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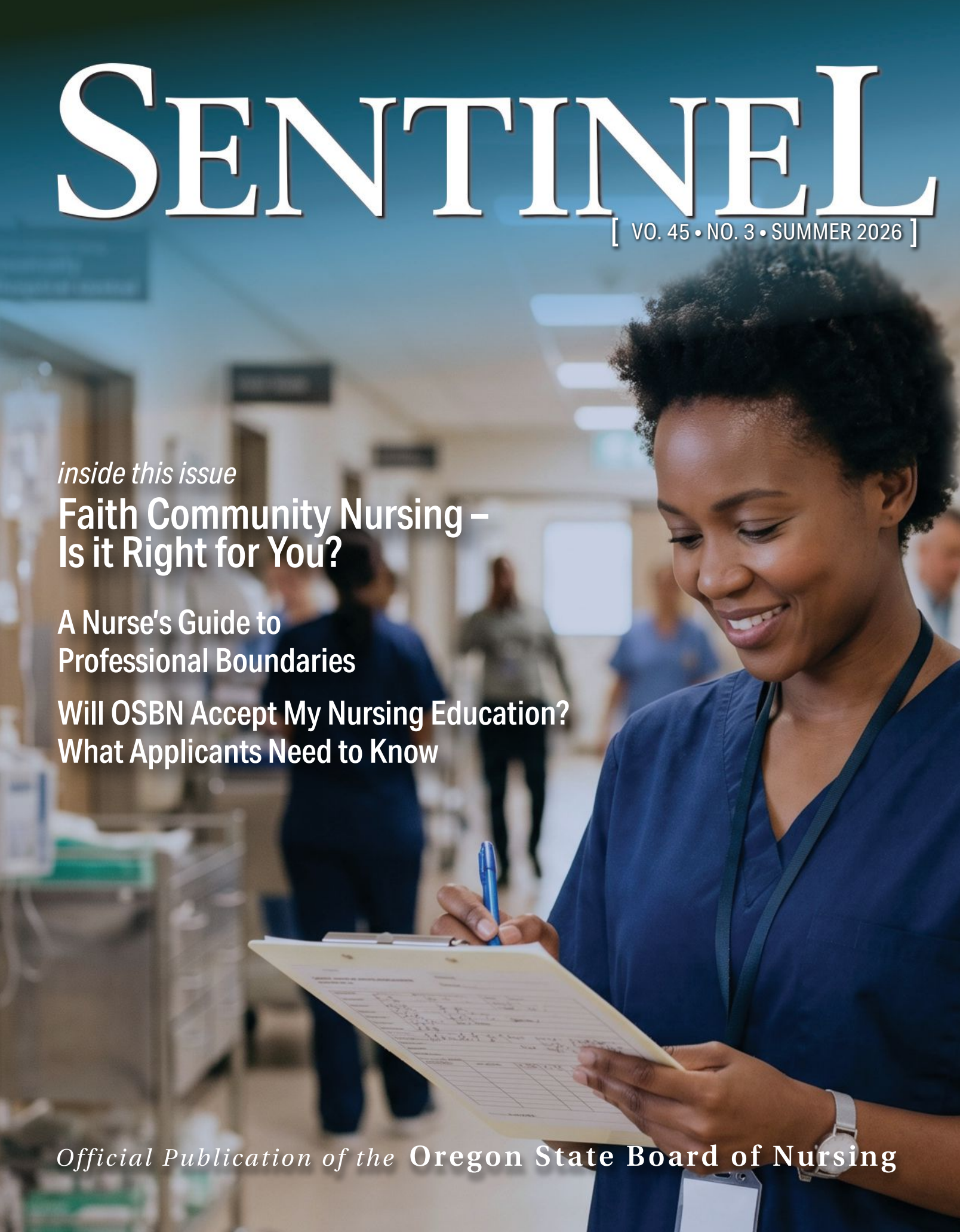

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By OSBN Executive Director ***Rachel Prusak***, MSN, APRN, FNP-C, FAAN

PASSING THE BATON

When I became Executive Director on July 20, 2023, I committed to the agency, the Board, and the state to work tirelessly to ensure the Oregon State Board of Nursing fulfills its vital mission of protecting the public. After three fulfilling years, I stepped down on August 20, 2026. During my tenure, we grew together, worked as a team, and made real progress for the agency and the communities we support.

When I arrived at the Board, we were reemerging after COVID. The phone lines had been shut down for four years, application processing times took up to six months, and the agency had an unfavorable public perception. In the first 90 days, I met with each staff member one-on-one and then held a listening tour across the state. To improve the agency's reputation, we focused on customer service and transparency for all Oregonians. I prioritized reopening the contact center. Working with the Licensing department, we implemented process improvements that cut application processing from several months to three business days. We also launched a news bulletin reaching 130,000 licensees and certificate holders monthly.

During my tenure, I believed nurse wellness must be integral to nursing regulatory excellence. We followed the Lorna Breen Foundation recommendations and became one of the first Boards of Nursing in the country to receive the 'All in Wellbeing' champion designation by removing intrusive mental health questions from all applications. We addressed burnout among nursing professionals by providing access to confidential mental health care through a partnership with the Oregon Wellness Program. After a vigorous effort, we reentered the alternative to discipline program so nurses with substance use disorders in recovery can continue working, helping to address workforce shortages, support economic stability, and prevent harm to nurses and their patients. Focusing on nursing wellness led to my recognition for sustained impact on healthcare. I earned the prestigious FAAN (Fellow of the American Academy of Nursing) credential, which signifies nursing's power to transform health and represents the highest honor in nursing.

Mission Statement:

The Oregon State Board of Nursing protects the public through regulatory excellence and promoting the wellness of nursing professionals.

Vision Statement:

A safe and healthy public promoted through a healthy and diverse nursing workforce.

OSBN Values

- Simplicity
- Integrity
- Stewardship
- Collaboration
- Innovation

This work would not be sustainable without modernizing our Nurse Practice Act (NPA). We focused on combing through our statutes for antiquated and overly burdensome provisions. Policy analysts presented multiple NPA sections to the Board as part of ongoing rule revisions. The entire policy department engaged in a cross-departmental effort translating the technical-fix legislation

designed to clarify decades of patchwork statutory updates into draft rule language for Board approval. These efforts create a clearer, more accessible NPA for all Oregonians and support our commitment to removing barriers while centering public protection.

Soon after arriving at OSBN, I recognized that thorough and timely investigations are crucial to safeguarding public protection. Months before I arrived, a change to the discipline enforcement data management system significantly impacted investigators' workflows. At the same time, we faced a national trend of a large increase in complaints. I collaborated closely with the Department of Administrative Services, which reviewed our agency's structure. The findings confirmed my assessment. The OSBN Investigations Department needed a restructured management approach and more staff to improve the investigative process. This is critical for maintaining public trust and protection. This required an extensive partnership with the legislature to get approved and implemented. To provide perspective, the number of licensed professionals in Oregon has nearly doubled in the last 15 years. This increase compounded our workload and highlighted the need for more positions in our Investigations Division. While I led some restructuring and growth efforts, the next director will need to continue evaluating this need.

After more than 30 years in nursing—beginning as a CNA, then as an RN, and ultimately spending the last two decades as a family nurse practitioner serving the most vulnerable—I paused my clinical work for three years to contribute in a different way. I always knew I was one chapter in the ever-changing story of safeguarding the public. I valued my role in advancing public protection and appreciated the opportunity to use my clinical diagnostic skills to assess situations, make diagnoses, and develop treatment plans. And I believe passing the baton creates opportunities to embrace new perspectives, to strengthen a mission, and to ensure the best outcomes for all. I hope that I left a small legacy toward regulatory excellence.

I look forward to seeing the great things OSBN will accomplish and am excited about continuing my work as a nurse leader. I am truly thankful for the dedication and support of the Board, outstanding staff, and the public we serve. Partnership, hard work, and commitment inspired me daily. Together, we faced challenges, celebrated successes, and moved our mission forward in ways that make me proud. During my tenure, many of these accomplishments directly improved the lives of Oregonians.

Thank you for your trust, partnership, and friendship.

Sincerely,

Rachel Prusak, MSN, APRN, FNP-C, FAAN

By OSBN Executive Director ***Rachel Prusak***, MSN, APRN, FNP-C, FAAN

INTERVIEW: SUPPORTING NURSES WITH THE OREGON WELLNESS PROGRAM

Oregon State Board of Nursing Executive Director Rachel Prusak led the legislative effort in 2022, when she was a state representative, to include nurses in the Oregon Wellness Program. In this article, she speaks with the Oregon Wellness Program about how nurses can access its free and confidential services.

Rachel Prusak (RP): To start, can you share how the Oregon State Board of Nursing (OSBN) began working with the Oregon Wellness Program (OWP) to support nurses and how many nurses have been served to date?

Oregon Wellness Program (OWP): In June 2022, OSBN partnered with OWP through legislation to provide mental health counseling for Oregon nurses. Our team of 32 mental health professionals offers confidential support, with appointments available within three business days. From June 2022 to June 2026, OWP has served 827 OSBN clients, totaling 3,897 counseling hours.

RP: What core services does the Oregon Wellness Program offer to health professionals?

OWP: The Oregon Wellness Program provides up to three free, confidential one-hour counseling sessions, with no insurance billing. Only self-referrals are accepted to ensure privacy; employers and family members cannot refer. All appointments are offered in-person or telehealth (virtual), with new clients seen within three business days. We address urgent mental health

RP: Who provides counseling and who is eligible to access OWP's services?

OWP: Our team of 32 mental health professionals, including LCSWs, LPCs, PMHNPs, psychologists, and psychiatrists experienced in caring for health care professionals. The dental, medical, and nursing boards have invested in OWP. All certificate holders and licensees regulated by OSBN, including RNs, LPNs, CNAs, and APRNs, are eligible.

RP: How do health professionals initiate services with OWP?

OWP: Interested clients can visit www.oregonwellnessprogram.org to learn more about the program and meet the mental health provider team; once a client has identified a specific provider they'd like to see they can reach out to that provider directly through their contact information provided on the website and let the provider know they'd like to use their OWP benefit. For program questions or help choosing a mental health provider, call (541) 242-2805.

RP: Is there a cost to participate in OWP counseling sessions?

OWP: No. Counseling sessions are free, funded by professional license fees and voluntary contributions from health systems and insurers.

RP: How does OWP ensure participant confidentiality?

OWP: Confidentiality is essential. Employers, boards, insurers, and colleagues are not notified of participation. No insurance claims or diagnostic codes are generated. All services are self-referred, and clinicians must maintain active licensure, private practice status, and professional liability coverage.

RP: Does OWP provide treatment for substance use or workplace competency concerns?

OWP: No. OWP focuses exclusively on urgent mental health support.

RP: Is there anything else you want people to know about OWP?

OWP: Nurses and other health professionals often prioritize others' needs over their own. The Oregon Wellness Program offers a private, judgment-free pathway to care—exactly when it's needed, without barriers. Whether facing acute stress, burnout, or personal hardship, OWP ensures that help is always accessible. If you or a colleague could benefit from support, connect with a licensed OWP provider using the OWP website or by calling 541-242-2805. Caring for yourself is an essential step in continuing to care for Oregon.

By guest authors ***Deb Fell-Carlson***, BSN, RN, MSPH, and ***Marcy Shanks***, MSN, RN, MSEd,
from Faith Community Health Network

FAITH COMMUNITY NURSING – IS IT RIGHT FOR YOU?

Are you a registered nurse (RN) feeling a nudge to use your nursing expertise in service to your faith community—or to a faith community's outreach ministry to the vulnerable? Maybe you have heard about faith community nursing and are curious about this growing practice specialty? Are you familiar with faith community nursing and are seeking information on how you can become a faith community nurse (FCN) in Oregon?

Faith Community Nursing as a Community Health Improvement Strategy

A faith community nurse is not simply an RN who happens to be a member of a faith community. Faith community nursing, formerly called parish nursing, is a growing nursing practice specialty recognized by the American Nurses Association (ANA) and defined in the Faith Community Nursing Scope and Standards of Practice. Faith community nursing emphasizes a holistic approach to nursing in a faith community setting with a focus on intentional care of the spirit. The Robert Wood Johnson Foundation (RWJF) says it well; faith community nursing is listed as one of their "what works for health" strategies:

"Faith community nurses (FCNs) are registered nurses positioned within a faith community or working in a health care system and serving as a liaison to congregations. FCNs focus largely on health promotion, managing chronic disease, and injury prevention, but also often function as health counselors, patient navigators, and advocates. FCNs support the physical, psychological, and spiritual well-being of their patients. FCNs, also known as parish or congregational nurses, are usually members of the faith communities they serve; FCNs may also

provide care to patients from the broader community. Faith community nursing is common in Christian denominations, though FCNs also support temples, synagogues, mosques, and faith-based community agencies."

The RWJF goes on to note that this practice specialty is likely to increase healthy behaviors, improve health outcomes, and reduce health disparities.

Often in just a few hours per month, faith community nurses bring their expertise directly to their community where it is so desperately needed to improve healthcare access, equity, and literacy. This could be in the form of health education or coaching, advocacy, counseling, health navigation, or spiritual support. FCNs might also come alongside faith community leadership to provide spiritual support and the gift of presence to hospitalized and homebound faith community members. FCNs often serve as health advisors to faith community leaders, a role which has emerged as essential in recent years, especially in large congregations. The practice is evolving based on community need, especially in rural areas where healthcare access is often limited. FCNs are increasingly involved in outreach ministries serving the disenfranchised and may even be found serving in subsidized housing as a health resource and providing intentional care of the spirit to those residents who might otherwise feel socially isolated.

Nursing Process is Fundamental to Faith Community Nursing

As with any nursing practice, the nursing process is fundamental to faith community nursing. FCNs may engage with *individuals* in their faith community, but often they are applying the nursing process steps to the faith community as a *population*; in essence, the faith community, or the group served in outreach ministry, becomes the "client." Because each faith community has differing needs, faith community nursing may look quite different in one faith community than in another—even if they are in the same neighborhood. Faith community nursing practice also differs in faith communities located in socioeconomically depressed areas as compared to affluent areas, and in rural areas as compared to urban areas. In rural areas with many small faith communities, FCNs might partner to serve more than one faith community. In contrast, a large faith community may have several FCNs serving their many members as part of a broader health ministry.

Faith Community HEALTH NETWORK

Mission

The Faith Community Health Network is committed to to bringing advocacy, health equity, spiritual care, and improved healthcare access and literacy to the community setting by developing/equipping Faith Community Nurses and Health Ministers of diverse faiths through training, mentoring, networking, collaboration, and advocacy to serve Oregon's most vulnerable populations.

Vision

The Faith Community Health Network Vision is to equip Faith Community Nurses and Health Ministers for active Health Ministry in every faith community in Oregon's Linn, Benton, and Lincoln Counties and beyond.

Becoming a Faith Community Nurse

FCNs have an independent scope within the practice of registered nursing. This autonomy in practice and applying the nursing process to a *population* instead of an individual may require a shift in thinking for the nurse who has been practicing in a traditional acute healthcare setting. Although the nursing process *steps* are the same in a faith community or outreach ministry setting, it may require a new set of skills for the nurse to apply them effectively. The Spiritual Care Association's Westberg Institute for Faith Community Nursing publishes a widely used curriculum to prepare RNs for this fulfilling nursing leadership role based on the most current ANA Faith Community Nursing Scope and Standards. Organizations seeking to deliver the course are required to apply to be educational partners and appoint a Lead Educator to assure content fidelity. Prospective FCNs are encouraged to take this "Foundations of Faith Community Nursing" course prior to entering faith community nursing practice.

The "Foundations of Faith Community Nursing" course is led by a licensed RN and welcomes actively licensed RNs and RN Emeritus nurses of all faith traditions. The course prepares the RN to stand in the gap; to serve as a bridge between the health care system and faith community, to promote health and spiritual healing, and to intervene when social determinants of health negatively impact the health of individuals or groups. To that end, the course covers a broad range of topics, including spiritual care, communication and collaboration, violence, grief and loss, assessing a faith community within the context of the nursing process and using those findings to develop a tailored professional nursing practice, identifying and accessing resources to meet faith community needs, and ethical, legal, and documentation considerations. The course provides a minimum of 36.5 hours

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of focused instruction and is offered nationwide throughout the year. Some courses – not all – offer continuing education units. Many courses are offered virtually to be accessed from anywhere, some are hybrid, and some are offered in a traditional classroom setting. Course listings – including courses offered in Oregon - can be found on the Westberg Institute of Faith Community Nursing website or by searching for "Foundations of Faith Community Nursing Course" online.

The FCN and Social Determinants of Health

The Centers for Disease Control and Prevention describes social determinants of health (SDOH) as conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes. They include basic needs such as housing, food, financial support, and education. Spirituality is emerging as an important addition to this list. Healthcare needs are often pushed aside until basic needs can be addressed. FCNs are in an ideal position to identify and assess these basic needs and plan interventions. SDOH interventions commonly used by FCNs may include referral to local resources for education, financial support for food and housing, assisting with securing employment, and intentional care of the spirit. Seeing these referrals through to completion is a key FCN role in some faith communities and can make the difference between safe, warm housing or living on the street for an elderly or disenfranchised faith community member. These interventions, along with general FCN advocacy, health monitoring, and emotional and spiritual support derived from nursing diagnoses are in line with the scope and standards for nursing. Interventions may include nursing care for which the nurse is licensed and competent to provide (Westberg Institute, 2024).

Retire, but Don't Retire Your Nursing License

RNs retiring from a long successful career in a traditional healthcare practice setting need not retire their RN license. Faith community nursing is an ideal way to stay current and actively practice nursing. Faith community nurses may choose any of a variety of practice opportunities after course completion. Paid faith community nurse positions may be found in large faith communities, faith-based health systems, emergency response settings, and, surprisingly, some workplaces across the United States. However, faith community nurses most often practice as well-respected unpaid professionals within their faith communities or outreach ministry. Some states, including Oregon, are exploring creative public-sector funding streams for faith community nurses as it becomes obvious that they are critical partners to improve health literacy, equity, and healthcare access, especially in rural areas and socioeconomically depressed urban settings. Regardless of practice setting, faith community nursing is a rewarding avenue of service, providing a viable nursing practice opportunity for seasoned RNs to maintain licensure outside of traditional nursing practice employment.

Faith Community Nursing is Not New to Oregon

FCNs enjoyed a robust presence in Oregon in past decades and were integral to Oregon's community health system. Maria Waters, Faith Liaison with the Oregon Health Authority, stated in a 2021 meeting that, historically, prior to transitioning to the Coordinated Care Organization (CCO) model, faith community nurses were vital and active partners in Oregon's Medicaid system serving Oregon's most vulnerable populations. The FCN role was perceived as less and less important as emphasis on the CCO model increased. This resulted in waning interest in pursuing this practice specialty and a resultant decline in Oregon's FCN population. This is unfortunate; there is a growing number of elderly aging into poverty, as well as homeless and disenfranchised in Oregon who are in desperate need of health services yet are beyond the reach of the CCO.

FCNs were "lost in the shuffle," but this is changing.

A small contingency of FCNs established the Faith Community Health Network (FCHN) in Lebanon, Oregon to train and mentor RNs entering Faith Community Nursing practice. The Network was awarded non-profit status as a 509(a)(2) public charity in 2021 and is eligible to receive tax deductible donations. Seasoned FCNs who have been without a professional association in Oregon are encouraged to connect with the FCHN to take advantage of networking and educational opportunities.

That fall of 2021, the FCHN was awarded a grant from Supporting Health for All Through Reinvestment (the SHARE Initiative) through the Inter-Community Health Network Coordinated Care Organization (IHN-CCO). These grant funds partially funded the 2021 Foundations of Faith Community Nursing Course and provided technology and other supports to equip FCNs for practice, with housing assistance and increasing health equity as specific areas of emphasis. Subsequent grant funding has helped to support delivery of the Foundations of Faith Community Nursing Course each fall, regular education and training throughout the year, outreach efforts to nursing and faith communities, and continued development of the non-profit. The FCHN leadership are unpaid professionals. The organization currently relies primarily on donations but is exploring sustainable funding sources.

Westberg Foundations of Faith Community Nursing Course

The FCHN has been an approved Westberg Institute Foundations of Faith Community Nursing Educational Partner since 2021 and is currently the only organization in Oregon authorized to deliver the Foundations of Faith Community Nursing course.

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The FCHN offers the course annually each fall and includes three hours of Oregon-specific practice content in addition to the 36.5 hours required by the Westberg curriculum. The course is delivered over several weeks during Monday/Tuesday half-day sessions using the Zoom platform to increase access to RNs statewide. Course registration is available on the FCHN website at https://faithcommunityhealthnetwork.org/foundations/. The FCHN leadership invites Oregon RNs from all faith traditions—and those who do not claim a specific faith tradition—to join with them in this exciting nursing practice.

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Westberg Institute for Faith Community Nursing Events: https://www.westberginstitute.org/faith-community-nursing.html

Westberg Institute for Faith Community Nursing Position Statement: Faith Community Nursing (FCN): Hands-On, Direct Care, and Specialized Care: https://www.westberginstitute.org/

Nurses House, Inc. –
Helping Nurses in Need

Welcome to Nurses House, Inc., the only national charitable fund providing financial aid to nurses in need. For over a century, Nurses House has been quietly helping RNs throughout the United States who are suffering due to a personal medical crisis. Today, it is the only non-profit organization of its kind – built off its founder, Emily Bourne's, strong desire that someone must care for the caregivers.


Emily Bourne

The history of Nurses House goes back to 1922, when Emily Bourne made a charitable bequest of $300,000 in her will, requesting the funds be used to create a respite place for nurses who had fallen ill. A stately beachfront mansion with sprawling grounds was purchased in Babylon, Long Island and a volunteer board of directors was established to run and maintain the home. The estate, which eventually included an adjacent beachfront, was purchased in 1924 and opened its doors to accept nurses as guests in January 1925.

From 1925-1960 hundreds of nurses came from all over the country to enjoy the home and the company of their peers while recuperating from illness or injury. Nurses who visited were well taken care of and paid little or nothing for their stay, which included room and board and numerous daily activities. As times and needs changed, the property was sold and the funds were used to establish an organization that would provide financial assistance to nurses in their own homes via charitable grants. It was aptly named Nurses House, and the dolphin statue that had adorned the front lawn became its lasting symbol.

Beginning with just a small office in NYC in the 1960's, and a board of directors dedicated to helping nurses, Nurses House has been providing small short-term grants to RNs to help with basic needs for decades. Nurses who find themselves suffering financially due to a major health crisis can apply for a grant online at www.nurseshouse.org.

As a 501(c)3 public charity, Nurses House runs solely on donations from nurses, the healthcare community, and others who care, and is the only non-profit organization in the nation today providing short term aid to RNs suffering from illness or injury. Over the past decade Nurses House has provided over $5 million in aid to nurses in need - including $3.4 million in COVID aid - but they cannot do it alone. Nurses House depends greatly on the generosity of nurses and the nursing community to fulfill its mission. Each year Nurses House hosts a Nurses Week fundraiser from April 12-May 12 which nurse groups throughout the nation can participate in. Individuals can also host online fundraisers for Nurses House to celebrate special events or milestones such as birthdays or graduations. Nurses can also make single or recurring donations on the Nurses House website - and may choose to donate in honor of a friend or colleague, or in memory of a nurse who has passed. Additionally, Nurses House has a Legacy Circle to honor its founder, Emily Bourne. Anyone who makes a bequest to Nurses House in their will (of any amount) is added to the Legacy Circle on the Nurses House website.

To learn more about the work of Nurses House and other ways you can help, to donate, or to apply for assistance, please find us on Facebook, Instagram and LinkedIn, visit our website at **www.nurseshouse.org**, or email us at **mail@nurseshouse.org**.


In the library


West Wing


Gardening

By the National Council of State Boards of Nursing

A NURSE'S GUIDE TO PROFESSIONAL BOUNDARIES

Year after year, nursing tops national polls of the most widely respected and trusted professions. The results of these polls reflect the special relationship and bond between nurses and those under their care. Patients expect nurses to act in their best interests and to respect their dignity. This means nurses don't benefit at the patient's expense or jeopardize therapeutic nurse-patient relationships.

To maintain that trust and practice in a manner consistent with professional standards, nurses should be knowledgeable regarding professional boundaries and work to establish and maintain those boundaries.

A therapeutic relationship allows nurses to apply their professional knowledge, skills, abilities, and experiences towards meeting the health needs of the patient. This relationship is dynamic, goal-oriented and designed to meet the needs of the patient and their family. Regardless of the context or length of interaction, the therapeutic nurse-patient relationship protects the patient's dignity, autonomy and privacy and allows for the development of trust and respect.

Professional boundaries are the spaces between the nurse's power and the patient's vulnerability. A nurse's power comes from their professional position and access to sensitive personal information. The difference in personal information the nurse knows about the patient versus personal information the patient knows about the nurse creates an imbalance in the nurse-patient relationship. Nurses should make every effort to respect the power imbalance and ensure patient-centered relationships.

Boundary crossings are brief excursions across professional lines of behavior that may be inadvertent, thoughtless, or even purposeful, while attempting to meet a special therapeutic need of the patient. Boundary crossings can result in a return to established boundaries, but should be evaluated by the nurse for potential adverse patient consequences and implications. Repeated boundary crossings should be avoided.

Boundary violations can result when there is confusion between the needs of the nurse and those of the patient. Such violations are characterized by excessive personal disclosure by the nurse, secrecy or even a reversal of roles. Boundary violations can cause distress for the patient, which may not be recognized or felt by the patient until harmful consequences occur.

A nurse's use of social media is another way that nurses can unintentionally blur the lines between their professional and personal lives. Making a comment via social media, even if done on a nurse's own time and in their own home, regarding an incident or person in the scope of their employment, may be a breach of patient confidentiality or privacy, as well as a boundary violation.

Professional sexual misconduct is an extreme form of boundary violation and includes any behavior that is seductive, sexually demeaning, harassing or reasonably interpreted as sexual by the patient. Professional sexual misconduct is an extremely serious, and criminal, violation.

Boundaries and the Continuum of Professional Nursing Behavior

The nurse's responsibility is to delineate and maintain boundaries.

- The nurse should work within the therapeutic relationship.
- The nurse should examine any boundary crossing, be aware of its potential implications and avoid repeated crossings.
- Variables such as the care setting, community influences, patient needs and the nature of therapy affect the delineation of boundaries.
- Actions that overstep established boundaries to meet the needs of the nurse are boundary violations.
- The nurse should avoid situations where they have a personal, professional or business relationship with the patient.
- Post-termination relationships are complex because the patient may need additional services. It may be difficult to determine when the nurse-patient relationship is completely terminated.
- Be careful about personal relationships with patients who might continue to need nursing services (such as those with mental health issues or oncology patients).

Q&A Regarding Professional Boundaries and Sexual Misconduct

Q: Is it considered sexual misconduct if a nurse wants to date or even marry a former patient?

The key word here is former. The following are important factors to consider when making this determination:

- What is the length of time between the nurse-patient relationship and dating?
- What kind of therapy did the patient receive? Assisting a patient with a short-term problem, such as a broken limb, is different than providing long-term care for a chronic condition.
- What is the nature of the knowledge the nurse has had access to and how will that affect the future relationship?
- Will the patient need therapy in the future?
- Is there risk to the patient?

Q: What if a nurse lives in a small community? Does this mean that they cannot provide care for neighbors or friends?

The difference between a caring relationship and an overinvolved relationship is sometimes difficult to discern. A nursing professional living and working in a small, rural or remote community will, out of necessity, have business and social relationships with patients. In these instances, it is extremely important for nurses to openly acknowledge their dual relationship with patients and to emphasize when they are performing in a professional capacity. The nurse must ensure the patient's care needs are primary. When this is not possible, nurses should remove themselves from the situation or request assistance from a supervisor or colleague.

A Continuum of Professional Behavior

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

Every nurse-patient relationship can be conceptualized on the continuum of professional behavior. Nurses can use this graphic as a frame of reference to evaluate their behavior and consider if they are acting within the confines of the therapeutic relationship or if they are under involved or overinvolved in their patients' care. Overinvolvement includes boundary crossings, boundary violations and professional sexual misconduct. Under involvement includes patient abandonment, disinterest and neglect, and can be detrimental to the patient and the nurse. There are no definite lines separating the therapeutic relationship from under involvement or overinvolvement; instead, it is a gradual transition.

This continuum provides a frame of reference to assist nurses in evaluating their own and their colleagues' professional–patient interactions. For a given situation, the facts should be reviewed to determine whether or not the nurse was aware that a boundary crossing occurred and for what reason. The nurse should be asked: What was the intent of the boundary crossing? Was it for a therapeutic purpose? Was it in the patient's best interest? Did it optimize or detract from the nursing? Did the nurse consult with a supervisor or colleague? Was the incident appropriately documented?

Q: Do boundary violations always precede sexual misconduct?

Boundary violations are extremely complex. Most are ambiguous and difficult to evaluate. Boundary violations may or may not lead to sexual misconduct. Some cases of extreme sexual misconduct, such as assault or rape, may be habitual behavior, while at other times it is a crime of opportunity. Regardless of the motive, extreme sexual misconduct is not only a boundary violation, it is criminal behavior.

Q: Does patient consent make a sexual relationship acceptable?

If the patient consents, and even if the patient initiates the sexual conduct, a sexual relationship is still considered sexual misconduct for a health care professional. It is an abuse of the nurse-patient relationship that puts the nurse's needs first. It is always the responsibility of a health care professional to establish appropriate boundaries with current and former patients.

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Q: What should a nurse do if confronted with possible boundary violations or sexual misconduct?

The nurse needs to be prepared to deal with violations by any member of the health care team. Patient safety must be the first priority. If a health care provider's behavior is ambiguous, or if the nurse is unsure of how to interpret a situation, the nurse should consult with a trusted supervisor or colleague. Incidents should be thoroughly documented in a timely manner. Nurses should be familiar with reporting requirements and the grounds for discipline in their respective jurisdictions; they are expected to comply with these legal and ethical mandates for reporting.

Q: What are some of the nursing practice implications of professional boundaries?

Nurses need to practice in a manner consistent with professional standards. Nurses should be knowledgeable regarding professional boundaries and work to establish and maintain those boundaries. Nurses should examine any boundary-crossing behavior and seek assistance and counsel from their colleagues and supervisors when crossings occur. Nurses also need to be cognizant of the boundary violations that occur when using social media to discuss patients, their family or their treatment. These issues are discussed in depth in NCSBN's brochure *A Nurse's Guide to the Use of Social Media*. Other resources about social media guidelines can be found at ncsbn.org/boundaries.

Red Flag Behaviors

Some behavioral indicators can alert nurses to potential boundary issues for which there may be reasonable explanations. However, nurses who display one or more of the following behaviors should examine their patient relationships for possible boundary crossings or violations.

Signs of inappropriate behavior can be subtle at first, but early warning signs that should raise a "red flag" can include:

- Discussing intimate or personal issues with a patient
- Engaging in behaviors that could reasonably be interpreted as flirting
- Keeping secrets with a patient or for a patient
- Believing that you are the only one who truly understands or can help the patient
- Spending more time than is necessary with a particular patient
- Speaking poorly about colleagues or your employment setting with the patient and/or family
- Showing favoritism
- Meeting a patient in settings besides those used to provide direct patient care or when you are not at work

Patients can also demonstrate signs of overinvolvement by asking questions about a particular nurse or seeking personal information. If this occurs, the nurse should request assistance from a trusted colleague or a supervisor.

NCSBN

NCSBN Professional Boundaries Resources
NCSBN offers a variety of resources pertaining to professional boundaries:

The "Professional Boundaries in Nursing" video, at ncsbn.org/boundaries-video, helps explain the continuum of professional behavior and the consequences of boundary crossings, boundary violations and professional sexual misconduct. Internal and external factors that contribute to professional boundary issues, including social media, are explored.

The "Upholding the Standard: Professional Accountability in Nursing" online course was developed as a companion to the video. The cost of the course is $50. Upon successful completion of the course, 4.5 contact hours are available. Register at icrsncsbn.org.
Other resources can be found at ncsbn.org/boundaries.

Proud to be a 2026 Wellbeing First Champion!

All Oregon State Board of Nursing licensing applications are free from intrusive, stigmatizing mental health questions. We know that fear of professional consequences is a primary barrier to seeking help. By removing these questions, we've ensured our licensing processes support, rather than hinder, your wellbeing.

This accomplishment has been independently verified by ALL IN: Wellbeing First for Healthcare

Learn more at **drlornabreen.org/removebarriers**

By OSBN Policy Analyst ***Gretchen Koch***, MSN, RN

MIND THE PRACTICE

This article explores perspectives on the practice of nursing from outside of the profession, communicates the practice as regulated in Oregon and at the professional level, and presents the importance of accuracy in both understanding and in communicating the practice.

Outside the Profession

Ask a non-nurse to explain nursing practice and their response will typically list activities consistent with the *implementation end* of an RN's plan of care in a hospital or clinic setting. Most often the list includes following doctors' orders, administering medications, and assisting doctors with treatments.

Given the locations where the highest number of nurse-client encounters occur, and how the profession is characteristically represented in television shows, advertisements, social media, and motion pictures, this doctor-dependent, acute care, task-focused view, presents a realistic conclusion.

While such a conclusion might seem like a no-harm no-foul issue for most nurses, the issue can evolve into unintended impacts on individual nurses and the broader profession.

For the sake of example: Let's say a non-nurse who engages in policy development is unaware they hold a generic view of nursing practice. They generate a policy deliverable that inadvertently results in a negative impact on nurses who practice with a specific type of client. While people who propose, draft, or modify policy typically exercise due diligence in researching and analyzing their deliverable, when assumptions are made, and/or the proper subject matter experts (SME) are not brought to the table, there is the potential for unintentional negative policy impact to nurses.

Such negative impacts can manifest as the unintentional direction of nurses to engage in: Conduct identified in Oregon's Nurse Practice Act (NPA) as derogatory to the

practice of nursing; prohibited conduct as established in the NPA; behavior not consistent with professional practice and performance standards; and, activities not supported by evidence-based nursing or healthcare literature.

The point here is not that non-nurses should be indoctrinated on all things nursing practice. The point is that those inside the profession of nursing need to be alert to these situations, recognize when one presents, and take action.

Inside the Profession

Ask a nursing practice SME to explain the practice, and they will tell you nursing practice is the application of nursing and other scientific knowledge. The nurse will further state that regardless of a nurse's practice setting or role, their knowledge application (i.e., practice) occurs for the purpose of analyzing and planning for the response an individual, family, group, or community (i.e., client), has to their current state of health that brought them into contact with the nurse.

The nurse might add that the degree of independence in a nurse's practice of nursing is established by their license type:

- The RN is independent in their practice of nursing. This means the RN independently applies their specialized knowledge and critical thinking to examine presenting situations, explore the various options available, demonstrate a knowledgeable understanding of the possible consequences of options explored, and arrive at a clinical judgment for an action which can be justified from a knowledge base. The NPA makes no requirement for supervision of an RN's practice of nursing.
- The LPN has a clinically directed practice of nursing. This means at the clinical direction of an RN's plan of care, or at the clinical direction of a health care provider's (HCP) treatment plan, the LPN applies their specialized knowledge and critical thinking to determine the client's priority condition at the time of their interaction, then prioritizes interventions from the RN's or HCP's plan to carry out with the client. The LPN's identification and implementation of prioritized interventions can be justified from a knowledge base.

The nurse might also communicate that while an individual nurse's practice might *include* working alongside a doctor (or other HCP), assisting an HCP with the performance of treatments, or administering medications, none of those activities are proprietary to nursing practice nor do they define the practice. The NPA definition of *practice of nursing, practice of practical nursing*, and *practice of registered nursing* are in ORS 678.010 with the respective definitions operationalized in Chapter 851 Division 45 of the NPA.

Mind the Practice

All nurses need to be alert to situations where incomplete or inaccurate information on nursing practice is shared. In addition to the previously described situation concerning the development of policy, inaccurate or incomplete information can also be communicated during work or project meetings, in conversations with co-workers, during a formal presentation, or printed in draft or final publications.

Nurses who recognize these types of situations are obligated to act. Nurses should take action by bringing the issue to the attention of someone who has the authority to make corrections while providing that person with accurate or complete information with source(s) identified. It may take persistence, but it is persistence well spent when it comes to minding the practice of nursing and the fidelity of the profession.

Those who act get the double win. The first by demonstrating adherence to professional performance competencies on leadership, quality of practice, and communication as established by American Nurses Association (ANA, 2021). The second by demonstrating adherence to the legal version of those standards codified in Chapter 851 Division 45 of Oregon's NPA.

In Closing

Take this opportunity to reflect on the practice of nursing as codified in the NPA's legal standards, as published in ANA's professional standards, and as communicated by nurses and non-nurses alike. When conversations or published items are found not to be consistent with legal or professional standards, mind the practice by speaking up. Your voice may likely prevent unintended outcomes.

References

American Nurses Association (2021). *Nursing: Scope and standards of practice* (4th. ed.). Silver Spring, Maryland: Author.

Chapter 678 Oregon Laws 2025. Nurses; Nursing Home Administrators.

Oregon Secretary of State. Oregon Administrative Rules Chapter 851 Division 045. Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse.

By OSBN Policy Analyst ***Laura Blackhurst,*** PhD, RN, CNE, CNL, and the ***OSBN Licensing Team***

WILL OSBN ACCEPT MY NURSING EDUCATION? WHAT APPLICANTS NEED TO KNOW

One of the most common questions received by Oregon State Board of Nursing (OSBN) staff is: *"How do I know if my nursing education will be accepted by OSBN?"* This important question comes from individuals interested in pursuing nursing education, those already educated in another U.S. state or territory, as well as from nurses educated abroad.

The Oregon Nurse Practice Act requires the Board to evaluate the education of all applicants for licensure. This review helps to ensure that every applicant meets Oregon's educational standards prior to being issued a license. Division 31 of the Oregon Nurse Practice Act is an important resource to help consider the many paths to Oregon licensure.

Oregon-based Nursing Education Programs

Attending a nursing education program located in Oregon is the most direct way to ensure that your education meets OSBN standards. ORS 678.340 requires that all education programs based in Oregon must be approved by the Board. As a result, these programs are known to meet Oregon standards for licensure. A current list of Board-approved programs can be found on the OSBN website: Approved Programs.

Out-of-State Nursing Education Programs

Nursing programs are considered "out-of-state" when they are not physically located in Oregon. This includes online programs headquartered elsewhere, even if they offer clinical placements in Oregon. OSBN does not have the authority to approve programs located outside of Oregon, and questions about these programs should be directed to the appropriate state Board of Nursing.

OSBN's role in considering out-of-state education is to review an applicant's transcript to ensure that the coursework meets Oregon education standards. OSBN staff cannot offer guidance or confirm whether these programs *will be* approved prior to completing your education. Because educational standards and regulatory requirements vary across states, it is important for prospective students to research any program they are considering, including reviewing the school's approval and accreditation status and consulting with the appropriate higher education or regulatory authorities.

- **Education in U.S. Territories**
  Nursing education received in a U.S. territory is considered similarly to education received within the states. One notable exception is nursing education completed in Puerto Rico, as most programs do not utilize National Council of State Boards of Nursing NCLEX codes and may not provide transcripts in English. Applicants educated In Puerto Rico typically need to provide a credential evaluation, described further in the "International Nursing Education" section below. OSBN staff are available to help confirm licensing requirements following education in a U.S. territory.

International Nursing Education

Nurses educated outside the United States can also pursue licensure in Oregon. Most internationally educated applicants will need to obtain a credential evaluation. This evaluation verifies that you were educated comparably to U.S. standards and provides OSBN a course-by-course review of your program and how it prepared you for licensure in the country of education. More information about credential evaluation requirements can be found on the OSBN website: Credential Evaluation Requirements.

- **Canadian Education**
  Since 2015, most Canadian programs utilize National Council of State Board of Nursing NCLEX program codes. Graduates of these programs do not need to complete a credential evaluation. Programs based in Quebec vary in their use of NCLEX codes, and OSBN staff are available to clarify for interested applicants whether a credential evaluation is required. Canadian educated applicants who graduated prior to 2015 are still required to provide a credential evaluation when applying for a license.

- **Military Education**
  Education received while in the U.S. Armed Forces can be used to apply for practical nursing licensure. OSBN accepts Joint Services transcripts with evidence of completion of the Army practical nursing program, Army 68WM6 training, or Air Force 4N051 5-skill level training.

What else do I need to consider?

Oregon law, ORS 678.040(1), requires that every nursing education program contain a clinical component. This is defined in OAR 851-006-0011 as the "component of a nursing education program curriculum where students refine competencies in real practice settings or through the use of simulation. The clinical

continued on page 22 >>

<< continued from page 21

component can occur in any setting where students may impact a health outcome." Prospective applicants should confirm that their education includes clinical instruction that meets this definition, as it is required for licensure.

An additional requirement of licensure is that the applicant has graduated from their education program. Some states allow individuals to "challenge" the NCLEX without completing an education program or allow students to test without graduating; these applicants are not eligible for licensure in Oregon.

This requirement also applies to certain directentry programs, most commonly programs that prepare individuals for initial RN licensure at the graduate level, or programs that offer combined RN and APRN education. Many of these programs allow students to complete prelicensure nursing coursework, take and pass the NCLEX, and then continue their advanced coursework. If the direct-entry program issues a certificate of completion at the end of the prelicensure portion, OSBN will accept that certificate as evidence of graduation for licensure purposes. However, if no certificate is awarded at the end of the pre-licensure component, the student is not considered a graduate and therefore is not yet eligible for licensure until the entire program is completed.

Closing

With multiple pathways into nursing, it is important for prospective students and applicants to take the time to research any nursing education program they are considering. Licensing requirements differ by state, prospective students should also consider that education in another stay may not immediately qualify for licensure in Oregon. For specific questions regarding applying for an initial license or for licensure by endorsement, please review Division 31 of the Oregon Nurse Practice Act.

Before you go
CHECKLIST

Oregon Center for NURSING

Getting support and supporting yourself to "leave work at work" is important to help create a work-life balance. Mentally preparing to leave work can make a big difference. Here are some ideas to consider as you end your day.

TAKE A MOMENT
Look around you and reflect on the day.

IDENTIFY ONE THING
Recall one thing that was difficult today. Let the feelings be present for a moment...then allow them to pass by you and be released.

FIND THREE THINGS
Think of three things to be grateful for about your work day. It can be a patient's smile, a colleague's help, or a deep breath you took.

ACKNOWLEDGE
Today may have been hard, but it's not forever. Breathe.

ARE YOU OK?
Really ok? Don't struggle in silence. Connect with someone.

LOOK AT YOUR COLLEAGUES
Are they ok? Don't let them struggle either. Be their support.

BREATHE
With a renewed breath, head home to reset and recharge.

RN WELL-BEING PROJECT

SCAN THIS CODE
to access more resources
from the RN Well-Being Project

| www.oregoncenterfornursing.org |

By ***Jana Bitton,*** MPA, Executive Director, Oregon Center for Nursing

BETTER, BUT NOT WELL: WHAT OREGON NURSES TELL US ABOUT RECOVERY AFTER THE PANDEMIC

The Oregon Center for Nursing has spent considerable time over the past few years thinking about what the state owes its nurses, and how honest the field is willing to be about how they're doing. In 2022, in the thick of the pandemic's long tail, OCN asked nurses across the state about their well-being and their work. What they reported was hard to hear: stress, burnout, emotional exhaustion, a workforce under real strain. In 2025, OCN asked again. The findings are worth walking through carefully, because the answer is genuinely encouraging, and also more complicated than a good headline would let on.

The Good News Is Real

Across nearly every measure examined, nurses are doing better than they were in 2022. Fewer reported stress, anxiety, exhaustion, feeling overwhelmed, feeling undervalued, emotional exhaustion, work-related dread, compassion fatigue, and heavy workloads. More reported being happy at work. That progress shouldn't be rushed past. After everything this workforce carried, the direction of travel is the right one.

But Better Is Not the Same as Well

Here is where the picture demands honesty. In 2025, nearly eight in ten Oregon nurses still reported experiencing stress at work. More than half still reported frustration, burnout-related stressors, emotional exhaustion, or heavy workloads. Many still reported physical exhaustion, trouble sleeping, and compassion fatigue. One number stands out: frustration barely budged between 2022 and 2025, even as so much else improved. That suggests the acute pressure of the pandemic may be easing, but the underlying conditions that wear nurses down are still very much in place.

The Gap That Keeps Coming Back

The finding OCN returns to most is about support. Nurses reported feeling modestly more supported now, both at work and outside of it. But the gap between those two is what matters. In 2025, 73% said they had adequate support outside of work. Only 37% said they had adequate support at work.

That gap is clarifying, and a little uncomfortable. Employers have very little control over a nurse's family, friends, and home life. They have a great deal of control over the conditions they ask nurses to work in. If there is a place to start, it is right there in the difference between those two numbers.

This Is Not a Resilience Problem

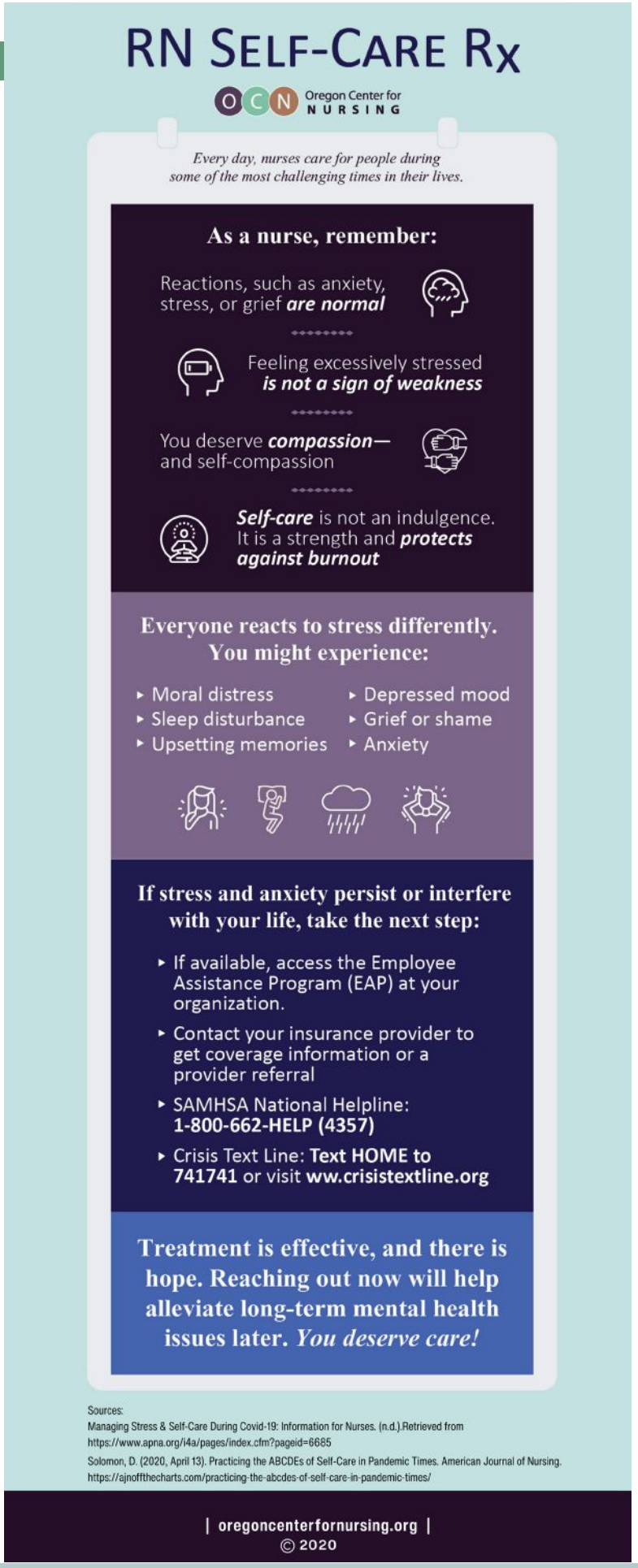
For a long time, the standard response to nurse stress was to ask more of the nurse—more mindfulness, more stress-management, more individual coping. Those tools have real value. But they cannot carry the weight that keeps being put on them. They were never going to fix excessive workloads, inadequate staffing, or poor communication. Through its Well-Being Project, OCN has made the case that sustainable improvement requires leaders to change the conditions nurses work in, not just hand nurses better ways to endure them. This is no longer a lonely position; the American Nurses Association and others are increasingly saying the same thing.

Listen to the Nurses

If the fixes live in workplace conditions, then nurses are the people best positioned to identify which conditions to fix. So OCN asked. Compared to 2022, fewer nurses said they needed more nurses, more support staff, or better patient ratios, which may reflect the workforce investments and policy work of recent years. That is an encouraging signal. At the same time, nearly half still named those very things as priorities, along with greater recognition for their work. And one indicator moved the wrong way: reports of insufficient communication actually rose between 2022 and 2025. That one falls squarely to employers and leaders, and it is fixable.

Why These Findings Matter

Nurse well-being gets talked about as a personal matter, but it is also a workforce matter. Persistent exhaustion, dread, and doubt about whether this career is sustainable show up later as turnover and instability. So the data leaves OCN with both optimism and caution. Oregon's nurses are recovering, and that is worth celebrating, but continued attention to workplace support, communication, staffing, recognition, and culture is what will keep them moving forward. Recovery is underway. It should not, however, be mistaken for arrival. Better, after all, does not mean well.



By OSBN Policy Analyst ***Laura Blackhurst***, PhD, RN, CNE, CNL

YOU ASK, WE ANSWER

Q: Whose license is a student nurse working under during their clinical shift? Is it the staff nurse or their instructor?

A: This question highlights an important clarification; student nurses are not "working under" another nurse's license. Only nurses licensed by the Oregon State Board of Nursing (OSBN) have the legal authority to practice nursing. Student nurses are permitted to engage in nursing practice without a license as part of their nursing education program under the exemption in ORS 678.031(2).

Both the staff nurse and instructor are responsible for their own adherence to the practice standards found in Division 45 of the Nurse Practice Act. The instructor representing the students nursing program carries additional responsibilities related to student supervision, evaluation, and educational oversight, as outlined in Division 21.

Safe student oversight relies on both staff nurses and instructors being familiar with the expectations and responsibilities defined between the clinical site and the education program. Affiliation agreements, faculty handbooks, and site policies may be useful sources of information.

Q: My nursing program is trying to use virtual simulation for clinical hours. Is this allowed?

A: Yes, nursing programs can utilize simulation that meets national simulation standards, as permitted under OAR 851-021-0050(4). The Nurse Practice Act does not restrict the method of simulation delivery, and therefore programs can include in-person or virtual simulation.

In addition to requiring evidence that nursing programs follow national simulation standards, Division 21 of the Nurse Practice Act has several additional requirements to ensure that simulation is intentionally integrated into the program. These include requirements around simulation coordination, plans for faculty orientation, simulation procedures, and student evaluation of the simulation experience.

All clinical experiences, whether simulated or in direct patient care, must support students in achieving course and program learning outcomes.

Q: Where can I find information on whether my nursing program is accredited by OSBN?

A: ORS 678.340 authorizes the Oregon State Board of Nursing to *approve* nursing programs which meet the standards established in Division 21 of the Nurse Practice Act. However, the Board is not authorized to *accredit* nursing programs. Accreditation occurs through agencies recognized by the U.S. Department of Education, which may grant either institutional or programmatic accreditation.

In 2025, the Board adopted OAR 851-021-0012 requiring all nursing programs to obtain nursing accreditation by July 2029. New programs, or programs in development, are allowed four years from the date of their full approval to achieve accreditation. In addition to this new requirement of programmatic accreditation, the Board continues to require that the education institution itself hold institutional accreditation.

Information about a nursing program's accreditation status can typically be found on the program's website or directly from the accrediting agency. The Accreditation Commission for Education in Nursing (ACEN), the Commission on Collegiate Nursing Education (CCNE), and the Commission for Nursing Education Accreditation (CNEA) all provide searchable databases of accredited programs on their websites. Advanced practice nursing programs may also pursue accreditation through specialtyfocused accrediting bodies.

Stay Connected

We look forward to hearing from you! Submit your questions for future editions to: osbn.practicequestion@osbn.oregon.gov.

2026 - 2027
OSBN BOARD MEETING DATES

June 24, 2026	9 a.m.	Board Meeting (Primarily Executive Session)
June 25, 2026	9 a.m.	Board Meeting
August 19, 2026	9 a.m.	Board Meeting (Primarily Executive Session)
August 20, 2026	9 a.m.	Board Meeting
October 14, 2026	9 a.m.	Board Meeting (Primarily Executive Session)
October 15, 2026	9 a.m.	Board Meeting
December 16, 2026	9 a.m.	Board Meeting (Primarily Executive Session)
December 17, 2026	9 a.m.	Board Meeting
February 17, 2027	9 a.m.	Board Meeting (Primarily Executive Session)
February 18, 2027	9 a.m.	Board Meeting
April 20, 2027	9 a.m.	Annual Board Planning Session
April 21 2027	9 a.m.	Board Meeting (Primarily Executive Session)
April 22, 2027	9 a.m.	Board Meeting
June 23, 2027	9 a.m.	Board Meeting (Primarily Executive Session)
June 24, 2027	9 a.m.	Board Meeting
August 18, 2027	9 a.m.	Board Meeting (Primarily Executive Session)
August 19, 2027	9 a.m.	Board Meeting
October 20, 2027	9 a.m.	Board Meeting (Primarily Executive Session)
October 21, 2027	9 a.m.	Board Meeting
December 15, 2027	9 a.m.	Board Meeting (Primarily Executive Session)
December 16, 2027	9 a.m.	Board Meeting

Please visit the OSBN website at
www.oregon.gov/osbn/Pages/board-meetings for agendas, materials, time changes, and logistical details.
To view all board meetings, visit https://www.youtube.com/@OregonStateBoardOfNursing/

Nurses!

Licensing Tip: National Certifications

All nurse practitioners and CRNAs must have proof of current national certification on file in the OSBN office to renew their Oregon nursing license. When you renew your national certification, remember to send a copy to OSBN.

Licensing Tip:

Use a Personal Email Address

When adding or changing your email in the OSBN License Portal, remember to use a personal email address, such as Gmail or Comcast. If you use a school, company, or hospital email address, you may miss important notifications from the board. Companies or schools may not recognize OSBN as an approved sender. You could miss the online account validation email or courtesy renewal reminders

2026 OSBN BOARD MEMBERS

OLANIKE TOWOBOLA, RN, DNP
BOARD PRESIDENT
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.

MARGARET HILL
PRESIDENT-ELECT
PUBLIC MEMBER
TERM: : 7/15/23 - 12/31/25, 1/1/26 - 12/31/28

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.

MATTHEW CALZIA, RN
TERM: 1/1/26 – 12/31/28

Mr. Calzia is a registered nurse at PeaceHealth Sacred Heart Medical Center with 14 years of nursing experience. He received his Associate Degree in Applied Science Nursing from Lane Community College in Eugene, Ore., and his Bachelor of Science in Nursing degree from Boise State University, Boise, Idaho. Mr. Calzia serves in one of the two direct-care RN positions on the Board. He resides in Eugene, Oregon.

RACHEL DENNIS, CNA
TERM: 3/1/25-12/31/27

Ms. Dennis is a CNA and monitor technician at PeaceHealth Sacred Heart Medical Center Riverbend in Springfield, Ore., and has more than 10 years of experience as a CNA. She received her CNA training and Associate of Science degree from Lane Community College in Eugene, Ore., and her CNA2 training from EMT Associates in Springfield. Ms. Dennis serves in the CNA position on the Board and resides in Springfield, Ore.

JONI KALIS, MPT, MS, PT
PUBLIC MEMBER
TERM: 2/8/24 – 12/31/26

Ms. Kalis 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.

FELIPA NESTA, LPN
TERM: 3/1/25-12/31/27

Ms. Nesta is a licensed practical nurse at Kaiser Permanente Sunnyside Medical Center in Clackamas, Ore., and has more than 17 years of healthcare experience. She received her practical nursing diploma from Concorde Career College in Portland, Ore. Ms. Nesta serves in the LPN position on the Board and resides in Happy Valley, Ore.

RACHEL MITZEL, RN, APRN-CRNA, APRN-NP
TERM: 3/1/25-12/31/27

Ms. Mitzel is a certified registered nurse anesthetist at Cascade Anesthesia Services in Powell Butte, Ore., and has more than 20 years of nursing experience. She received her Bachelor of Science degree in Zoology from Oregon State University in Corvallis, Ore., her Bachelor of Science in Nursing from the University of Colorado in Colorado Springs, Colo., her Master of Science in Nursing Anesthesia from the University of Cincinnati in Cincinnati, Ohio, and her Master of Science in Nursing in mental health from the University of Pueblo, in Pueblo, Colo. Ms. Mitzel serves in one of the two direct-care RN positions on the Board. She resides in Powell Butte, Ore.

LINDA STANICH, RN
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.

CLAIRE MCKINLEY YODER, PHD, RN, CNE
BOARD SECRETARY
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.

DISCIPLINARY ACTIONS

Actions taken in April and June 2026. 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
Jacquelynn Briggs	200741675RN	Reprimand	6/24/26	Documenting the practice of nursing that did not occur.
Michael D. Cloutier	10037702	Reprimand	4/15/26	Demonstrated incidents of abusive behavior.
Whitney E. Galvin	202107174RN	Probation	4/15/26	24-month probation. Failure to document in a timely manner and failing to conform to the essential standards of acceptable nursing practice.
John W. Gould	202105918RN	Reprimand	6/24/26	Failure to document data pertinent to client status and failing to conform to the essential standards of acceptable nursing practice.
Megan E. Griffin	201242022RN	Probation	6/24/26	24-month probation. Unauthorized removal of medications from the workplace and failing to conform to the essential standards of acceptable nursing practice.
Connie J. Koenig	201907442RN	Revocation	4/15/26	Failing to document nursing practice and failing to conform to the essential standards of acceptable nursing practice.
Carla J. Kostol	093000636RN	Voluntary Surrender	6/24/26	Failing to comply with the terms and conditions of a Board Order or stipulated agreement.
Damen C. Launius	201606045RN	Civil Penalty	4/15/26	$5,825 civil penalty. Practicing nursing without a current Oregon license.
Kimberly M. Leavelle	201601341CNA	Voluntary Surrender	6/24/26	Using intoxicants to the extent injurious to herself or others and failing to report her own convictions to the board within 10 days.
Mark S. Logue	097000439RN	Revocation	4/15/26	Violating the terms and conditions of a Board Order.
Anne M. Meeks	200940236RN	Revocation	4/15/26	Violating the terms and conditions of a Board Order.
Thomas E. Mulcahy	201505672LPN	Probation	4/15/26	24-month probation. Failing to conform to the essential standards of acceptable nursing practice.
Kari L. Roper	082009968RN	Reprimand	4/15/26	Failing to communicate client status information to other authorized individuals and failing to conform to the essential standards of acceptable nursing practice.
Dahndi Sivad	201242368RN	Reprimand	4/15/26	Performing acts beyond their scope of practice and failing to conform to the essential standards of acceptable nursing practice.
Angela M. Southard	201603683LPN	Voluntary Surrender	4/15/26	Failing to comply with the terms and conditions of a Board Order.
Jeffrey B. Sperla	201903568RN/ 202113373NP-PP	Voluntary Surrender	6/24/26	Violating the terms and conditions of a Board Order.
Kaytie M. Vander Vos	202212456RN	Voluntary Surrender	6/24/26	Unauthorized removal of medications from the workplace and practicing nursing while impaired.
Gina M. Verley	081001855RN	Voluntary Surrender	6/24/26	Failing to comply with the Board during an investigation.
Ryan L. Whitlow	202211856RN	Reprimand	4/15/26	Failing to accurately document nursing practice in a timely manner and leaving a nursing assignment without notifying the appropriate personnel.
Julia A. Young	201706633LPN	Reprimand	4/15/26	Violating the rights of privacy and confidentiality concerning a client.

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

YOUR BOARD IN ACTION
HIGHLIGHTS FROM THE JUNE 2026 BOARD MEETING

Rulemaking

During the April 2026 board meeting, the Board adopted proposed rule changes to Division 21 (Standards for Nursing Education Programs). The changes mean that Oregon-based educational institutions will be permitted to explore the development of master's degree, post-master's certificate, or post-doctoral certificate awarding APRN education programs.

During the June board meeting, the Board agreed that proposed rule changes to Divisions 31 (License Requirements for Nurses) and 62 (Standards for NA & MA Certification) should move forward to a public rule hearing on July 21. The proposed amendments represent Phase 2 of efforts to modernize the Nurse Practice Act following the passage of 2025 HB 3044. Phase 1 revisions took effect on January 1, 2026, after which Board staff conducted a continuous quality review of the newly implemented rules. The proposed amendments in Phase 2 further clarify, refine, and operationalize Board processes. These updates are designed to ensure consistency with statutory authority, improve regulatory transparency, and support efficient licensure pathways for nurses and nursing assistants across Oregon.

Nursing Education

During the April meeting, the Board granted continuing approval to Sumner College's and Treasure Valley Community College's registered nursing education programs.

In June, the Board granted continuing approval to Linn-Benton Community College's registered nursing education program.

Administration

During the April meeting, the Board discussed four possible legislative concepts for the 2027-29 legislative session. The following suggested concepts are not final; the Governor must approve each concept before it moves forward to the drafting process:

- aligning renewal dates for licensees who hold more than one active license
- defining a statutory list of disqualifying crimes to serve as grounds for denying or revoking a license. Other state agencies whose licensees also work with vulnerable populations use similar statutory tools.
- amending ORS 678.360 to specifically call out the Board's authority to issue a plan of correction to educational programs and allow for Board discretion.
- expanding the Board by two members, one RN with long-term care experience and one APRN.

Also in April, Executive Director Rachel Prusak discussed the progress made by agency staff in 2026 on the OSBN 2024-27 strategic plan.

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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