

A smiling male nurse in blue scrubs is holding a baby in a hospital setting. The nurse has a stethoscope around his neck and is looking directly at the camera. The baby is looking towards the camera with a neutral expression. The background shows a hospital hallway with glass doors and a bright, clean environment.

OREGON BOARD OF NURSING  
**SENTINEL**

[ VO.30 - NO.3 - SEPT 2011 ]

**PRECEPTING  
A STUDENT:**  
Your Rights and  
Responsibilities

**THE PRACTICE  
REQUIREMENT  
AND LICENSURE  
RENEWAL**

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# SENTINEL

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OSBN Board Meeting--Day 1

**09/22/2011 THURSDAY**  
OSBN Board Meeting--Day 2

**10/26/2011 WEDNESDAY**  
OSBN Board Meeting, via Teleconference

**11/16/2011 WEDNESDAY**  
OSBN Board Meeting--Day 1

**11/17/2011 THURSDAY**  
OSBN Board Meeting--Day 2

Please check OSBN website at  
[www.oregon.gov/OSBN/meetings.shtml](http://www.oregon.gov/OSBN/meetings.shtml)  
for all meeting times. All meetings are  
located at the OSBN Office, 17938 SW  
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## OREGON BOARD OF NURSING

# OREGON STATE BOARD OF NURSING 2011 MEMBERS

### **PATRICIA MARKESINO, RN, BOARD PRESIDENT**

**Terms: 1/23/06 - 12/31/08, 1/1/09 - 12/31/11**

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 serves in the Licensed Practical Nurse position 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**

Ms. Cain is a CNA 2-Acute Care at Rogue Valley Medical Center and has 11 years of experience. She is currently a Patient Care Tech in the Central Transportation Department and also is on-call for CCU and ICU. She received her nursing assistant training from the Asante Health System Training Program in Medford, Ore. Ms. Cain serves in the Certified Nursing Assistant position on the Board.

### **KAY CARNEGIE, RN**

**Term: 1/1/09 - 12/31/11**

Ms. Carnegie is currently the 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**

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**

Ms. Mill is a staff nurse 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.

### **BENJAMIN SOUEDE, JD, PUBLIC MEMBER**

**Term: 3/1/10 - 12/31/12**

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. Souede resides in Portland, Ore.

### **MAX TENSCHER, RN, FNP**

**Term: 3/1/10 - 12/31/12**

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.

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By OSBN Advanced Practice Consultant *Tracy Klein, PhD, FNP, FAANP*  
and OSBN Education Consultant *Joy Ingwerson, RN, MSN*

## PRECEPTING A STUDENT: *Your Rights and Responsibilities*

Clinical teaching associates or preceptors are used as part of the clinical mentorship for all levels of nursing practice. Before accepting this responsibility, become familiar with the Oregon Nurse Practice Act in addition to the requirements of the student's nursing program. The following highlights common areas of clarification for nurses accepting this clinical role. Please contact the Board's Education Consultant for further clarification or concerns regarding RN/LPN programs, or the Board's Advanced Practice Consultant for students enrolled in NP (includes CNM), CRNA or CNS programs.

### GENERAL RESPONSIBILITIES OF THE NURSING PROGRAM

The nursing program is responsible to provide clinical teaching associates/preceptors with written expectations of the preceptor role, including information about the student's specific clinical objectives. The nursing program is responsible to check and document the student's enrollment status, licensure or certification, completion of required vaccines and any other legal requirements such as criminal background checks. The nursing program also signs and maintains records of clinical agreements with the site of the clinical practice which are reviewed and periodically updated. The nursing program may require individual contracts or agreements with clinical teaching associates/preceptors in addition to their site of practice.

The nursing program provides faculty oversight for the student's clinical experience. All clinical completed by students must be directed and supervised by a nurse educator or nurse educator associate.

### GENERAL RESPONSIBILITIES OF THE PRECEPTOR

The clinical teaching associate/preceptor is responsible for direct supervision of any patient care the student provides while enrolled in their clinical practicum. Clinical teaching associates/preceptors must hold an unencumbered license to practice in Oregon appropriate to the student's learning needs and objectives. Clinical teaching associate/preceptors are additionally responsible to verify that NP students who will seek prescriptive authority specifically document prescribing hours in their practicum. The Oregon State Board of Nursing (OSBN) requires that all Nurse Practitioners seeking licensure must have documented at least 150 hours of pharmacologic management in their clinical practicum (OAR 851-056-0006(5)). In Oregon, distance learning programs must meet similar requirements to site-based programs. The clinical teaching associate/preceptor must establish and maintain contact with the student's program where they are enrolled. Additional requirements for out-of-state programs are discussed below.

### RN/LPN STUDENTS ENROLLED IN AN OREGON PROGRAM

All Oregon based RN and LPN programs must be approved by the OSBN. Program requirements are found in Division 21 of the Oregon Nurse Practice Act ([www.oregon.gov/OSBN](http://www.oregon.gov/OSBN)). The Board specifies that faculty members must confer with each clinical teaching associate (individually or in groups) regularly during the clinical experience (OAR 851-021-0045). A list of approved Oregon RN/LPN programs may be found at: [http://www.oregon.gov/OSBN/RN\\_LPNprograms.shtml](http://www.oregon.gov/OSBN/RN_LPNprograms.shtml).

### NP/CRNA/CNS STUDENTS ENROLLED IN AN OREGON PROGRAM

The Oregon State Board of Nursing is currently surveying all Oregon NP programs, but does not review CRNA or CNS programs. Regulations for students seeking licensure in Oregon may be found in the appropriate Division of the Oregon Nurse Practice Act. For updates on approved Oregon NP programs please visit our website at [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN).

### OUT-OF-STATE PROGRAMS PLACING STUDENTS IN OREGON

Any student placed in Oregon for clinical nursing practice from an out-of-state pre-licensure or advanced practice program is required to register with the Board before practice starts. The Board will acknowledge registration to the program and/or student. Forms for

registration with the Board are found at [www.oregon.gov/OSBN/forms.shtml](http://www.oregon.gov/OSBN/forms.shtml). Preceptors should ask the nursing student or program contact for a copy of this verification before the start of any patient practicum.

Programs placing students for clinical practice in Oregon must be able to validate that they are:

- 1) Nationally, and/or regionally state accredited by an agency recognized by the Council on Higher Education Accreditation (CHEA).
- 2) In compliance with Oregon Office of Degree Authorization requirements (see [www.osac.state.or.us/oda/](http://www.osac.state.or.us/oda/)).
- 3) Approved by their home Board of Nursing (OAR 851-021-0090) if an RN/LPN program.

Students in post-licensure programs such as RN-BSN programs

should ensure that their program works directly with the Oregon Office of Degree Authorization to understand required state level approval before any practicum experiences begin in Oregon.

**FAQs**

*I've heard that the student is working under my nursing license. Is this true?*

The nursing student does not practice under the RN's license any more than a CNA or LPN does. The student practices under the statute of the Nurse Practice Act that allows "the practice of nursing incidental to the planned program of study for students enrolled in nursing education programs accredited by the Oregon State Board of Nursing" or another state or US jurisdiction (ORS 678.031(2)). The licensed nurse would be held responsible for assisting the stu-

dent and making appropriate assignments of client care based on the level of the student's competence. The licensed nurse retains responsibility and accountability for patient care, even if a student nurse provides a large portion of that care.

All Advanced Practice Registered Nurse students in Oregon are required to have an Oregon RN license, and are therefore practicing under the requirements of that license, in addition to the supervision of the nursing faculty in their program. Many nursing Boards do not approve or accredit Advanced Practice Nursing programs.

*What are the Board's requirements for co-signature of charts and orders?*

Facility policies determine the process for confirmation and validation of *continued on page 8*

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charts and orders, including electronic charting. The Oregon Nurse Practice Act requires that documentation be timely and complete in any patient's record, and compliant with state and federal law such as HIPAA. A student NP or CNS may not sign prescriptions, but may write out the text of the prescription for preceptor review in order to gain required skill and competency.

### *What does the Board require for students in NP or CNS programs seeking prescriptive authority?*

Division 56 of the Oregon Nurse Practice Act contains requirements for prescriptive authority. In addition to completion of 45 contact hours of advanced pharmacology course consistent with the student's field of practice, student NPs and CNSs must complete a curriculum which is consistent with American Association of Colleges of Nursing's standards for advanced nursing degrees. Clinical preparation must integrate at least 150 hours of application of pharmacologic knowledge in completed clinical hours.

### *How does the mandatory reporting law impact my role as a preceptor or clinical teaching associate?*

Clinical teaching associates/preceptors should initially contact the student's programs with any concerns about clinical competency and ability to meet licensure requirements. Because Advanced Practice Registered Nursing students are licensed as Oregon nurses first, the requirements for mandatory reporting of nursing practice concerns applies even in the student role. See [www.oregon.gov/DHS/abuse/mandatory\\_report.shtml](http://www.oregon.gov/DHS/abuse/mandatory_report.shtml) and [www.oregon.gov/OSBN/pdfs/publications/MandatoryReportingSentinel\\_12-10.pdf](http://www.oregon.gov/OSBN/pdfs/publications/MandatoryReportingSentinel_12-10.pdf) for an overview of Oregon mandatory reporting law.



The nursing program is responsible to provide clinical teaching associates/preceptors with written expectations of the preceptor role, including information about the student's specific clinical objectives.

*I've been contacted by a former nurse who wants to do some hours to get her license back. What does that mean and what are my responsibilities?*

Nurses contacted by someone in the above scenario must first understand whether the nurse does not have a current license because of a disciplinary action or because she/he does not meet the practice requirement. The facts of the situation can first be verified online by confirming whether a license is "expired" or has been disciplined. Nurses already approved for a reentry plan or enrolled in a re-entry program will be issued a "limited license" that can be confirmed online. For any student not enrolled in a formal re-entry program, the Board should be contacted directly to identify whether or not the proposed re-entry plan has been reviewed and approved. All advanced practice re-entry students must have their plan of study and clinical site approved by the Board before starting any clinical practice. Nurses under probation or another Board sanction will have a contact coordinator at the Board who can review specifics of their Board directed requirements. Nurses completing supervised practice for disciplinary reasons will have releases and contracts which allow direct communication with the Board.

*Can a student NP bill for his or her clinical practice?*

No. According to Nurse Practitioner Attorney Carolyn Buppert: "Student services are not billable; however, students may perform and document certain portions of the history. A student may perform and document the past medical history, past social history, family history, and review of systems." Students who are obtaining a second advanced nursing license or a post-masters for the purpose of a second population specialty must be very cautious that their student clinical hours completed are not done for compensation and are approved and supervised by their program of study.

*Can a student nurse do clinical in a site where they are also employed?*

It depends. Many employers will not approve a clinical placement of an employee in the clinic, unit, or facility where they are also employed due to potential legal complications with insurance coverage and potential for role confusion. The Board expects that nursing programs who approve such placement have written policies explaining the criteria under which a placement can occur. As stated above, no compensation can be received by a student RN, L PN or Advanced Practice Registered Nurse for their clinical or re-entry practice experience, and billing for services is not legal.

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By OSBN Investigations Manager *Marilyn L. Hudson, RN, MSN, CNS, FRE*  
and OSBN RN/LPN Practice Consultant *Marilyn McGuire-Sessions, RN, MSN*

# THE PRACTICE REQUIREMENT AND LICENSURE RENEWAL

For several years the Oregon State Board of Nursing (OSBN) has required that nurses accrue practice hours as a measurement of continued competence for initial as well as continued licensure. This means that every nurse must practice 960 hours, at the level of license sought, in the five years preceding license renewal. New graduates, and those completing a Board-approved school of nursing, are exempted from this requirement for five years preceding application for licensure, and those completing a Board-approved re-entry program are exempted for the two years immediately preceding issuance of license.

For nurses working in traditional nursing positions it is generally easy to count practice hours, but it often becomes more challenging for nurses in less traditional positions or those working on an intermittent basis, such as nurses in volunteer jobs. In order to provide better clarification for nurses on practice hours, the Nursing Practice Committee worked diligently over the past year to revise existing policy, and at the June 23, 2011 Board meeting, the Board adopted the new policy. Here are some of the highlights:

- **DOCUMENTATION**

For any practice hours reported at the time of licensure renewal, the nurse must be able to document both the hours of care and the work performed in the role of nurse. The nurse is expected to retain documentation in case of an audit by the Board. For some nurses this may be as simple as maintaining pay stubs, while others may need documents such as written employment contracts or work schedules. Documentation of the work performed is also expected, so the nurse

may want to keep a summary of job duties or a position description. Client care must also be documented. This is true in major facilities as well as in situations where a nurse is volunteering.

- **VOLUNTEER WORK**

The Board reaffirmed that nurses may be able to count hours from work practiced in volunteer roles. One of the important concepts here is that the nurse is clear that he/she is practicing at a nursing level (at the level of license sought for license renewal). For example, two Registered Nurses may be working side by side at a blood pressure (BP) clinic, but it's possible that only one of them is actually practicing nursing. If one nurse is only taking readings and providing the result for the client to have or share with their provider, this is simply completion of a task, which could be accomplished by anyone who is trained in this activity. If, on the other hand, the RN is conducting an assessment of the client in the context of that BP reading, evaluating it for significance, providing

health teaching and possibly referring the client to another provider for care, these activities constitute the practice of nursing.

- **CONTINUING CLINICAL EDUCATION**

Nurses may count post-licensure continuing education that includes specific clinical application of nursing knowledge. The focus here is on application of knowledge, so this generally refers to clinical nursing hours within a program such as a RN to BSN program or for a specialty certification such as Wound, Ostomy and Continence nursing.

- **NON-NURSING DUAL LICENSURE**

Nurses may practice nursing in combination with another professional license. Nurses in this situation will be held to the standards of accountability and practice found in the Nurse Practice Act when their nursing license is used in conjunction with a secondary license or role. Nurses functioning with dual licensure must be aware of the potential for conflict in role expectations such as difference in level of autonomy, record-keeping, specialty population focus, confidentiality or billing practices. Sometimes both professional roles will be combined into one position description, and in other instances a nurse may hold separate positions. In all instances, the nurse must be able to document the hours that are being

counted as nursing practice hours, based on the scope of practice defined in the Nurse Practice Act. In all instances, the nurse must be able to document those hours that are being counted as nursing practice based on the scope of practice defined in the Nurse Practice Act.

As the Nursing Practice Committee reviewed the policy revisions, it became clear to all involved that it is essential for each nurse to plan well in advance to obtain the needed practice hours for renewal. For those working on a limited part-time basis, calculating worked hours annually will help the nurse be prepared to seek additional hours, if needed, and smooth the way for license renewal.

For additional information, view the entire policy at: [http://oregon.gov/OSBN/pdfs/policies/Policy\\_PracticeRequirements062011.pdf](http://oregon.gov/OSBN/pdfs/policies/Policy_PracticeRequirements062011.pdf)



## NEW RN/LPN PRACTICE CONSULTANT

Marilyn McGuire-Sessions, RN, MSN, began her role as RN/LPN Practice Consultant in July 2011. Formerly the director of Portland Community College's nursing program, she brings twenty years of nursing experience to the position.

McGuire-Sessions received her Bachelor of Science in Nursing in 1991, and her Master of Science degree in 1999, both from Oregon Health Sciences University in Portland, Ore. She worked as a staff nurse for 10 years, mostly in oncology and palliative care, before spending the next 10 years in nursing education. Professing a "love of nursing – as well as policy and procedures," she looks forward to working with nurses across the state in her new role. "While I have loved being a nurse educator, I am looking forward to this new opportunity to be part of nursing practice more directly."

As part of her duties with the Board, McGuire-Sessions will oversee the OSBN Nursing Practice Committee, which responds to issues regarding RN/LPN scopes of practice, and requests for rule review or formulation. For more information on the committee, visit the OSBN website at: [www.oregon.gov/OSBN/nursing\\_practice\\_cmte.shtml](http://www.oregon.gov/OSBN/nursing_practice_cmte.shtml).

## OSBN Nursing Practice Committee Update



The Board of Nursing adopted the revised policy entitled, "Practice Requirement for Licensed Practical Nurses, Registered Nurses and Advanced Practice Nurses," on June 23, 2011, as suggested by the OSBN Nursing Practice Committee. The committee, established in May 2011, is currently working on several policy revisions. See the list below for those policies currently under revision.

If you have specific expertise and would like to contribute to sub-committee work on one of these policies, please contact Marilyn McGuire-Sessions, RN/LPN Practice Consultant, at [Marilyn.McGuire-Sessions@state.or.us](mailto:Marilyn.McGuire-Sessions@state.or.us) or 971-673-0656.

### REVISIONS TO EXISTING POLICIES:

- Authorized Orders for Client Care
- Oregon State Board of Nursing Advisory Guidelines for Infusion Therapy
- Position Statement for Pain Management
- Registered Nurse Scope of Practice as a Sexual Assault Nurse Examiner
- Registered Nurses as First Assistants in Surgery

### NEW POLICY DEVELOPMENT:

- Protocols and Standing Orders

All policies can be found on the OSBN website, [www.oregon.gov/osbn/Position\\_Papers.shtml](http://www.oregon.gov/osbn/Position_Papers.shtml). Please keep in mind that that committee will have openings for some new members in spring 2012—look for updates in upcoming issues of the *Sentinel*.

# Instructing or Precepting NA or MA Students in the Clinical Setting

The role of the clinical instructor or preceptor in Nursing Assistant 1 (NA), Certified Nursing Assistant 2 (CNA 2), and Medication Aide (MA) Training is vital to the student's learning process. Before accepting this responsibility, it is important for the nurse to become familiar with the Oregon Nurse Practice Act and the requirements of the student's training program. The following offers clarification on several areas for nurses who choose to accept this clinical role. If you have any further questions or concerns on this role in NA, CNA 2, or MA training, please contact the Board's Nursing Assistant Program Consultant.

## OREGON NURSING ASSISTANT AND MEDICATION AIDE TRAINING PROGRAMS

All Oregon based NA, CNA 2, and MA training programs must be approved by the Oregon State Board of Nursing (OSBN). Program requirements are found in Division 61 of the Oregon Nurse Practice Act ([www.oregon.gov/OSBN](http://www.oregon.gov/OSBN)). All NA and MA training programs are surveyed at least once every two years. A list of Oregon approved NA, CNA 2, and MA training programs may be found at [http://www.oregon.gov/OSBN/pdfs/CNA\\_CMAprograms.pdf](http://www.oregon.gov/OSBN/pdfs/CNA_CMAprograms.pdf).

## GENERAL RESPONSIBILITIES OF THE TRAINING PROGRAM

Oregon NA, CNA 2, and MA training programs are responsible for providing the didactic, lab, and the clinical portions of the training. Each program is a separate OSBN-approved entity. A student has to complete the entire program with the same OSBN-approved entity. The student cannot start with one program and finish with another program.

The training program is responsible for obtaining OSBN approval for each clinical instructor/preceptor prior to using the individual in that particu-

lar program. Every clinical instructor/preceptor is to be provided with an orientation to their role and responsibilities with the program. This orientation should include written expectations of the instructor/preceptor role, information about the student's specific clinical objectives, and use of the forms documenting the clinical experience.

All clinical completed by students must be directed and supervised by an OSBN-approved program director or primary instructor for the training program. The clinical instructor/preceptor can be expected to be evaluated by the program director. It is the responsibility of the NA, CNA 2, or MA training program to provide the oversight for the student's clinical experience.

The NA, CNA 2, or MA training program is responsible to check and document the student's eligibility including certification (for CNA 2 & MA training), completion of required vaccines and any other legal requirements such as criminal background checks. It is the responsibility of the training program to sign, review, periodically update, and maintain records of the clinical site agreements for the clinical practice.

The training program is responsible for selecting clinical sites that are licensed under the appropriate licensing agency and are in substantial compliance with all standards of licensure. Clinical sites utilized by the program have to provide an opportunity for the students to perform the skills taught in the curriculum.

It is the program's responsibility to prepare the clinical schedule for the student and provide the schedule to the clinical facility director of nursing, the clinical instructor/preceptor, and the student.

## GENERAL RESPONSIBILITIES OF THE PRECEPTOR

The clinical instructor/preceptor is responsible for direct supervision of any client care the student provides while enrolled in their clinical experience. It is important for the clinical instructor/preceptor to maintain contact with the student's training program director and/or primary instructor during the student's clinical experience. Clinical instructors/preceptors must hold a current, unencumbered license to practice nursing in Oregon and have at least the equivalent of one year of full-time experience as a licensed nurse. The clinical instructor/preceptor will need to be familiar with the training program curriculum(s) found at [www.oregon.gov/OSBN/Position\\_Papers.shtml](http://www.oregon.gov/OSBN/Position_Papers.shtml) under "Education" and Division 63 of the Nurse Practice Act located at [www.oregon.gov/OSBN/pdfs/npa/Div63.pdf](http://www.oregon.gov/OSBN/pdfs/npa/Div63.pdf).

The clinical instructor/preceptor has the responsibility of maintaining the

instructor-to-student ratios and ensuring that all students are identified as students while in the clinical area. It will be the role of the clinical instructor/preceptor to make sure that the student(s) only provide direct care within their authorized duties and under the supervision of

the Board-approved instructor/preceptor. Students are not to be counted as staff for the clinical site and shall only provide care to the level that they have been taught and determined competent by the Board approved clinical instructor/preceptor.

## New Form for Reimbursement of Student-Paid Nursing Assistant Training Program Costs

To simplify the process for nursing assistant training program graduates to get reimbursement of fees paid for tuition, books, and testing, a new form has been developed. The Nurse Aide Training and Competency Evaluation Program Reimbursement- Nurse Aide Training SDS 0451B form can be obtained from the nursing assistant training programs or on the DHS website form page at <https://apps.state.or.us/cf1/FORMS/>. This form is not mandatory, but it will expedite the processing of the reimbursement.

This form should be presented to licensed nursing facility (nursing home) employers enrolled in the Medicaid/Medicare program within the first 12 months of graduation from the nursing assistant training program. The student must present the form with receipts for money paid by them, and a copy of their certificate of completion from the nursing assistant training program.

## OSBN Approved Changes to Division 61 of Nurse Practice Act

On June 23, 2011, the Board approved changes to Division 61 of the Nurse Practice Act that:

- Require training program providers to be licensed with the Department of Education if they offer more than just the nursing assistant and medication aide training;
- Offers the option to training programs to apply for exemption from licensing through the Department of Education if they only offer nursing assistant and medication aide training. The form to apply for an exemption of licensure as a private career school from the Department of Education is found at <http://www.ode.state.or.us/search/page/?id=2448>;
- Provide specific requirements for an enrollment agreement and disclosure statement;
- Add changes to policies and procedures to list of items requiring Nursing Board approval; and,
- Insert new standards related to organization and administration, e.g., financial viability and business practices.



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# 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-serve, 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](http://listsmart.osl.state.or.us/mailman/listinfo/osbn_rule_hearing_notif)
- Board meeting agendas:  
[http://listsmart.osl.state.or.us/mailman/listinfo/osbn\\_bd\\_mtg\\_agenda](http://listsmart.osl.state.or.us/mailman/listinfo/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/aprboardnews>
- 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.**

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Kala Killworth, [killwoka@slhs.org](mailto:killwoka@slhs.org)  
Kindra Jordan, [jordank@slhs.org](mailto:jordank@slhs.org)

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# LONGEST-LICENSED NURSE HELPS OSBN CELEBRATE CENTENNIAL

The Oregon State Board of Nursing celebrated its centennial on June 23, immediately following the regularly scheduled Board Meeting. Approximately 50 stakeholders and other guests attended the event, which included a display of historical photos, notable events and memorabilia from the past 100 years.

The celebration included guest of honor Martha McGuire, RN, 93, Oregon's longest continually-licensed nurse. McGuire attended nursing school at Deaconess Hospital in Spokane, Wash. To earn the money for nursing school, she waited tables at a logging camp in Sandpoint, Idaho. She graduated in 1942 and, as many new nurses did at that time, went straight into the Army. Following basic training, she was stationed in Winchester, United Kingdom, where she helped estab-



OSBN Executive Director Holly Mercer, JD, RN, Martha McGuire, RN, and OSBN President Patricia Markesino, RN, celebrating 100 years of nursing regulation in Oregon.

lish a 1,500 bed hospital. After the surrender in Europe, McGuire would have

gone to Japan, but the war ended before she was shipped out.

Upon returning home, she settled in Portland and was licensed by the Board in Oregon in 1945. McGuire has remained in the Portland area since that time, working at Providence Hospital, where she established its first IV department, and later at the Veterans' Administration Tuberculin Hospital. Over the years, she has also worked in nursing homes in Orient and Sandy, Ore.

McGuire now helps with various nursing duties at O'Hara Manor Residential Care in Gresham, Ore., on an on-call basis. "I've had a remarkable life," she says with a smile. "I'm very happy to still be here."

## A Century of Nursing Regulation in Oregon

Originally known as the Oregon State Board for the Examination and Registration of Nurses, the Board was created to solve two major problems: to prevent untrained individuals from claiming to be a nurse, and to create uniform educational standards amongst nursing education programs.

The Board, which consisted of only three members, held its first meeting on June 7, 1911. Its early meetings consisted mainly of reviewing applications for licensure. It approved and issued 64 licenses, a far cry from the almost 8,000 new licenses and 32,000 renewals processed each year now.

Although general licensing requirements haven't changed much since 1911, the methods the Board uses to process

applications have transformed greatly. Technological advances beginning in the 1980s moved the Board from typewriters and manual methods to computer databases and online systems to serve its licensees and the public. Approximately 92 percent of all current licenses are renewed using the Board's online license renewal system and 78 percent of endorsements used the new online endorsement application process in April 2011. The Board plans to develop an online system in early 2012 to streamline the licensure process for new exam applicants.

The first standardized Oregon nursing exam was held July 20, 1914, taken by 49 applicants. In 2010, by comparison, 1,311 Oregon applicants took the National Council for State Boards of

Nursing (NCLEX) RN examination, and 419 took the NCLEX-PN exam. The Board now approves and surveys almost 40 RN and PN nursing education programs, 55 nursing assistant and 17 medication aide training programs, and has approved 38 CNA2 training programs. All approved educational and training programs can be found on the Board's website at [www.oregon.gov/osbn](http://www.oregon.gov/osbn).

The Board first disciplined a nurse in December 1928, when Board members revoked a nurse's license for a medication error. Public safety is the Board's primary purpose, and discipline for infractions of the Nurse Practice Act is a necessary aspect of regulation. In Fiscal Year 2010, Board staff received and investigated 2,742 complaints, resulting

in 573 disciplinary actions and 71 cases referred to the Health Professionals' Services Program. The resulting cases were either dismissed or carried over into the next fiscal year.

Many things have changed since 1911; however, the Board's mission of public protection remains constant. Now with nine members and a staff of almost 50, it continues to serve its 70,000 licenses and the public as effectively and efficiently as possible, always looking for ways to streamline processes and remove unnecessary barriers to licensure.

"The way we operate has changed drastically, but the Board's primary mission remains the same," says Executive Director Holly Mercer. "To safeguard the public's safety by providing guidance for, and regulation of, entry into the profession, nursing education and continuing safe practice."

## EMPLOYERS: *Online Service Enables Bulk License Verifications*

The new OSBN online auto-verification subscription service makes the duty of verifying nursing and nursing assistant licenses much easier for employers. Subscribers to the low-cost auto-verification service may receive daily, weekly or monthly e-mail notifications of the current license status for all nurses and nursing assistants in their employ, including any new disciplinary actions and when licenses are due to renew.

Subscribers access the service through the online services section of the Board's website. Notices can be sent to one or multiple e-mail addresses for tracking. To assist with the initial sign-up, Board staff will load an employer's entire employee list into the web-based system. Employers then have the ability to add and subtract employees from their subscription list as needed.

A Frequently Asked Questions sheet is available on the Board's website at: [www.oregon.gov/OSBN/pdfs/Auto-verificationFAQsheet.pdf](http://www.oregon.gov/OSBN/pdfs/Auto-verificationFAQsheet.pdf). Demonstrations of the new auto-verification service are available either in person at the Board's office, or via WebEx. Please contact OSBN Communications Manager Barbara Holtry at 971-673-0658 to arrange a demonstration for your facility.

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# 2011 Legislative Session Recap

Several bills affecting nursing practice passed during the 2011 Legislative Session. To learn more about the bills below, visit the Legislature's website ([www.leg.state.or.us/bills\\_laws](http://www.leg.state.or.us/bills_laws)) or by contacting your district legislators.

The following is a brief description of several bills that affect licensees, the Board itself or healthcare in general:

## HOUSE BILLS

- HB 2014 — Requires Registered Nurses who have reasonable cause to suspect that a patient's injuries were inflicted by non-accidental means to report those injuries to an appropriate law enforcement agency. This dovetails with the existing mandatory reporting law, which is discussed on the OSBN website: [http://www.oregon.gov/OSBN/pdfs/publications/MandatoryReportingSentinel\\_12-10.pdf](http://www.oregon.gov/OSBN/pdfs/publications/MandatoryReportingSentinel_12-10.pdf).
- HB2395 — Requires individuals who use the title "doctor" to designate the health care profession in which the individual's doctoral degree was earned wherever the title appears; e.g., all written or printed matter, advertising, billboards, signs or other professional notices.
- HB 2397 — Creates a loan forgiveness program in the Office of Rural Health for primary care practitioners.
- HB 2650 — Requires home health agencies or in-home care agencies to complete criminal records checks on individuals paid by the agencies to provide home health or in-home care services.
- HB3085 — Requires health care facilities caring for the driver of

a vehicle that was involved in an accident to notify law enforcement if the facility becomes aware, as a result of any blood test, that the driver had controlled substances or an illegal level of alcohol in his/her system. This dovetails with the existing mandatory reporting law, available on the OSBN website: [http://www.oregon.gov/OSBN/pdfs/publications/MandatoryReporting-Sentinel\\_12-10.pdf](http://www.oregon.gov/OSBN/pdfs/publications/MandatoryReporting-Sentinel_12-10.pdf).

- HB 3220 — Allows the Oregon State Board of Nursing to use results of the nursing assistant examination for the continuing education of nursing assistants. Specifically, it would allow Board staff to share the results of failed Certified Nursing Assistant exams with the students who failed, in the hopes that students will do better when they retake the exam. The bill would remove a barrier to licensure and end a lot of frustration for many nursing assistant candidates.

## SENATE BILLS

- SB 493—Establishes a task force to review Oregon curriculum and training standards for performing clinical breast exams. The task force must submit a report of its findings and recommendations to the Legislature prior to the 2013 Legislative Session.
- SB 557—Requires each county district attorney to organize a



- sexual assault response team. Also requires medical facilities to adopt policies for the treatment or referral of acute sexual assault patients.
- SB 563—Allows previously licensed, certified, or otherwise authorized healthcare providers to register as emergency healthcare providers and to provide healthcare services without license or certification during a Governor-declared emergency. Also permits the Oregon Health Authority to direct registered emergency healthcare providers to proceed to another state where emergency healthcare services are required.
- SB 879—Directs the Oregon Health Authority to convene a work group to develop standards for administrative requirements for student placement in clinical training settings in Oregon. The standards must apply to students of nursing and allied health professions, and must pertain to clinical training in settings including, but not limited to, hospitals and ambulatory surgical centers.

# YOUR BOARD IN ACTION

*Highlights from the  
June 2011 Board Meeting*

**RULES ADOPTED.** The Board adopted proposed rule language to Division 61 (OAR 851-061) to broaden clinical preceptor qualifications and increase classroom and lab hours for medication aide training programs and incorporate changes discussed with the Department of Education regarding all training programs.

**ADMINISTRATION.** Executive Director Holly Mercer reported that the agency's budget passed, and that the three existing Limited Duration positions were continued. (See page 18 for additional information on the 2011 Legislative Session.) She also reported that OSBN Board Member Linda Mills, RN, and Nursing Assistant Program Consultant Debra Buck, RN, would represent the Board as delegates during the August 2011 National Council for State Boards of Nursing annual meeting. During the meeting, Oregon was to

be honored as one of four boards of nursing celebrating its centennial in 2011.

**POLICIES ADOPTED.** The Board approved a revision to the policy entitled, "Practice Requirements for LPNs, RNs, and Advanced Practice Nurses." This policy can be found on the OSBN website, [www.oregon.gov/osbn/Position\\_Papers.shtml](http://www.oregon.gov/osbn/Position_Papers.shtml).

**EDUCATION.** The Board granted developmental approval for Sumner College's Associate Degree Registered Nursing program. Sumner College is located in Portland, Ore. The Board also approved Portland Community College's RN program for up to eight years.

For complete meeting minutes, please visit the OSBN website at [www.oregon.gov/OSBN/meetings](http://www.oregon.gov/OSBN/meetings).

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April 24	Fun Day At Sea	--	--
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April 26	Georgetown, Grand Cayman	07:00 AM	04:00 PM
April 27	Cozumel, Mexico	10:00 AM	05:00 PM
April 28	Fun Day At Sea	--	--
April 29	New Orleans, Louisiana	08:00 AM	--

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# DISCIPLINARY ACTIONS

Name	License Number	Discipline	Effective Date	Violations
Kathleen R. Akiyama	000035495RN	Voluntary Surrender	5-25-11	Conduct derogatory to the standards of nursing.
Deana L. Altman-Nelson	086000297RN	Reprimand	6-22-11	Reprimand with conditions. Failing to conform to the essential standards of acceptable nursing practice.
Connie L. Anderson	200912768CNA	Voluntary Surrender	5-25-11	Conviction for Solicitation to Commit Aggravated Murder.
Karen A. Bailey	200730286LPN	Voluntary Surrender	7-27-11	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Kathryn E. Bailey	077039078RN	Voluntary Surrender	7-27-11	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Mitchel R. Barnett	200712745CNA	Suspension	5-25-11	Indefinite suspension. Failing to cooperate with the Board during an investigation.
Margaret M. Barr	090006421RN	Voluntary Surrender	7-27-11	Misrepresentation during the licensure process.
Frances J. Beck	082010801LPN	Suspension	6-22-11	Indefinite suspension. Failing to cooperate with the Board during an investigation.
Deborah Beemer	200541245RN	Reprimand	5-25-11	Reprimand with conditions. Failing to conform to the essential standards of acceptable nursing practice.
Karla J. Bouvette	082010317RN	Voluntary Surrender	7-27-11	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Janis K. Buehler	000024419CNA	Reprimand	6-22-11	Failing to respect client rights and client abuse.
Shelly E. Caliman-Rogers	090006800RN	Voluntary Surrender	5-25-11	Violating the terms and conditions of a Board Order.
Arden L. Carter	000044714CNA	Probation	6-22-11	24-month probation. Using intoxicants to the extent injurious to herself or others.
Brian D. Castleberry	200912457CNA	Revocation	7-27-11	Leaving a CNA assignment without notifying the proper supervisory personnel, client neglect, and failing to answer questions truthfully.
Wonming D. Chen	CNA Applicant	Application Denied	6-22-11	Menacing conviction and for using intoxicants to the extent injurious to himself or others.
Ellen K. Chiapuzio	088003130LPN	Suspension	7-27-11	Indefinite suspension. Failing to cooperate with the Board during an investigation.
Emily J. Cotton	200910020CNA	Revocation	7-27-11	Violating the terms and conditions of a Board Order.
Wendy Crowell	201111528CNA	Reprimand	6-22-11	Failing to answer questions truthfully.
Melody M. Dannen	200642142RN	Revocation	7-27-11	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Rosa Cruz DeJuarez	000037250CNA	Reprimand	6-22-11	Engaging in unacceptable behavior toward a client.
Victoria A. Dean	200841570RN	Emergency Suspension	6-22-11	Client neglect, the unauthorized removal of narcotics from the workplace, inaccurate and incomplete recordkeeping, practicing nursing while impaired, and failing to answer questions truthfully.
Alieu Drammeh	200743179RN	Revocation	7-27-11	Fraud and misrepresentation during the licensing process.
Alexander Dresser	200810535CNA	Suspension	6-22-11	Indefinite suspension. Failing to cooperate with the Board during an investigation.
Michelle A. C. Ehnes	LPN Applicant	Application Denied	5-25-11	Identity Theft and Menacing convictions.
James Ellingson	200610606CNA	Probation	6-22-11	24-month probation. Using intoxicants to the extent injurious to himself or others.
Ricky Elliott	200010725CNA	Voluntary Surrender	6-22-11	Client abuse.
Julianne Eveland	200913390CNA	Voluntary Surrender	5-25-11	Violating the terms and conditions of a Board Order.
Abraham E. Fager	201011811CNA	Revocation	5-25-11	Assault conviction.
Dennis L. Foster	201111916CNA	Probation	7-27-11	24-month probation. Using intoxicants to the extent injurious to himself or others.
Stephanie R. Frame	200911985CNA	Voluntary Surrender	7-27-11	Engaging in sexual misconduct related to a client.
Nakita R. Garcia	200710040CNA	Voluntary Surrender	5-25-11	Burglary conviction.
Robert V. Geiger	201130357LPN	Probation	7-27-11	24-month probation. Using intoxicants to the extent injurious to himself or others.
Collette Gipson	000042376CNA/ 200220125CMA	Revocation	5-25-11	Using intoxicants to the extent injurious to herself or others and failing to cooperate with the Board during an investigation.
Cynthia L. Goode	081001732RN	Voluntary Surrender	5-25-11	Failing to comply with the terms and conditions of the Nurse Monitoring Program.
Crystal K. Green	200811831CNA	Reprimand	7-27-11	Falsifying a client record and failing to perform CNA duties competently.
Jennifer L. Hall	000041365CNA	Probation	6-22-11	24-month probation. Using intoxicants to the extent injurious to herself or others.
Leroy T. Hall	200112841CNA	Revocation	5-25-11	Failing to respect client rights, exploiting client for personal gain, and failing to cooperate with the Board during an investigation.
Katrina Hansen	088000331RN	Revocation	5-25-11	Unauthorized removal of drugs from the workplace, attempting to obtain drugs without authorization, exploiting the client relationship, and failing to conform to the essential standards of acceptable nursing practice.
Mikki A. Hanson	088007188RN	Probation	5-25-11	24-month probation. Using intoxicants to the extent injurious to herself or others.
Govinda R. Heartsong	200642283RN	Voluntary Surrender	6-22-11	Unauthorized removal of narcotics from the workplace and practicing nursing while impaired.
Stephan H. Heid	200913190CNA	Revocation	7-27-11	Violating the terms and conditions of a Board Order.
April F. Hewitt	000021348CNA	Voluntary Surrender	7-27-11	Using intoxicants to the extent injurious to herself or others.
Jessica L. Hunt	201111335CNA	Probation	5-25-11	24-month probation. Using intoxicants to the extent injurious to herself or others.
Tabitha I. Jenkins	201012234CNA	Revocation	5-25-11	Violating the terms and conditions of a Board Order.
Gabriel R. Johnson	200442344RN	Revocation	7-27-11	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Amber Jordan	200240435RN	Revocation	5-25-11	Client abuse, unauthorized removal of drugs from the workplace, and failing to comply with the terms and conditions of the Nurse Monitoring Program.

Name	License Number	Discipline	Effective Date	Violations
Rebecca E. Keen	200440538RN	Voluntary Surrender	5-25-11	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Linda Keith-Bloom	081012519LPN	Voluntary Surrender	7-27-11	Obtaining prescription drugs without authorization and failing to conform to the essential standards of acceptable nursing practice.
Tasha L. Kobasa	200611048CNA	Voluntary Surrender	5-25-11	Using intoxicants to the extent injurious to herself or others.
Al E. Kuschner	083025558RN	Reprimand	6-22-11	Reprimand with conditions. Failing to maintain professional boundaries with a client.
Christopher B. Larios	200911406CNA	Suspension	5-25-11	Indefinite suspension. Failing to cooperate with the Board during an investigation.
William R. Larson	200612781CNA/ 201020008CMA	Revocation	6-22-11	Violating the terms and conditions of a Board Order.
Audrey R. Magallon	200811672CNA/ 200920026CMA	Revocation	5-25-11	Theft and Identity Theft convictions.
Roseanna F. Marlowe	000007537RN	Voluntary Surrender	7-27-11	Failing to comply with the terms and conditions of the Nurse Monitoring Program.
William R. Marshall	099007181RN	Suspension	5-25-11	Indefinite suspension. Failing to cooperate with the Board during an investigation.
Ivis J. McCarthy	098007148RN	Voluntary Surrender	7-27-11	Failing to comply with the terms and conditions of the Nurse Monitoring Program.
Laura McCaslin	096000769RN	Suspension	5-25-11	Indefinite suspension. Failing to cooperate with the Board during an investigation.
Larry R. McDade	000022247CNA	Revocation	6-22-11	Failing to respect client rights and dignity, and client abuse.
Ray A. McIntire	201110532CNA	Voluntary Surrender	6-22-11	Violating the terms and conditions of a Board Order.
Rebecca A. Morrison	200913448CNA	Probation	7-27-11	24-month probation. Using intoxicants to the extent injurious to herself or others.
Crystal A. Opperud	200311017CNA	Revocation	6-22-11	Violating the terms and conditions of a Board Order.
Trisha K. Owens	080012286RN	Reprimand	6-22-11	Reprimand with conditions. Incomplete recordkeeping, improperly delegating tasks of nursing care to unlicensed persons, and assuming responsibilities when competency has not been established.
Lisa M. Paul	095006295RN	Reprimand	6-22-11	Conviction for Furnishing Liquor to a Minor, and failing to report suspected incidents of child abuse.
Pamela D. Pennington	099007552RN	Voluntary Surrender	5-25-11	Failing to comply with the terms and conditions of the Nurse Monitoring Program.
Mary A. Pickle	000014268CNA	Revocation	5-25-11	Failing to respect client rights, client abuse and neglect, and failing to cooperate with the Board during an investigation.
Lynea A. Price	201010742CNA	Revocation	7-27-11	Using intoxicants to the extent injurious to herself or others.
Annie R. Randles	200440852RN	Voluntary Surrender	5-25-11	Unauthorized removal of drugs from the workplace, and failing to conform to the essential standards of acceptable nursing practice.
Sharal L. Renfro	CNA Applicant	Application Denied	7-27-11	Criminal Mistreatment conviction and for failing to cooperate with the Board during an investigation.

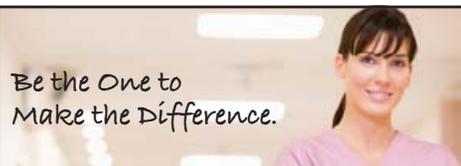


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Name	License Number	Discipline	Effective Date	Violations
Asia L. Reynolds	200711040CNA	Probation	6-22-11	24-month probation. Using intoxicants to the extent injurious to herself or others.
Gloria D. Robinson	200811693CNA	Revocation	5-25-11	Failing to respect client rights, client abuse, and failing to competently perform the duties of a nursing assistant.
Deborah J. Roper	084052253LPN	Voluntary Surrender	6-22-11	Failing to take action to promote client safety, client abuse, client neglect, and failing to conform to the essential standards of acceptable nursing practice.
Shatemra M. Rowles	CNA Applicant	Application Denied	6-22-11	Using intoxicants to the extent injurious to herself or others.
Christine Sage	200941461RN	Voluntary Surrender	6-22-11	Failing to comply with the terms and conditions of the Nurse Monitoring Program.
Sara J. Sahlfeld	200141074RN	Voluntary Surrender	7-27-11	Failing to comply with the terms and conditions of the Nurse Monitoring Program.
Heather Simshauser	200512592CNA	Probation	5-25-11	24-month probation. Using intoxicants to the extent injurious to herself or others.
Laurina D. Soles	CNA Applicant	Application Denied	7-27-11	Client abuse, neglect and failing to cooperate with the Board during an investigation.
Jennifer Spark	201011986CNA	Voluntary Surrender	7-27-11	Violating the terms and conditions of a Board Order.
Betty Stone	200942302RN	Reprimand	5-25-11	Reprimand with conditions. Failing to conform to the essential standards of acceptable nursing practice.
April L. Tyler	200811278CNA	Voluntary Surrender	6-22-11	Violating the terms and conditions of a Board Order.
David B. Waters	201140151RN	Voluntary Surrender	6-22-11	Practicing nursing while impaired.
Helen A. Watts	000012283CNA	Reprimand	6-22-11	Misrepresentation during the certification process and failing to answer questions truthfully.
Amy Wernet	200930092LPN	Voluntary Surrender	5-25-11	Failing to comply with the terms and conditions of the Nurse Monitoring Program.
Madelyn M. Williams	000022452RN	Revocation	5-25-11	Unauthorized removal of drugs from the workplace, attempting to obtain drugs without authorization.
Talitha M. Wilson	094000469RN	Reprimand	7-27-11	Incomplete recordkeeping.
Cindy Zapf	098007071RN	Probation	6-22-11	24-month probation. Incomplete recordkeeping and using intoxicants to the extent injurious to herself or others.

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The Oregon Nurses Association Announces The Publication Of A Vital New Resource For Nurses in Oregon:

## NURSES AND BULLYING IN THE WORKPLACE: A RESOURCE GUIDE

FREE TO ALL ONA MEMBERS!!!



The Oregon Nurses Association (ONA) is concerned about the widespread occurrence of nurse to nurse bullying in the workplace. Many of our members have told us that bullying happens and that they don't know how to confront it. In fact, some nurses believe that bullying is just an accepted part of the workplace in health care.

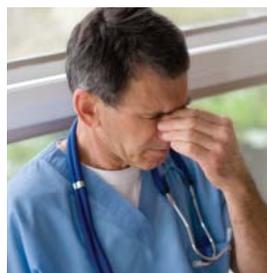
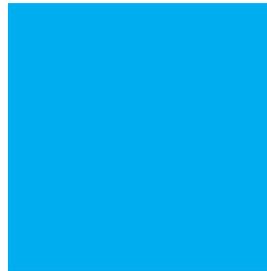
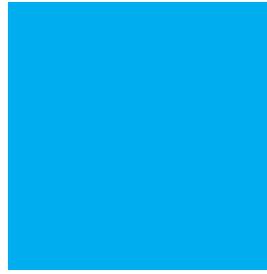
Three additional factors have moved ONA to actively address this problem. First, The Joint Commission now requires organizational policies that address disruptive behaviors. Second, studies have emerged which identified the serious consequences of bullying. Lastly, nurses began to ask us, "What can I do?"

These factors led ONA to develop a multifaceted educational approach to nurse to nurse bullying to put tools in the hands of nurses in all health care settings, organizations and schools of nursing. This guide is meant to empower nurses to respond to the bullying they experience or observe, and to significantly reduce the occurrence of bullying behavior that affects nurses in the workplace.

This new resource is **FREE** to all *ONA Members* and costs only \$5 for non-members. For more information, or to order your copy, visit ONA online at **OregonRN.org** and click on the "Reports and Publications" link in the ABOUT ONA tab.

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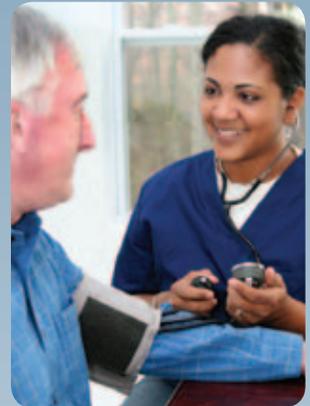
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