

OREGON BOARD OF NURSING

SENTINEL

[VO.43 • NO 2 • SPRING 2024]



Building Strong Foundations: The Crucial Role of Professional Identity in Nursing Excellence

also in this issue

**Workplace Bullying and Incivility:
A Perspective Based on the Oregon Nurse Practice Act**

**The Nursing Wage:
A Look at Registered Nurse Pay in Oregon**

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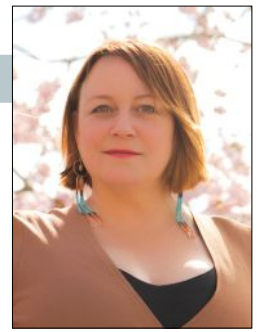
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RENEWAL REMINDERS RETURN TO LICENSEE IN-BOXES

As I enter my ninth month as Executive Director at the Oregon State Board of Nursing, I am even more committed to upholding our mission and organizational values. In the February 2024 Sentinel article, I highlighted our organizational values of Integrity and Stewardship. Let's continue highlighting our values and focus on "Simplicity" to reduce barriers to clear communication and streamline processes.

In October 2022, OSBN transitioned to a new licensing software, which brought several benefits. However, due to a technical limitation in the software, we had to discontinue the 30-- 60- and 90-day renewal reminders. OSBN conducted direct email campaigns and published multiple articles to ensure our licensees were informed. OSBN also encouraged using e-Notify, which reminds nurses of an upcoming license expiration, and created a CNA notification tool.

Since my tenure at OSBN, we have worked to improve our customer service and address licensee concerns. We understand that our communication methods have needed to be improved since changing data systems. To rectify this, we are pleased to reinstate the reminders for 30-60-90 days via direct email outside our database. This step is a testament to our commitment to our organizational value, Simplicity, by reducing barriers to clear communication and streamlined processes.

OSBN Values

Integrity-We inspire trust and excellence through professionalism and accountability.

Collaboration-We are inclusive and respectfully accept and contribute valuable ideas to achieve goals.

Stewardship-We serve the public through responsive and effective use of financial, physical and people resources.

Simplicity-We reduce barriers through clear communication and streamlined processes.

Innovation-We empower change through teamwork and transparency.

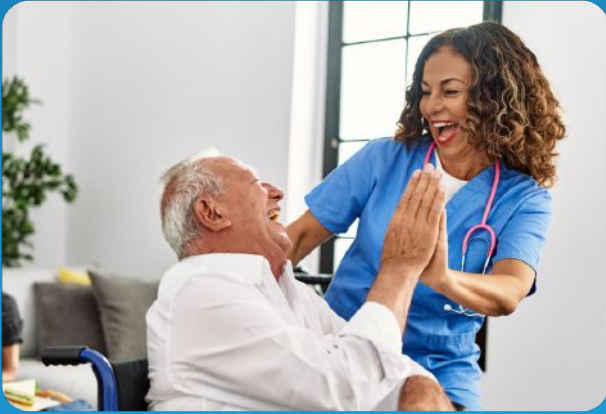
Ensuring the timely renewal of your license is crucial. While each licensee and certificate holder is responsible for renewing on time, as the Oregon Nurse Practice Act requires, the Oregon State Board can support the more than 100,000 Oregon nurses with email reminders.

Once OSBN receives your renewal application, it can be automatically processed. Renewal applications are available 90 days before your license expiration and extend to 30 days after the expiration. Please note that there is no license grace period, and once the license expires, you will be charged an immediate \$100 delinquent fee.

While all Oregon nurses will once again receive notifications via email on file, you are also

encouraged to sign up to receive reminders about your license or certificate renewal. All nurses can sign up for Nursys e-Notify system (<https://www.nursys.com/EN/ENDefault.aspx>), and all Oregon CNAs can sign up for the CNA renewal reminder system (<https://osbn.oregon.gov/CNARenewalService>) to receive reminders about their OSBN certificate renewal.

I am honored to lead the work to uphold our organizational values and pledge that Oregonians work daily to partner with you in solving big and small problems. Please sign up to be notified from the OSBN Listserv as we increase our outreach and collaboration with the community. Please feel free to reach out to me at rachel.prusak@osbn.oregon.gov.



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By Guest Authors **Kary Anne Weybrew**, MSN, RN, WHNP, **Kristen D. Priddy**, PhD, RN, CNS,
Matthew S. Howard, DNP, RN, CEN, TCRN, CPEN, CPN, FAEN,
and **Beth Cusatis Phillips**, PhD, RN, CNE, CHSE

BUILDING STRONG FOUNDATIONS: THE CRUCIAL ROLE OF PROFESSIONAL IDENTITY IN NURSING EXCELLENCE



Introduction

A nurse's professional identity is not just a label but an energetic philosophy driving passionate actions. Both seasoned and new nurses find themselves drawn to the movement of Professional Identity in Nursing (PIN) and Healthy Work Environments, recognizing the potential to revolutionize the profession. Incorporating identity formation into practice,

nurses actively invest their time and effort into addressing crucial issues within their field. Identity formation is not just a concept but an essential component of our journey toward becoming seasoned professionals.

The nursing profession has not kept pace in defining its role and scope of contemporary nursing practice, characterized by ongoing and consistent transformations. The absence of

a definitive and unified understanding of what it genuinely means to embody the role of a nurse highlights the crucial juncture where the nursing profession currently stands (Joseph et al., 2021; Phillips & Priddy, 2023). The quest for clarity in professional identity aligns with broader patterns observed in medical, pharmacy, veterinary, and physical therapy, where professional identity development has been integrated into educational programs (Godfrey & Young, 2021; Riley et al., 2021). Acknowledging this unavoidable principle, the International Society for Professional Identity in Nursing (ISPIN) has intervened to furnish an all-encompassing description of professional identity in nursing, encapsulating the indispensable aspects of this complicated concept.

Professional Identity in Nursing: Definition and Domains

In 2018 and 2019, the leaders of ISPIN convened two think tanks of experts in nursing practice education and regulation to develop a clear definition of PIN and identify the key domains of the profession. Think tank participants adopted the following definition:

“Professional Identity in Nursing is a sense of oneself, and in relationship to others, that is influenced by the characteristics, norms, and values of the nursing discipline, resulting in an individual thinking, acting, and feeling like a nurse” (ISPIN, 2019).

This definition is the foundational framework, addressing the intricate interplay between personal identity and the broader nursing community. To further delineate this concept, ISPIN identified four domains of professional identity: values and ethics, knowledge, nurse as leader, and professional comportment (ISPIN, 2019). All academic accrediting bodies’ have highlighted professional identity definitions and language in their standards or curriculum essentials (Accreditation Commission for Education in Nursing, 2024; Commission for Nursing Education Accreditation, 2021; Commission on Collegiate Nursing Education, 2021).

At the heart of our professional identity lies our values and ethics, which form the foundation of our practice in nursing. This domain encapsulates the guiding principles that mold and regulate ethical behavior within the nursing profession. Our nursing knowledge represents the intellectual dimension of our professional identity, reflecting our expertise, understanding, and ongoing pursuit of excellence in the field. This domain emphasizes the analysis and application of information derived from nursing and other disciplines, experiences, critical reflection, and scientific discovery. Nurses are leaders in the healthcare environment, so we emphasize nurses’ transformative

role to inspire themselves and others to translate a shared vision into tangible reality, showcasing their roles as leaders as an integral component of professional identity. Through professional comportment, we find ourselves extending beyond skills and knowledge. This domain encapsulates a nurse’s professional behavior demonstrated through words, actions, and overall presence, emphasizing the importance of demeanor in the professional identity of a nurse. Recognizing nursing as an integral aspect of personal identity while understanding the necessity of a distinct professional identity emphasizes the importance of aligning one’s actions and values with the standards and principles of the nursing discipline. See Figure 1.

Following the 2018 and 2019 think tanks, we wanted to understand how practicing nurses responded to the definitions and domains of PIN and what practicing nurses believed about the impact of PIN. We developed a mixed methods online survey and obtained IRB approval through Duke University. In collaboration with the Oregon State Board of Nursing, an invitation to participate in the online survey was sent to licensed nurses across all levels of practice and practice areas in Oregon. Through responses of over 700 Oregon nurses, we discovered the powerful connection between PIN and the well-being of patients and nurses, as well as the employer’s role in helping nurses flourish in their professional identities.

Nurse and Patient Wellbeing: The Impact of Professional Identity in Nursing

Many respondents to our survey agreed that professional identity is critical to functioning in the nursing role (74%) and agreed that nurses with a strong professional identity stand out as having a higher impact than those who do not possess this attribute (92%). Participants described PIN as our “individual and collective identity,” the “compass that guides our practice.”

We asked our participants two important questions: “How do you think having a strong professional nursing identity impacts practice?” and conversely, “How do you think failure to form a strong professional identity impacts practice?” What became very clear in the data is that practicing nurses see a strong connection between PIN and the outcomes of safe, high-quality patient care and nursing job satisfaction and retention. When nurses have a strong professional identity, they have role clarity, confidence, pride in the profession, and ownership of practice that leads to a desire for lifelong learning, high ethical practice standards, advocacy, innovation, trust and respect, effective teamwork, and a healthy work environment. When

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PIN is lacking, there is a troubling cascade of lack of role clarity and lack of a unified value system that leads to self-doubt, anxiety, ineffective decision-making, decreased advocacy, decreased trust, increased conflict, ineffective communication, and impaired teamwork. Of particular concern are nurses who lack pride in the profession and view their work as “just a job,” resulting in “unethical shortcuts” and “sloppy practice.” The result is an unhealthy work culture and harm to both patients and nurses. Nurses in such a work environment are less engaged in improvement, which will impair the ability of the profession to innovate and correct inequities in health care.

The Role of Employers in Supporting Professional Identity in Nursing

When asked about their employers’ role in supporting PIN, 97% of participants agreed that healthcare agencies can contribute to professional identity through their mission, values, programs, practices, and other mechanisms, and 80% believed that healthcare agencies are obligated to advance professional identity. However, only 28% were certain that their employers had a process for ensuring that nurses have a strong professional identity. We asked the participants to describe how employers

support PIN. The overwhelming majority of responses related to employers supporting and recognizing professional and personal growth and development through funding education, proactively providing opportunities for continuing education, and acknowledging achievements. Shared decision-making and the professional practice model associated with ANCC Magnet designation were also important elements of a work environment that supports flourishing PIN. Finally, participants identified the importance of clearly and regularly communicating the values, ethics, mission, and vision of the organization.

Next Steps from Quality and Safety Study

Findings from the study indicate a critical and urgent need for changes in the nursing profession and work environment. If nurses are not clear about who they are as nurses and their role in the work setting, their professional identity will flounder, and ultimately, the patients will suffer (Phillips & Priddy, 2023).

To change the nursing culture, all nurses must understand what professional identity is and determine ways to form and foster their own professional identity and that of the nurses around them. Nurses with a well-established professional identity improve their health and well-being (Hinkley et al.,

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2023). When nurses understand their roles, they are more engaged in their practice and better support interprofessional collaboration (O'Rourke, 2021). Nurses at every level of the profession can adopt the definition and share it with their teams. Nurses can strengthen the professional identity of all involved by addressing the four domains through critical self and collective reflection, continuing education, and teamwork. The strength of the individual nurse's professional identity combined with our collective professional identity is crucial to the flourishing of the nursing profession (Owens, et al., 2024 in press).

Creating healthy work environments that allow all nurses to flourish begins with the senior leadership team. Once key leaders value professional identity and welcome the change it creates, it is our hope that it will permeate all levels of formal and informal leadership from management to frontline nurses. Support, encouragement, and collaboration must be sincere and deliberate.

Next Steps for You

If this discussion of professional identity in nursing has piqued your interest, you are not alone. More than 700 nurses from around the globe have joined ISPIN, and for good reason. When asked about the nursing profession, Kaile Crawford, MSN, RN, NPD-BC, from Kansas, stated, "The important link between nursing practice and a core identity of integrity, compassion, and ethical conduct is crucial for the continued growth of profession and individuals alike" (K. Crawford, personal communication, February 15, 2024). Tracy Hayes, MSN, RN, CPN, from North Carolina, noted that she wanted to be involved in ISPIN because she wanted to be "a part of changing and improving healthcare professionals' sense of self and impact their practice" (T. Hayes, personal communication, February 13, 2024). These changes can come through active participation in many work groups offered through ISPIN (ISPIN, 2023).

A long-standing member of ISPIN from California, Donna Meyer, MSN, RN, ANEF, FAADN, FAAN, stated that "nursing

is part of my soul, heart, and being. I am so very proud to be a nurse, and when I am asked what I do, the first thing I say is 'I am a nurse' (D. Meyer, personal communication, February 18, 2024). Many of us feel this way as well. As the most trusted profession in the United States for over two decades (Gallup, 2024), nurses have a sense of pride in the work that we do. Participation in ISPIN, through our quarterly updates, virtual sessions, and work groups, enhances our passion and dedication to the profession.

The International Society for Professional Identity in Nursing strives to ensure all nurses know what Professional Identity is and how they form and foster it in themselves and others. Won't you join us in this effort to change the culture of our profession? If you are interested in getting involved with ISPIN, you can join our upcoming events, work groups, and virtual sessions by contacting Lauren Roberts at lroberts6@kumc.edu. You can also email us at NursignEdConsult@kumc.edu to subscribe to the ISPIN newsletter. We look forward to seeing you.

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Nursing licenses and nursing assistant certificates expire every two years, on your birthday. If you were born in an odd year, you need to renew your license or certificate this year (if you haven't already).

If you were born in an even year, you will need to renew your license next year.

Nurses may sign up for Nursys E-Notify®, a free service from the National Council of State Boards of Nursing: <https://www.nursys.com/EN/ENDefault.aspx>. This service will allow you receive license expiration reminders, receive status updates to your license, and track your license verifications for endorsement (if applicable).

It is ultimately the licensee's responsibility to renew their license. Don't risk possible civil penalties by practicing without a license.



THE NURSING WAGE: A LOOK AT REGISTERED NURSE PAY IN OREGON



At the Oregon Center for Nursing (OCN), nursing workforce retention and turnover are everyday topics. But we often get the question: “How much do nurses make?” Historically, wage information for nurses in Oregon has been generalized, gathered from either the Oregon Employment Department or the U.S. Bureau of Labor Statistics. Neither of these sources, however, takes into account the various settings where nurses work, nor do they consider how different wages can be between Oregon’s rural and urban communities.

To help figure it all out, OCN conducted a statewide survey in late 2023 with the help of the Oregon State Board of Nursing (OSBN). Registered nurses (RN) from around the state responded to the survey to help investigate the economic well-

being of Oregon’s nursing workforce. Those survey results are now available in *How Much Do Oregon’s Registered Nurses Earn? 2023 Oregon Wage Study*, a research brief that breaks apart Oregon nursing wages at every level, including position, practice setting, longevity, education, and living costs in geographic regions across the state.

The study results found the median wage of an Oregon RN is \$54.63 per hour. Those working in acute care earned more on average (\$58.25 per hour) than their non-hospital counterparts (\$47.55 to \$53.52 per hour, depending on the practice setting). Nurses in nursing education make a comparable wage to other non-hospital RNs, but annual earnings are lower due to the shorter contract period of about nine months.

Educational background also impacts hourly wages. Nurses with a baccalaureate degree typically earn \$3 more per hour than associate degree-prepared RNs, and those with advanced degrees typically earn \$5 to \$8 more per hour.

Oregon's diverse geographic landscape also plays a role in nurse wages. Generally, an RN practicing in the western part of Oregon tends to earn higher wages than in the eastern. These wages are even higher in the Tri-County region (Clackamas, Multnomah, and Washington counties). However, considering cost-of-living adjustments, nurses in Oregon's metro hub have less actual spending power than the statewide average.

OCN's Research Director, Dr. Richard Allgeyer, emphasized the study's importance. "This is information that healthcare leaders have not had before," he said. "The data is essential as we begin peeling back the layers of salary disparities and inform the current and future conversations around the economic valuation of Oregon's nursing practice."

The study, *How Much Do Oregon's Registered Nurses Earn? The 2023 Oregon Wage Study* is available in full at oregoncenterfornursing.org.



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About The Oregon Center for Nursing:

Founded in 2002, the Oregon Center for Nursing (OCN) is a nonprofit workforce center working to advance the nursing profession across Oregon. The organization fulfills its mission of supporting "informed, well-prepared, diverse, and exceptional nursing professionals" through research, education, programming, and community partnerships. Learn more about our work at oregoncenterfornursing.org.



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NAVIGATING ACCREDITATION AND STACKED LEARNING PATHWAYS IN NURSING EDUCATION: A GUIDE FOR ASPIRING NURSES IN OREGON



Choosing the right nursing education program is a crucial step towards a rewarding and fulfilling career in healthcare. Aspiring nurses in Oregon are presented with a myriad of options, but it's essential to prioritize accredited programs to ensure quality education and facilitate seamless career

progression. In this article, we explore the significance of accreditation at both regional and national levels and discuss the benefits of stacked learning pathways in Oregon's nursing education system.

Importance of Accreditation:

Accreditation serves as a hallmark of quality and adherence to rigorous educational standards. Regionally accredited institutions undergo comprehensive evaluations by accrediting bodies such as the Northwest Commission on Colleges and Universities (NWCCU), ensuring that programs meet or exceed established criteria for academic excellence, faculty qualifications, and student support services. National accreditation, conferred by organizations like the Accreditation Commission for Education in Nursing (ACEN) or the Commission on Collegiate Nursing Education (CCNE), focuses specifically on nursing programs and further attests to their quality and alignment with professional standards.

Benefits of Dual Accreditation:

Opting for nursing education programs accredited both regionally and nationally offers several advantages for aspiring nurses in Oregon. Firstly, dual accreditation enhances the credibility and recognition of the program, instilling confidence in students, employers, and licensing bodies. Secondly, it ensures that graduates are well-prepared to meet licensure requirements and pursue advanced degrees or specialty certifications, thereby enhancing their career prospects and professional development opportunities.

Stacked Learning Pathways:

Oregon's nursing education system embraces a stacked learning approach, allowing students to progress seamlessly from Certified Nursing Assistant (CNA) to Licensed Practical Nurse (LPN), Registered Nurse (RN), and Advanced Practice Registered Nurse (APRN) levels. This pathway facilitates the accumulation and transfer of credits and competencies across different levels of nursing education, minimizing redundancy, and maximizing efficiency. By completing prerequisite coursework and gaining hands-on experience at each level, students can build a solid

foundation of knowledge and skills that prepare them for the next stage of their nursing journey.

Transferrable Skills and Career Advancement:

The stacked learning pathway not only streamlines the educational process but also promotes continuity in learning and professional growth. As students advance through each level of nursing education, they acquire transferrable skills and competencies that are applicable across diverse healthcare settings and specialties. Moreover, completing higher levels of education opens doors to expanded

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roles, increased responsibilities, and higher earning potential, empowering nurses to make a meaningful impact on patient care and healthcare outcomes.

Conclusion:

In conclusion, selecting accredited nursing education programs at both regional and national levels is paramount for aspiring nurses in Oregon. Additionally, embracing the stacked learning pathway offers a structured and efficient approach to career advancement, allowing students to seamlessly transition from one level of nursing practice to the next. By prioritizing accreditation and leveraging stacked learning opportunities, aspiring nurses can embark on a rewarding journey towards becoming skilled, compassionate, and competent healthcare professionals poised to meet the evolving needs of patients and communities in Oregon and beyond.

For a list of OSBN approved Nursing Assistant, Practical Nurse, Registered Nurse, and Advanced Practice Registered Nurses see our website.

References:

1. Northwest Commission on Colleges and Universities (NWCCU) - <https://www.nwccu.org/>
2. Accreditation Commission for Education in Nursing (ACEN) - <http://www.acenursing.us/>
3. Commission on Collegiate Nursing Education (CCNE) - <https://www.aacnnursing.org/CCNE>
4. Oregon State Board of Nursing - <https://www.oregon.gov/osbn/Pages/index.aspx>

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PART 3: REMOVING BARRIERS TO BECOMING A CNA IN OREGON: HOW DO I APPLY FOR MY CNA CERTIFICATE?

The Nurse Practice Act (NPA) defines standards for certification of nursing assistants and medication aides. Below you'll find an overview of the requirements for different Certified Nursing Assistant (CNA) application types based on the current rules in Division 62. We encourage applicants to review the Oregon Administrative Rules (found via the NPA link on our website) referenced in this article for complete details of the requirements.

See May 2023 issue of Sentinel article "Navigating the Licensing Portal for CNA and CMA Exams" for the step-by-step instructions on application and examination processes.

If you have questions regarding your certification application, use the Nurse Portal to send a message to the OSBN Licensing Department or call the OSBN Contact Center at 971-673-0685 between 8 am-noon.

To view your certification status, please visit the OSBN License Lookup page (available from our website: www.oregon.gov/osbn.)

Initial Application

There are five ways to qualify for an initial CNA certificate in Oregon. You can also find these qualifications in the NPA under OAR 851-062-0050. Please note: the five applications mentioned below are for those who have never held an Oregon CNA certificate:

1. If you have completed an Oregon Board-approved Nursing Assistant (NA) program and are applying to take and pass the CNA competency exam to be issued

a certificate, you will submit the "CNA Exam — CNA 1 Training Program" application.

2. If you have military corpsman or medic training and experience, you will submit the "CNA Exam-Military Training" application to take and pass the CNA competency exam to be issued a certificate.
3. If you are a RN or LPN, you will submit the "CNA by RN/LPN" application for CNA certification.
4. If you are currently enrolled in a nursing program, you will submit the "CNA Exam — Student Nurse" application to take and pass the CNA competency exam to be issued a certificate.
5. If you are currently a CNA in another US state or jurisdiction and can provide a NA training certificate or educational document that shows at least 75 hours of OBRA requirements, you will submit the "CNA Endorsement" application.

Renewal

If you currently hold an Oregon CNA, you may renew it by submitting an "CNA Renewal" application up to 90 days before the expiration date. If your certificate has been expired for 30 days or less, you may renew it with a late fee of \$5 plus renewal fee.

Reactivation

If you held an Oregon CNA that has been expired between 31 days and two years, you will need to submit a "CNA Reactivation"

application using one of the four options below. If your certificate has been expired more than two years you may use option 1 (with CNA hours from another state), 2, or 3.

If none of those three options fit your circumstances, please see Re-Entry below).

1. **Paid employment:** you must have worked at least 400 hours in a CNA position within the last two years, or
2. **Student Nurse**—you must be currently enrolled in an Oregon nursing education program, or
3. You must be a **currently licensed RN or LPN**, or
4. **Exam:** Within one year of submitting your application, you must take and pass the Oregon CNA competency exam.

Re-Entry

If your certificate has been expired for more than two years and you cannot meet any of the reactivation requirements listed above, you will submit the “CNA Re-Entry – By Exam – CNA 1 Training Program” Application. This requires completion of an Oregon Board approved NA program and passing the OSBN approved CNA 1 competency exam.

Reinstatement:

If your certificate has either been revoked or voluntarily surrendered and you are interested in coming back to the workforce, you will submit a “CNA Re-Entry” application and disclose on your application that the Board previously disciplined your certificate.

To reinstate your certification, you must meet all terms and conditions for reinstatement and receive Board approval to complete a new Oregon CNA education program and pass the competency exam.

If you have further questions regarding your certification application, use the Nurse Portal to send a message to the OSBN Licensing Department or call the OSBN Contact Center at 971-673-0685 between 8 a.m. and noon.



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ADVICE FOR THE NURSE CONSIDERING OREGON'S PSILOCYBIN SERVICES PROGRAM

Oregon's Psilocybin Services Program (OPS) represents a novel approach to the therapeutic use of psilocybin, housed within the Oregon Health Authority (OHA). With the implementation of Measure 109 (now codified in Oregon Revised Statutes (ORS) 475A) the OPS oversees the regulation and licensure of service centers, facilitators, manufacturers, and labs involved in psilocybin-assisted therapy. However, the integration of nursing professionals into this program necessitates a nuanced understanding of regulatory constraints to prevent potential risks, including the loss of nursing licensure.

Regulatory Framework:

Under current regulations outlined in ORS 333-333-5130 (3), licensed nurses aspiring to become psilocybin facilitators

must recognize the dichotomy between their roles. The rule stipulates that facilitators who hold professional licenses in other fields, such as nursing, cannot exercise the privileges of their nursing license while providing psilocybin services. This mandate underscores the importance of delineating professional boundaries to ensure ethical conduct and patient safety.

Implications for Nursing Licensure:

Nurses engaging in psilocybin facilitation must comprehend that their nursing scope of practice cannot overlap with their role as facilitators. This prohibition aims to prevent potential conflicts of interest, maintain patient trust, and uphold professional standards. Violating this regulation could result in disciplinary actions by the

Oregon State Board of Nursing (OSBN), including the revocation or suspension of nursing licensure.

Navigating Legal Complexities:

Nurses holding Drug Enforcement Administration (DEA) licenses must acknowledge the federal classification of psilocybin as a Schedule I substance. Despite Oregon's state-legal program, the DEA's stance on enforcement in such contexts remains ambiguous. Therefore, license holders are advised to seek legal counsel to assess potential liabilities and mitigate risks associated with their involvement in psilocybin services.

Conclusion:

As Oregon pioneers the integration of psilocybin-assisted therapy into its healthcare landscape, nurses aspiring to participate in this burgeoning field must navigate complex regulatory frameworks. Clear understanding of the regulatory constraints, ethical considerations, and legal implications is imperative to safeguard nursing licensure and ensure the delivery of safe, effective, and ethical care within the OPS. Continued vigilance and adherence to evolving regulations will be essential as the program progresses, necessitating ongoing education and collaboration among healthcare professionals, regulatory bodies, and legal experts.

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- Associate's Degree in Nursing
- WA RN License or Nurse Licensure Compact (NLC)



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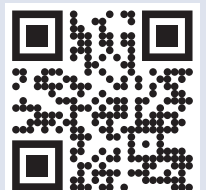
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WORKPLACE BULLYING AND INCIVILITY: A PERSPECTIVE BASED ON THE OREGON NURSE PRACTICE ACT



It is not uncommon for a nurse, another health professional, or a public member to contact the Board regarding a nurse who is described as a “bully” or being “uncivil to others.” This article discusses the actions and behaviors commonly referred to as bullying and incivility and the Board’s role when those behaviors negatively impact the delivery of nursing services.

Nurse Practice Act: Legal Standards of Practice

Oregon’s Nurse Practice Act (NPA) consists of a set of laws and regulations that exist to ensure that persons receiving nursing services in this state receive safe services from duly

qualified and competent nurses. One mechanism through which this occurs is Chapter 851 Division 45 Scope and Standards of Practice for the Licensed Practical Nurse (LPN) and the Registered Nurse (RN).

Division 45 of the NPA contains standards on scope in the practice of nursing specific to one’s license type and nursing practice standards applicable to all nurses regardless of their license type, role, job description or area of practice. These standards consist of statements of conduct each nurse is responsible to uphold as a legal responsibility of license ownership.

Division 45 also contains standards known as *conduct derogatory to the standards of nursing*. These are statements of actions and behaviors that adversely affect the health, safety, and welfare of patients and the public. When the Board determines a licensee has demonstrated conduct derogatory to the practice of nursing, the Board can take disciplinary action against that nurse's license.

Because incivility and bullying can affect patient care, they fall under the purview of the Board.

What Exactly is Bullying and Incivility?

To answer this question, we'll use content from the American Nurses Association (ANA) *Position Statement on Incivility, Bullying, and Workplace Violence*. The statement defines bullying as "repeated, unwanted harmful actions intended to humiliate, offend, and cause distress in the recipient. Bullying actions include those that harm, undermine, and degrade. Actions may include, but are not limited to, hostile remarks, verbal attacks, threats, taunts, intimidation, and withholding of support (ANA, 2015)."

The ANA position statement cites Andersson & Pearson (1999) and Read & Spence Laschinger (2013) in describing incivility as "...rude and discourteous actions, of gossiping and spreading rumors, and of refusing to assist a coworker. All of those are an affront to the dignity of a coworker and violate professional standards of respect. Such actions may also include name-calling, using a condescending tone, and expressing public criticism (ANA, 2015)." The position statement goes on to communicate, "Oftentimes incivility is not directed at any specific person or persons. However, it may perpetuate or become a precursor to bullying and workplace violence; therefore, it cannot be characterized as innocuous or inconsequential."

When Behavior Becomes a Concern for the Board.

Any behavior by a nurse that negatively impacts the safety of a patient, or the public, becomes a concern of the Board.

In a recent study by Pogue, et al., (2022) the associations among nursing work environment, nurse-reported workplace bullying, and patient outcomes were examined. Like findings of similar reviews on the topic, this study's findings indicate that the nursing work environment is significantly associated with nurse-reported workplace bullying and that nurse-reported workplace bullying is associated with poorer patient outcomes.

What Does Bullying Look Like?

The following are some examples of bullying behavior that can affect the practice of nursing and patient safety:

- Ridicule of others in front of other staff or patients.

- Fixating on or targeting of another's work, even if the other staff have already shown competency.
- Questioning another's professional ability one-on-one or in the presence of others.
- Spreading damaging rumors to denigrate the reputation of another.
- Explosive outbursts and threats.
- "Petty tyranny" by managers toward staff.
- The bully implies, suggests, or overtly communicates negative consequences for the recipient.
- The recipient finds that the balance of power (either formal or informal power) is in favor of the bully, which makes it difficult for the recipient to defend themselves.

What if Bullying Behavior is Left Unresolved?

Poor morale, staff turnover, and concerned patients and families are the most common effects of a bullying environment. However, if left unresolved, two additional behaviors that are more serious can begin to manifest:

1. **Moral Disengagement.** This is a process of cognitive restructuring that allows a person to morally disassociate from their internal moral standards and behave unethically, without believing that they are causing any harm or doing wrong. Examples: When working with a certain bully, there is no way you are going to ask for help, information, or assistance (as compared to when working in the absence of the bully, you would readily seek any assistance necessary for the safety of your patient).
2. **Organizational Moral Disengagement.** This is moral disengagement at the institutional (or work unit) level. It is where systems and processes are dysfunctional, disruptive behaviors related to power differentials exist, and where organizational interests are advanced irrespective of the ethics or impact of the decisions. Examples: Professional identity becomes enmeshed with the identity of an organization whereby shared behaviors, values, and assumptions become the norms of the group - the unwritten rules. When those rules become challenged or threatened by a perceived "outsider" (e.g., a new employee or manager, a customer) or challenged by organizational change, it sets the stage for bullying behavior to assure survival of the established systems, identity, and culture of the organization.

What Causes This Type of Disengagement to Progress?

There are several reasons bullying progresses to disengagement, including:

continued on page 22 >>

1. Informal power is bestowed by peers upon an individual or a group of individuals; this results in those who have not been given power as feeling weak. The informal power is usually bestowed upon a person whose personality is strong whereby others will give in rather than assert themselves.

Example: A nurse uses their informal power to compel another nurse to take an action they know is wrong and is not in the best interest of the patient.

2. Formal power assigned by an organization is circumvented by those who do not recognize the authority or feel the authority is not acting in their best interest.

Examples:

a. A new nurse manager is brought in to “clean up” a work unit. The informal power holders among the staff feel there is no reason to “clean up” and continue to embrace the old unit culture, thus ignoring the formal authority of the new manager.

b. A peer is placed in a manager position on a unit. The informal power holders in that unit do not acknowledge or recognize their peer’s formal power in the manager role.

3. Unit or institutional culture is preserved despite a change in the organizational direction. This is when staff statements are voiced such as: “They can do what they darn well please and so will we,” or “They don’t understand how things are done around here.”

What Does the Nurse Practice Act Say About This Type of Behavior?

In answering this question, one must first look to Division 45 nursing practice standards that identify the expected conduct (actions and behaviors) of all nurses:

- OAR 851-045-0060(2)(d): Demonstrate integrity and professionalism in the practice of nursing. It can be said that integrity and professionalism are the antithesis of bullying.
- OAR 851-045-0060(2)(k): Ensure unsafe nursing practices are addressed immediately. As previously stated, bullying can lead to patient safety issues. Be alert to when bullying crosses over into your practice of nursing or the practice of a colleague.
- OAR 851-045-0060(5)(a): Advocate for the client’s right to receive appropriate care, and OAR 851-045-0060(5)(b) Intervene on behalf of the client to protect and optimize health. When you observe bullying among other nurses that is impacting nursing services delivery, it is your responsibility to protect the patient: Speak up.

- OAR 851-045-0060(7)(a): Promote and advocate an environment conducive to safety. This applies to environmental safety for both clients and peers.
- Note: For LPNs, see verbatim standards located at OAR 851-045-0050(2)(d); (2)(k); (5)(a); (7)(a).

Next, we look to Division 45 conduct derogatory standards as they identify action and behaviors that adversely affect the health, safety, and welfare of the public. Specific to behaviors associated with bullying and incivility:

- Demonstrated incidents of violent, abusive, intimidating behavior. (OAR 851-045-0070(1)(a))
- Engaging in violent, abusive, or threatening behavior towards a co-worker. (OAR 851-045-0070(6)(a))
- Engaging in violent, abusive, or threatening behavior that relates to the delivery of safe nursing services. (OAR 851-045-0070(6)(b))

In addition to NPA standards, there is Oregon Revised Statute 676.150. This Oregon law applies to the licensees of 22 different health licensing Boards including the Board of Nursing. The statute reads as follows: “...a licensee who has reasonable cause to believe that another licensee has engaged in ...unprofessional conduct shall report the conduct to the board responsible for the licensee who is believed to have engaged in the conduct.” This statute defines *unprofessional conduct* as: “...conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to recognized standards of ethics of the licensee’s profession or conduct that endangers the health, safety or welfare of a patient or client.”

The OSBN receives several complaints every year about unprofessional nursing behavior from other Oregon health care providers under this law.

Professional Obligation to Stop Bullying Behaviors...Yours and Theirs.

In conclusion, the impact of bullying and incivility among nurses on patient safety is a multifaceted issue. Denying or ignoring the problem not only poses a threat to patient safety but can lead to moral and organizational disengagement. Remember first and foremost that each of us hold the responsibility to provide nursing services with integrity and professionalism; to be respectful of others; to speak up when we witness discourteous and harmful actions; and to report to the Board those who demonstrate behaviors that adversely affect the health, safety, and welfare of the public.

HIGHLIGHTS FROM THE FEBRUARY 2024 BOARD MEETING

Rules Adopted

The board adopted the following proposed rule changes during the February 2024 meeting:

- Permanent rules for Division 61 (CNA Training Programs): Changes the amount of online hours allowed.
- Permanent rules for Division 63 (CNA/CMA Authorized Duties): Skills added to authorized duties.
- Temporary rules for Division 10 (Board Administration): Change increases the number of preparation days for which board members can receive a stipend.

Nursing Education

The Columbia Gorge Community College associate degree program was approved until 2031, and the Linfield University BSN program was approved until 2033. The board also approved letters of intent for George Fox University, Oregon Health Science University, Sumner College, and Umpqua Community College. A curriculum change was approved for Rogue Community College, and Corban University's BSN program initial approval letter.

Administration

Adjustments were made to the board's 2024 meeting schedule to allow staff more time to prepare materials. Based on a report provided by the Oregon Wellness Program, the board released \$250,000 dedicated to funding the program.

For a copy of meeting materials, complete meeting minutes, or a list of scheduled events, please visit the OSBN website at www.oregon.gov/OSBN/meetings.



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Preparing Nurses for Community-Based Settings: The Need for Specialized Training and Nurse Support

Community-based care (CBC) nursing is a specialty field. Just like critical care or pediatric nursing, quality community-based care requires specialized knowledge and skills tailored to the unique needs of residents in these settings.

Yet, until now, no education or training pathway existed to prepare nurses in Oregon with the specialized training and education necessary to excel in CBC settings.

History and Future of Community-Based Care Nursing

Oregon has long been a pioneer in providing community-based care. From assisted living to memory care to adult foster homes, Oregon prides itself on protecting the independence of older adults and people with disabilities by offering a myriad of care options outside of nursing homes that support resident autonomy. Moreover, the demand for these kinds of community-based services has only increased since the inception of community-based care in Oregon over 30 years ago and will continue to grow exponentially in years to come. According to the U.S. Office of the Assistant Secretary for Planning and Evaluation, almost half of older adults turning 65 in the U.S. will require long-term care at some point in their lives, the majority of which will be provided in community-based settings such as assisted living and residential care.ⁱ Furthermore, the number of older adults in the U.S. is growing, with the population of adults aged 85+ expected to more than double by 2040 — a 118% increase.ⁱⁱ

Despite this, the current CBC nursing workforce is ill prepared to deliver the quantity of care at the caliber required to meet future needs.

It is no secret that the nursing workforce is facing challenges, both at the national and local levels. Struggles with nurse burnout, turnover, and prevailing vacancies create cyclical retention and recruitment challenges that are also felt within community-based care nursing. In fact, one 2022 survey of Oregon's assisted living, memory care, and residential care facilities reported 35% of respondents having at least one RN leave employment for any reason during a 6-month period.ⁱⁱⁱ Additionally, a 2024 national survey revealed that 72% of long-term care providers say their current workforce levels are lower than pre-pandemic staffing levels.^{iv}

Meeting current and future care needs of a growing population of older adults demands a strong and supported nursing workforce, which requires addressing burnout, stress, and recruitment and retention at its core.

Challenges Community-Based Care Nurses Face

Many community-based care nurses identify a lack of preparedness for the unique aspects of community-based care as a contributor to burnout, stress, and ultimately leaving the field. Between understanding how to manage this vulnerable population, pass a state survey inspection, decipher the legal scope of their role as often the lone nurse in a facility, delegate nursing procedures to non-licensed care staff, or leading of an entire team of staff for the first time, the role of a CBC nurse can feel daunting.

Most nurses in Oregon graduate nursing school prepared for hospital and clinic settings but lack the training and support necessary to thrive in

community-based settings. When a nurse does transition into community-based care, the learning curve is immense and often solitary. For these reasons, it is clear why CBC nurses feel under-prepared and why turnover challenges persist.

Meeting the Needs of Nurses and Residents

To address the stress of community-based care nurses and allow nurses to provide optimal care, CBC nurses require the same type of support found in other nursing specialties: specialized training, educational pathways, and opportunities for mentorship.

These three pillars are what uphold the mission of NurseLearn, the first-of-its-kind education and training program for Oregon-licensed nurses in community-based care.



Through a contract with the Oregon Department of Human Services' Office of Aging and People with Disabilities, NurseLearn aims to strengthen the current and future CBC workforce by providing nurses with specialized training and education required to succeed in CBC settings.

To that end, NurseLearn designed a series of online, interactive courses that cover the most common areas of concern for CBC nurses:

- Significant Change of Condition
- RN Delegation
- Medication System
- Care Management
- Behavioral and Mental Health
- Leadership and Management

Through NurseLearn's Enhanced Program, nurses receive additional support and training: access to one-on-one mentorship from experienced CBC nurses, training sessions led by CBC experts and state surveyors, and an online collaborative platform that allows nurses and mentors from around the state to connect.

By completing the 6-month Enhanced Program, nurses will be prepared to thrive in the community-based care setting.

These resources are free to all Oregon-licensed nurses and mark a turning point in the field of community-based care nursing—one that positions all current and future CBC nurses for success by equipping nurses with the knowledge and confidence to excel in this specialty field.

For more information about NurseLearn's free Enhanced Program and Standard Program, visit nurselearn.com/odhs.

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| <p>i. The U.S. Office of the Assistant Secretary for Planning and Evaluation, "What Is the Lifetime Risk of Needing and Receiving Long-Term Services and Supports?", 2019.</p> <p>ii. The U.S. Department of Health and Human Services' Administration for Community Living, "2020 Profile of Older Americans", 2021.</p> | <p>iii. Institute on Aging at Portland State University, 2022 Community-Based Care: Resident and Community Characteristics Report on Assisted Living, Residential Care, and Memory Care Communities, 2022.</p> <p>iv. American Health Care Association, "State of the Nursing Home Sector: Survey of 441 nursing home providers highlights persistent staffing and economic crisis", 2024.</p> |
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2024 OSBN BOARD MEMBERS



MICHELLE CHAU, LPN

TERM: 1/1/19 – 12/31/21, 1/1/22 – 12/31/24

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 more than 10 years of nursing experience and serves in the Licensed Practical Nurse position on the Board.



MARCUS COOKSEY, RN, FNP

TERM: 2/8/24 – 12/31/26

Mr. Cooksey is a family nurse practitioner working in the Transitions Services Program for Multnomah County Corrections Health department and has more than 20 years of nursing experience. He received his Master of Science in Nursing from the University of California in San Francisco, Calif. Mr. Cooksey serves as one of the two direct-care RN positions on the Board. He resides in Portland, Ore.



YVONNE DUAN, RN, FNP

TERMS: 1/1/22 – 12/31/24

Ms. Duan is a family nurse practitioner and CEO of Renew Aesthetic Clinic in Portland, Ore. She received her medical doctor degree from North China Coal Medical College in Tang Shan, China, her Master's degree in Nursing from the University of Manitoba in Winnipeg, Canada, and her FNP post-master certificate from the University of Kentucky in Lexington, Ky. She resides in Beaverton, Ore.



AARON GREEN, CNA

PRESIDENT

TERM: 10/1/20 – 12/31/21, 1/1/22 – 12/31/24

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.



MARGARET HILL **BOARD SECRETARY** **PUBLIC MEMBER**

TERM: 7/15/23 – 12/31/25

Ms. Hill has almost 30 years of experience in commercial real estate and securities compliance for financial institutions. She has also volunteered for more than 10 years at the Oregon Museum of Science and Industry. She received her Bachelor of Arts degree in economics from California State University in Sacramento, Calif. Ms. Hill serves as one of two public members on the Board and resides in Portland, Ore.



JONI KALIS, MPT, MS, PT

PUBLIC MEMBER

TERM: 2/8/24 – 12/31/26

Ms. Kalis is a physical therapist and manager of the physical rehabilitation department at Samaritan North Lincoln Hospital in Lincoln City, Ore. She has more than 30 years of experience in physical therapy and more than 20 years of experience on regulatory bodies; she most recently served on the board of directors for the Federation of State Boards of Physical Therapy. She received her Bachelor of Science degree from Mankato State University in Mankato, Minn., her Master of Science degree from the University of Arizona in Tucson, Ariz., and her Master of Physical Therapy degree from Northern Arizona University in Flagstaff, Ariz. Ms. Kalis serves as one of two public members on the Board and resides in Lincoln City, Ore.



LINDA STANICH, RN

PRESIDENT-ELECT

TERM: 2/8/24 – 12/31/26

Ms. Stanich is the director of Health Services at Hearthstone at Murrayhill in Beaverton, Ore., and has more than 30 years of nursing experience. She received her Bachelor of Science in Nursing degree from Purdue University in West Lafayette, Ind. Ms. Stanich serves in the Nurse Administrator position on the Board. She resides in Forest Grove, Ore.



OLANIKE TOWOBOLA, RN, DNP

TERM: 2/8/24 – 12/31/26

Ms. Towobola is a registered nurse at the Veterans Affairs Hospital and has 10 years of nursing experience. She received her Bachelor of Science in Nursing degree from Morgan State University in Baltimore, Md., and her Doctor of Nursing Practice degree from Capella University in Minneapolis, Minn. Ms. Towobola serves in one of the two direct-care RN positions on the Board. She resides in Corvallis, Ore.



CLAIRE MCKINLEY YODER, PHD, RN, CNE

TERM: 2/8/24 – 12/31/26

Ms. McKinley Yoder is director and assistant professor at the University of Portland School of Nursing in Portland, Ore., and has more than 25 years of nursing experience. She received her Bachelor of Science degree from Oregon State University, Corvallis, Ore, her Bachelor of Science in Nursing and her Master of Nursing degrees from the University of Pennsylvania in Philadelphia, Pa., and her PhD in Nursing from Villanova University in Villanova, Pa. Ms. McKinley Yoder serves in the Nurse Educator position on the Board. She resides in Portland, Ore.

2024 OSBN BOARD MEETING DATES

May 15	4:30 p.m.	Board Meeting (Primarily Executive Session)
June 19	9 a.m.	Board Meeting (Primarily Executive Session)
June 20	9 a.m.	Board Meeting
July 17	4:30 p.m.	Board Meeting (Primarily Executive Session)
August 14	4:30 p.m.	Board Meeting (Primarily Executive Session)
September 18	9 a.m.	Board Meeting (Primarily Executive Session)
September 19	9 a.m.	Board Meeting
October 16	4:30 p.m.	Board Meeting (Primarily Executive Session)
November 20	9 a.m.	Board Meeting (Primarily Executive Session)
November 21	9 a.m.	Board Meeting
December 18	4:30 p.m.	Board Meeting (Primarily Executive Session)

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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DISCIPLINARY ACTIONS

Actions taken in February and March 2024. The January 2024 meeting was cancelled due to inclement weather. Public documents for all disciplinary actions listed below are available on the OSBN website at www.oregon.gov/OSBN (click on 'License Verification').

Name	License Number	Discipline	Board Vote	Violations
Judith M. Anderson	098003196RN	Reprimand	3-20-24	Practicing nursing while impaired and failing to conform to the essential standards of acceptable nursing practice.
Janet R. Bacon	202101261CNA	Suspension	2-21-24	Minimum two-week suspension. Failing to cooperate during the Board's investigation.
Stephen D. Boys	202205315CNA	Reprimand	3-20-24	Violating the patients' rights of privacy and confidentiality.
William E. Bursaw	CNA Applicant	Voluntary Withdrawal	3-20-24	Conduct unbecoming a CNA in the performance of duties and failing to fully cooperate with the Board during an investigation.
Mary J. Carlsen	094006957RN	Voluntary Surrender	2-21-24	Failing to conform to the essential standards of acceptable nursing practice.
Shawn C. Clark	200930226LPN	Suspension	2-21-24	90-day suspension with conditions. Engaging in abusive behavior towards a coworker.
G. Dellabough-Miranda	201907702RN	Probation	3-20-24	24-month probation. Obtaining unauthorized controlled medications and practicing nursing while impaired.
Patricia E. Ejoh	202105269NP-PP	Probation	2-21-24	24-month probation. Failing to document nursing interventions in a timely manner and failing to conform to the essential standards of acceptable nursing practice.
Emmanuel Escalera	202111464RN	Reprimand	3-20-24	Leaving a nursing assignment without notifying the appropriate personnel.
Matthew L. Ford	10006893	Suspension	3-20-24	90-day suspension. Failing to respect the dignity and rights of clients, violating the client's right to privacy, and failing to conform to the essential standards of acceptable nursing practice.
Cynthia A. Hamann	200341439RN	Suspension	3-20-24	60-day suspension (with 30 days stayed) with conditions. Failing to accurately document nursing interventions and failing to conform to the essential standards of acceptable nursing practice.
Andrea K. Handforth	201042021RN	Voluntary Surrender	3-20-24	Practicing nursing while impaired and violating the terms and conditions of a Board order.
Jonathan L. Larkins	202007801CNA	Suspension	2-21-24	Minimum two-week suspension. Failing to cooperate during the Board's investigation.
Lauren E. Hodgdon	201809297NP-PP	Probation	2-21-24	12-month probation. Prescribing medications to herself, entering inaccurate documentation into a health record, and failing to conform to the essential standards of acceptable nursing practice.
Celina N. Leeper	200930402LPN	Suspension/Probation	3-20-24	30-day suspension, followed by one-year probation. Entering falsified documentation into a health record, documenting nursing practice implementation that did not occur, and demonstrated incidents of dishonesty.
Adrian Lujano	202004854CNA	Reprimand	3-20-24	Failing to maintain professional boundaries.
Candice E. Matayo	201802731CNA	Revocation	2-21-24	Failing to report to the Board her conviction of a felony crime within 10 days of the conviction and failing to answer questions truthfully on an application.
Heather A. Maurer	200641475RN	Probation	2-21-24	24-month probation. Using intoxicants to the extent injurious to herself or others and practicing nursing while impaired.
Kari M. McGrew	202006695RN	Probation	3-20-24	24-month probation. Using intoxicants to the extent injurious to herself or others.
Ashley K. Miller	201504813RN	Probation	3-20-24	24-month probation. Using intoxicants to the extent injurious to herself or others and practicing nursing while impaired.
Fawn L. Munro	202207684RN/ 202212206NP-PP	Voluntary Surrender	3-20-24	Improper billing practices, demonstrated incidents of dishonesty, and failure to report to the Board the licensee's felony arrest.
Jon E. Myrold	202002915RN	Suspension	2-21-24	30-day suspension. Demonstrated incidents of reckless behavior and failing to administer medications in a lawful manner.
Kyla R. Neskahi	202008191RN	Revocation	3-20-24	Violating the terms and conditions of a Board order.
Mandie R. Ross	000033887CNA/ 200520081CMA	Reprimand	3-20-24	Failing to accurately document CNA tasks and CMA unauthorized removal of drugs from any setting.
Juanita R. Schaefer	202113404LPN	Probation	3-20-24	12-month probation. Falsifying data, failing to take action to preserve client safety, and failing to conform to the essential standards of acceptable nursing practice.
Katherine Sessions	200812423CNA	Voluntary Surrender	2-21-24	Demonstrated incidents of abusive behavior.
Jennifer L. Sizer	200640155RN	Voluntary Surrender	3-20-24	Violating the terms and conditions of a Board order.

Name	License Number	Discipline	Board Vote	Violations
Danielle S. Strobel	200841934RN	Reprimand	2-21-24	Entering inaccurate and altered documentation into a health record.
Angeliki J. Themelis	10001950	Voluntary Surrender	3-20-24	Practicing nursing while impaired.
Joyce A. Truskowski	200611758CNA	Reprimand	3-20-24	With conditions. Violating the rights of privacy and confidentiality.
Joseph E. Wiggins	10022197	Probation	2-21-24	On probation until he successfully completes the Idaho Board of Nursing's PRN program due to using intoxicants to the extent injurious to himself or others.
Rebecca K. Wilson	089003133RN	Voluntary Surrender	2-21-24	Practicing nursing while impaired.
Rylee Wetmore	202001160RN	Civil Penalty	2-21-24	\$2,450 civil penalty. Practicing nursing without a current Oregon license.
Kathleen E. Woznicki	RN Applicant	Voluntary Withdrawal	2-21-24	Failing to provide any documents requested by the Board.

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: OSBN online verification system: <https://osbn.boardsofnursing.org/licenselookup>

1. Use the free e-Notify service to keep track of large numbers of licensees with regular updates: <https://www.nursys.com/EN/ENDefault.asp>
2. National Council for State Boards of Nursing NURSYS license verification and E-NOTIFY systems: <https://www.ncsbn.org/license-verification.htm>



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Amber has extensive experience representing nurses under investigation with the Oregon Board of Nursing, helping nurses start their own clinics/practices and providing general healthcare law and regulatory advice.

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YOU ASK, WE ANSWER

Question:

Can an RN pronounce death in Oregon? It has recently come up at my facility.

Answer: Oregon's Nurse Practice Act (NPA) does not address pronouncement of death. This means that the NPA does not expressly permit nor expressly prohibit a nurse from pronouncing death or declaring the death of a person.

In a situation where the NPA is silent on a specific activity, intervention, or role, licensees are directed to utilize the Board's Scope of Practice Decision Making Guidelines to determine whether the self-identified activity falls within their individual scope of practice and is appropriate to carry out within their practice of nursing. The decision-making guidelines document is available on the OSBN's Practice Statements and FAQs webpage (www.oregon.gov/osbn).

Question:

Am I jeopardizing my nursing license by providing advice and counsel in a non-nurse volunteer position?

Answer: There is no definitive yes or no answer to this question. There are however a few factors for your consideration.

First: For the Oregon-licensed nurse, the laws and rules of the Nurse Practice Act (NPA) apply 24-hours a day, seven days a week. This literally translates into before, during, and after paid or volunteer work and even when not employed.

Second: Any time a nurse actively applies their professional knowledge, skills, abilities, and experiences towards



addressing the health needs of another person, a professional relationship is established, and the nurse is held to the scope and standards of the NPA. This is true regardless of the context of the alliance and as such would include the described situation of a nurse providing nursing advice and counsel in a non-nurse volunteer position.

Third: Anyone can make a complaint on a nurse to the Board of Nursing about anything and the Board is required to investigate. While the chance of someone making a formal complaint to the Board alleging a nurse's advice or counsel provided in a non-nurse volunteer role caused harm is minimal, no one can predict the future.

Question:

Can an LPN practice under the clinical direction of an RN when that RN is not physically in the building?

Answer: Oregon's Nurse Practice Act (NPA) is silent on the physical proximity of an RN in relation to an LPN for whom they are providing clinical direction (of LPN practice). As such, this question can only be answered by the context of care of your practice setting.

Context of care is defined in Division 006 of the NPA (OAR 851-006-0030 (18)) and means the environment where the practice of nursing occurs. Defining a specific context of care includes (but is not limited to): The location where the client receives nursing services (i.e., practice setting); regulations of the setting; policies and procedures of the setting; the licensee's practice role within that setting; professional and specialty nursing practice standards applicable to the nurse's practice role; and the RN's plan of care for the client.

In researching an answer to your question, it will likely behoove you to begin with the laws and rules that govern your setting and your employer's policies on nursing, nursing practice, or staff coverage.

Question:

An LPN who practices with our agency states she used to work at a memory care unit here in Oregon and indicates she was able to write, update, and change care plans for residents and their RN would sign the plans. I was always under the impression that an LPN could not do this as it exceeds LPN scope of practice. Am I wrong?

Answer: You are not wrong: There is no legal authority for the LPN to independently initiate, write, or update a plan of care – no matter who signs the final document. The LPN who engages in the described actions is performing acts beyond the authorized scope for which they are licensed, which is conduct derogatory to the practice of nursing.

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