

OREGON BOARD OF NURSING

SENTINEL

[VO.36 • NO.4 • NOVEMBER 2017]



***OREGON'S NPA: THE
FOUNDATION FOR SCOPE
OF PRACTICE DIFFERENCES
IN LPN AND RN PRACTICE***

**SHOULD TEACHING
BE A PART OF
YOUR FUTURE?**

Official Publication of the Oregon State Board of Nursing



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Office Hours:
Monday - Friday
7:30 a.m. - 4:30 p.m.

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David Brown, President • dbrown@pcipublishing.com
For Advertising info contact
Laura Wehner • 1-800-561-4686
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OREGON'S NPA: THE FOUNDATION FOR SCOPE OF PRACTICE DIFFERENCES IN LPN AND RN PRACTICE

Much of the public holds the belief when it comes to an RN and LPN, *that a nurse is a nurse...* yet nothing could be farther from the truth. The truth is that LPN-licensure and RN-licensure are two separate and distinct license types granting very different scope of practice authorities.

The foundation for the scope of practice differences is Oregon's Nurse Practice Act. (NPA) and begins with Chapter 678 Oregon Revised Statutes (ORS). It is within these statutes that we find the definitions for *licensed practical nursing practice* and *registered nursing practice*; direction for the establishment of curricula standards for licensed practical and registered nurse education programs; and the responsibility of the Board for determining the scope of practice as delineated by the knowledge acquired through nursing education and practice. The sum of these statutes and standards provides the foundation for scope of practice difference for the LPN and the RN.

Our starting point begins with ORS 678 and the statutory definitions for *practice of practical nursing and practice of registered nursing*:

- ORS 678.010(9) Practice of practical nursing means the application of knowledge drawn from basic education in the social and physical sciences in planning and giving nursing care and in assisting persons toward achieving of health and well-being.
- ORS 678.010(10) Practice of registered nursing means the application of knowledge drawn from broad in-depth education in the social and physical sciences in assessing, planning, ordering, giving, delegating, teaching and supervising care which promotes the person's optimum health and independence.

These definitions communicate a difference in the depth and breadth of education received by each respective license type: *basic education* for the LPN and *broad and in-depth for the RN*.

But how do these descriptions translate to educational content provided by the practice nurse education program and by the registered nurse education program? We find direction in ORS 678.150 (6)(b). This statute directs the nine-member Governor-appointed Board of Nursing to establish standards and approve curricula for schools of nursing. The product of this directive is Oregon Administrative Rule (OAR) Chapter 851 Division 21 of the Nurse Practice Act (NPA).

Chapter 851 Division 21 contains specific curriculum standards for programs that prepare students for licensure as an LPN and for licensure as an RN. Curriculum standards for **practical nurse programs** require the provision of a minimum of 42-quarter units of course content and clinical experience. This breaks down into 18-quarter units of biological, applied, social, and behavioral sciences and humanities, and a minimum of 24-quarter units of practical nursing courses (of which no less than 12-quarter units are in clinical practice). Meeting the objectives of the theory content, and of faculty-supervised clinical practice, assists the student to achieve competencies within practical nursing scope of practice, including those related to:

- Creating and maintaining a safe environment of care;
- Demonstrating professional, legal, and ethical behavior in nursing practice;
- Applying knowledge and problem-solving skills;
- Providing safe, clinically competent, culturally sensitive, and client-centered care for the promotion, restoration and maintenance of wellness or for palliation across the lifespan and settings of care;
- Functioning as a member of the interdisciplinary

- healthcare team;
- Applying leadership and management skills to assign, direct and supervise care provided by nursing assistive personnel;
- Using technology to facilitate communication, manage information, and document care; and
- Providing cost-effective nursing care and participating in quality improvement strategies.

Upon successful completion of this curriculum, a certificate or diploma in practical nursing is conferred. Reflecting back to the statutory definition of the practice of practical nursing, the above course content, clinical, and student competencies describe the basic education of the LPN; the basic education from which LPN scope of practice is based.

Curriculum standards for **registered nurse programs** (associate and baccalaureate degree programs) require the provision of a minimum of 84-quarter units of course content and clinical experience. This breaks down into 36-quarter units of physical, biological, social, and behavioral sciences, and a minimum of 48-quarter units of nursing courses (of which no less than 24-quarter units are in clinical practice). Meeting the objectives of the theory content, and of faculty-supervised clinical practice, assists the student to develop competencies within registered nursing scope of practice including those related to:

- Creating and maintaining a safe environment of care;
- Demonstrating professional, ethical and legal behavior in nursing practice
- Using problem-solving skills, reflection, and clinical judgment in nursing practice;
- Prescribing/directing, managing, assigning, delegating and supervising nursing care for individuals, families, or groups;
- Providing safe, clinically competent, culturally sensitive, client-centered and evidence-based care to promote, restore and maintain wellness or for palliation across the lifespan and settings of care;
- Providing culturally sensitive and evidence-based teaching, counseling, and advocacy for individuals, families and groups;

- Participating within and providing leadership for an interdisciplinary team;
- Applying leadership skills to identify the need for and to promote change;
- Using communication and information technology effectively and appropriately;
- Applying and integrating principles of community health and community-based care into practice; and
- Integrating concepts of resource utilization, quality improvement and systems to enhance care delivery.

Upon successful completion of this curriculum, an associate degree in nursing is conferred. Baccalaureate and basic masters programs require additional content and clinical practice which assist the student to develop additional competencies within registered nursing scope of practice related to:

- Application of epidemiological, social, and environmental data and principles to identify and implement health promotion goals and strategies for communities and populations;
- Assuming leadership and effecting change through participation in teams and beginning management knowledge.
- Identifying and implementing measures to improve access to healthcare for individuals and underserved groups;
- Application of principles and practice of research to validate and improve nursing care for individuals, families, and groups; and
- Utilization of teaching-learning principles to assist colleagues and healthcare providers to improve nursing care quality.

Upon successful completion of this curriculum, a baccalaureate or master's degree in nursing is conferred.

Reflecting back to the statutory definition of *practice of registered nursing*, the respective course content, clinical, and student competencies for the associate, baccalaureate, and masters prepared graduate describe the broad in-depth education of the RN; the broad in-depth education from which RN scope of practice is based.

Continued on page 6

SCOPE OF PRACTICE

But how do these different levels of practical nurse and registered nurse education translate into LPN and RN scope of practice differences? Direction is found in ORS 678.150 (7) that directs the Board to determine the scope of practice as delineated by the knowledge acquired through approved courses of education and through experience.

The product of this directive is OAR Chapter 851 Division 45 of the *NPA Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse*. The OAR identifies LPN and RN scope of practice through both shared standards and through standards specific to each level of licensure.

LPN practice: Based on the LPN's basic education, all LPN practice occurs under the clinical direction and supervision of an RN or under the clinical direction and supervision of a licensed independent practitioner (LIP). Standards communicating this practice requirement are found at *OAR 851-045-0050(3) Standards related to the LPN's responsibility for nursing practice*. The licensee's adherence to all other LPN-

applicable standards occur only through adherence to the OAR 851-045-0050(3) standards.

RN Practice: Based on the RN's broad and in-depth education, the RN engages in nursing practice independently (with the exception of the RN-level practice role of registered nurse first assist in surgery). Standards communicating this independent practice authority are found *OAR 851-045-0060(3) Standards related to the RN's responsibility for nursing practice*. The licensee's adherence to all other RN-applicable standards occur through adherence to the OAR 851-045-0060(3) standards.

The statutes and standards presented provide the foundation for scope of practice difference for the LPN and the RN. Each licensee is responsible to be knowledgeable of the statutes and regulations governing their practice and practice within those legal boundaries. ORS 678 and the Chapter 851 OARs are accessible at the Board's website (www.oregon.gov/OSBN).

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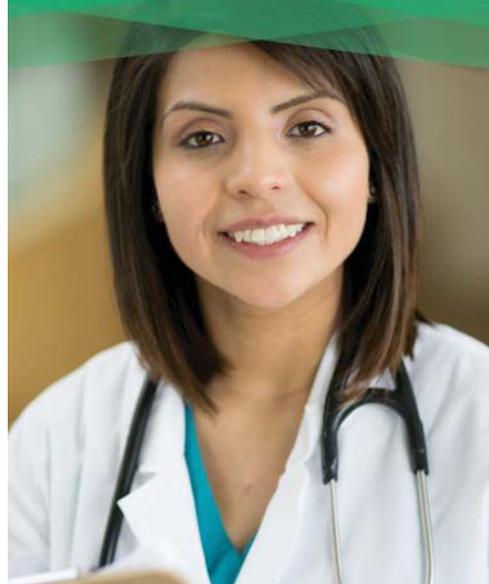


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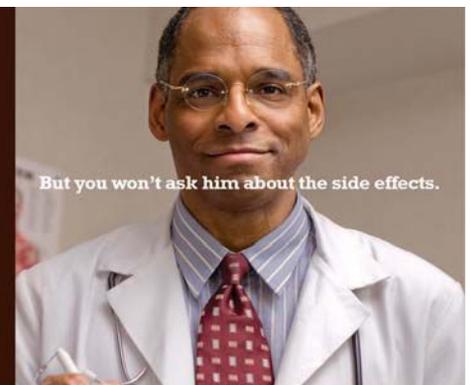
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SHOULD TEACHING BE A PART OF YOUR FUTURE?

Nurses influence many people every day through the application of their knowledge to client care, but consider how that influence would be increased exponentially by teaching students in nursing assistant or nursing programs. Most nurses who have taught students have probably lost track of the extended impact they have had on client care.



A variety of predictions on the future needs in the healthcare workforce can be found. While these sources may not completely agree on the nature of future shortages, all do agree that the healthcare needs of the aging population will require nurses, nursing assistants, and medication aides to provide care. The predicted needs create concern when linked to clear data on the shortage of faculty. In Oregon alone there were many unfilled, budgeted positions for nurse educators and primary instructors for nursing assistant programs. In 2016, nursing education programs reported more than 50 nurse educator positions unfilled and the training programs reported 29 unfilled positions. Several programs reported reducing enrollments until faculty positions are filled.

Is Teaching For You?

Consider the areas of nursing practice that are rewarding for you on a daily basis. Is patient

teaching or orienting a new hire something you enjoy? Have you been involved in other teaching opportunities such as teaching Basic Life Support classes or community education classes? These types of activities match well to the various roles nursing faculty may enact.

Teaching one-on-one is often a great starting point to develop teaching skills. Guiding and coaching another person through development of a new skill and providing feedback on what was done well or needed improvement is a typical activity for nursing faculty. Many nurses start to develop these skills through precepting a student or a new hire.

Nursing faculty also often are involved in teaching students in small groups of 4-10 in a skills laboratory setting. This type of teaching venue typically involves demonstrating skills to the small group and then providing oversight during practice time. In many programs, students then demonstrate their

skills and faculty document how the student performed. This type of teaching draws directly from bedside nursing experience and the faculty member often has the chance to use scenarios from their own career as the framework for client case studies that incorporate the use of nursing skills.

Teaching a larger group of students in a classroom setting is another way faculty interact with students. New approaches to teaching theory content are being used in most programs, which include engaging students in small group work, teaching based on case studies, and having students complete projects that they present to their class. In today's world, nursing faculty have many resources available to support classroom teaching from textbook publishers, reputable websites, and other nursing education experts that can be used to develop an informative session for students. There is an on-line video of a nursing faculty member teaching arrhythmias using tap dancing to match the rhythms. Those students who worked with that faculty member have likely never forgotten what they learned. Creativity is energizing for the faculty and the students.

Do You Enjoy Learning New Things?

Nursing faculty are always presented with questions from students that are answered with ease by experienced nurses. But, students with curious and inquiring minds do sometimes come up with new ideas or linkages of content. Everyone who has ever taught has to admit they don't know everything! But, these types of questions

usually turn into opportunities for the student and the faculty to use resources together to find the best answer. Teaching a student how to find their own answers from appropriate resources is just another part of being a faculty member.

Consider Teaching Part-Time

Many individuals who end up teaching full-time started their careers teaching part-time in a skills laboratory setting or with a small clinical group in a care setting. Those with particular specialties may find unique opportunities to teach part-time for just a few months during a term where students are learning the specialty content. Part-time faculty may also teach in the classroom where their particular expertise is needed.

Is a Doctorate Required to Teach?

There are nursing faculty positions that require a doctoral level degree but there are opportunities for those with other levels of education to participate in teaching. LPNs and RNs can participate in teaching nursing assistants. Nurses with baccalaureate level degrees may teach in specific roles with

direction from those with higher degrees. Many schools of nursing assist faculty with tuition reimbursement when they are seeking higher degrees. Faculty members who are students themselves are uniquely able to empathize with their own students.

Did You Know?

According to an Oregon Center for Nursing survey completed in 2014, 89 percent of faculty surveyed were satisfied or very satisfied with their career in teaching. Ninety-five percent expressed strong satisfaction with their relationship to students. The nurse faculty vacancy rate is higher in Western states at 10.7 percent compared to the rest of the nation at 8.3 percent (Oregon Center for Nursing, 2014).

Share Your Wisdom

Every nurse knows that learning to provide the best care possible is greatly facilitated by the knowledge and experience shared by faculty. Consider the many opportunities to be involved in shaping the healthcare providers of tomorrow through teaching.

Helpful Links

- <http://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Faculty-Shortage>
- <http://www.aacnnursing.org/Portals/42/News/Surveys-Data/vacancy16.pdf>
- <http://oregoncenterfornursing.org/reports/>

References

- Oregon Center for Nursing. (2014). Oregon's Nurse Faculty Workforce: 2014 Update. Retrieved from <http://www.oregoncenterfornursing.org>
- Smith, Ashley A. (2016). Colleges contend with few nursing instructors and wait lists. Inside Higher Education. Retrieved from <https://www.insidehighered.com/news/focus/health-professions>



Oregon Center for N U R S I N G

Celebrating 15 Years

When nursing leaders came together at the beginning of the 21st century, they faced a looming nursing shortage. They saw the immediate need to double nursing school enrollment, create new staffing models, redesign nursing education, recruit nurses to the profession, and to coordinate efforts around data collection to monitor the health of the nursing workforce for years to come.

As these leaders created the Oregon Center for Nursing (OCN) to achieve their strategic goals, they likely had no idea of the impact this nonprofit would have on Oregon's nurses. Over the years, OCN has

- Created nationally known posters, "Are You Man Enough to be a Nurse?" and "Caring Knows No Boundaries," to celebrate diversity in the profession,
- Worked to pass Senate Bill 4 to declare a nursing shortage and create PERS exceptions for nurses and nurse educators working in public institutions,
- Partnered with Johnson and Johnson to host a "Promise of Nursing" event to raise \$300,000 for nursing students and programs in Oregon,
- Worked with partners to maximize clinical placement opportunities in the Portland metro area,
- Established the Oregon Team Taskforce in 2009 to lobby for the Nurse Faculty Loan Repayment Program,
- Published more than 20 reports highlighting Oregon's nursing workforce,

- Provided learning opportunities in leadership through annual conferences,
- Identified promising practices to increase cultural competence in the nursing workforce,
- Created an initiative to encourage nurses to develop as leaders by serving on community boards,
- And much more!

Because of OCN, nurses in Oregon have access to many resources to help advance their careers and tap into the larger workforce of nursing.

As OCN celebrates its 15th year of serving the Oregon nursing community, many thanks are in order to leaders from across the state, particularly the Oregon State Board of Nursing, the Oregon Nurses Association, the Northwest Organization of Nurse Executives, the Oregon Council of Associate Degree Programs, and the Oregon Council of Deans.

OCN is committed to being Oregon's nursing workforce leader and being the premiere resource for nursing workforce information for the next 15 years and beyond. If you are interested in joining our work, please visit us at www.oregoncenterfornursing.org.



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FAILING TO RENEW ON TIME CAN LEAD TO A CIVIL PENALTY

From a public safety perspective, it is very important that licensees and certificate holders renew prior to the expiration date of their license or certificate. It is how they assure the public that they are legally qualified to provide nursing care.

The Oregon State Board of Nursing has the statutory authority to impose a Civil Penalty to a licensee or certificate holder for practicing nursing without a current Oregon license or certificate. A Civil Penalty is defined as a financial penalty imposed by a government agency as restitution for wrongdoing. According to Oregon Revised Statute 678.021, it is unlawful for any person to practice nursing or offer to practice nursing in the state of Oregon without a current, valid license or certificate that covers the scope of practice. When it is discovered that a licensee failed to timely renew their license and has been working as a nurse, the Board will impose a Civil Penalty. If a license is renewed within 60 days from the expiration date, the licensee will be required to pay a \$100 fee in lieu of Civil Penalty. A Civil Penalty can also be assessed to nurse imposters.

Nursing licenses are good for two years and expire at midnight the day before your birthday. After being issued your Oregon LPN/RN license, your first renewal cycle is dependent upon your birthday and whether you were born in an even year or an odd year. For example, your initial license period may be as short as 60 days, or up to the full two years depending on the date your license was issued in relation to your birth month and year. When a license or certificate is expired for more than 60 days, a reactivation application will need to be submitted.

When a reactivation application is received, or the

Board receives a complaint of a nurse working with an expired license for more than 60 days, Board staff will begin the Civil Penalty process. Board staff will contact the licensee to obtain information regarding the number of days practiced without a current, valid license. The amount of the Civil Penalty will be determined by the number of days practiced without a license. The Civil Penalty will be assessed at a rate of \$50 per day, with a maximum of \$5,000. Once Board staff determine the number of days a licensee practiced without a current license, the licensee will have the opportunity to sign a stipulation for Civil Penalty. A stipulation for Civil Penalty is a legal document voluntarily signed by the Licensee, agreeing to the amount of the Civil Penalty, and entering into a promise to either pay the penalty in full, or set up an acceptable payment plan. It is important to remember that a Civil Penalty is considered a disciplinary action, and it will be posted in the Sentinel and to the OSBN online verification system, as well as reported to the National Practitioner Data Bank (NPDB) and NURSUS.

The Board no longer sends renewal reminder cards via mail. The Board does send e-mail reminders to the email address of record at 90, 60, and 15 days prior to expiration. It is very important that licensees and certificate holders keep their contact information current with the Board, including email addresses. Not receiving a renewal reminder is not a defense for practicing without a current license. The OSBN website has a link to check the expiration date of any OSBN license or certificate.

When a licensee wants to dispute the imposition of the Civil Penalty, and chooses not to sign the

stipulation, a report will be made to the Board for their consideration and the Board will determine whether or not to issue a Notice of disciplinary action. If a licensee is issued a Notice of disciplinary action, they will have the right to request an administrative hearing.

In the event that any payment is 30 days overdue from the established due date, collection of the Civil Penalty will be assigned to the Oregon Department of Revenue. In the event that a Civil Penalty is sent

to collections, the licensee is subject to possible further disciplinary action by the Board, which could include suspension or revocation of license.

It is very important that licensees and certificate holders remember to timely renew their licenses or certificates prior to the expiration date. To work without a current license or certificate is not only against the law; it is also a violation of the Nurse Practice Act and the public's trust.



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EFFECTIVE CLINICAL EXPERIENCE FOR NURSING ASSISTANTS

Nursing assistants are in high demand and are expected to be knowledgeable enough to assist nurses with providing care to individuals with many needs. Thus, students in nursing assistant training programs have a significant amount of curriculum content to absorb in a relatively short period of time. That curriculum content in Oregon is found at http://www.oregon.gov/OSBN/pdfs/policies/nacurr_1.pdf. The depth and breadth of knowledge needed for the nursing assistant role cannot be covered adequately in just the 80 hours of classroom/lab time. Nursing assistants who had hands-on training or training that was equally split between hands-on training and classroom training reported being better equipped for the job than those who only had classroom training (Sengupta, Ejaz, & Harris-Kojetin, 2012). Student nursing assistants need to be given the opportunity to observe first, second imitate, third practice, and then apply skills on real clients so they can start adapting the training to the individual client's preferences, abilities and needs (Schwartz-Cassell, 2015). According to Olsen, Palmer, & Poindexter (2015), true mastery of nursing practice can only be achieved through giving care, with expert guidance, to real clients in all their physical and psychological diversity. Thus the 75 hours of supervised clinical experience is an irreplaceable part of the nursing assistant's skill acquisition and has



to be done right to be effective.

There are a variety of challenges that can impact skill acquisition (Wilson, Harwood, & Oudshoorn, 2015). One of the challenges for students becoming comfortable with performing new skills is that they are exposed to a variety of “short-cuts” from

others before they have mastered doing it the way they were taught. Some students come to the training program with previous experience where they acquired bad habits that are hard to break. Other students may have enrolled in the training program because someone else thought they should take the training, and they have discovered it is not what they want to be doing.

The clinical experience is only as good as the supervision of the experience from the Clinical Teaching Associate (CTA), the licensed nurse who has undergone specific education/training to serve as a role model, resource, and coach for students (Oregon State Board of Nursing, 2016). The CTA works under the direction of the program director or primary instructor. Creating learning opportunities in the clinical setting that best enable mastery of skill acquisition can be challenging for the CTA. A CTA needs to have very clear and specific expectations for his or her role in working with the student nursing assistant in the clinical setting. Clinical supervision is not saying, “Go with a particular certified nursing assistant (CNA) and work with him or her today.”

Too often CTAs believe that having the student shadow a CNA is appropriate implementation of the clinical experience. The CTA has a role to play in identifying learning needs and creating a plan in unison with the program director or primary instructor to ensure that the student is competent in their skill performance. Learning outcomes need to be clearly communicated to the CTA and students before the clinical experience. It should be obvious how the expected outcomes relate to the course objectives. Not only does the CTA need to know which skills to observe the student perform, but the CTA also needs to know how to measure the student's success with the competency (Schwartz-Cassell, 2015).

CTAs are professionally, legally, and ethically mandated to safeguard clients through honest evaluation of student performance (Koharchik, Weideman, Walters, & Hardy, 2015). Subjective concepts like ethics and communication often pose evaluation challenges in the clinical experience (Hammerschlag, Lasater, Salanti, & Fleishman, 2008). Having a rubric that establishes clear objective expectations for these concepts is essential for unbiased evaluation.

Regular unbiased feedback is essential to the learning process. Giving feedback is best accomplished in a respectful learning environment (Koharchik, Weideman, Walters, & Hardy, 2015). All feedback should be based on the CTA's direct observation. Thus if someone reports a concern about a student to the CTA, it is imperative that the CTA observe the student to validate the concern. Once the concern is authenticated, the feedback should be done timely. Start the feedback with getting the student's self-assessment of the situation. Use very explicit and impartial language to focus on the performance of the activity or task not on the individual student. Reinforce correct actions and performance with the student including confirming the student's understanding of expectations. Conclude with a specific action plan. When feedback is frequent and regular it becomes less intimidating for both the CTA and the students.

A common misconception is that students practice under the CTA or nursing assistant faculty member's license. That is simply not true. The only person who practices under an individual nurse's license is the individual named on the license (Ard & Valiga, 2012).

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By OSBN Training & Assessment Policy Analyst *Debra K. Buck, MS, RN*

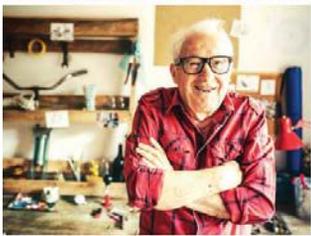
COMING SOON: CNA 2 SURVEY

To better understand how healthcare systems are using CNA2s, the OSBN's CNA/CMA Advisory Group is planning a survey before the end of the year of current CNA2s, their managers and supervisors, and nurse executives and directors of nursing.

As the Board continues to encourage healthcare systems to use CNAs at the top of their authorized duties, it has become important to understand fully what duties CNAs, specifically CNA 2s, are being asked to perform in the different types of healthcare systems. In addition, input is being sought via the surveys on two important concepts:

- First, in order to achieve more standardization in the CNA 2 training program competencies, should the Board move towards a state competency exam for CNA 2s?
- Second, should a nursing assistant have a required amount of experience as a CNA 1 before taking a CNA 2 training program?

CNA 2s are encouraged to make sure that their email address is current with the Board so they will receive the survey for input. Nurses who employ or supervise CNA 2s are encouraged to email debra.buck@state.or.us to receive the survey. Thanks in advance for your input.



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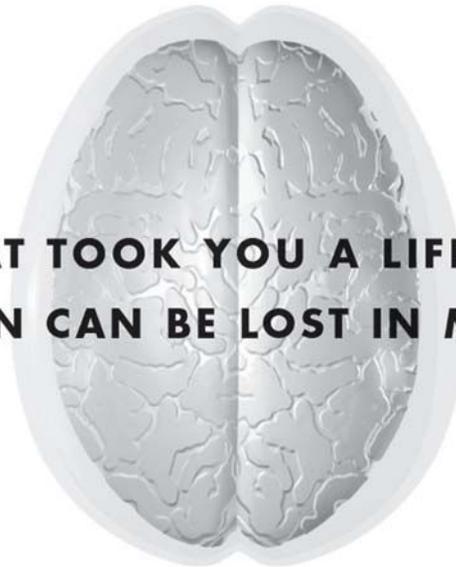
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MEET THE TEAM

The Board of Nursing is much more than just, “that place where you get your license renewed every two years.” To achieve our mission of public protection, our team is hard at work approving educational and training programs, providing outreach presentations to employers and licensees, answering scope-of-practice questions, investigating possible violations of the Nurse Practice Act, maintaining our online systems, and, yes, issuing licenses. In each issue of the Sentinel, we’ll introduce you to two of the team members who make everything work.



DESI THONIS

Although her passion lies in the creative arts—painting, specifically—OSBN Licensing Technician Desi Thonis has discovered a new love since joining the Board last year: research.

“I actually like reading the Nurse Practice Act,” she admits with a laugh. “I like the research and investigation that can be involved in processing endorsement applications. It’s interesting.”

Thonis grew up in the Salem/Keizer area and went to Chemeketa Community College to pursue her first love. “I took classes in art, art history, and painting. Painting is relaxing and you can do your own thing. You can turn a random thought into a piece of art,” she explains. “Even if it’s a splash of paint like a Jackson Pollock; I love how every splatter means something.

However, feeling the need for something more stable, she left school to work at the Oregon Employment Department as a receptionist. During the next five years, she moved to several positions; accounting technician, compliance specialist, and office specialist. “It was a big office, and I liked bouncing around to different areas,” she says. “The people were great, too.”

She worked a few other office jobs before joining the Board in August 2016. As a Licensing Tech, Thonis processes nursing assistant and medication aide exam applications and CNA/CMA endorsement applications. “Besides the research, I like to ensure that we’re licensing someone who meets all the requirements and can do the job. It makes me feel good to know I’m doing my part to ensure the public’s safety.”

Her advice to newly graduated nursing assistants? “When applying for certification, double-check for yourself that you meet all the requirements,” she offers. “Don’t rely on something your friends said!”

She still paints in her spare time, and has given several paintings to her co-workers. She also enjoys knitting, jogging, cooking, and hiking with her husband, seven-year-old daughter, and nine-year-old dachshund. “I love animals—except cats.” She wrinkles her nose. “I hate cats.”



LESLIE KILBORN

OSBN Investigator Leslie Kilborn discovered her entrepreneurial spirit at a young age. “When I was in elementary school, I raised rats and sold them to pet stores,” she says. “My dad built me a cage in the garage to house them. I learned a lot about business—how to put some of the profit back into the business so it would keep growing. Back then, there weren’t the big all-inclusive pet stores we have now. I had to go to each small pet store and make a deal. It was very educational and taught me a lot about responsibility.”

In addition to her rat business, she was always looking for ways to augment her allowance. She says she was that kid—always knocking on neighbors’ doors with a new business venture. “Once, my dad poured new concrete for our garage, and it was really shiny and smooth. So, I tried to sell “skate times” to the neighbors for two dollars an hour. I set up a record player for skating music and even picked out a song for couples. Didn’t have any takers, though,” she says with a laugh.

Kilborn’s family has been in Oregon for five generations. “There is still a street in Albany named after my family.” She took courses in criminal justice at Portland Community College and Clackamas Community College, but didn’t end up heading in that direction. Instead, she worked

for an eclectic mix of employers—greeting card company, car dealership, bartender, call center, and more. She liked trying different things.

She joined the OSBN in 2006 as a Call Center Representative and soon got her Law Enforcement Data Center (LEDS) certification to cover for the LEDS rep. She transitioned to Licensing Technician in 2008 and was responsible for processing RN and LPN exam applications. “That was quite a summer. I was doing double duty—both exam apps and LEDS—full time while we worked to hire a new LEDS person. I don’t know where I got the energy!” she says. “It felt good to be busy, though, and I knew the work was really needed.”

A move to the Investigations department came two years later when she became the assistant for the Assistant Manager, and finally became an Investigator in 2014, where she examines alleged violations of the Nurse Practice Act by licensees and certificate holders. “I love that every case is a little different. I’m always learning something, and I love the challenge,” she explains. “Continuing to process and prioritize your caseload is one of the most important things for an investigator. The cases can be complex, but you have to keep them moving. People’s livelihoods are at stake.”

Kilborn says the best thing about working for the Board is the support from management and staff. “There is lots of opportunity here. It’s a very supportive environment that really pushes you to be your best.”

In her spare time, she enjoys hiking and fishing with her husband and two grown daughters. Video games are her guilty pleasure. “But I stick to the basics—if it takes one of those fancy controllers, it’s not for me!”

DISCIPLINARY ACTIONS

Actions taken in July, August, and September 2017. Public documents for all disciplinary actions listed below are available on the OSBN website at www.oregon.gov/OSBN (click on 'Look Up a Nurse or Nursing Assistant').

Name	License Number	Discipline	Effective Date	Violations
Jacob Adams	201507606LPN	Reprimand	7-12-17	Failing to take action to promote client safety, failing to follow through with the plan of care, and failing to conform to the essential standards of acceptable nursing practice.
Kathryn Alvarez	CNA Applicant	Voluntary Withdrawal	7-12-17	Failing to meet certification requirements.
Krystal R. Aprobert	RN Applicant	Voluntary Withdrawal	9-13-17	Using intoxicants to the extent or in a manner injurious to herself or others.
Alexandra V. Asencio	201404110RN	Probation	8-9-17	24-month probation. Violating the terms and conditions of the Health Professionals' Services Program.
Carol Bennett	098007045RN	Voluntary Surrender	7-12-17	Failing to follow through with the plan of care, failing to administer medications in a manner consistent with state and federal law.
Lucy Bentea	201030416LPN	Probation	8-9-17	24-month probation. Using intoxicants to the extent or in a manner injurious to herself or others.
Mary L. Blanc	200743470RN	Revocation	8-9-17	Violating the terms and conditions of a Board Order.
James J. Body	200742322RN	Probation	9-13-17	24-month probation. Using intoxicants to the extent or in a manner injurious to himself or others.
Marcia L. Bogert	091006251RN	Reprimand	7-12-17	Violating the client's rights to privacy.
Blaine J. Boyd	200541070RN	Reprimand	7-12-17	Violating the client's rights to privacy.
Robin A. Bredfield	200441992RN	Civil Penalty	9-21-17	\$1,975 civil penalty. Practicing nursing without a current license.
Leslie M. Broyles	201505277RN	Probation	9-13-17	24-month probation. Unauthorized removal of drugs from the workplace, and using intoxicants to the extent or in a manner injurious to herself or others.
Meghan K. Bruns	201393156RN	Voluntary Surrender	9-13-17	Violating the terms and conditions of a Board Order.
James N. Call	200841352RN	Revocation	7-12-17	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Samantha M. Cole	CNA Applicant	Application Denied	9-13-17	Misrepresentation during the licensure process and failing to cooperate with the Board during an investigation.
Stacey M. Condray	201706572CNA	Probation	8-9-17	24-month probation. Using intoxicants to the extent or in a manner injurious to herself or others.
Michael F. Cottrell	RN Applicant	Voluntary Withdrawal	8-9-17	Disciplinary actions taken in Arizona and Illinois.
Christina A. Cowles	200812215CNA	Suspension	9-13-17	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Melissa A. Cranor	079037755RN	Voluntary Surrender	8-9-17	Practicing nursing when unable due to physical impairment.
Sherri Lynn G. Crawford	200310388CNA/ 201507452CMA	Probation	7-12-17	24-month probation with conditions. Demonstrated incidents of dishonesty, falsifying data, documenting services that were not provided, and jeopardizing the safety of a person under her care.
Glenda A. Cummins	200542347RN	Reprimand	8-9-17	Failing to take action to preserve client safety based on nursing assessment and judgement, and failing to conform to the essential standards of acceptable nursing practice.
Esmeralda M. Doctolero	201030465LPN	Reprimand	9-13-17	Inaccurate and incomplete recordkeeping, neglecting a client, and failing to conform to the essential standards of acceptable nursing practice.
Katelyn L. Elligsen	201406858LPN	Civil Penalty	9-1-17	\$225 civil penalty. Practicing nursing without a current license.
Tammy S. Feller	CNA Applicant	Application Denied	7-12-17	Using intoxicants to an extent or in a manner injurious to herself or others, and failing to answer questions truthfully.
Bobbie M. Felton	200942261RN	Reprimand	9-13-17	Improperly delegating tasks of nursing care to unlicensed persons.
Kathleen M. Ford	201507189CNA	Revocation	9-13-17	Abusing a person, neglecting a person, and failure to report to the Board a felony arrest.
Lisa K. Fortin	098006953RN	Civil Penalty	8-2-17	\$2,500 civil penalty. Practicing nursing without a current license.
Michele L. Fournier	201707579RN	Probation	9-13-17	24-month probation. Convictions of crimes that bear a demonstrable relationship to the practice of nursing.

Name	License Number	Discipline	Effective Date	Violations
Joshua N. Gaffney	RN Applicant	Application Denied	9-13-17	Engaging in unacceptable behavior toward a client, using intoxicants to an extent or in a manner injurious to himself or others, and failing to answer questions truthfully.
Jenifer M. Gaskin	201392602CNA	Suspension	9-13-17	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Andrea E. Grant	200642346RN	Probation	9-13-17	24-month probation. Inaccurate and incomplete recordkeeping, and using intoxicants to the extent or in a manner injurious to herself or others.
Amanda G. Greening	200942136RN	Revocation	9-13-17	Violating the terms and conditions of a Board Order.
Cain D. Gurule	201230499LPN	Voluntary Surrender	8-9-17	Misrepresentation during the licensure process, inaccurate and incomplete recordkeeping, and failing to cooperate with the Board during the course of an investigation.
Jeanne L. Hampton	201041563RN	Reprimand	7-12-17	Reprimand with conditions. Violating the client's rights to privacy.
Karen C. Hansen	201501572LPN	Voluntary Surrender	7-12-17	Client abuse and neglect, unauthorized removal of drugs from the workplace, and using intoxicants to the extent injurious to herself or others.
Gordon G. Henshall	095003034RN	Civil Penalty	9-26-17	\$2,500 civil penalty. Practicing nursing without a current license.
Rosanna J. Hoskins	201394446CNA	Suspension	7-12-17	14-day suspension. Demonstrated incidents of reckless behavior, jeopardizing the safety of a person under the CNA's care, and using intoxicants to the extent or in a manner injurious to herself or others.
Sandra M. Inman	200241484RN	Probation	7-12-17	24-month probation. Using intoxicants to the extent or in a manner dangerous or injurious to herself or others.
Janice G. Jackson	000007212LPN	Reprimand	9-13-17	Unauthorized removal of property from any person.
Jessica J. James	200212318CNA	Probation	9-13-17	24-month probation. Using intoxicants to the extent or in a manner injurious to herself or others.
Juliet M. Jaynes	CNA Applicant	Application Denied	9-13-17	Using intoxicants to the extent or in a manner injurious to herself or others, failing to cooperate with the Board during an investigation, and failing to answer questions truthfully.
April F. Jepsen	000021348CNA	Probation	7-12-17	12-month probation. Conviction that relates to CNA duties.
Anna C. Jenik-Schnedler	201404336RN	Revocation	7-12-17	Failing to respect client dignity, and violating the client's privacy.
Neoma J. Keeler	200340207RN	Probation	7-12-17	24-month probation. Using intoxicants to the extent or in a manner dangerous or injurious to herself or others.
Elizabeth J. Kelly	201042459RN	Suspension	8-9-17	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Sharon J. Kent	097000584RN	Revocation	9-13-17	Incomplete recordkeeping and obtaining unauthorized drugs.
Jane M Kline	201400974CNA	Probation	9-13-17	24-month probation. Using intoxicants to the extent or in a manner injurious to herself or others.
Tracy A. Koblinski	201242821RN	Revocation	8-9-17	Deceit in the practice of nursing, and failing to answer questions truthfully.
Mohini L. Kumar	200211163CNA	Voluntary Surrender	9-13-17	Demonstrated incidents of dishonesty, misrepresentation, or fraud.
Ka D. Kunga	201111823CNA	Revocation	7-12-17	Abusing a person, jeopardizing the safety of a person in her care, and failing to respect client dignity and rights.
Mark E. Lanier	201503321CNA	Voluntary Surrender	8-9-17	Abusing a person.
Kim E. Lawrence	081055137RN	Civil Penalty	9-1-17	\$2,500 civil penalty. Practicing nursing without a current license.
Sara M. Long	200541574RN	Civil Penalty	9-1-17	\$200 civil penalty. Practicing nursing without a current license.
Andrea R. Loveday	200942221RN	Suspension/ Probation	7-12-17	One-year suspension, followed by one year of probation. Inaccurate and incomplete recordkeeping, leaving a nursing assistant assignment without properly notifying supervisory personnel, and failing to conform to the essential standards of acceptable nursing practice.
Robert E. Lucid	200841293RN	Reprimand	7-12-17	Inaccurate and incomplete recordkeeping, and failing to conform to the essential standards of acceptable nursing practice.
Kimberly D. L. Madden	201030193LPN	Civil Penalty	7-12-17	\$500 civil penalty. Practicing nursing without a current license.
Nola J. Maloney	000031617RN	Voluntary Surrender	9-13-17	Unauthorized removal of property from the workplace or any person. Prescribing drugs in an unsafe manner, failure to properly assess client and document assessment when prescribing, and failing to conform to the essential standards of acceptable nursing practice.
Lori A. McKay	096006037RN	Revocation	8-9-17	Failing to comply with the terms and conditions of the Health Professionals' Services Program, and using intoxicants to an extent or in a manner injurious to herself or others.

Name	License Number	Discipline	Effective Date	Violations
Deanna L. McShane	201403709RN	Revocation	7-12-17	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Douglas R. Miller	082011915RN	Voluntary Surrender	8-9-17	Implementing standards of care that jeopardize patient safety, and failing to conform to the essential standards of acceptable nursing practice.
Stuart C. Moore	097006123RN	Probation	9-13-17	24-month probation. Unauthorized removal of drugs from the workplace, and practicing nursing while impaired.
Paula K. Olson	201407151RN	Reprimand	9-13-17	Incomplete recordkeeping, failing to take action to preserve client safety, and failing to conform to the essential standards of acceptable nursing practice.
Sierra R. Ortega	201310645CNA	Revocation	7-12-17	Violating the terms and conditions of a Board Order.
Jacob M. Oskar	201504153LPN	Reprimand	7-12-17	Failing to take action to promote the client's safety based on nursing assessment and judgment, and failing to conform to the essential standards of acceptable nursing practice.
Mandy L. Peck	201508630CNA	Revocation	8-9-17	Abusing a person, engaging in sexual misconduct with a client, and failing to cooperate with the Board during the course of an investigation.
Tamara L. Pfeifer	079043653RN	Revocation	8-9-17	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Patricia A. Pierce	000035860CNA	Suspension	9-13-17	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Aimee S. Price	201393442RN	Reprimand	7-12-17	Inaccurate recordkeeping, unauthorized removal of supplies from the workplace, and failing to conform to the essential standards of acceptable nursing practice.
Rebecca C. Pulito	201141099RN	Revocation	8-9-17	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Michele L. Renninger	201707584RN	Probation	9-13-17	24-month probation. Using intoxicants to the extent or in a manner injurious to herself or others.
Anna L. Richards	200611680CNA	Suspension	8-9-17	14-day suspension. Demonstrated incidents of violent, abusive, neglectful, or reckless behavior.
A. Lyce A. Ruberg	CNA Applicant	Application Denied	7-12-17	Convictions that bear a demonstrable relationship to nursing, and failing to answer questions truthfully.
Rochelle J. Russell	201391734LPN	Probation	7-12-17	24-month probation. Implementing standards of care that jeopardize patient safety.
Heather J. Russo	200440793RN	Probation	8-9-17	24-month probation. Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Joseph N. Schneider	201404489LPN	Probation	9-13-17	24-month probation. Incomplete recordkeeping and using intoxicants to the extent or in a manner injurious to himself or others.
Kim S. Siebern	200611303CNA	Revocation	8-9-17	Using intoxicants to the extent or in a manner injurious to herself or others, and failing to answer questions truthfully.
Wallace D. Small	RN Applicant	Application Denied	7-12-17	Unauthorized removal of supplies from the workplace, failing to answer questions truthfully, and failing to cooperate during the course of an investigation.
Laura Smith	RN Applicant/ PMHNP Applicant	Application Denied	7-12-17	Fraud during the licensure process, failing to answer questions truthfully, and failing to cooperate during the course of an investigation.
Mary Beth Stuver	200441940RN	Reprimand	7-12-17	Violating the client's rights to privacy.
Bradley R. Tanberg	CNA Applicant	Application Denied	9-13-17	Conviction of a crime that bears demonstrable relationship to CNA duties.
Kimberly Teufel	084048485RN	Civil Penalty	7-21-17	\$2,500 civil penalty. Practicing nursing without a current license.
Elizabeth J. Thaxton	200712639CNA	Voluntary Surrender	9-13-17	Violating a person's rights to privacy.
Sage Thompson	200441424RN	Probation	9-13-17	24-month probation. Using intoxicants to the extent or in a manner injurious to herself or others.
Dawnielle M. Vaca	200911369CNA	Reprimand	7-12-17	Violating the client's rights to privacy.
Cecilia M. Valencia	201705314CNA	Probation	7-12-17	24-month probation. Using intoxicants to the extent or in a manner injurious to herself or others.
Seurina A. Vinovich	201606180RN	Civil Penalty	7-21-17	\$600 civil penalty. Practicing nursing without a current license.
Theresa A. Vos	200312935CNA/ 200520002CMA	Voluntary Surrender	9-13-17	Willful misrepresentation during the licensure process, convictions for crimes that bear demonstrable relationship to CNA duties, and entering inaccurate documentation into a health record.
Leslie A. Warren	000017890CNA	Suspension	9-13-17	30-day suspension. Engaging in verbal abuse in the presence of the client.

Name	License Number	Discipline	Effective Date	Violations
Ruth A. Whitaker	200410835CNA	Revocation	9-13-17	Using intoxicants to the extent or in a manner injurious to herself or others, and failing to provide documents requested by the Board.
Crystal D. Whited	201243520RN	Civil Penalty	8-9-17	\$700 civil penalty. Practicing nursing without a current license.
Julie B. Willardson	201404741NP-PP	Reprimand	9-13-17	Practicing nursing while impaired.
Alicia D. Wirth	201500391CNA	Suspension	7-12-17	90-day suspension. Failing to take action to promote a person's safety, jeopardizing the safety of a person.
Rebecca A. Youngman	200313056CNA	Suspension	9-13-17	30-day suspension. Failing to maintain professional boundaries.

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NCSBN LAUNCHES TRANSITION TO PRACTICE ONLINE E-LEARNING PROGRAM



The National Council of State Boards of Nursing (NCSBN) has launched a new Transition to Practice (TTP) online e-learning program for newly licensed nurses. The program reviews and discusses important concepts integral to patient safety and critical thinking helping new graduates understand how to apply nursing knowledge, learn new skills and think critically as they transition from newly licensed nurses to confident professionals.

Based on NCSBN's Transition to Practice multi-site, randomized and controlled study that found that transition programs increase new nurse competence, satisfaction and retention and decrease stress and self-reported errors, the program includes courses for both new graduate nurses and preceptors. Course content is evidence-based and highly interactive, aimed at strengthening core competencies.

"These courses are ideal for institutions with limited resources for onboarding new nurses and are an excellent guide for students during their capstone courses," comments Nancy Spector, PhD, RN, FAAN, director, NCSBN Regulatory Innova-

tions and principal investigator of the Transition to Practice study.

The program's five courses can be purchased, separately or as a package, through the NCSBN Learning Extension website (www.learningext.com). A separate course for preceptors is also available. All courses offer continuing education credits. Certificates will be available to print once a passing score is achieved.

The new graduate courses are:

- **Course 1: Communication & Teamwork**
Provide safer and more effective care through situational awareness and using positive workplace behaviors.
4.0 Contact Hours | included in series for \$150 or \$40 for individual registration
- **Course 2: Patient- & Family-centered Care**
Understand how to empower your patients and include them as integral members of the health care team.
4.0 Contact Hours | included in series for \$150 or \$40 for individual registration

- **Course 3: Evidence-based Practice**
Engage intellectual curiosity within the context of a health care team in order to achieve improved outcomes.
4.0 Contact Hours | included in series for \$150 or \$40 for individual registration
- **Course 4: Quality Improvement**
Embrace change and participate in processes that continuously improve the outcomes of care.
4.0 Contact Hours | included in series for \$150 or \$40 for individual registration
- **Course 5: Informatics**
Empower patients with new technologies that allow vital information to flow between the patient and health care team.
4.0 Contact Hours | included in series for \$150 or \$40 for individual registration

Course for Preceptors:

- **Helping New Nurses Transition to Practice**
Foster the growth of new graduate nurses by embracing the roles of teacher, coach and protector.
2.0 Contact Hours | \$30 for individual registration (not included in series)

About the NCSBN

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. NCSBN's membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 27 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

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2017 OSBN BOARD MEMBERS



KATHLEEN CHINN, RN, FNP

Term: 1/1/16 – 12/31/18

Ms. Chinn is a Family Nurse Practitioner with the PeaceHealth Senior Health and Wellness Center in Eugene, Ore. She received her Associate Degree in Nursing from Lane Community College in Eugene, Ore., and her Bachelor of Science in Nursing and

Master's degrees from Oregon Health Sciences University in Portland, Ore. She resides in Eugene, Ore.

ADRIENNE ENGHOUSE RN

Term: 1/1/16 – 12/31/17

Ms. Enghouse is a Staff Nurse at Kaiser Sunnyside Medical Center in Clackamas, Ore. She serves in one of two direct-care RN positions on the Board. She received her Associate Degree in Nursing from Mount Hood Community College in Gresham, Ore., and resides in Portland, Ore.



BEVERLY EPENETER, ED.D., RN

Term: 1/1/15 – 12/31/17

Dr. Epeneter is an Associate Dean of Nursing at the Linfield-Good Samaritan School of Nursing. She received her Nursing Diploma from Good Samaritan Hospital School of Nursing, her Bachelor of Science from the University of Oregon School

of Nursing, her Master's degree in Nursing also from U of O, and her Doctor of Education from Portland State University. She serves in the Nurse Educator position on the Board.



**BARBARA GIBBS, LPN,
BOARD SECRETARY**

Terms: 5/1/13 – 12/31/15, 1/1/16 – 12/31/18

Ms. Gibbs is a staff nurse at Good Shepherd Medical Center in Hermiston, Ore., and received her degree from Blue Mountain Community College in Pendleton, Ore. She serves in the LPN position on the Board and has more than 30 years of nursing experience.



**COLIN HUNTER, JD
PUBLIC MEMBER, BOARD PRESIDENT**

Terms: 10/1/15 – 12/31/15, 1/1/16 – 12/31/18

Mr. Hunter is an attorney with the Angeli Law Group in Portland, Ore. He received his Bachelor's degree from Claremont McKenna College in Claremont, Calif., and his juris doctorate from the University of California, Berkeley, School of Law. Mr. Hunter resides in Portland, Ore.



BONNIE KOSTELECKY, RN

Terms: 6/1/12 – 12/31/14, 1/1/15 – 12/31/17

Ms. Kostelecky was most recently the Operations Manager for the Portland VA Medical Center Primary Care Clinic in West Linn, Ore. She received a BA in Nursing from Jamestown College, in Jamestown, N.D., and her Masters of Science in Community Nursing from OHSU. She serves in the Nurse Administrator position on the Board.

**BOBBIE TURNIPSEED, RN
PRESIDENT-ELECT**

Term: 1/1/16 – 12/31/18

Ms. Turnipseed is a staff nurse at St. Alphonsus Medical Center in Ontario and has more than 30 years of nursing experience. She received her Associate Degree in Nursing from Boise State University in Boise, Idaho. Ms. Turnipseed is one of two direct-patient care RNs on the Board. She resides in Ontario, Ore.



**RYAN WAYMAN
PUBLIC MEMBER**

Terms: 4/1/13 – 12/31/15, 1/1/16 – 12/31/18

Mr. Wayman is one of two public members on the Board. He is the West Region Vice President at AXA Advisors and resides in Portland.



WILLIAM YOUNGREN, CNA

Term: 6/1/16 – 12/31/18

Mr. Youngren is a Unit Clerk at Legacy Emanuel Medical Center in Portland and has been a nursing assistant since 2012. He received his Bachelor's Degree in English from Portland State University and his nursing assistant training from Portland Community College. Mr. Youngren resides in Portland, Ore.



2017-18 OSBN BOARD MEETING DATES

11/14/2017 Tuesday **6:30 PM**
OSBN Board Meeting

11/15/2017 Wednesday **8:30 AM**
OSBN Board Meeting
(Mostly Executive Session)

11/16/2017 Thursday **8:30 AM**
OSBN Board Meeting

12/13/2017 Wednesday **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

1/10/2018 Wednesday **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

2/13/2018 Tuesday **6:30 PM**
OSBN Board Meeting

2/14/2018 Wednesday **8:30 AM**
OSBN Board Meeting
(Mostly Executive Session)

2/15/2018 Thursday **8:30 AM**
OSBN Board Meeting

3/14/2018 Wednesday **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

4/10/2018 Tuesday **6:30 PM**
OSBN Board Meeting

4/11/2018 Wednesday **8:30 AM**
OSBN Board Meeting
(Mostly Executive Session)

4/12/2018 Thursday **8:30 AM**
OSBN Board Meeting

5/9/2018 Wednesday **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

6/12/2018 Tuesday **6:30 PM**
OSBN Board Meeting

6/13/2018 Wednesday **8:30 AM**
OSBN Board Meeting
(Mostly Executive Session)

6/14/2018 Thursday **8:30 AM**
OSBN Board Meeting

7/11/2018 Wednesday **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

8/8/2018 Wednesday **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

9/11/2018 Tuesday **6:30 PM**
OSBN Board Meeting

9/12/2018 Wednesday **8:30 AM**
OSBN Board Meeting
(Mostly Executive Session)

9/13/2018 Thursday **8:30 AM**
OSBN Board Meeting

9/14/2018 Friday **8:30 AM**
OSBN Board Work Session

10/10/2018 Wednesday **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

11/13/2018 Tuesday **6:30 PM**
OSBN Board Meeting

11/14/2018 Wednesday **8:30 AM**
OSBN Board Meeting
(Mostly Executive Session)

11/15/2018 Thursday **8:30 AM**
OSBN Board Meeting

12/12/2018 Wednesday **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

All Board Meetings, except Executive Sessions, are open to the public. All meetings are located at the OSBN Office, 17938 SW Upper Boones Ferry Rd, Portland.



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YOUR BOARD IN ACTION

Highlights from the September 2017 Board Meeting and Work Session

Nursing Practice

The Board adopted three interpretive statements: The LPN who Practices in a Community Setting, School Nurse Communication with a Student's PCP without a Release of Information, and Nurse Midwives Acting as PCPs.

Education and Training

The Board is considering whether to establish a CNA 2 license separate from the CNA 1, and also whether to require a certain amount of work experience as a CNA1 before allowing someone to apply for CNA2 training. Board members directed that a survey of the current CNA workforce be conducted to gather relevant data.

The Board also is considering potential changes to align the current practice hour requirement (960 hours within five years) with the two-year renewal cycle. After some discussion, the Board directed staff to develop a draft of possible changes to Division 31 (OAR 851-031) for a future rulemaking hearing.

Administration

The Board elected not to endorse Oregon's entry into the Enhanced Nurse Licensure Compact for cross-jurisdictional practice.

The Board also voted to require Social Security Numbers on all licensure applications. Currently, applicants without a SSN may submit an affidavit explaining why he or she does not have one. The change is expected to mostly affect new licensees from outside the US who are applying to take the national licensure examination.

For complete meeting minutes or a list of scheduled stakeholder events, please visit the OSBN website at www.oregon.gov/OSBN/meetings. Board meeting agendas, administrative rule hearing notices, and proposed rule language are posted on the OSBN website (www.oregon.gov/OSBN/draft_policies_rules.shtml) at least 15 days prior to each meeting.



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