

OREGON BOARD OF NURSING SENTINEL

[VO.40 ■ NO 1 ■ WINTER 2021]

Also in this issue

*How to Stay Informed of the Work of the
Oregon State Board of Nursing*

*Nursing Practice with the
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EDITION 49

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ISSUES FACING THE POST-PANDEMIC NURSING WORKFORCE IN OREGON

Oregon's nursing workforce has faced many different challenges over time, such as the aging of the population and health care demand related to increased prevalence of chronic conditions. As the COVID-19 pandemic continues to ravage states, including Oregon, the challenges facing our nursing workforce are also shifting. Here, we discuss challenges facing the nursing workforce related to the ongoing pandemic.

Education Pipeline

The education pipeline in Oregon has been a source of concern for nurse leaders for years. Prior to the pandemic, a major challenge was the lack of nurse educators. Low pay and high workloads led many to leave nursing education. This exodus yields a turnover rate of about 23 percent¹ among nurse educators. A shortage of nurse faculty can inhibit an educational institution's ability to expand its program as the demand for registered nurses (RNs) increases. According to the Oregon Employment Department projections, about 2,600 new nurses² are needed each year over the next decade to replace nurses leaving the profession and fill new positions related to due to industry growth. However, data from the state's nursing programs indicate that only 1,555 newly-graduated RNs³ were available to enter the workforce in 2019.

In March 2020, healthcare facilities began canceling clinical placements for students and residency programs for new graduates because of the pandemic. These cancellations required programs to quickly replace clinical experiences for students so program completion would not be delayed. Any reduction in the number of nurses entering the workforce



could impact the ability of hospitals and other healthcare facilities to recruit needed nurses.

Considering the reduction in clinical placement opportunities, nursing programs across Oregon could face increased difficulty in graduating students. Nursing programs could mitigate this issue by maximizing the use of simulation in exchange for direct clinical experience. They should

also prioritize scarce clinical placements for students in their final year.

Burnout and Stress

The COVID-19 pandemic is straining the healthcare infrastructure across the country and across the world. Additionally, when the pandemic overwhelms a local healthcare system, the well-being of front-line healthcare workers can be severely compromised. A survey conducted in April 2020 illustrated the impact of the COVID-19 pandemic on healthcare workers.⁴ They found two-thirds of nurses responding had a significant change in their employment due to the pandemic.

Thirty-eight percent indicated they were reassigned to care for COVID-19 patients, 18 percent saw reduced hours, five



percent were reassigned to non-COVID patients, two percent were moved to on-call status, and one percent were furloughed. Additionally, they reported most healthcare workers were experiencing stress about the pandemic. Seventy-nine percent of responding nurses were concerned about infecting family and friends, 61 percent were concerned about becoming infected at work, while 28 percent and 27 percent were worried about burnout and their own mental health, respectively. Another study found healthcare workers were more likely to experience higher levels of stress and anxiety, with many healthcare workers exhibiting depressive symptoms.⁵

As the pandemic continues, employers may see the need to invest in additional supports for health care workers experiencing stress and burnout. They may see increased turnover rates as staff consider early retirement or look for new positions.

Migration of Nurses from Other States

Oregon has witnessed a large influx of RNs obtaining their Oregon nursing license through a process called endorsement, by which a RN licensed in another state can obtain their Oregon nursing license. High growth in the number of RNs endorsing into Oregon started around 2013 and continues to this day. Between 2000 to 2010, about 37 percent of all new RN licenses were approved via endorsement. However, beginning in 2013, the rate increased to 62 percent of newly-licensed RNs. Between 2013 and 2017, more than 12,820 RNs were licensed via endorsement, while only 7,190 were licensed via examination after graduating from a nursing program.⁶ While not every RN licensed via endorsement practices in Oregon, enough do move to Oregon to supplement the shortfall of students graduating from Oregon's nursing programs.⁷ Any disruption to this flow, such as a marked reduction in interstate migration of nurses from other states could reduce the supply of nurses available to employers, which could lead to a widespread nursing shortage across the state.

It is unclear at this time if the pandemic is affecting the rate of interstate migration (relocation between states) within the U.S., which could impact the number of nurses endorsing into

Oregon. An early study shows about 22 percent of U.S. adults moved or know someone who moved because of the pandemic.⁸ Most of these moves (66 percent of movers) relocated to a family member's home.

Preliminary indications from the Oregon State Board of Nursing suggest the numbers of endorsing nurses has not changed since the beginning of the pandemic. However, it is too early to know if the ongoing pandemic will affect the rate of endorsing nurses moving to and practicing in the state. As data becomes available, the trends for nurses moving to Oregon to practice will be examined in depth.

Sources

1. Oregon Center for Nursing (2017). Oregon's nurse faculty: Why are they leaving? Portland OR
2. Oregon Employment Department (2018). Oregon employment projections 2017-2017. Salem OR
3. Oregon State Board of Nursing (2019). Nursing Program Annual Report 2018-2019. Portland OR
4. NurseGrid (2020). Nursing Professional Pulse Survey: 2020 Pandemic. Portland OR
5. Pearman, A., Hughes, M.L., Smith, E.L., & Neupert, S.D. (2020). Mental health challenges of U.S. healthcare professionals during COVID-19. *Frontiers in Psychology/Psychology for Clinical Settings*, in press.
6. Oregon Center for Nursing (2019). Shortage or maldistribution: Shifting the conversation about Oregon's nursing workforce. Portland OR.
7. Oregon Center for Nursing (2017). Licensed by endorsement: Why are nurses obtaining Oregon nursing licenses? Presentation to the Oregon State Board of Nursing, November 2017. Portland OR.
8. Pew Research Center (2020). About a fifth of U.S. adults moved due to COVID-19 or know someone who did. Washington D.C.

This work was made possible by the Oregon Nursing Advancement Fund, supported by Oregon's licensed practical and registered nurses.

HOW TO STAY INFORMED OF THE WORK OF THE OREGON STATE BOARD OF NURSING



What does the term “Interested Party” mean? The accepted definition of this is, “person or organization that can affect, be affected by, or perceive itself to be affected by a decision or activity.” There are many different methods to stay informed of the work of the Oregon State Board of Nursing (OSBN). One of the easiest ways to do this is to sign up to receive notifications on the interested parties/subscriptions lists.

The primary purpose of the OSBN is to protect the public by ensuring safe practice within the occupation. In addition, the OSBN has responsibilities related to setting entrance requirements, rulemaking, disciplining, and ensuring continued competence. The OSBN has a long history of transparency and public involvement. It's important that the public is aware and has the opportunity to be involved in changes that may directly affect them, whether they are licensees, students, educators, or the general public.

Q. What is a List Serv or Interested Parties List?

A. The List Serv is a method of communicating with a group of people via email. It's an efficient method that uses specialized software to send email messages to a group of subscribers. The OSBN List Servs are hosted by the State of Oregon's Department of Administrative Services. Anyone can sign up to receive e-mail notifications pertaining to regulatory actions and meetings.

Q. What are the different OSBN interested party subscriptions?

A. There are several OSBN interested parties lists; you can sign up for one, or all of them! They include

Board Meeting Agendas, Rule Hearing Notifications, RN/LPN Information, APRN Information, and CNA/CMA Information. The OSBN uses these lists to inform interested parties of meetings, administrative rule hearings, public meetings, surveys, and much more.

Q. How do I sign up to receive interested party notifications?

A. Access the OSBN website, www.oregon.gov/osbn, go to the bottom of the bottom of the home page, and look for Subscription Lists. Access the link to any of the lists to create an account. The process will include creating a password and confirming the subscription request via email. Please

note that if you do not confirm the subscription registration, you will not be enrolled. If you do not receive an email confirmation, please check your junk email.

Q. I signed up. Why am I not getting the emails?

A. Emails sent by the list serve will have “on behalf of” in the Sent Line. For example, list serv emails sent to the board meeting agenda subscription list will look like this: “OSBN_BD_MTG_AGENDA <osbn_bd_mtg_agenda-bounces@omls.oregon.gov> On Behalf Of LIGHTFOOT Peggy * OSBN.” In this age of increased cyber security, some organization’s IT security settings may be set to filter out “on behalf of” emails. Please check with your facility or organization IT department to ensure that you will receive these emails.

Public Meetings

The Oregon Public Meetings Law is a public attendance law, not a public participation law. Under the Public Meetings Law, governing body meetings are open to the public except as otherwise provided by law. As stated in Oregon Revised Statute (ORS) 192.630(1): The right of public attendance guaranteed by the Public Meetings Law does not include the right to participate by public testimony or comment. In fact, the Public

Meetings Law expressly mentions public participation in only two situations: an opportunity for “public comment” on the employment of a public officer, ORS 192.660(7)(d)(C), and an opportunity for “public comment” on standards to be used in hiring a chief executive officer ORS 192.660(7)(d)(D).

Other statutes, rules, charters, ordinances, and bylaws outside the Public Meetings Law may require governing bodies to hear public testimony or comment on certain matters. However, in the absence of such a requirement, a governing body may conduct a meeting without any public participation. Governing bodies voluntarily may allow limited public participation at their meetings. The presiding officer has inherent authority to keep order and to impose any reasonable restrictions necessary for the efficient and orderly conduct of a meeting. If public participation is to be a part of the meeting, the presiding officer may regulate the order and length of appearances and limit appearances to presentations or relevant points.

Administrative rule hearing testimony, and stakeholder and public input

The Board has authority, ORS 183.310, to adopt, amend, and repeal rules in OAR 851, to interpret statute related to the

continued on page 8 >>



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practice of nursing. Stakeholder meetings are conducted for persons who have an interest in, or who may be affected by, rule revisions, to provide information and input. Depending on the proposed changes in question, including adoption or repeal of a rule, there may be one or several stakeholder meetings prior to a

rule hearing. All meetings are posted on the Board website (<https://www.oregon.gov/osbn/Pages/board-meetings.aspx>), and the public is encouraged to attend. The rulemaking process includes notice to the public of proposed rule changes, rule hearings, and the formal adoption of rules through the Oregon Secretary of

State. The public may provide comments and feedback prior to the rule hearing or provide testimony during the hearing. As with Board meetings, administrative rule hearings are considered public meetings.

Board meetings - Open Forum

The public is welcome and encouraged to attend public Board meetings, and agendas are posted in advance of the meeting on the OSBN website. During OSBN Board meetings, there is a need to handle Board business expeditiously. To ensure that the public has a full opportunity to be heard, and that the OSBN can conduct business in an orderly manner, there are standards in regards to public participation at Board meetings. At each in-person Board meeting, there is specific time on the agenda for the public to have the opportunity to address the Board and to make comments or present issues of general interest. During this Open Forum, comments are limited to matters concerning the regulation of nursing practice and cannot be used to make formal requests to the Board, nor to address issues or cases currently under investigation. Persons requesting to speak before the Board during Open Forum are asked to sign up to speak in advance; if they have written materials, they must submit copies of the materials to staff and Board members prior to addressing the Board. Topics presented during Open Forum are not considered action items on the Board meeting agenda because prior public notice was not given, but the Board may designate matters presented as agenda items at future Board meetings.

Should you have any questions regarding administrative rule hearings, board meeting attendance, meeting information, or signing up to the interested parties lists, please contact Peggy Lightfoot, OSBN Executive Assistant, at peggy.lightfoot@osbn.oregon.gov.



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NURSING PRACTICE WITH THE MEDICAL ASSISTANT HEALTH CARE TEAM MEMBER



A common staff member in today's outpatient or ambulatory care clinic is the medical assistant (MA). Board staff frequently field questions from nurses seeking information about working with the MA. Top questions include: Where do I find rules on MAs? What specific activities or procedures are MAs allowed to perform? Who is responsible for supervising the MA? Am I responsible for the actions of the MA?

The fact of the matter is that no state agency or health-related licensing Board in Oregon regulates the MA. This means that there is no regulatory oversight of MA education requirements,

competencies, authorized activities, or supervisory requirements. This makes the MA unregulated allied health personnel in the state of Oregon.

This article presents a general discussion about MAs, their role in the health care setting, and the responsibilities of the RN when practicing with the MA health care team member.

The Medical Assistant

Medical assistants typically work alongside physicians in outpatient or ambulatory clinics. According to the American

Association of Medical Assistants (AAMA), MAs are cross-trained to perform both administrative duties and clinical duties¹. AAMA presents that MA administrative duties include using computer applications, answering phones, welcoming patients, scheduling appointments, and coding insurance forms. Clinical duties identified include taking medical histories, preparing patients for exams, performing basic lab tests, drawing blood, preparing medications as directed by a physician, removing sutures and changing dressings².

There are many paths to becoming an MA. One path is on the job training. Another is successful completion of a MA education program. The person who successfully completes a MA education program graduates with a certificate in medical assisting.

MAs can pursue and obtain the credential of certified medical assistant. Obtaining certification requires the MA to have graduated from a medical assisting education program accredited by the Commission on Accreditation of Allied Health Education Programs or by the Accrediting Bureau of Health Education Schools and pass the AAMA certification exam. Attaining certification as a MA communicates to the public and employers that one has pursued additional education and has met nationally accepted standards.

The MA Health Care Team Member

With no state agency or health-related licensing board setting education requirements, competencies, authorized activities, or supervisory requirements for the MA, these responsibilities fall to the MA's employer. The employer bears the responsibility of meeting this charge by validating through job description, competency validation and office policy, the activities authorized for performance by the MA. This means that it is the employer who decides, and who is responsible for, activities performed by the MA.

If a patient were to experience a bad outcome through the MA's performance of one of these competency validated and authorized activities, it is the employer who holds responsibility and liability for the MA's actions. However, if a health practitioner chooses to make an assignment to an MA that is outside of the employer-authorized MA activities, then the responsibility and liability for the MA's performance of the activity falls to the individual health practitioner making the assignment.

The RN and the MA Health Care Team Member

Regardless of the individual MA's journey to a medical assistant position, the person who fills the position is an unregulated assistive person. As defined in Chapter 851 Division 006 of Oregon's Nurse Practice Act (NPA), unregulated assistive person (UAP) means "...a person whose position description or job within an organization or client health care team does not

require licensure or certification by a state of Oregon health related licensing agency."

The RN's practice with the MA, therefore, is based on application of Chapter 851 Division 045 RN standards - including those applicable to RN practice with a UAP. Such standards identify the RN's responsibilities for actions including engagement in nursing process; collaboration in the implementation of integrated plans of care; knowledge of health care team member's roles; and assigning and supervising care. The RN who practices with the MA health care team member can demonstrate adherence to these standards by possessing knowledge of the activities that have been competency-validated and authorized for the MA to perform in the setting and only assigning those activities to the MA.

An RN who practices with the MA health care team member can also demonstrate adherence to these standards when arriving at the clinical setting to not assign an authorized activity to an MA. This practice decision would occur when the RN determines that the patient's condition warrants nursing assessment and direct nursing intervention.

It is important to be mindful that there will be times when an activity for which the MA has been competency-validated and authorized to perform in the setting is outside of scope of practice of the RN. This typically happens when the RN and the MA have respective roles in the coordinated implementation of an MD's or NP's treatment plan/plan of care for a patient. While the RN can still make the assignment the MA, there is no authority for the RN to supervise or evaluate the performance of an activity that is outside of RN scope of practice.

One final note: ORS 678.447 restricts the use of the title "CMA" to certified medication aides only. The certified medical assistant who uses the abbreviation "CMA" or who identifies themselves as a CMA is in violation of this Oregon statute. If you become aware of a certified medical assistant who does either, please make them aware of this NPA title protection statute.

Additional Resources:

The Oregon Medical Board (OMB) has published a Statement of Philosophy titled: Use of Unlicensed Healthcare Personnel (October 2012). The statement is accessible at www.oregon.gov/omb/board/Pages/default.aspx and identifies the responsibilities of the physician who practices the medical assistant.

The American Association of Medical Assistants website, www.aama-ntl.org/index, contains information about the role of the medical assistant and medical assistant certification.

1. AAMA (2019). 2018-2019 Occupational Analysis of Medical Assistants. Author.
2. AAMA (2021). What is a Medical Assistant? www.aama-ntl.org/medical-assisting

BOARD ADDRESSES NURSING AND NURSING ASSISTANT EDUCATION PROGRAM COVID-19 CONCERNS

During a special meeting December 30, 2020, the Board addressed concerns regarding how education programs are complying with the Nurse Practice Act requirement for direct care hours as part of the clinical experience. This article is applicable to all education and training programs under the jurisdiction of the Oregon State Board of Nursing (OSBN).

Direct care, as part of the student's clinical experience, is currently required by the Nurse Practice Act (NPA). Complete competency of skills (IV's, Foley insertion, transfers, activities of daily living, etc.) is not usually attained during direct care experiences because of the randomness of opportunities to practice skills during the specific experience. These skills are usually practiced in clinical laboratory or simulation and a practitioner may not achieve competency level skills until months or years after entering practice. The intent of direct care, rather, is to provide the student with direct contact with patients and other members of the healthcare team, learn and solidify communication techniques, translate didactic information into hands-on practice, and to see skills put into practice. That is, enough education to enter the profession as an "entry-level practitioner."

The NPA describes a specific number of hours required in order to meet the intent of the direct care experience. However, since the COVID-19 emergency declaration, it has become difficult for many programs to meet the required hours due to unavailability of direct care clinical practicum slots. Facilities and organizations previously open for these experiences have completely stopped offering clinical practicum slots or severely curtailing the availability. This has been a decision made due to a variety of justifiable reasons such as infection control purposes, staffing shortages, staff burnout, lack of education resources, etc.

The primary mission of the OSBN is public safety, not to assure that all applicants are licensed. The administrative rules in the NPA are written to assure that students have minimum hours of exposure to various aspects of education to prepare them for entry-level practice. If these minimum hours cannot be met, are the graduates of these programs still "entry-level competent"?

Entry-level competency is more than program graduation and successful passing of a test. It is also the integration of didactic learning into concepts that may not be on the tests, but are necessary for safe, if not fully competent, practice. While the state education authorities control the awarding of degrees and requirements for graduation, the legislature has given the Board the authority to allow program graduates to sit for the exam, apply for licensure or certification, and award licenses and certificates to "duly qualified applicants." Is the Board answering its primary mission of public safety if the graduates have not met the minimum education requirements, but the Board still authorizes the graduates to sit for the exams and apply for licensure or certification?

The Board does have authority under OAR 851-001-0145 (5) to waive specific portions of the education requirements in response to an emergency declaration. During the December 30 meeting, the Board waived the clinical component minimum requirement if programs cannot access clinical placement slots. The Board's expectation is that all programs must send students to the required clinical practicums if they are available. The Board also expects all programs to graduate only those students who have met the program objectives, and that assessing attainment of objectives currently achieved during direct care is done by program faculty.

The Board gave direction to Board staff to enter into discussion with various healthcare stakeholders to discuss if students have been locked out of clinical placement, and determine if this would affect how entry-level practitioners are oriented and mentored into the workplace. These discussions, as of this writing, are pending.

The Board will track passing rates of exams, types of complaints received by the Board, and other metrics to determine if there is a risk to public safety to continue to allow licensure or certification for those not meeting minimum educational standards.

The Board made this decision based upon the need for nurses and nursing assistants but, if the decision decreases the ability of graduates to attain entry-level proficiency and safety, the Board will reassess the situation in accordance with its primary mission and provide further guidance.

UPDATED OSBN ONLINE LICENSING PORTAL

In November 2020, the OSBN launched an updated online licensing portal. The following is helpful information and tips about how to use the updated site successfully.

Q: Do I have to create a new user registration to apply for a new license or to renew my license?

A: Yes. If you have not logged into the licensing portal since November 14, 2020, you need to create a new user registration. You will need to provide a valid email address, your first and last name, your date of birth, and social security number (or US Work Visa, US Taxpayer ID, or current Federal government form authorizing you to work in the US) in addition to the selecting a password in order to register.

Q: I am trying to reset my password, but am not getting the email. What now?

A: Have you logged in since November 14, 2020? If not, you will need to create a new user registration. Your old user name and password will not work. If you have created a new user registration, please be patient while waiting for the password reset email. Check your email spam or junk folders, in case your email provider sent it there. If you are trying to use your employer-issued email (such as xxx@providence.org) or a school-based email address (such as xxx@linfield.edu) the reset email sent by the OSBN may be blocked entirely. If you do not receive the email after several hours, please contact Board staff at oregon.bn.info@osbn.oregon.gov for assistance.

Q: Why do you need my Social Security Number (or US Work Visa, US Taxpayer ID, or current Federal government form authorizing me to work in the US)? Is it safe to enter my information on your website?

A: Oregon Revised Statue 25.785 requires applicants for licensure to provide this information to the Board. This is also one of the information points used to ensure a license or certificate is associated to the correct individual. The Oregon State Board of Nursing website is secure and constantly monitored for integrity.

Q: Other than applying for a license or renewal, what else can I do on the licensing portal?

A: As of the date of this publication, you may update your address information, apply for a name change, and update your employment information using the self-service features of the updated portal. We will add additional self-service features in the future such as applying for retired or inactive status.

Tips for a successful user experience

- Plan ahead! Do not wait until the last minute to renew your license. It generally takes between three-to five business days to renew a license or certificate.
- Use a personal email address rather than a business or school email. Email communication is the primary way OSBN communicates with applicants and licensees. Some corporate and school email servers will quarantine emails from OSBN or not deliver them. Additionally, if you leave your position or graduate from school, we will not be able to reach you.
- Read each page fully before completing any page of an application. This will help ensure you don't make a mistake on your application.
- If you need assistance, please email oregon.bn.info@osbn.oregon.gov. Board staff will respond within two business days. Provide as much detail as possible about the issue you are having so we can help you expediently.

CHANGES TO NURSING ASSISTANT AUTHORIZED DUTIES COMING AUGUST 1, 2021



On November 19, 2020, the Board of Nursing adopted new certified nursing assistant level one (CNA 1) and level two (CNA 2) authorized duties. These changes, effective as of August 1, 2021, are designed to meet the increasing acuity of client care needs across all care settings. The delay in implementation allows time for education programs to update their curriculums to include the new content, and for employers to transition to the new authorized duties that they want their CNAs to perform after August 1, 2021.

New CNA 1 authorized duties as of August 1, 2021:

- Clipping hair in preparation for surgical procedure
- Changing a wound vacuum canister
- Applying a simple dressing to a dry, non-infected wound
- Connecting external catheters to suction
- Applying anti-fungal ointments and powders
- Applying and removing delivery device and turn continuous positive airway pressure (CPAP) or bi-level positive airway (BiPAP) devices on and off
- Assisting a person in and out of continuous passive motion (CPM) machine
- Changing a suction canister
- Measuring, recording, and emptying output from drainage devices and closed drainage systems
- Performing fingerstick capillary blood test

- Removing mask after nebulizer treatment
- Scanning glucometer sensor
- Assisting with complementary therapies such as aromatherapy and using pre-recorded audio/visuals for guided imagery, deep relaxation
- Using touch to massage non-diseased tissue
- Removing non-surgically inserted tubes from deceased individual: feeding tube, rectal bag, Foley catheter, nasogastric tube, and saline lock

New CNA 2 authorized duties as of August 1, 2021:

- Obtaining a throat swab
- Assisting with breastfeeding by supporting and reinforcing instructions
- Assisting with human breast milk pumping
- Handling, storing, and transporting breast milk
- Preparing infant formula or breast milk for feeding
- Assisting with and feeding infants by bottle
- Attaining transcutaneous bilirubin meter reading
- Irrigating ears
- Measuring arm and leg circumference
- Measuring blood pressure with a Doppler
- Performing newborn critical congenital heart disease screening utilizing pulse oximetry

In addition, a CNA 1 or 2 may add the following to their authorized duties if the CNA meets certain conditions:

- Phlebotomy:
 - o Obtained and holds current phlebotomy certification from one of the following: American 41 Society for Clinical Pathology (ASCP) Board of Certification, National Phlebotomy 42 Association (NPA), Association of Phlebotomy Technicians (ASPT), American 43 Association of Bioanalysts (ABOR), American Certification Agency for Healthcare 44 Professionals (ACA), American Medical Technologists (AMT), or successful completion 45 of phlebotomy specific military education program; and
 - o Maintained competency in performing phlebotomy; and
 - o Been assigned the task by an Oregon licensed nurse according to the employer's policy.
- Child safety seat check:
 - o Successfully completed a national child passenger safety certification program;
 - o Maintained competency in child passenger seat safety; and
 - o Been assigned the task by an Oregon licensed nurse according to the employer's policy.
- Telemetry:
 - o Successfully completed a dysrhythmia recognition course;
 - o Maintained competency in rhythm interpretation; and
 - o Been assigned the task by an Oregon licensed nurse according to the employer's policy.
- Discontinuing a saline lock, discontinuing a urethral inserted catheter, or scanning a bladder when:
 - o An RN who has the knowledge and skills necessary to teach the task(s):
 - A. Develops the educational curriculum;
 - B. Teaches the Board-approved curriculum to the CNA employed at a specific site;
 - C. Develops the mechanisms for validating that the CNA has initial and ongoing competency to perform the task
 - o The CNA has:
 - A. Successfully completed education on the task;
 - B. Maintained competency in the task; and
 - C. Been assigned the task by an Oregon licensed nurse according to the employer's policy.

Oregon Department of Corrections

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A BLESSING IN DISGUISE

ONE STUDENT'S EXPERIENCE IN LONG-TERM CARE AND SKILLED NURSING FACILITIES DURING THE COVID-19 PANDEMIC

On March 8, 2020, Oregon Governor Kate Brown declared an official state of emergency and issued stay-at-home orders for all Oregonians due to the novel COVID-19 virus. As a nursing student, I never anticipated the year 2020 would bring not only a public health emergency and global pandemic, but also a complete restructuring of my nursing education and a reframing of nursing practice.

Immediately after Governor Brown's declaration, my spring clinical rotation at a Portland hospital was terminated prematurely as the presence of nursing students within healthcare settings was deemed unsafe. At the time, I was unsure of how this would impact both the remainder of my education and the profession of nursing as a whole. My cohort and I weathered this unprecedented storm by adapting to a new way of learning through virtual classrooms and virtual clinical experiences. Despite the ever-changing situation, Linfield faculty worked tirelessly to ensure that the 2020 cohort of graduating nursing students would receive real clinical experiences during the final semester.

When I was informed of my summer practicum placement at a skilled nursing facility, I was upset as I had already completed a similar rotation in the fall

and had hoped to be placed in an acute or critical care setting. I quickly realized, however, that not receiving my first-choice placement was in no way a reflection of my value as a student or as a nurse, but rather it was simply a result of an unusual situation. Additionally, I recognized that I was in a unique situation in which I could re-experience long-term care and skilled nursing not only as a more experienced and knowledgeable student, but also through a different lens (given the COVID-19 pandemic).

In comparing my experiences as a student nurse in a skilled nursing facility between the fall of 2019 and the summer of 2020, I observed many changes both in the workflow of the facilities and in the way nursing care was provided. The first thing I noticed was the required precautions of all staff and patients as outlined by the Oregon Health Authority's guidance for long-term care facilities. When I began my rotation in late June, all staff were required to wear N95 respirator masks in all areas of the facility and all patients were required to wear surgical masks when outside of their individual rooms. The mask mandate changed throughout my time there from just an N95, to an N95 with a face shield to, most recently, a surgical mask with a

face shield. Another precautionary step incorporated into this facility was daily documented temperature checks of every individual on site. This step was included in the care plans of every resident at the facility through daily COVID-19 screenings, including documentation of temperature, oxygen saturation, and respiratory symptoms such as cough and shortness of breath. All patients admitted to the facility from a hospital were placed under mandatory isolation and droplet precautions for 14 days. For each of the residents on isolation and droplet precautions, signage and personal protective equipment stations were set up outside patient rooms for staff use prior to entering and exiting the rooms. Signage was posted throughout the entire facility reminding staff members to perform hand hygiene and to wipe down all hard surfaces and equipment with bleach.

In addition to the precautions inside the facility, all outside visitors were banned from entering the facility except for individuals who wished to visit those in compassionate end-of-life situations. Due to the restriction on visitors, many patients welcomed visitors at their windows and those who visited would often leave cheerful

signs with words of encouragement for their admitted family and friends. Unfortunately, not all patients received window visitors and many of the residents frequently experienced bouts of loneliness, anxiety, and depression as they dealt with weeks of isolation on top of their health conditions.

As a student nurse, I took note of how the COVID-19 pandemic not only impacted facility precautions and physical nursing care, but also how it impacted the mental and emotional health of patients. I noticed an increasingly high incidence of irritability and anxiety in many of the residents that seemed to be exacerbated by their isolation and inability to receive visitors or experience therapeutic touch from loved ones. As I watched my preceptor model a balance of excellent, evidence-based nursing care with empathic human interaction and connection, I realized the significance of the emotional intelligence required of the nursing profession. Developing and sustaining therapeutic relationships by offering emotional support is critical, as chronically elevated levels of stress have been shown to impair physiological function and healing. Because this pandemic will certainly persist for several more months, nurses can expect an influx of chronic stress, especially in vulnerable populations such as those residing in long-term care facilities, which may influence patient health outcomes.

Moreover, I noticed that patients are sometimes labeled by their medical diagnoses, as opposed to being viewed as individuals suffering from diagnoses, which minimizes human dignity and promotes increased loneliness. With mandatory physical isolation, human dignity may be further minimized as patients are not only labeled by their diagnoses, but they are also labeled as possible COVID-19 cases.

Isolation is necessary to prevent the spread of infection, but it is also important to incorporate interventions that effectively support mental and emotional health of patients in order to reduce the added barriers to healing that have succumbed with the emergence of COVID-19. Although this is not a new concept within nursing practice, the COVID-19 pandemic has illustrated just how vital therapeutic relationships are within nursing practice as patients need support to effectively cope with isolating conditions of care.

Upon completion of my clinical practicum, I walked away with a newfound understanding and appreciation for nursing practice that I had not anticipated. I discovered that this rotation was a blessing in disguise for many reasons: not only did it provide me with the opportunity to master fundamental skills of nursing and bedside care, which will be valuable in any healthcare setting, but it also emphasized the importance of delivering care in a way that protects patient safety and fosters empathy and kindness. Furthermore, it highlighted the many ways in which long-term care facilities have changed their daily operations and how these changes may last for months or years to come as healthcare organizations continue to work towards improved infection prevention. In addition to the immediate changes related to precautions and infection control, this practicum experience has changed my personal nursing practice by reinforcing the value of practicing with humility, treating patients with respect and safeguarding their human dignity, and, ultimately, making patients feel safe and supported.

While I may not have had the opportunity to practice higher acuity skills as initially intended, the opportunity to cultivate emotional intelligence and human responsiveness that came with working in a long-term care facility during a global pandemic is rare, and for that, I am grateful.



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CULTURAL COMPETENCY REQUIREMENT COMING JULY 2021

Between 2010 and 2019, the United States Census Bureau estimates that the population of Oregon has increased by 10.1%. The Bureau estimates in 2019 there were 4,217,737 people living in Oregon. As our population increases, so does the diversity and cultural backgrounds of Oregonians.

The Oregon Legislature is focused on reducing healthcare inequality and helping healthcare providers learn cultural awareness so they can help patients achieve the best possible outcomes. Beginning July 1, 2021, all nurses and nursing assistants seeking a new Oregon license or certification or applying for renewal, reactivation, or reinstatement of a license or certification will be required to have completed two hours of continuing education in cultural competency in the two years preceding the submission of the application.

If you have held a license or certification and have renewed before with the OSBN, cultural competency may sound familiar. The OSBN has gathered statistical information about the rates of cultural competency education for a number of years. The new requirement for completion of the continuing education is due to the approval of HB 2011 during the 2019 Legislative Session. The resulting statute, ORS 676.850, gives authority to regulatory boards to require cultural competency continuing education for applicants for initial or renewal licensure or certification. All Oregon health licensing boards will enact this requirement in July. These Boards will include the Oregon Boards of Pharmacy, Medicine, and Dentistry.

When the new requirement goes into effect, applicants to the Oregon State Board of Nursing must attest to having completed two hours of cultural competency continuing education in the two years preceding the application. Proof of the completed hours must be available for presentation to Board staff upon request. Failure to provide the documentation when requested may result in a civil penalty or discipline.

There are various avenues to complete the cultural competency requirement. Many Oregon employers require staff to complete yearly cultural competency education as a term of employment. These employer-provided courses will meet the requirement for licensing. For individuals who do not receive this type of education from an employer, the Oregon Health Authority will maintain a list of approved cultural competency courses to select from on their website. Completion of two contact hours of OHA-approved courses will meet the requirement for licensure or certification. Additionally, students of OSBN-approved nursing programs and participants in OSBN-approved re-entry courses will receive the cultural competency education as part of the course curriculum, thus meeting the requirement for licensure.

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DISCIPLINARY CASE STUDY: SOCIAL MEDIA

Case #1

This case study involves a situation where the Board received 12 separate complaints alleging a nurse practitioner (NP) had made numerous inappropriate statements directed at physicians via her twitter account. The Board opened an investigation into the matter. During the investigation, Board staff discovered that the nurse practitioner had a twitter handle that included her initials and the abbreviation for a nurse practitioner, NP. The Licensee became engaged in a twitter discussion with other people regarding physicians and nurse practitioners in patient care.

Board staff received screen shots of the statements made by the Licensee to others on Twitter. The comments included statements regarding the rate of suicide and controlled substance use among physicians and comments regarding physicians' lack of integrity as a group. The posts included profane language and the use of aggressive, intimidating statements towards other healthcare members.

Board staff interviewed the Licensee who had allegedly made the statements on Twitter. Licensee acknowledged that the statements captured by screen shot were made by her. Licensee stated she had joined a Twitter discussion regarding physicians and nurse practitioners and that the discussion became heated. Licensee stated she was contacted via private message on Twitter by someone participating in the previous discussion who wished to debate the topic further. Licensee mistakenly believed that because this Twitter dialogue was not taking place on a public page, that others would not see her comments. Licensee stated the person who sent messages via private message began to verbally attack her and make derogatory comments about nurse practitioners. Licensee stated she reacted to the attack and did post comments that were unprofessional. The other individual then took screen shots of the private message dialogue and posted only her comments to a public forum page, taken out of context. The other Twitter user also used Licensee's Twitter handle to look up her personal information, including where she was

employed. At this point, Licensee's tweets had gone viral and were garnering a lot of attention on social media. Other members on Twitter, offended by Licensee's statements, and now having her personal information, reported her to her employer and to the OSBN.

In response to the viral reaction to her Twitter posts and the subsequent complaints to both the OSBN and her employer, Licensee removed all of the posts that she was able to from Twitter. She then shut down all of her other social media accounts including Twitter and Facebook.

Please note that while licensees do have freedom of speech, a federally protected right, licensees are required to adhere to Oregon's Nurse Practice Act, which are state regulatory laws. The Board does not act outside of federal or state laws, which would supersede the practice act. During an investigation into speech made on social media the Board must determine whether the licensee's behavior exhibits a nexus to their nursing practice. As previously defined in the Sentinel's November 2020 issue, a nexus is defined as a causal link. In the case of nurses, a nexus would identify a predictor of how the behavior or actions of the nurse would influence the nurse's practice. In this case, would the negative views the Licensee expressed regarding physicians impact her collaboration and professional relationship with this group of healthcare providers? The Board determined the actions of the licensee did not warrant public discipline and dismissed the case, but did issue a letter of concern to the Licensee as the views expressed by the Licensee on Twitter could have a nexus in her nursing practice.

Case #2

This case involves a registered nurse (RN) who self-reported to the Board that he was terminated for violating patient confidentiality through use of his social media account. While the RN was assigned to the patient's care, he used his personal SnapChat application to take photographs of the patient's injury while the patient was unconscious. The

RN then transmitted a photograph, with a derisive comment about the injury, to other healthcare workers at the same facility. Although the photographs did not contain written or facial patient identification, they represented a breach of the patient's rights of privacy and dignity. The employer separately determined that the RN had violated their workplace policies related to disclosure of personal health information, use of personal technology, and confidentiality, and that a breach of protected health information, as defined by HIPAA, had occurred.

The RN stated he was careful to not include any patient, staff, or location identifiers in the SnapChat photograph he took, incorrectly believing that this would remove the risk of violating patient privacy. The RN also incorrectly believed that by sending the content via SnapChat, the image would disappear within seconds after the image was viewed by the recipient, when in fact the content can be captured and re-transmitted by the recipient, and remains indefinitely on the platform's servers.

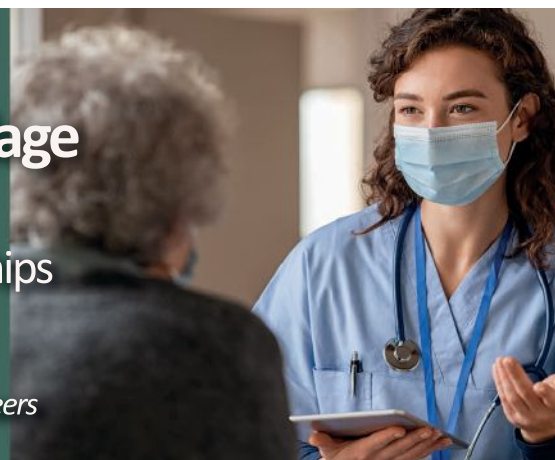
The Board determined that the RN's actions were a violation of Nurse Practice Act rule OAR 851-045-0070 (3) regarding conduct related to the client's safety and integrity, specifically subsection (k): Failing to respect the dignity and rights of clients, inclusive of social or economic status, age, race, religion, gender, gender identity, sexual orientation, national origin, nature of health needs, physical attributes, or disability.

The RN acknowledged that his actions represented a serious lapse of judgment and took steps to educate himself and remediate his conduct. He completed Board-approved continuing education courses on Patient Rights and the Nurse Practice Act. RN had no previous discipline or complaints against his license. The Board reviewed the case and accepted the RN's Stipulated Order for Reprimand of License, which is a disciplinary action.

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Q: I recently accepted employment as an LPN in a physician's office. My employer wants me to be the go-between to communicate information with the pharmacy on new orders and prescription refills for patients. I think this is okay because the front office person used to do this. Is there anything I should know?

A: Yes! While the activity of communicating "information" regarding a prescriber's prescription for a patient to a pharmacy may seem like a routine activity, it is not. By holding licensure as an RN or LPN, the bar of responsibility is raised.

Scenario: A pharmacist contacts a prescriber as a patient's prescription has become invalid or expired and the patient is seeking a refill. The contact is made because of the Oregon Board of Pharmacy's administrative rule 855-041: After one year from date of issue, a prescription for a non-controlled substance becomes invalid and must be re-authorized by the prescriber.

A licensed nurse fields the pharmacist's contact and communicates the information regarding the status of the prescription to the patient's provider. For the purposes of this scenario, the provider re-authorizes the prescription with a new order. The nurse then communicates the new order to the pharmacy.

In this scenario, nothing in the Nurse Practice Act (NPA) prohibits the LPN's engagement in this specific activity. However, when doing so, the actions and behaviors of the nurse must be in adherence to the legal scope and standards of practice found in Chapter 851 Division 045 of the Nurse Practice Act (NPA).

While LPN-applicable standards are



many, I will call out a few. Chapter 851 division 045 contains standards that identify the legal responsibility of the LPN to advocate for the safety of the patient (OAR 851-045-0050(5)). For patient medication-related activities, paramount to patient safety is an LPN's adherence to Division 045 standards on accepting any order from a prescriber. In adherence to the standards, the LPN is responsible to ensure that the order is consistent with the provider's overall treatment plan for the patient and is not contraindicated for the patient. In other words, the LPN isn't just conveying information between a provider and a pharmacy; the LPN is actively advocating for the safety of the patient. The standards on accepting (and implementing) orders for client care and treatment are located at 851-045-0040(5

(a) through (f); please access and read them.

A link to Division 045 of the NPA is provided on the OSBN Home page.

Q: I just learned that based on federal supremacy, nurses who fall into any of the following categories – federal government, U.S. Department of Veterans Affairs, military or Indian Health Service – are exempt from licensure in the state of practice when they hold an active nurse license in any state and are practicing within their federal capacity. Does this exemption apply when the same nurse is practicing in a civilian facility in a nonfederal role?

A: No, the exemption does not apply when the same nurse is practicing in a civilian facility in a non-federal role. The nurse will need to hold appropriate licensure in the state of practice.

Q: Can RNs give injections without an MD, DO, NP, or PA on site?

A: Any requirement for the on-site presence of another person when an RN is performing an injection would be initiated outside of the Nurse Practice Act. Such a requirement would be based on laws or rules outside of the Nurse Practice Act, the pharmaceutical being administered by injection, professional specialty practice standards, current nursing and other scientific literature, and/or the presenting condition of the patient. Your nursing administration and management will be knowledgeable of any of the above factors, or others, that apply to your particular setting and patient population.



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2021 OSBN BOARD MEETING DATES

February 16, 2021 Board Meeting	6:30 p.m.	June 15, 2021 Board Meeting	6:30 p.m.	September 17, 2021 Board Work Session	8:30 a.m.
February 17, 2021 Board Meeting (Primarily Executive Session)	8:30 a.m.	June 16, 2021 Board Meeting (Primarily Executive Session)	8:30 a.m.	October 13, 2021 Board Meeting (Primarily Executive Session)	4:30 p.m.
February 18, 2021 Board Meeting	8:30 a.m.	June 17, 2021 Board Meeting	8:30 a.m.	November 16, 2021 Board Meeting	6:30 p.m.
March 17, 2021 Board Meeting (Primarily Executive Session)	4:30 p.m.	July 14, 2021 Board Meeting (Primarily Executive Session)	4:30 p.m.	November 17, 2021 Board Meeting (Primarily Executive Session)	8:30 a.m.
April 13, 2021 Board Meeting	6:30 p.m.	August 18, 2021 Board Meeting (Primarily Executive Session)	4:30 p.m.	November 18, 2021 Board Meeting	8:30 a.m.
April 14, 2021 Board Meeting (Primarily Executive Session)	8:30 a.m.	September 14, 2021 Board Meeting	6:30 p.m.	December 15, 2021 Board Meeting (Primarily Executive Session)	4:30 p.m.
April 15, 2021 Board Meeting	8:30 a.m.	September 15, 2021 Board Meeting (Primarily Executive Session)	8:30 a.m.		
May 19, 2021 Board Meeting (Primarily Executive Session)	4:30 p.m.	September 16, 2021 Board Meeting	8:30 a.m.		

Please visit the OSBN website meeting page at
www.oregon.gov/osbn/Pages/board-meetings for agendas, materials, and logistical details.

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Nursing licenses and nursing assistant certificates expire every two years, on your birthday. This means you need to renew—at the latest—the day before your birthday; if you wait until your birthday to renew, it will be too late. If you were born in an even year, you need to renew your license or certificate this year (if you haven't already). And if you were born in an odd year, you will need to renew your license next year. You may check your license status and expiration date using the Board's License Verification system: <http://osbn.oregon.gov/OSBNVerification/Default.aspx>.

If your current email address is on file with the Board office, you should receive a courtesy reminder before your license expiration date; the board sends out email reminders at 90, 60, and 15 days prior to an expiration date. However, it is ultimately the licensee's responsibility to renew her/his license.

Don't risk possible civil penalties by practicing without a license—renew on time.



OSBN EMAIL ADDRESSES HAVE CHANGED

The email domain for the Oregon State Board of Nursing has changed from @state.or.us to @osbn.oregon.gov. Please make the change in your address books or email rules so you can continue to receive email from the OSBN.

2021 OSBN BOARD MEMBERS



DEVORAH BIANCHI, RN

TERM: 1/1/21 – 12/31/23

Ms. Bianchi is a staff nurse at Sacred Heart Medical Center at Riverbend in Springfield and has 20 years of nursing experience. She received her Associate of Science in Nursing degree from Excelsior College in Albany, NY, her Bachelor of Science in Maternal and Child Health: Human Lactation from The Union Institute and University in Cincinnati, Ohio, and her Bachelor of Science in Nursing from Western Governors University in Salt Lake City, Utah. Ms. Bianchi is one of two direct-patient care RNs on the Board. She resides in Eugene, Ore.



MICHELLE CHAU, LPN

BOARD SECRETARY

TERM: 1/1/19 – 12/31/21

Ms. Chau is a Panel Manager for the Multnomah County Health Department in Portland, Ore. She completed her practical nursing program at Mt. Hood Community College in Gresham, Ore., and has a Bachelor of Science degree in Advanced Chemistry, Biology, and General Science from Oregon State University in Corvallis, Ore. She has 10 years of nursing experience, and serves in the Licensed Practical Nurse position on the Board.



KATHLEEN CHINN, RN, FNP

BOARD PRESIDENT

TERMS: 1/1/16 – 12/31/18, 1/1/19 – 12/31/21

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.



AARON GREEN, CNA

TERM: 10/1/20 – 12/31/21

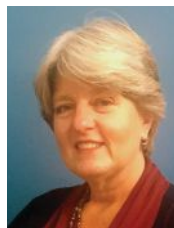
Mr. Green is a CNA2 at McKenzie Willamette Medical Center in Springfield, Ore. He serves in the CNA position on the Board. He has eight years of experience as a CNA and resides in Springfield.



SARAH HORN, RN

TERM: 1/1/21 – 12/31/23

Ms. Horn is the Chief Nursing Officer at Salem Hospital in Salem and has 20 years of nursing experience. She received her Bachelor of Science in Nursing degree from the University of Portland in Portland, Ore., and her Master in Business Administration degree from the Marylhurst University in Portland, Ore. Ms. Horn serves in the Nurse Administrator position on the Board. She resides in Albany, Ore.



SHERYL OAKES CADDY, JD, MSN, RN, CNE

TERM: 1/1/18 – 12/31/20

Ms. Oakes-Caddy is the Dean of Nursing at Mt. Hood Community College in Gresham, Ore. She has more than 30 years of clinical nursing practice. She received her Associate of Science in Nursing from Linn-Benton Community College in Albany, Ore., her Bachelor of Science in Nursing from Oregon Health Sciences University in Portland, Ore., her Master of Science in Nursing from Walden University, Baltimore, Md., and her Doctor of Jurisprudence from Willamette University School of Law in Salem, Ore. Ms. Oakes Caddy serves in the Nurse Educator position on the Board and resides in Lebanon, Ore.



JUDITH WOODRUFF, JD

PUBLIC MEMBER

TERM: 1/1/20 – 12/31/22

Ms. Woodruff received her juris doctorate from the University of Oregon School of Law. During her legal career, she worked as an Assistant Attorney General with the Oregon Department of Justice and served as an Administrative Law Judge. She also worked in philanthropy and non-profit organizations, including over a decade with the Northwest Health Foundation as the Senior Program Director, focused on healthcare workforce development. Ms. Woodruff serves as one of two public members on the Board, and she resides in Portland, Ore.



MICHAEL WYNTER-LIGHTFOOT

PUBLIC MEMBER

TERM: 2/14/20 – 12/31/22

Mr. Wynter-Lightfoot retired in 2019 after seven years serving as the Student Success Advocate for Portland Public Schools. He received his Associate of Science degree from Rockland Community College in Suffern, N.Y. Mr. Wynter-Lightfoot is one of two public members on the Board, and he resides in Milwaukie, Ore.

RN STAFF NURSE MEMBER NEEDED

The Oregon State Board of Nursing is seeking a RN Staff Nurse member for a term that begins immediately and ends 12/31/23. To apply, visit the Governor's Boards and Commissions webpage. For more information on the specific duties of an OSBN board member, visit the board's About Us webpage, or contact OSBN Communications Manager Barbara Holtry at barbara.holtry@osbn.oregon.gov



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DISCIPLINARY ACTIONS

Actions taken in October, November, and December 2020. 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
Dina M. Arrollo	094005045LPN	Probation	10-7-20	12-month probation. Failing to administer medications in a manner consistent with law, entering inaccurate documentation into a client record, and failing to accurately document nursing interventions.
Andrew C. Azzarella	201900139CNA	Suspension	10-7-20	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Emily M. Barker	201601959RN	Application Denied	11-18-20	Misrepresentation during the licensure process and conviction of a crime that bears demonstrable relationship to nursing.
Clifford T. Beard	201210993CNA	Revocation	12-9-20	Abusing a person, engaging in sexual misconduct in the workplace, and demonstrated incidents of abusive behavior.
Jacob P. Bennett	201708237RN	Probation	10-7-20	24-month probation. Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Alexander M. Bernal	201230664LPN	Voluntary Surrender	11-18-20	Entering incomplete documentation into a health record and possessing unauthorized medications.
Brenna Boccardo	201906742CNA	Suspension	11-18-20	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Stacey O. Bonomo	200530455LPN	Suspension	11-18-20	14-day suspension, followed by 12-month probation. Engaging in threatening behavior toward a coworker, and demonstrated incidents of intimidating and reckless behavior.
Jennifer R. Brown	200941764RN	Suspension	10-7-20	30-day suspension. Falsifying data and failing to conform to the essential standards of acceptable nursing practice.
Patricia M. Butler	201500520LPN	Reprimand	11-18-20	Failing to document nursing interventions, and failing to conform to the essential standards of acceptable nursing practice.
Mari Caballero	201602193RN	Probation	12-9-20	12-month probation. Failing to document nursing interventions, and failing to take action to preserve client safety.
Ann E. Carpenter	201130414LPN	Voluntary Surrender	10-7-20	Falsifying data and failing to conform to the essential standards of acceptable nursing practice.
Stephanie R. Carrier	201405708RN	Probation	10-7-20	12-month probation. Mental impairment, failing to document client care information, and failing to conform with the essential standards of acceptable nursing practice.
David L. Caverly	200040522RN	Reprimand	12-9-20	Failing to document nursing interventions, and failing to conform to the essential standards of acceptable nursing practice.
Tania L. Cheng	201905195RN	Voluntary Surrender	11-18-20	Demonstrated incidents of dishonesty.
Kaylee M. M. Christopher	CNA Applicant	Application Denied	10-7-20	Failing to answer questions truthfully and completely, and failing to cooperate with the Board during the course of an investigation.
Robin A. Crisp	201600998CNA	Probation	10-7-20	24-month probation. Using intoxicants to the extent injurious to herself or others.
Kathleen M. Davis	200141163RN	Reprimand	11-18-20	Demonstrated incidents of dishonesty.
Lori A. Delashmutt	200240127RN	Reprimand/Civil Penalty	10-7-20	\$1,500 civil penalty. Demonstrated incidents of abusive behavior.
Amanda M. Despain	201391326CNA	Voluntary Surrender	12-9-20	Using intoxicants to the extent injurious to herself or others.
Vena L. Edwards	201402665RN	Reprimand	11-18-20	Failing to document nursing interventions, and failing to conform to the essential standards of acceptable nursing practice.
Monica M. Evangelisti	201141749RN	Suspension	12-9-20	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Charles A. Fanto	097006868RN	Voluntary Surrender	11-18-20	Violating the terms and conditions of a Board Order.
Kennan M. Farmer	CNA Application	Voluntary Withdrawal	11-18-20	Use of intoxicants to an extent injurious to herself or others.
Joyce D. Faulstich	085081222RN	Voluntary Surrender	12-9-20	Failing to take action to preserve client safety, and failing to conform to the essential standards of acceptable nursing practice.
Corrine H. Flint	201042965RN	Suspension	11-18-20	Six-month suspension. Failing to report actual or suspected child abuse.
Jessica C. Fraley	200842262RN	Reprimand/Civil Penalty	12-9-20	\$2,500 civil penalty. Violating a person's rights to privacy and confidentiality, unauthorized removal of client information, and failing to conform to the essential standards of acceptable nursing practice.
Dawn R. Garcia	095006995RN	Voluntary Surrender	11-18-20	Practicing nursing while unable due to a mental impairment.
Marcie L. Garcia	200910972CNA	Voluntary Withdrawal	12-9-20	Unauthorized removal of drugs from the workplace.
Peggy J. Gardner-Jones	000011898CNA	Suspension	10-7-20	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Elisha A. Gonzales	201500054RN	Probation	11-18-20	24-month probation. Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Charles Hansen	201241514RN	Voluntary Surrender	11-18-20	Using intoxicants to the extent injurious to himself or others, and the unauthorized removal of drugs from the workplace.

Name	License Number	Discipline	Effective Date	Violations
Kacie E. Hemphill	200641056RN	Application Denied	11-18-20	Failing to answer questions truthfully on an application for licensure.
Laurie L. Hyndman	200841620RN	Voluntary Surrender	10-7-20	Physical condition that prevents the licensee from practicing safely, and failing to conform to the essential standards of acceptable nursing practice.
Caroline K. Jackson	201802988RN	Reprimand/Civil Penalty	10-7-20	\$5,000 civil penalty. Violating the client's rights of privacy and confidentiality, and failing to conform to the essential standards of acceptable nursing practice.
James K. Jacobson	201905986RN	Reprimand	11-18-20	Performing acts beyond his authorized scope, and failing to conform to the essential standards of acceptable nursing practice.
William P. Kabele	202001752CRNA 201390302RN	Suspension/Probation	10-7-20	CRNA license: 12-month suspension, followed by 24-month probation. RN license: 36-month probation. Using intoxicants to the extent injurious to himself or others, and misrepresentation during application process for licensure.
Sharon D. Kennedy	200450083NP	Reprimand	12-9-20	Failing to document client care information, failing to take action to promote client safety, and failing to conform to the essential standards of acceptable nursing practice.
Joshua B. Keyes	201800361RN	Suspension	12-9-20	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Heike E. M. Kilian	200141937RN	Revocation	10-7-20	Failure to document nursing interventions, using intoxicants to the extent injurious to herself or others, and failing to answer questions truthfully.
Jessica L. Killian	200740650RN	Revocation	11-18-20	Violating the terms and conditions of a Board Order.
Allison G. Krawza	201811019RN	Voluntary Surrender	10-7-20	Failing to provide documents requested by the Board, and failing to cooperate with the Board during the course of an investigation.
Lorna M. Lawrence	080044965RN	Reprimand	10-7-20	Reprimand with conditions. Violating a person's rights of privacy and confidentiality, and failing to conform to the essential standards of acceptable nursing practice.
Mark S. Logue	097000439RN	Suspension	11-18-20	Violating the terms and conditions of a Board Order.
Joseph P. Lulich	201150029NP	Reprimand	12-9-20	Failing to take action to promote client safety, failing to implement the plan of care, and failing to conform to the essential standards of acceptable nursing practice.
Brandy L. Lunsford	201600707RN/ 201600708NP-PP	Revocation	10-7-20	Conviction of a crime that bears demonstrable relationship to nursing, falsifying data, improper billing practices including the submission of false claims, and demonstrated incidents of fraud and dishonesty.
Theresa L. Mabie	201142937RN	Suspension	11-18-20	Minimum 60-day suspension with conditions. Demonstrated incidents of intimidating behavior, failing to respect the dignity and rights of clients, and engaging in abusive behavior toward a coworker.
Cari L. Mallette	200930583LPN	Reprimand	10-7-20	Performing acts beyond her authorized scope, changing words within an existing document to mislead the reader, and failing to conform to the essential standards of acceptable nursing practice.
Becky J. Marin	200630306LPN	Voluntary Surrender	12-9-20	Failing to accurately document nursing interventions, and failing to conform to the essential standards of acceptable nursing practice.
Ashley K. Marsh	200841256RN	Probation	10-7-20	24-month probation. Misrepresentation during the application process for licensure, and using intoxicants to the extent injurious to herself or others.
Donald S. McFerran	081046617RN/ 081046617N6	Voluntary Surrender	10-7-20	Failing to dispense and administer medications in a lawful manner, and failing to conform to the essential standards of acceptable nursing practice.
Steven M. Miller	200341947RN	Voluntary Surrender	10-7-20	Failing to report to the Board within 10 days his misdemeanor conviction, using intoxicants to the extent injurious to himself or others, and failing to cooperate with the Board during the course of an investigation.
Beth A. Morrison	201340416RN	Revocation	12-9-20	Using intoxicants to the extent injurious to herself or others, and failing to cooperate with the Board during the course of an investigation.
Candy M. Mull	201041782RN	Suspension/Probation	10-7-20	60-day suspension, followed by 24 months of probation. Using intoxicants to the extent injurious to herself or others, practicing nursing while impaired, and failing to conform to the essential standards of acceptable nursing practice.
Kellee S. Murga	201394037CNS 201394036RN	Reprimand/Civil Penalty	11-18-20	\$1,250 civil penalty. Failing to respect the dignity and rights of clients, and violating the clients' rights of privacy and confidentiality.
Jeffrey C. Ng	RN Applicant	Voluntary Withdrawal	10-7-20	Using intoxicants to an extent injurious to himself or others.
Rene E. G. Nunn	086006195RN	Voluntary Surrender	11-18-20	Possessing unauthorized drugs.
Denise Parker	077037877RN	Voluntary Surrender	10-7-20	Demonstrated incidents of dishonesty, deceit during the licensure application process, and failing to answer questions truthfully.
Taylor A. Parks	201505405RN	Suspension/Probation	11-18-20	30-day suspension, followed by 24-month probation. Failing to maintain professional boundaries with a client, engaging in sexual misconduct with a client, and failing to conform to the essential standards of acceptable nursing practice.
Hanako B. Paul	098003038LPN	Voluntary Surrender	10-7-20	Violating the terms and conditions of a Board Order.
Christian A. Pass	201805730RN	Reprimand	11-18-20	Failing to accurately document nursing interventions, failing to take actions to promote client safety, and failing to conform to the essential standards of acceptable nursing practice.
Amanda C. Pena	CNA Applicant	Application Denied	11-18-20	Misrepresentation in applying for a certificate and conviction of a crime that bears demonstrable relationship to the duties of a CNA.
Zelia M. Petty	201391532CNA	Voluntary Surrender	12-9-20	Violating the terms and conditions of a Board Order.
Michele A. Rice	201042208RN	Application Denied	11-18-20	Failing to answer questions truthfully on an application for licensure and using intoxicants to the extent injurious to herself or others.

Name	License Number	Discipline	Effective Date	Violations
April N. Sanders	CNA Applicant	Application Denied	10-7-20	Using intoxicants to the extent injurious to herself or others.
Donald J. Schaefer	201600689RN	Probation	10-7-20	24-month probation. Failing to report a conviction within 10 days of the conviction and using intoxicants to the extent injurious to himself or others.
Megan M. Scott	RN Applicant	Voluntary Withdrawal	11-18-20	Due to impairment.
Theron W. Sherrell	201607195CNA	Suspension	11-18-20	90-day suspension. Demonstrated incidents of abusive behavior, and failing to respect the dignity and rights of clients.
Charlene L. Sikel	081001448RN	Reprimand	11-18-20	Failing to take actions to promote client safety, and failing to conform to the essential standards of acceptable nursing practice.
Sarah M. Smith	201509369CNA/ 201801043CMA	Revocation	10-7-20	Demonstrated incidents of violent behavior.
Cheyann T. Snyder	201708246CNA	Revocation	10-7-20	Using intoxicants to the extent injurious to herself or others, and conviction of a crime that bears demonstrable relationship to CNA duties.
Barbara J. Sunday	200441348RN	Voluntary Withdrawal	12-9-20	Due to impairment.
Kinsey A. Stein	201804322CNA	Reprimand	12-9-20	Failing to maintain professional boundaries, and failing to respect the client's dignity and rights.
Jessica Stoica	201011468CNA	Suspension	10-7-20	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Mark C. Strassell	201507709RN	Voluntary Surrender	10-7-20	Using intoxicants to an extent injurious to himself or others.
Henry S. Travis	201241682RN	Revocation	11-18-20	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Terry L. Welch	201803697RN	Suspension	11-18-20	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Karen L. Wright	200140538RN	Voluntary Surrender	12-9-20	Practicing when impaired, and using intoxicants to the extent injurious to herself or others.
Courtney A. Zilke	201700557CNA	Suspension	12-9-20	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.

BEING "CARDLESS" PROMOTES PUBLIC SAFETY

To promote public safety and help prevent fraud, theft, and misuse of nursing licenses, the Oregon State Board of Nursing no longer issues plastic license cards. There are several ways nurses and employers can look up license numbers and verify the current status of licenses:

1. OSBN online verification system:
<http://osbn.oregon.gov/OSBNVerification/Default.aspx>.
2. OSBN auto-verification system for large numbers of licenses:
<https://osbn.oregon.gov/OBNPortal/DesktopDefault.aspx?tabindex=0&tabid=5&utyp=5>
3. National Council for State Boards of Nursing NURSIS license verification and E-NOTIFY systems:
<https://www.ncsbn.org/license-verification.htm>

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MEET THE TEAM

The Oregon State 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 a team member who makes everything work.



JEFF LAMONT

When OSBN Investigator Jeff Lamont graduated high school in Hillsboro, Ore., he wanted to be a rock star. His first job was at Guitar Center in Beaverton, and he taught himself to play the instrument. “I met all kinds of cool people in bands, like Joan Jett,” he says. “It was a lot of fun for a 19-year-old kid.”

However, it also exposed him to a lot of other things. “I decided I wanted a different lifestyle than what I was seeing.” He did a ride-along with a Washington County Sheriff deputy and became interested in the idea of law enforcement, but not necessarily with becoming a police officer. He worked for a private security company for a few years before deciding to enlist in the Air Force. He became a Security Forces Journeyman and served abroad. “I was deployed all over, including Iraq, Diego Garcia, and Saudi Arabia. It was fascinating.” He also spent several months in Louisiana as part of the Hurricane Katrina relief effort. After six years, he had risen to the rank of Staff Sergeant and received an honorable discharge.

Back in Oregon, Lamont worked for a few years at Portland Community College (PCC) as a Public Safety Officer with the Campus Police unit before becoming a Student Conduct and Retention Coordinator. “It was really interesting,” he explains. “I investigated student complaints. We dealt with a lot of Title IX issues, but also a few active threats. We learned to recognize behavior that could become dangerous and how to act on it.” The experience gave him good experience in building teams; he was instrumental in implementing PCC’s behavioral intervention

team, comprised of counselors, safety officers, academic advisors and the dean of students. “The goal was to try to keep students enrolled by tackling issues on all fronts.” During his time at PCC, Lamont earned a Bachelor of Science degree in psychology with a minor in criminal justice from Portland State University.

Desiring a closer connection to law enforcement, Lamont served one year as a parole officer for the Douglas County sex offender unit. He quickly concluded that aspect of policing wasn’t for him. “My preferences lean more toward getting people help so they can change, and that job was about as far away from that as you can get.”

Returning to PCC, he found a good fit as an Equity Investigator for the school’s Office of Equity and Inclusion. “It was a role in which I could be supportive to help people as opposed to being a hammer.” He assisted trauma victims, students with financial issues or code of conduct violations, and discrimination claims. “I really enjoyed it and knew I was making a difference, but after a total of 14 years at PCC, I needed a change,” he explains. He applied with the OSBN and started in March 2020.

“This is the coolest job ever!” he says with a smile. “There’s a really good sense of comradery between my coworkers. Every case is different and there are no rubber stamps. I love the jigsaw puzzle that is investigations. We investigate and report the facts, but we don’t have the burden of a decision—that’s on the Board. They make the decisions, which makes for a more equitable process.”

Lamont says the more important part of the job is getting it right. “We’re dealing with people’s livelihoods here and that something we all take very seriously.”

In his spare time, he loves spending time outdoors with his three sons. “Fishing, crabbing, hunting...we do it all. The Wallowa Mountains are the most beautiful mountains ever. I can’t get enough of them.” He now has 10 guitars in his collection, all in shades of blue, and still plays often. “Sometimes, I ask my sons if they want me to play for them,” he says with a laugh, “But they just aren’t interested!”



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