certification process and convictions.
Cathy M. Ingram	200810578CNA	Voluntary Surrender	4-14-10	Using the client relationship for personal gain and borrowing money from a client family.
Cheryl A. Joy	200810679CNA	Reprimand	5-12-10	Reprimand with conditions. Client neglect and failure to competently perform CNA duties.
Mary C. Kelly-Walsh	096005227LPN	Voluntary Surrender	4-14-10	Practicing while impaired, and failing to comply with the terms and conditions of the Nurse Monitoring Program.
Marlyce C. Kennedy	200450131NP	Reprimand	4-14-10	Reprimand with conditions. Inaccurate and incomplete recordkeeping, failure to properly assess and document client assessment when prescribing or dispensing drugs, failure to maintain client records in a timely manner, and failure to communicate information regarding client status to other members of the healthcare team.
Christine E. Klecker	000028245RN	Revocation	4-14-10	Violating the terms and conditions of a Board order.
Mark C. Kujawski	200111486CNA	Probation	4-14-10	24-month probation. Using intoxicants to the extent he was unable to perform CNA duties safely.
Natasha R. Lackey	200812086CNA	Voluntary Surrender	5-12-10	Violating the terms and conditions of a Board Order.
Katie L. Langendorf	200541234RN	Voluntary Surrender	3-10-10	Practicing nursing while impaired.
Michelle D. Long	200510510CNA	Revocation	3-10-10	Exploiting the client relationship for personal gain.
Colleen F. Longmuir	200440331RN	Voluntary Surrender	4-14-10	Failing to comply with the terms and conditions of the Nurse Monitoring Program.
Thana M. Martin	088006000RN	Revocation	4-14-10	Conduct derogatory to the standards of nursing.
Jean M. Maxwell	200112380CNA	Revocation	4-14-10	Violating the terms and conditions of a Board order.
Arilon D. McCune	200812452CNA	Probation	4-14-10	24-month probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Nancy McGrath	000031189RN	Voluntary Surrender	3-10-10	Inaccurate and incomplete recordkeeping, failing to communicate information about client status and failing to conform to the essential standards of acceptable nursing practice.
Patricia L. McGuffin	CNA Applicant	Application Denied	4-14-10	For supplying false information.
Micheal J. Mee	000020621CNA	Voluntary Surrender	4-14-10	Violating the rights of client privacy and confidentiality.
Patricia M. Morrison	089003022RN	Voluntary Surrender	3-10-10	Violating the terms and conditions of a Board Order.
Billie F. Olson	093005232LPN	Revocation	4-14-10	Failing to answer questions truthfully and an Assault conviction.
Beatrice N. Otti	000039414CNA	Reprimand	3-10-10	Reprimand with conditions. Failing to respect client rights and engaging in other unacceptable behavior in the presence of a client.
Jenny Perlenfein	200810333CNA	Suspension	5-12-10	30-day suspension, with conditions. Failing to respect client rights and dignity, client abuse and engaging in other unacceptable behavior in the presence of a client.
Pearl Phetsomphou	201010864CNA	Probation	4-14-10	24-month probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Rachel M.A. Pietila	CNA Applicant	Application Denied	4-14-10	Theft conviction.
Laura L. Pippin	200711071CNA	Suspension	5-12-10	Indefinite suspension. Failing to cooperate with the Board during an investigation.
Donna L. Pringle	201010139CNA	Voluntary Surrender	4-14-10	Violating the terms and conditions of a Board Order.
Monica R. Rappe	200341477RN	Suspension	4-14-10	15-day suspension, with conditions. Failing to take action to preserve patient safety and failing to conform to the essential standards of acceptable nursing practice.
Margaret T. Reyes	200212709CNA	Revocation	4-14-10	Violating the terms and conditions of a Board order.
Mechele Robinson	000044045CNA	Suspension	4-14-10	Indefinite suspension. Failure to cooperate during an investigation.
Jennifer L. Rodriguez	200411990CNA	Probation	4-14-10	24-month probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Chantel E. Sarratt	201010863CNA	Probation	4-14-10	24-month probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Michele J. Schmidt	FNP Applicant	Voluntary Withdrawal	3-10-10	Obtaining a Prescription Drug by Fraud conviction, and for using intoxicants to the extent that such use impairs the ability to practice safely.
Momodou Secka	200311774CNA	Revocation	4-14-10	Client abuse.
Tamara S. Sharp	200341459RN	Suspension	4-14-10	24-month suspension. Use of intoxicants to the extent she was unable to practice nursing safely and practicing while impaired.
Morgan A. Shaw	200612501CNA	Reprimand/Probation	3-10-10	24-month probation. Failing to answer questions truthfully and for using intoxicants to the extent she was unable to perform CNA duties safely.
Dana L. Smith	200141257RN	Suspension	4-14-10	120-day suspension, with credit spent for time out of nursing practice. Inaccurate recordkeeping, falsifying a client record and failing to conform to the essential standards of acceptable nursing practice.
Deanna M. Smith	200912554CNA	Voluntary Surrender	3-10-10	Violating the terms and conditions of a Board Order.
Michael D. Smith	200730026LPN	Revocation	4-14-10	Failing to take action to preserve client safety, failing to implement the plan of care, and failing to conform to the essential standards of acceptable nursing practice.

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Name	License Number	Discipline	Effective Date	Violations
Jennifer L. Spackman	200512894CNA	Probation	3-10-10	24-month probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Janella M. Spears	082008087RN	Probation	3-10-10	24-month probation. Failing to maintain professional boundaries with a client, failing to communicate client information to members of the healthcare team, and failing to conform to the essential standards of acceptable nursing practice.
Barbara J. Steele	200041217RN	Voluntary Surrender	4-14-10	Practicing nursing while impaired.
Suzanne Stiles	097006027RN	Voluntary Surrender	4-14-10	Failing to comply with the terms and conditions of the Nurse Monitoring Program.
Jennifer Streeter	200641939RN	Voluntary Surrender	3-10-10	Failing to comply with the terms and conditions of the Nurse Monitoring Program.
Leslie J. Stroe	200841703RN	Voluntary Surrender	5-12-10	Using intoxicants to the extent she was unable to practice safely.
Joyce A. Sundsvold	FNP Applicant	Voluntary Withdrawal	4-14-10	Not meeting the educational requirements for licensure.
Kim B. Thom	000008128CNA	Probation	5-12-10	12-month probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Buba Touray	200712352CNA	Suspension	4-14-10	Indefinite suspension. Failure to cooperate during an investigation.
Jeanette E. Townsend	Nurse Imposter	Civil Penalty	3-10-10	\$650 civil penalty. Practicing nursing without a license.
Lenae K. Trussell	RN Applicant	Reprimand	4-14-10	Misrepresentation during the licensure process and failing to answer questions truthfully.
April L. Tyler	200811278CNA	Suspension/Probation	3-10-10	30-day suspension, followed by 12-month probation. Failing to answer questions truthfully.
Anne Tyler-Wightman	099000701RN	Voluntary Surrender	3-10-10	Mental condition that prevents her from practicing safely and practicing nursing when impaired.
Terry G. Vanalstine	CNA Applicant	Voluntary Withdrawal	4-14-10	Using intoxicants to the extent he was unable to perform CNA duties safely.
Adrienne C. Wagner	201010875CNA	Reprimand/Probation	4-14-10	24-month probation. Using intoxicants to the extent she was unable to perform CNA duties and failing to answer questions truthfully.
Karol Waits	083038901RN	Voluntary Surrender	5-12-10	Physical condition that prevents her from practicing safely.
Lyn M. Walters	095007055RN	Voluntary Surrender	3-10-10	Violating the terms and conditions of a Board Order.
Robert K. Ward	000028878CNA	Probation	4-14-10	24-month probation. Using intoxicants to the extent he was unable to perform CNA duties safely.
Claudia J. West	200640502RN	Revocation	5-12-10	Failing to comply with the terms and conditions of the Nurse Monitoring Program.
Yvette M. Wheeler	200642682RN	Reprimand	5-12-10	Reprimand with conditions. Failing to implement the plan of care and failing to conform to the essential standards of acceptable nursing practice.
Lynn A. Willis	095000125RN/ 200550083NP	Suspension	3-10-10	15 day suspension, with conditions. Prescribing, dispensing, administering or distributing drugs in an unsafe or unlawful manner.
Michael R. Wilson	000013035CNA	Voluntary Surrender	4-14-10	Using intoxicants to the extent he was unable to perform CNA duties safely and removing drugs from the workplace without authorization.
Judith A. Woody	097000654RN	Voluntary Surrender	3-10-10	Falsifying a client record and failing to conform to the essential standards of acceptable nursing practice.

UPCOMING OSBN BOARD MEETING DATES

Wednesday	06/16/2010	9:00 a.m.	OSBN Board Meeting--Day 1
Thursday	06/17/2010	9:00 a.m.	OSBN Board Meeting--Day 2
Wednesday	07/14/2010	5:00 p.m.	OSBN Board Meeting, via Teleconference
Wednesday	08/18/2010	5:00 p.m.	OSBN Board Meeting, via Teleconference
Wednesday	09/15/2010	9:00 a.m.	OSBN Board Meeting--Day 1
Thursday	09/16/2010	9:00 a.m.	OSBN Board Meeting--Day 2
Wednesday	10/13/2010	5:00 p.m.	OSBN Board Meeting, via Teleconference
Wednesday	11/17/2010	9:00 a.m.	OSBN Board Meeting--Day 1
Thursday	11/18/2010	9:00 a.m.	OSBN Board Meeting--Day 2

All meetings are located at the OSBN Office, 17938 SW Upper Boones Ferry Road, Portland.

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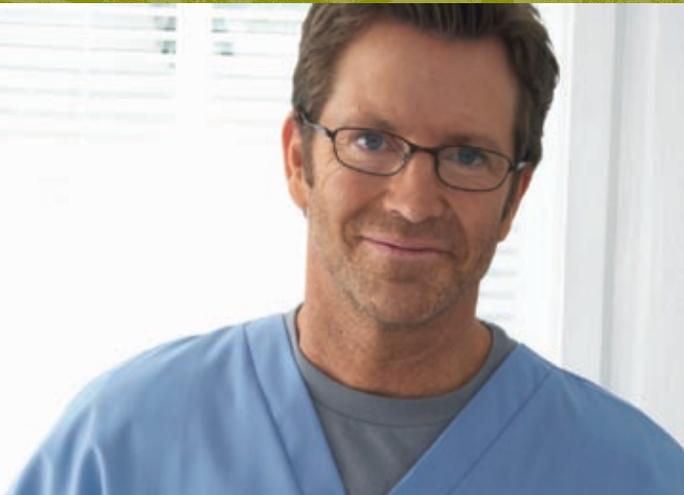
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