



OREGON BOARD OF NURSING

# SENTINEL

[VO.43 • NO 3 • SUMMER 2024]

## **Benefits of Simulation in Nursing Education**

*also in this issue*

**Nursing Practice in a Community-Based Setting:  
What the Oregon-Licensed RN Needs to Know**

**Revised LPN/RN Practice Rules Now in Effect**

*Official Publication of the Oregon State Board of Nursing*



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# COLLABORATION VITAL TO NEW STRATEGIC AND DEIA PLANS

As I close out my first year as the Oregon State Board of Nursing Executive Director, I want to reaffirm my unwavering commitment to our Mission and organizational values. In the February 2024 Sentinel, I underscored our organizational values of **Integrity** and **Stewardship**. In the May 2024 issue, I brought attention to the value of **Simplicity**. Today, I wish to highlight the OSBN value of **Collaboration**, which states that “OSBN is inclusive, respectfully accepts, and contributes valuable ideas to achieve goals.”

The Oregon State Board of Nursing reached a significant milestone at the June Board Meeting. The Board’s endorsement of the 2024-2027 Oregon State Board of Nursing *strategic plan* and the *diversity, equity, inclusion, and accessibility plan* is a testament to the collective input of the governor, the legislature, OSBN staff, community partners, and robust discussions from the OSBN leadership team. This endorsement underscores the importance of **collaboration** in shaping these plans.

Through the strategic plan and DEIA plan, the Oregon State Board of Nursing is poised to strengthen its role as one of the agencies Oregon relies on to protect the public. Both plans are underpinned by a deep understanding that **collaboration** is not just beneficial, but essential. **Collaboration** is the backbone to realizing our mission and breathing life into our values. OSBN is committed to aligning with other state agencies in DEIA efforts, with a specific goal of enhancing the diversity of our external partners and ensuring diversity among Board members, rule

advisory committees, and employment. This will be achieved through targeted recruitment strategies, training programs, and policy changes.

By embracing diversity, equity, inclusion, and accessibility at OSBN, we can create a more vibrant, inclusive, productive, and fulfilling environment. Our commitment to elevate our standards and practices ensures that we **collaborate** and strategically afford all persons a fair and equitable opportunity on the Board, rule advisory committees, and employment.

While DEIA is a concept that is already embedded in our organizational values, having it embedded as a strategic imperative and forming a committee to bring the plan to life will center it in every corner of our work. It shows that OSBN is committed to raising our standards to enhance customer service and improve internal and public-facing interactions,

perceptions, outreach, and engagement efforts. This means leading by example in our offices and communities, ensuring we embrace differences, uphold the rights of all individuals, and, despite our differences, treat everyone with dignity and respect.

The strategic plan also includes an updated Mission to include nurse wellness and an added vision. **The updated Mission** states, “The Oregon State Board of Nursing is committed to protecting the public through regular regulatory excellence and promoting the wellness of our nursing professionals.” This will be achieved through initiatives that support the statement “Nurse

### Mission Statement:

The Oregon State Board of Nursing protects the public through regulatory excellence of education, licensure, and practice, and promoting nurse wellness.

### Vision Statement:

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

### OSBN Values

- Simplicity
- Integrity
- Stewardship
- Collaboration
- Innovation

Wellness is Public Protection.” **The new Vision** states, “A safe and healthy public is promoted through a healthy and diverse nursing workforce.”

With the guidance of the Board and the **collaboration** with community partners, we are ready to make a significant impact and shape the future of the Oregon State Board of Nursing. For the complete Strategic Plan and DEIA plan, please visit our website [www.oregon.gov/osbn](http://www.oregon.gov/osbn) (click on About Us).

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](#) (link located at the bottom of our webpage) as we increase our outreach and **collaboration** with the community. Please feel free to reach out to me at [rachel.prusak@osbn.oregon.gov](mailto:rachel.prusak@osbn.oregon.gov).

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# NURSING PRACTICE IN A COMMUNITY-BASED SETTING: WHAT THE OREGON-LICENSED RN NEEDS TO KNOW



**Imagine if you will:** A registered nurse (RN), in pursuit of a practice change, considers a position in a community-based setting. New to this type of setting, the RN has questions - questions that are frequently posed to Oregon State Board of Nursing (Board) staff.

The most frequently asked question (FAQ): “What is my scope of practice in a community-based setting?” Board staff can readily address this question as it is directly answered by Oregon’s Nurse Practice Act (NPA).

Most community-based setting related questions are not directly answered by the NPA and thus exceed the jurisdiction of the Board and Board staff to answer. In lieu of listing out these questions, this article summarizes information commonly provided to RNs who reach out to the Board for answers.

### **"What is my scope of practice in a community-based setting?"**

This is one of the rare 'scope of practice questions' directly answered by Oregon Administrative Rule (OAR) 851-045-0060 Standards Related to RN Scope in the Practice of Nursing.

RN scope in the practice of nursing is independent engagement in nursing process; yes, good old nursing process. This is true regardless of an RN's Oregon practice setting or role.

As a refresher, the RN can review the rules (OAR 851-045-0060 2) (a) through (f)) on the OSBN website. These standards list the singular and interrelated nursing process steps that equate to RN scope in the practice of nursing. The steps are:

- assessment of the client to identify their overall response to their current state of health that brought them into contact with the RN;
- identification of reasoned conclusions based on validation, analysis and synthesis of assessment data;
- identification of expected outcomes for reasoned conclusions;
- development of a plan of care;
- implementation of plan of care; and
- evaluation of client progress toward expected outcomes.

Applied, this means RN scope in the practice of nursing remains the same across all settings, community-based included.

In most instances, when this RN scope of practice question is asked, the RN is trying to ask about individual scope of practice in their new community-based setting. To this question, the NPA does not contain a direct answer. This means the individual RN must arrive at their own answer based on the community-based setting where RN's practice will occur, the RN's prospective position description, and the RN's own practice competencies.

### **A Community-Based Setting Defined**

While the term community-based setting is defined by the Board in Division 6 of the NPA (OAR 851-006-0030), the Board holds no legal authority over any practice setting. It's always important to remember that the Board's authority is over the license owned by the individual nurse.

For the purposes of Oregon's NPA, community-based setting means "...a setting that does not exist primarily for the purposes of providing nursing or medical services, but where nursing services could be required intermittently. These settings include adult foster homes, assisted living facilities, child foster homes, schools, and twenty-four-hour residential care facilities."

This means any Oregon location, place, or environment where people live, work, shop, receive an education, vacation, etc., and where a person could require nursing services intermittently. In other words, many different locations fall under the category umbrella of a community-based setting.

For those curious as to why this term is defined in the NPA

while other types of settings are not, the reason is this: When RN practice occurs in a community-based setting, additional NPA standards can be applied by the RN to their practice. These additional standards, Standards for Registered Nurse Delegation Process in a Community-Based Setting (found in Division 47 of the NPA), provide the option for an RN to authorize an unregulated assistive person (UAP) to perform a health-related procedure for their client when the RN determines such action is safe for the client.

### **The RN's Specific Community-Based Setting**

It's important for the RN to understand the type of community-based setting where they intend to practice. Taking a deeper dive into the specific setting can occur in different ways.

The RN can explore their prospective employer's website and/or published promotional materials.

For a community-based setting that is regulated by a governmental agency, and there are many, the inquiring RN can explore regulations that govern the setting. For example, Oregon settings or businesses providing services such as education, residential care, assisted living, corrections, foster

*continued on page 8 >>*

care, supported employment services, and more, function under laws and rules that identify services to be provided and requirements around the provision of those services. The inquiring RN can access these regulations to become more familiar with both.

## **RN Practice Role in their Community-Based Setting**

As the RN becomes familiar with the services to be provided in their prospective community-based setting, a deeper dive can also be taken into their proposed practice role in that setting.

To supplement information gleaned from the position's recruitment materials and/or prospective position description,

the inquiring RN will want to explore current literature on the practice role or similar practice roles. It will also behoove the RN to look for specialty nursing scope and standards of practice applicable to the practice role. Both resources can provide information that may answer questions held by the RN. These resources can also provide practice competency benchmarks against which the RN can evaluate their own competencies relevant to the posted community-based RN position.

When available, the RN can utilize an RN employee in the setting as a resource for information. However, it is not uncommon for a community-based setting to have only one RN (i.e., the open position). This can mean several things. First,

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## EDUCATION OPPORTUNITIES RELATED TO PRACTICE IN COMMUNITY-BASED SETTINGS.

- Faith Community Health Network education for faith community nurses (FCNs)  
<https://faithcommunityhealthnetwork.org/outreach-events/>
- Leading Age Oregon: <https://www.leadingageoregon.org/assets/CBC%20Webinar%202024.pdf>
- Multnomah County trainings by Oregon Care Partners:  
<https://oregoncarepartners.com/app/#/class-details/3430>.
- National School Nurses Association upcoming events  
<https://www.nasn.org/schoolnursenet/events/calendar>
- NurseLearn free community-based care nurse training (made possible by an ODHS grant):  
<https://NurseLearn.com>
- Oregon Department of Human Services (ODHS) dementia-related training for caregivers:  
<https://www.oregon.gov/odhs/licensing/community-based-care/Pages/dementia-training.aspx>
- Oregon Health Care Association (OHCA) training:  
[Calendar - Oregon Health Care Association \(ohca.com\)](https://www.ohca.com/calendar)
- Community Providers Association of Oregon event calendar <https://mycpao.org/>
- Oregon Resource Association event calendar of trainings for disability services providers  
<https://www.oregonresource.org/ora-calendar.html>
- Oregon School Nurses Association upcoming events  
<https://www.oregonschoolnurses.org/events/osnaeventcalendar>

*(The above is not an exhaustive list and classes/vendors are not endorsed by the OSBN.)*

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## RN Competencies for Practice in their Community-Based Setting

The Board does not publish practice role-specific, or activity-specific, competencies for all possible RN roles in specific settings. This means the RN will need to search for this information outside of the NPA.

The RN can begin their search by examining job responsibilities listed on the position advertisement or position description. With this information, the RN can then look for applicable specialty nursing practice standards, performance standards and guidelines as published by professional and specialty nursing organizations. These same organization often publish peer-reviewed journals which also serve as a resource for the RN.

Knowing the competencies necessary to function safely in the prospective practice role is of utmost importance. It is important because as with all areas of practice, the RN must only accept an assignment when they possess the competencies necessary to function safely.

The RN who finds they need to attain or augment specific competencies for safe practice in a community-based setting can seek informal formal learning experiences. Formal education providers, such as NurseLearn offer community-based focused courses that are competency-based, interactive, and culturally informed. Visit <https://nurselearn.com>

## In Summary

Multiple factors beyond the NPA inform an RN's practice role in a community-based setting. Through the directed pursuit of information about a specific community-based setting and the RN's role in that setting, the RN can be best positioned for a safe and rewarding new practice experience.

the RN will be, in a sense, the director of nursing, nurse manager, and staff nurse rolled into one.

Second, supervision of the RN employee will be by a non-RN who might not possess an accurate understanding of the practice of nursing and/or of the legal responsibilities held by the RN. This necessitates extra diligence by the RN to know, understand, and be able to articulate their nursing practice responsibilities to other people. This also requires extra diligence by the RN to ensure that job responsibilities and policies of the setting do not impede their fulfillment of nursing practice responsibilities identified in the NPA.

Third, there could potentially be more responsibilities than listed in the position description that default to the RN. These responsibilities would come in the form of health services and/or nursing services responsibilities identified in the regulations governing the setting. The inquiring RN may want to access the aptly titled regulation section(s) and reconcile with responsibilities listed in

the RN position description.

For example, the RN position description might identify any combination of responsibilities including assessment and plan of care development for clients with chronic health needs (which might include RN delegation); triage of clients (i.e., RN assessment and plan of care development for people/client's in the setting that present with an unexpected injury or change in their health status); teaching UAPs how to administer non-injectable medications to clients; the administration of medications; providing continuing education to staff; teaching UAPs how to administer lifesaving medications to another person or to a client; development of health-related and/or nursing services policies; etc.

If discrepancies are noted, the RN is then positioned to seek clarification from their prospective employer and inquire as to who holds responsibility for the activity in question.



**Dr. Mitchell Cohen**  
Gastroenterologist

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# CNA CONSOLIDATION EFFECTIVE JULY 1, 2025

After more than a decade, certified nursing assistants in Oregon will be no longer be designated as CNA 1 or CNA 2; there will be only one CNA.

Based on input from employers, education programs, and community stakeholders, the Board adopted new administrative rules during the June 2024 board meeting that will consolidate the two CNA levels into one. The rules won't take effect until July 1, 2025, to give education programs and employers time to adjust.

"It became apparent over the last few years that as the number of authorized skills given to the main level of CNA increased, the second level of CNA was no longer needed," says OSBN Board President Aaron Green, CNA2. "In June 2023, the Board directed staff to look into how we could combine the two levels."

A rulemaking advisory panel (RAC) met from August through October 2023, and again in January 26, 2024, to develop changes to Oregon Administrative Rule (OAR) Chapter 851 Division 63 (Standards and Authorized Duties for the CNA and CMA) and develop a transition plan for consolidation of CNA1 and CNA2 certifications into one certification.

The Board initially approved the proposed rule revisions on April 18, 2024. An administrative rule hearing was held May 21, and the Board adopted the rules June 13.

Current rules regarding CNA 2s (OAR 851-063-0035) will be renamed as "Additional Authorized Duties for Certified Nursing Assistants." Based upon their organizational needs, employers may determine which, if any, authorized duties in this section will be performed by CNAs in their organizations. The employer is responsible for ensuring CNAs are taught and their competency validated before assigning any additional authorized duties. Any existing CNA2s in an organization are exempt from this requirement initially since they have graduated from a Board approved CNA2 education program that included education in these duties.

When the rules take effect on July 1, 2025, the following

duties are eligible to be added to an individual CNA's authorized duties. Duties on the "additional" list include:

**(a) Duties associated with infection prevention:**

- (A) Obtaining urine specimen from port of catheter;
- (B) Assisting with a chlorhexidine bath;
- (C) Clipping hair in preparation for surgical procedure;
- (D) Changing a wound VAC canister; and
- (E) Performing clean intermittent straight urinary catheterization for chronic condition.

**(b) Duties associated with ADL:**

- (A) Administering enemas;
- (B) Assisting with nutrition and hydration of infants and children:
  - (i) Assisting with breastfeeding by supporting and reinforcing instructions;
  - (ii) Assisting with human breast milk pumping;
  - (iii) Handling, storing, and transporting breast milk;
  - (iv) Preparing infant formula or breast milk for feeding; and
  - (v) Assisting with and feeding infants by bottle.
- (C) Assisting with established post pyloric, jejunostomy, and gastrostomy
  - (i) Adding fluid to tube feedings;
  - (ii) Changing feeding bags; and
  - (iii) Pausing and resuming tube feedings to provide personal care;
- (D) Discontinuing a urethral inserted catheter;
- (E) Applying moisture barrier cream or ointment to treat topical skin irritation or non-intact skin due to incontinence or excess moisture;
- (F) Established traction equipment: removing and re-applying; and
- (G) Applying and removing continuous passive motion (CPM) machine.

(c) Duties associated with technical skills:

- (A) Adjusting oxygen rate of flow;
- (B) Attaining transcutaneous bilirubin meter reading;
- (C) Discontinuing a saline lock;
- (D) Interrupting and re-establishing nasogastric (NG) suction;
- (E) Irrigating ears;
- (F) Measuring arm and leg circumference;
- (G) Measuring blood pressure with a Doppler;
- (H) Measuring and recording: blood pressure (lower leg, thigh);
- (I) Obtaining a throat swab specimen;
- (J) Performing fecal occult blood test;
- (K) Performing urine dipstick test;
- (L) Performing newborn critical congenital heart disease screening utilizing pulse oximetry;
- (M) Placing electrodes or leads and run electrocardiogram (EKG);
- (N) Placing electrodes or leads for telemetry;
- (O) Removing casts in non-emergent situations;
- (P) Scanning bladder;
- (Q) Scanning glucometer sensor.
- (R) Screening newborn hearing;
- (S) Setting up traction equipment; and
- (T) Suctioning nose or oral pharynx.

No action is needed if the employer decides not to add any duties from the above list.

There will not be any additional education requirements for the current CNA1s as the Board approved the NA curriculum policy (effective August 1, 2023) to be adequate without any supplemental education.

Effective July 1, 2025, all current CNA1s and CNA2s will automatically transition and display as a CNA in the Oregon State Board of Nursing License Verification Portal.

To ensure all three rule divisions regarding CNAs are aligned, RACs for Division 61 (Standards for NA/MA Education Programs) and Division 62 (Standards for NA/MA Certification) convened in July 2024. Proposed revisions to those divisions are tentatively scheduled to be presented at the September 19, 2024, Board meeting, followed by an administrative hearing and final approval by the Board in November 2024 or February 2025. The intent is that all three divisions will become effective July 1, 2025.

Interested parties are invited to learn more about the new rules during one of the virtual lunch-and-learn education events scheduled from noon to 1 pm on August 28 and October 2, 2024.

For more information on the journey to consolidation of the two CNA levels, see previous *Sentinel* articles:

- Part 1: OSBN Works to Remove Barriers for CNA

Applicants [Sentinel 2023 February.pdf \(oregon.gov\)](#)

- Part 2: OSBN Journey to Removing Barriers to Becoming a CNA in Oregon Continues [Sentinel 2024 February.pdf \(oregon.gov\)](#)
- Part 3: Removing Barriers to Becoming a CNA in Oregon: How Do I Apply for My CNA Certificate? [Sentinel 2024 May.pdf \(oregon.gov\)](#)

**Division 63 Rule Advisory Committee Members:**

- Amy Stokes, Professional Development Specialist, Salem Health
- Anne Hansen, Director-Nursing Professional Practice & Development, Asante
- Ashlee O'Meara, Reg Director, Nursing Prof Practice, Kaiser Permanente
- Carole Nice, Program Director/Primary Instructor, Dallas Retirement NA
- Carrie Norris, Talent Development Program Manager, Samaritan Health
- Danielle Meyer, Director of Public Policy, OAHHS
- Julie Bucher, Program Director/Primary Instructor, Caregiver Training Institute NA/CNA2/MA
- LaDonna Seeley, Program Manager, Rise Partnership and Program Director, Long Term CareWorks NA Program
- Lisa Rye, Program Director, Mt Hood Community College NA/CNA2 Programs
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- Lynn Barton, Primary Instructor, Oregon Coast CC NA
- Matt Swanson, Political Strategist, SEIU Oregon State Council
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# REVISED LPN/RN PRACTICE RULES NOW IN EFFECT



The Oregon State Board of Nursing adopted revised Oregon Administrative Rules (OAR) Chapter 851 Division 45 *Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse* during the June 13, 2024, board meeting. The adopted rules went into effect on July 1, 2024.

Commonly referred to as Division 45 of the Nurse Practice Act (NPA), these rules serve five important functions. The rules identify licensed practical nurse (LPN) scope in the practice of nursing; identify registered nurse (RN) scope in the practice of nursing; establish standards of nursing practice for all nurses; identify conduct derogatory to the practice of

nursing; and the responsibility of all nurses to report to the board any suspected violation of the NPA.

Changes made to the rules include grammatical fixes, the addition of new standards, and changes to the order in which rule content is listed. Most notable concerning the latter is placement of standards that apply to both the LPN and RN under a new rule number sequenced *after* LPN and RN scope of practice standards.

The following is a summary of Division 45 revisions effective July 1, 2024:

## Highlighted Changes

### 851-045-0030 Purpose of Standards and Scope of Practice

- Clarifies the applicability of the rules to the LPN, RN, and the advanced practice registered nurse (APRN).
- Clarifies that all *Standards Related to RN Scope in the Practice of Nursing* and *Standards of Practice for the LPN and the RN* apply to the APRN.

### 851-045-0050 Standards Related to LPN Scope in the Practice of Nursing

- Clarifies the clinically directed scope of practical nursing practice granted with LPN licensure.
- Identifies specific scope of practice limitations with LPN licensure.
- Previous LPN practice standards with applicability to both LPN and RN have been removed from this rule number and placed in (new rule number) 851-045-0065.

### 851-045-0060 Standards Related to RN Scope in the Practice of Nursing

- New standards identify RN responsibility to employ strategies that promote health and safety. These new standards incorporate previous standards on RN teaching and health promotion.
- Previous RN practice standards with applicability to both LPN and RN have been removed from this rule number and placed in (new rule number) 851-045-0065.
- Former RN practice standards on the RN employed by a public or private school, or by an education service district or a local public health authority have been removed from this rule number and placed in new rule number 851-045-0062.

### 851-045-0062 RN Who Is Employed by A Public or Private School, or By an Education Service District or A Local Public Health Authority.

- New rule number with a standard formerly located in 851-045-0060(12) consisting of Oregon Revised Statute (ORS) 678.038 language that permits RNs (employed as identified in the rule number title) to accept an order from a physician licensed in another state if the order is related to the care of a student who has been enrolled at the school for no more than 90 days.

### 851-045-0063 Standards Related to The RN Who Is Employed by or Contracted with A Long-Term Care Facility or In-Home Care Agency.

- New rule number and standard consisting of ORS 678.039 language that permits RNs (employed or contracted as identified in the rule number title) to execute a medical order from a physician licensed in another state under specific circumstances and for a period not to exceed 90 days.

### 851-045-0064 Standards Related to The RN Who Provides Nursing Services Through Their Own Business Structure

- New rule number containing RN standards on completion, maintenance and storage of client records applicable when an RN provides nursing services through their own business structure.

### 851-045-0065 Standards of Practice for the LPN and the RN

- New rule number that contains standards formally located under 851-045-0040, and a few standards previously located under 851-045-0050 and 851-045-0060.
- New standard identifying licensee responsibilities related to individual scope of practice. Note: See OAR 851-006-0090 for the definition of *individual scope of practice*.

### 851-045-0070 Conduct Derogatory to the Standards of Nursing Defined

- Clarifies conduct derogatory to the practice of nursing.
- 851-045-0090 Duty to Report Suspected Violations of the Nurse Practice Act per ORS 678.135
- Revised to reflect ORS 678.135 duty to report statutes.

A warm thank you is extended to the Division 45 Rules Advisory Committee membership, fellow Board staff, and members of the public who contributed their time and expertise to the Board's rule writing process.

All Oregon licensed nurses and interested parties are encouraged to read the revised Division 45 rules directly and in their entirety. The rules are accessible through the OSBN's Nurse Practice Act link at [www.oregon.gov/osbn](http://www.oregon.gov/osbn).

# BENEFITS OF SIMULATION IN NURSING EDUCATION



Nursing programs in Oregon are increasingly using simulation to supplement the clinical experiences of their students. Not only does this practice ease state-wide challenges in finding adequate clinical placements for students, but research suggests simulation is an effective replacement for up to 50% of the traditional clinical experience (Hayden et al., 2014). In this article, we will discuss what simulation is, how simulation benefits Oregon nursing students, and briefly review the Nurse Practice Act guidance on simulation.

## What is Simulation?

The National Council of State Boards of Nursing defines simulation as: “A technique, not a technology, to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully

interactive manner” (Gaba, 2004). Simulation commonly occurs in-person in a dedicated learning environment such as a “Sim lab”; however, with advances in technology, virtual simulation can also provide unique and robust learning experiences for students. Any setting can be replicated in simulation, making it a versatile tool for supporting learning in all courses across the nursing curriculum.

## Benefits for Students

The traditional clinical experience, while the historic norm for nursing education, does have its downfalls. Any two students in the same nursing program may have wildly different clinical experiences, even when placed in the same setting; simply based on patients, their needs and acuity, or overall flow of the shift. Simulation ensures that all students can experience

the same clinical events, skills, or challenges that their faculty deem essential (Billings & Halstead, 2016) Moreover, students have an active role at the center of the simulation, pushing them to take the lead and apply their critical thinking skills in the provision of care. Simulations are followed by faculty debrief, wherein students can explore their thinking and clinical judgement. If a student makes an error or endangers patient safety, there is space for immediate feedback and remediation.

In addition to having a dedicated experience in a specific clinical event, simulation can provide students the opportunity to hone essential nursing skills such as communication and collaboration with the patient and interdisciplinary team (Oermann et al., 2022). Topics such as leadership, health promotion, ethics, and inclusion can all be explored via simulation. Moreover, practicing complex scenarios in a safe and controlled environment can enhance student self-esteem, confidence, and learning.

### Simulation in Oregon

The Nurse Practice Act provides guidance on the incorporation of simulation in prelicensure nursing education curriculum. Nursing education programs may replace up to 49% of their direct care clinical hours with simulation. Programs that incorporate simulation must follow national simulation standards, ensure that simulation is adequately resourced, and that all faculty engaged in simulation are trained in the modality.

Ultimately, simulation is an innovative strategy to prepare future nurses. It is not a “lesser” learning experience for students, and in fact provides unique benefits over traditional clinical experiences. Simulation offers students and nursing programs a space to ensure that students are competent in the knowledge, skills, and abilities of nursing.

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# A GUIDE TO USING SOCIAL MEDIA



The use of social media and other electronic communication is expanding exponentially as the number of social media outlets, platforms and applications available continue to increase. Individuals use blogs, social networking sites, video sites, online chat rooms, and forums to communicate both personally and professionally with others. Social media is an exciting and valuable tool when used wisely. The very nature of this medium, however, can pose a risk as it offers instantaneous posting opportunities that allow little time for reflective thought and carries the added burden that what is posted on the Internet is discoverable by a court of law even when it is long deleted.

Nurses and nursing assistants are welcome to use social media in their personal lives. This may include having a Facebook page, a Twitter or Instagram feed, a Pinterest board, or blogging on various websites such as Tumblr or WordPress. Nurses and nursing assistants can positively use electronic media to share workplace experiences, particularly those events that are challenging or emotionally charged, but it is imperative not to mention patients by name or provide any information or details that could possibly identify them in order to protect patients' right to privacy.

## Social Media in the Workplace

Social media can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and health care professionals. Social media provides nurses and nursing assistants with a way to express their feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice are recognized as effective tools in nursing practice, and the Internet provides an alternative media for nurses and nursing assistants to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the nurse or nursing assistant disclosing too much information, and violating patient privacy and confidentiality.

Health care organizations that utilize electronic and social media typically have policies governing employee use of such media in the workplace. Components of these policies often address personal use of employer computers and equipment, personal computing during work hours, and the types of websites that can be accessed from employer computers. Health care organizations also maintain careful control of websites maintained by or associated with the organization, limiting what may be posted to the site and by whom.

The employer's policies, however, typically do not address the use of social media to discuss workplace issues outside of work on home computers, personally owned phones and other hand-held electronic devices. It is in this context that the nurse or nursing assistant may face potentially serious consequences for the inappropriate use of social media.

◀ *Jamie has been working in hospice care for the last six years and one of her patients, Maria, maintained a hospital-sponsored communication page to keep friends and family updated on her battle with cancer. One day, Maria posted about her depression. As her nurse, Jamie wanted to provide support, so she posted, "I know the last week has been difficult. Hopefully the new happy pill will help, along with the increased dose of morphine. I will see you on Wednesday." The site automatically listed the user's name with each comment. The next day, Jamie was shopping at the local grocery store when a friend stopped her to ask about Maria's condition. "I saw your post yesterday. I didn't know you were taking care of Maria," the friend said. "I hope that new medication helps with her pain."*

This is an example of a violation of confidentiality through social media. While Jamie had Maria's best intentions at heart by trying to offer her words of support, she inadvertently disclosed information about a patient on a social media site. Everyone who read that post now knows about Maria's medication and increase in morphine, violating her right to

privacy and confidentiality. Instances of inappropriate use of electronic media by nurses and nursing assistants such as this have been reported to boards of nursing (BONs) and, in some cases, reported in nursing literature and to the media.

### Confidentiality and Privacy

To understand the limits of appropriate use of social media, it is important to have an understanding of confidentiality and privacy in the health care context. Confidentiality and privacy are related, but distinct concepts:

- Nurses or nursing assistants must safeguard any patient information learned by the nurse or nursing assistant during the course of treatment.
- Such information may only be disclosed to other members of the health care team for the purpose of providing care for the patient.
- Confidential information should be shared only with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions, a nurse or nursing assistant is obligated to safeguard confidential information.

◀ *As a licensed practical nurse for more than 20 years, Bob knew the importance of safeguarding a patient's privacy and confidentiality. One day, he used his personal cell phone to take photos of Claire, a resident in the group home where he worked. Bob received permission from Claire's brother to take the photo since she was unable to give consent due to her mental and physical condition. That evening, Bob ran into William, a former employee of the group home. While catching up, he showed William the photo of Claire and discussed her condition with him. The administrator of the group home later learned of Bob's actions and terminated his employment for breach of confidentiality.*

Bob thought it was okay for him to take Claire's photo because he had the consent of a family member. He also thought it was acceptable for him to discuss Claire's condition because William previously worked with Claire. So why was this behavior wrong? Because, first, merely asking Claire's brother for permission is not obtaining a valid consent. Second, confidential information should not be disclosed to persons no longer involved in the care of a patient. Even though Bob made an honest mistake, confidentiality rules must be strictly enforced to protect a patient's right to privacy.

Privacy relates to the patient's expectation and right to be treated with dignity and respect. Effective nurse/patient relationships are built on trust. Patients need to be confident that their most personal information and their basic dignity will be protected by the nurse or nursing assistant. Patients

continued on page 20 >>

will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate “need to know.” Any breach of this trust, even inadvertent, damages the nurse/patient relationship and the general trustworthiness of the profession of nursing.

Federal law reinforces and further defines privacy through the Health Insurance Portability and Accountability Act (HIPAA).



HIPAA regulations are intended to protect patient privacy and confidentiality by defining individually identifiable information and establishing how this information may be used, by whom, and under what circumstances. The definition of individually identifiable information includes any information that relates to the past, present or future physical or mental health of an individual, or provides enough information that leads someone to believe the information could be used to identify an individual.

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses and nursing assistants may breach confidentiality or privacy with information they post via social media sites. Examples may include comments in which patients are described with enough sufficient detail to be identified, referring to patients in a degrading or demeaning manner, or posting videos or photos of patients.

◀ *Emily, a 20-year-old junior nursing student, wasn't aware of the potential repercussions that could occur when she took a photo of Tommy, a 3-year-old leukemia patient in a pediatric unit, on her personal cell phone. When Tommy's mom went to the cafeteria, Emily asked him if she could take his picture, which Tommy immediately consented to. Emily took his picture as she wheeled him into his room. She posted Tommy's photo on her Facebook page with this caption: "This is my 3-year-old leukemia patient who is bravely receiving chemotherapy! He is the reason I am so proud to be a nurse!" In the photo, Room 324 of the pediatric unit was visible. Days later, the dean of the nursing program called Emily into her office. A nurse from the hospital found the photo Emily posted on Facebook and reported it to hospital officials who also contacted Emily's nursing program.*

While Emily never intended to breach the patient's confidentiality, the hospital faced a HIPAA violation. From Emily's post, people were able to identify Tommy as a cancer patient and the hospital where he was receiving treatment. School officials expelled Emily from the nursing program for breaching patient confidentiality and HIPAA violations. The nursing program was also barred from using the pediatric unit for their students. Emily's innocent, yet inappropriate action of posting a patient's photo had repercussions for her, the nursing program, and the hospital.

But what if Emily removed the photo hours later? If it's taken down, no harm, no foul, right? No. Anything that exists on a server is there forever and could be retrieved later, even after deletion; therefore, it would still be discoverable in a court of law. Further, someone could have taken a screen shot of her Facebook page and posted it on a public website. Patient information and photos should never be posted on social media websites. Even after being deleted, the photo is still on a server and possibly posted somewhere else on the Internet.

## Potential Consequences

As we've seen with Jamie, Bob and Emily, potential consequences for inappropriate use of social and electronic media by health professionals vary. Consequences depend, in part, on the particular nature of the nurse or nursing assistant's conduct. Instances of inappropriate use of social and electronic media may be reported to the BON. Laws outlining the basis for disciplinary action by a BON vary between jurisdictions. Depending on the laws of a jurisdiction, a BON may investigate reports of inappropriate disclosures on social media sites by a nurse/nursing assistant on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Mismanagement of patient records;
- Revealing a privileged communication; and
- Breach of confidentiality.

If the allegations are found to be true, the nurse or nursing assistant may face disciplinary action by the BON, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure.

Improper use of social media by nurses or nursing assistants may violate state and federal laws established to protect patient privacy and confidentiality. Such violations may result in both civil and criminal penalties, including fines and possible jail time. A nurse or nursing assistant may face personal liability and be individually sued for defamation, invasion of privacy or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation.

If the nurse or nursing assistant's conduct violates the policies of the employer, the nurse/nursing assistant may face employment consequences, including termination. Additionally, the actions of the nurse/nursing assistant may damage the reputation of the health care organization, or subject the organization to a lawsuit or regulatory consequences.

*continued on page 22 >>*



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## Social Media's Impact on Patient Safety and Care

Another concern arising from social media misuse is its effect on team-based patient care. Online comments by a nurse or nursing assistant regarding co-workers, even if posted from home during nonwork hours, may constitute lateral violence. Lateral violence includes disruptive behaviors of intimidation and bullying, which may be perpetuated in person or via the Internet. This is sometimes referred to as “cyber bullying.” Such activity is a cause for concern for current and future employers, and regulators because they negatively affect team-based care, thus creating patient-safety ramifications. The line between speech protected by labor laws, the First Amendment, and the ability of an employer to impose expectations on employees outside of work is still being determined.

Nonetheless, negative comments can be detrimental to a cohesive health care delivery team and may result in sanctions against the nurse or nursing assistant.

## Common Myths and Misunderstandings of Social Media

While instances of intentional or malicious misuse of social media have occurred, in most cases, inappropriate disclosure is unintentional. A number of factors may contribute to a nurse or nursing assistant inadvertently violating patient privacy and confidentiality while using social media, including:

- A mistaken belief that the communication or post is private and accessible only to the intended recipient. The nurse/nursing assistant may fail to recognize that content once posted or sent can be disseminated to others.
- A mistaken belief that content deleted from a site is no longer accessible. The moment something is posted, it lives on a server that can always be discoverable in a court of law.
- A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.
- A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. This too is a breach of confidentiality and demonstrates disrespect for patient privacy.
- Confusion between a patient's right to disclose personal information about himself or herself (or a health care organization's right to disclose otherwise protected information with a patient's consent) and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.

The ease of posting and the commonplace nature of sharing

information via social media may appear to blur the line between one's personal and professional lives. The quick, easy, and efficient technology enabling use of social media reduces not only the time it takes to post, but also the time to consider whether the post is appropriate and what ramifications may come from posting inappropriate content.

## How to Avoid Disclosing Confidential Patient Information

With awareness and caution, nurses and nursing assistants can avoid inadvertently disclosing confidential or private information about patients. The following guidelines are intended to minimize the risks of using social media:

- Nurses/nursing assistants must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Nurses/nursing assistants are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, they are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Nurses/nursing assistants must not share, post or otherwise disseminate any information or images about a patient or information gained in the nurse/patient relationship with anyone unless there is a patient-care-related need to disclose the information or other legal obligations to do so.
- Nurses/nursing assistants must not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Nurses/nursing assistants must not refer to patients in a disparaging manner, even if the patient is not identified.
- Nurses/nursing assistants must not take photos or videos of patients on personal devices, including cell phones. Nurses/nursing assistants should follow employer policies for taking photographs or videos of patients for treatment or other legitimate purposes using employer-provided devices.
- Nurses/nursing assistants must maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse/nursing assistant has an obligation to establish, communicate, and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse or nursing assistant does not permit them to engage in a personal relationship

with the patient. (Consult the NCSBN's brochure entitled, A Nurse's Guide to Professional Boundaries, for more information on this issue.) Nurses and nursing assistants must consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.

- Nurses/nursing assistants must promptly report any identified breach of confidentiality or privacy.
- Nurses/nursing assistants must be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices, and use of personal devices in the workplace.
- Nurses/nursing assistants must not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic, or other offensive comments.
- Nurses/nursing assistants must not post content or otherwise speak on behalf of the employer unless authorized to do so and must follow all applicable policies of the employer.

## Conclusion

Social and electronic media have tremendous potential for strengthening personal relationships and providing valuable information to health care consumers, as well as affording nurses and nursing assistants a valuable opportunity to interface with colleagues from around the world. Nurses/nursing assistants need to be aware of the potential consequences of disclosing patient-related information via social media, and mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. By being careful and conscientious, nurses and nursing assistants may enjoy the personal and professional benefits of social and electronic media without violating patient privacy and confidentiality.

To order copies of the NCSBN's brochure on social media entitled, "A Nurse's Guide to the Use of Social Media," visit the NCSBN webpage: [https://www.ncsbn.org/public-files/NCSBN\\_SocialMedia.pdf](https://www.ncsbn.org/public-files/NCSBN_SocialMedia.pdf)



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# HIGHLIGHTS FROM THE JUNE 2024 BOARD MEETINGS

## Rules Adopted

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

- Permanent rules for Division 62 (CNA Certification): Technical changes to comply with the passage of HB 227 in 2023.
- Permanent rules for Division 63 (CNA/CMA Authorized Duties): Consolidating the CNA 1 and 2 levels into one CNA certification (not effective until July 1, 2025). *Please see article on pages 12.*
- Permanent rules for Division 45 (Division 45 Standards and Scope of Practice for the LPN and RN): *See article on page 14.*
- Permanent rules for Division 51 ([Standards for Approval of Education Programs Preparing Nurses for Advanced Practice](#)): Repealed OAR 851-51-0060 to remove the requirements for board staff to verify and validate petitions related to students, faculty, preceptors, and clinical placements.
- Temporary rules for Division 21 (Standards for Approval of LPN and RN Educational Programs): Rules change OAR 851-021-0045 to allow programs to request an exception for a program's nurse administrator and avoid potential interruptions to the education of nursing students.

## Nursing Education

The Treasure Valley Community College preliminary application for a practical nurse program and the Tillamook Bay Community College request for a second cohort were both approved in June. Portland Community College's request to increase enrollment was also approved.

## Administration

The board approved the new OSBN Strategic and Diversity, Equity, Inclusion, and Accessibility plans. Both plans will be available on the OSBN website. The board also directed Executive Director Prusak to pursue re-entry into the state's recognized alternative to discipline program for health licensing boards (the Health Professionals' Services Program) in the interest of public protection.

*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](http://www.oregon.gov/OSBN/meetings).*



## Keep Up-to-Date: Sign Up for the OSBN List-Serv

Subscribing to the Board of Nursing free public mailing list-serv is a quick and convenient way to keep abreast of the latest information on nursing scope-of-practice issues, administrative rule changes, updates from Executive Director Rachel Prusak, upcoming Board meetings and presentations, and more!

Sign up at the link on the OSBN website (located at the bottom of the homepage): <https://omls.oregon.gov/mailman/listinfo/osbn-listserv>.

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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

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](http://www.oregon.gov/osbn/Pages/board-meetings) for agendas, materials, and logistical details.*

## Thinking About Being a Board Member?

The Board Members that make up the Oregon State Board of Nursing make significant decisions on education, discipline, licensing, and policy. As a member of the Oregon State Board of Nursing, you will be part of a dedicated team that meets virtually for seven months and five times yearly for 2-day in-person meetings. This commitment is a testament to the critical nature of the board's work. If you are passionate about the nursing profession and regulatory excellence, we encourage you to explore the OSBN website and apply through the governor's site. The members in the LPN and CNA seats will term off this year; therefore, those seats will need new members.

Click here to apply for governor-appointed boards:

[Governor of Oregon: Boards & Commissions : State of Oregon](http://governor.oregon.gov/boards-commissions)

## Nurses!

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It's free and easy. Go to the OSBN website ([oregon.gov/osbn](http://oregon.gov/osbn)) and click on CNA Subscription Service.



# DISCIPLINARY ACTIONS

Actions taken in April, May, and June 2024. Public documents for all disciplinary actions listed below are available on the OSBN website at [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN) (click on 'License Verification').

Name	License Number	Discipline	Board Vote	Violations
Aaryo Bakhtiar	201404127RN/ 202000790CRNA	Voluntary Surrender	5/15/24	Violating the terms and conditions of a Board Order.
Sue A. Bassett	084056724RN/ 084056724N6		4-17-24	Failing to provide documents to the Board as requested and failing to conform to the essential standards of acceptable nursing practice.
Geanna M. Berrier	200942111RN	Reprimand	4-17-24	Falsifying data and documenting nursing practice that didn't occur.
Nicole R. Campos	10015218	Suspension	6/12/24	90-day suspension. Failing to answer questions truthfully and failing to cooperate with the Board during an investigation.
Shannon Chambers	202008369RN	Voluntary Surrender	6/12/24	Practicing nursing while unable due to a mental impairment.
Elizabeth N. Crum	201911197LPN	Reprimand	5/15/24	Falsifying data and documenting nursing practice that didn't occur.
Bonnie J. Davis	10003062	Civil Penalty	4-17-24	\$200 Civil Penalty. Practicing nursing without a current Oregon license.
Mary E. Douglass Groot	200542185RN	Suspension	6/12/24	180-day suspension. Failing to provide documents requested by the Board and failing to cooperate with the Board during an investigation.
Bobbie M. Felton	200942261RN	Probation	4-17-24	12-month probation. Violating the terms and conditions of a previous Board Order.
Andre M. Fine	202210339CNA	Suspension	4-17-24	30-day suspension. Documenting the provision of services that were not provided and entering inaccurate documentation into a client record.
Phil L. Hoover	202207035RN	Voluntary Surrender	4-17-24	Demonstrated incidents of intimidating behavior and failing to conform to the essential standards of acceptable nursing practice.
Tony D. Klein	201040837RN	Revocation	4-17-24	Convicted of crimes with a demonstrable relationship to the practice of nursing.
Anna C. Long	200750076NP	Reprimand	5/15/24	Reprimand with conditions. Failing to maintain professional boundaries with a client and failing to conform to the essential standards of acceptable nursing practice.
Ashley K. Miller	201504813RN	Voluntary Surrender	6/12/24	Violating the terms and conditions of a Board Order.
Molly M. Morgan	202204747RN	Suspension	4-17-24	30-day suspension. Failing to disclose discipline in Montana on a renewal application.
Tandy R. Sholes	201211857CNA	Voluntary Surrender	5/15/24	Willful misrepresentation in applying for renewal of a certificate.
Olga P. Tsytyna	202010410NP-PP	Reprimand	6/12/24	Practicing beyond her authorized scope of practice.

## 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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## Thomas M. Cooney Attorney

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## Amber Zupancic-Albin JD, BSN, RN

Attorney at Law  
Licensed in Oregon  
and Washington

- Nursing License Investigation Representation
- Healthcare Entity/Clinic Formation
- Advice Regarding Healthcare Laws & Regulations



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: Why is there a law that prohibits an Oregon resident who is traveling outside of Oregon to get help from an advice nurse?**

**Answer:** There is no law in Oregon's Nurse Practice Act (NPA) that prohibits an Oregon licensed nurse from providing advice to an out-of-state client. The Board holds no legal authority to make such a law.

Two important things to know: First, nursing practice privileges granted with Oregon nursing licensure stop at Oregon's border. Second, the Board holds no legal jurisdiction over nursing practice that occurs outside of Oregon.

So, what does this mean? Each state has its own jurisdiction; therefore, it depends on where the client is physically located as to which laws are applicable. This is because the legal regulation in the practice of nursing is based on the location of the person at the time of their interaction with the nurse. For example, when an Oregon resident vacations in the state of Idaho and receives nursing services inside of Idaho's borders, it is the Idaho Board of Nursing that holds legal jurisdiction over the practice of nursing with that person.

An individual nurse can choose to be licensed in one or more states. Whether or not a health system, insurer, or nurse employer chooses to secure out-of-state nursing licenses for their nurse employees would be a business decision on their part.

**Question: I am interested in teaching in an RN program. Does the board have any requirements I need to be aware of?**

**Answer:** Yes! The Nurse Practice Act establishes the qualifications for nurse educators and nurse educator associates.

A fully qualified nurse educator needs a master's degree in nursing, or a bachelor's degree in nursing and master's or doctorate degree in another related field. Additionally, the nurse educator needs three years of fulltime RN patient care experience and needs to be able to document competency in teaching (whether through their educational preparation, experience, or continuing education).

The nurse educator associate position is designed for those newer to education, without documented competency in teaching; educator associates are able to work in collaboration with a nurse educator. The nurse educator associate position requires a bachelor's degree in nursing and two years fulltime RN experience. Nursing programs and academic institutions may have their own additional requirements for any faculty position.

**Question: Does the 120-day grace period to become certified as a CNA apply to CNA applicants from other states?**

**Answer:** No, it does not apply to CNAs who are licensed in another state and are applying for endorsement into Oregon. Pursuant to federal regulation 42 CFR 483.35(e), a four-month grace period only applies to nursing facilities hiring individuals as nurse aides meeting certain requirements. This federal language was removed from Oregon Administrative Rule Chapter 851 Division 62 because this is being monitored and tracked by the Oregon Department of Human Services. Additionally, the nursing assistant referenced in the federal rule is not yet certified; therefore, the Board has no jurisdiction.



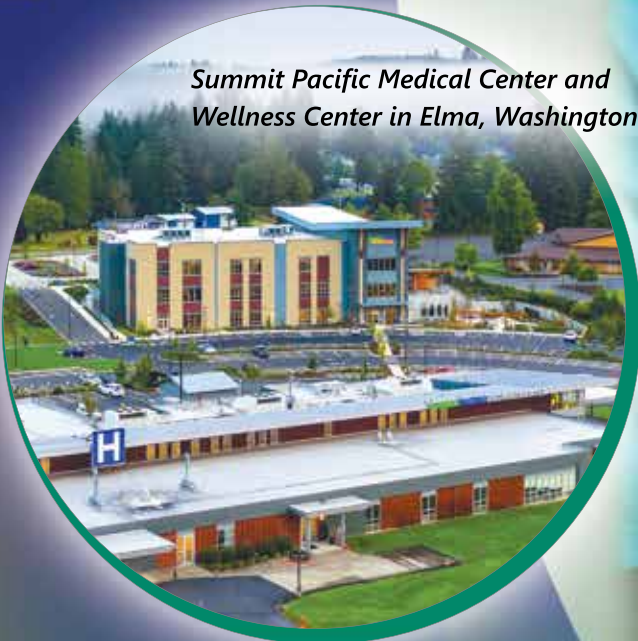
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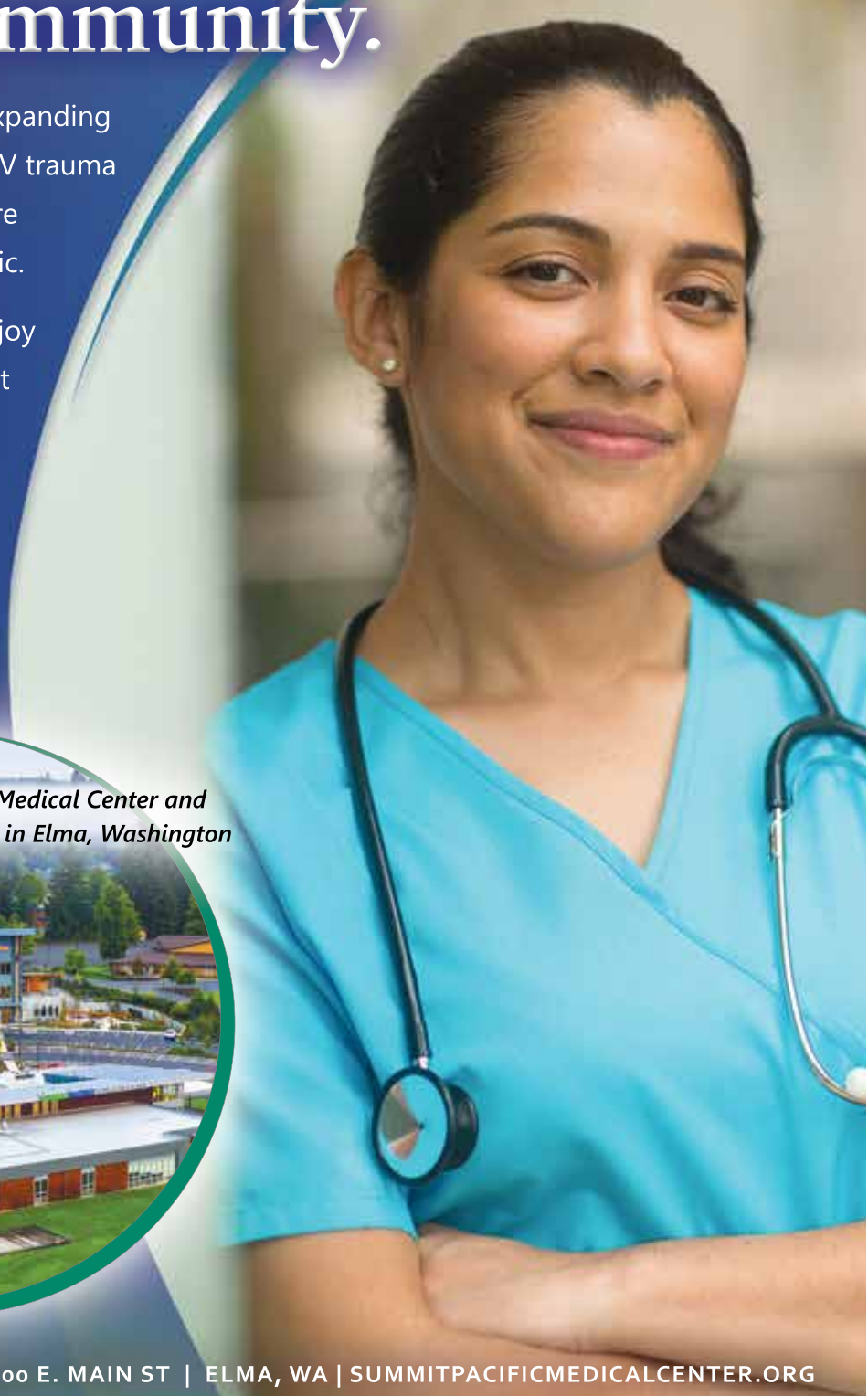
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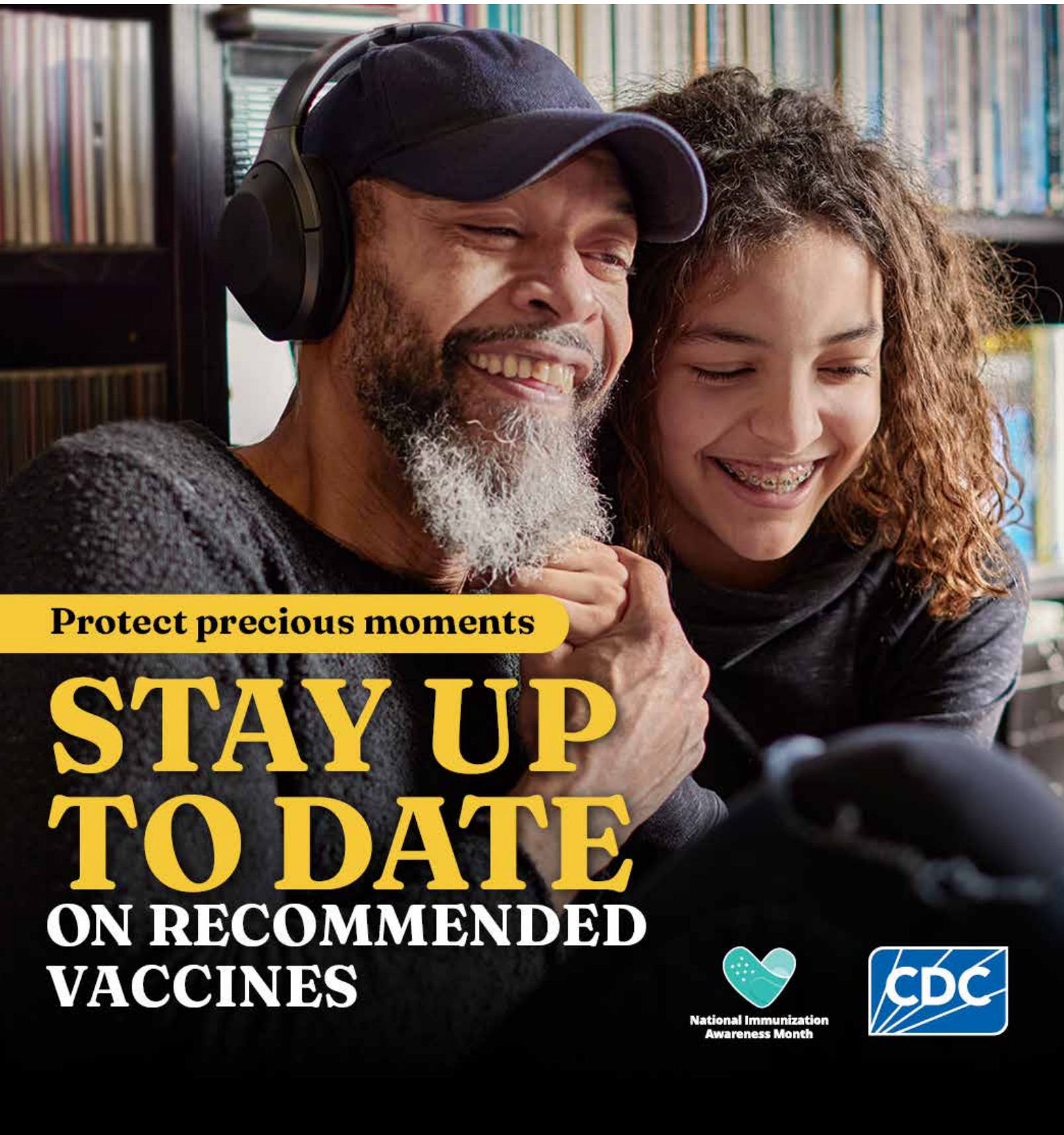
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