



NCSBN

WELCOMES

YOU TO THE NURSING PROFESSION



Mission Statement

The National Council of State Boards of Nursing (NCSBN®) provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

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WELCOME TO THE NURSING PROFESSION

Congratulations on your new nursing license. NCSBN welcomes you to the nursing profession and offers you this booklet of resources and information.

A companion piece to our popular video, “New Nurses: Your License to Practice,” this booklet can help you to understand nursing regulation and your board of nursing (BON), and provides links and suggestions that will assist you as you begin your career.

Nursing is a dynamic profession that will offer you many opportunities in the future. You know that you have entered a respected and honored profession but did you know that the nursing profession has consistently been rated by a national Gallup poll as number one in honesty and ethical standards? In 2017, 82 percent of the respondents rated nurses as “very high” or “high” for honesty and ethical standards, while the next closest profession was military officers with 71 percent of the respondents rating them as “very high” or “high.” As a nurse, you should be quite proud, while also acknowledging you have quite an esteemed reputation to uphold!





**NCSBN Welcomes New Graduates
to the Nursing Profession**



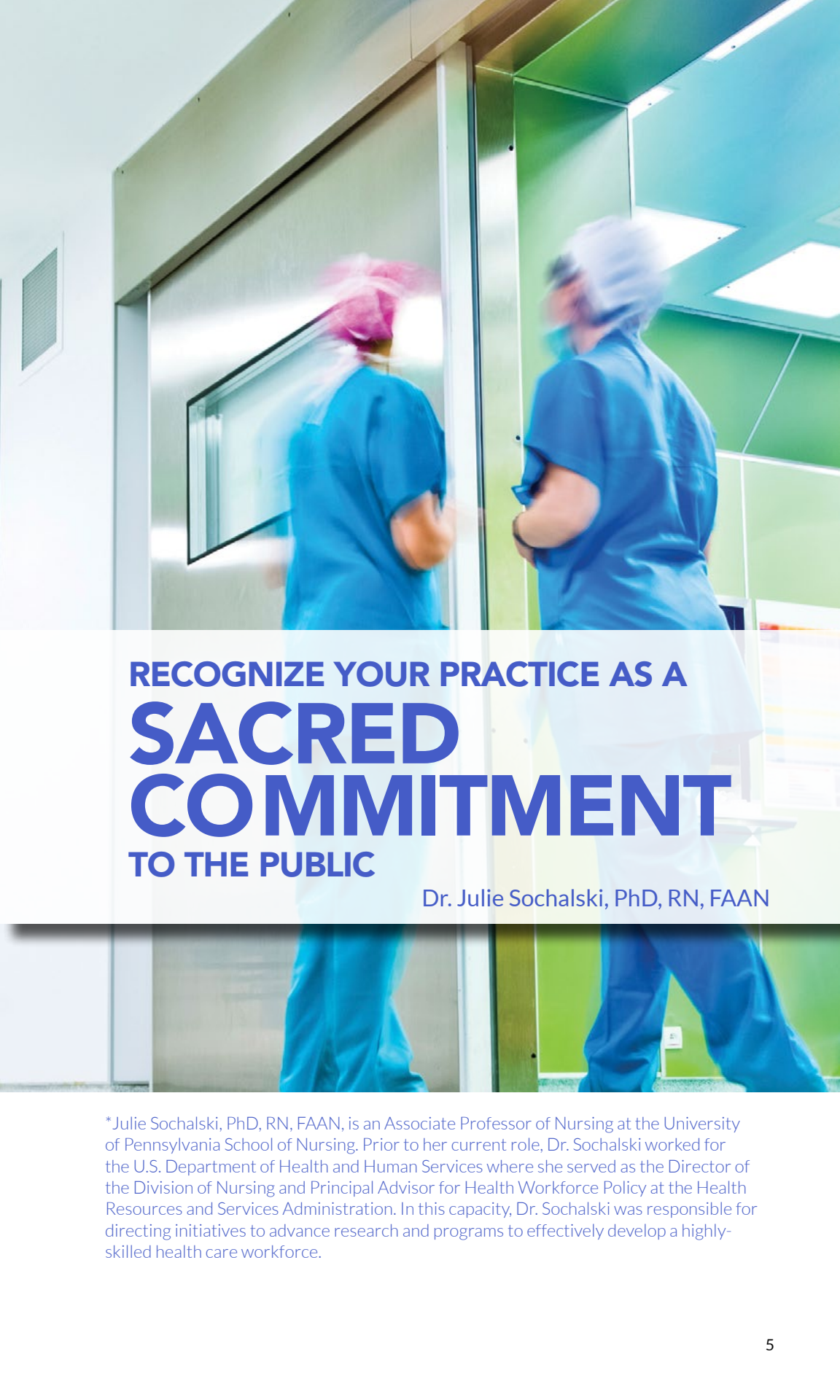
HOME

YOUR LICENSE TO PRACTICE NURSING

Your education has provided you with the tools you'll need to practice safely and competently and has now brought you to the point of being newly licensed. As with other health professions, nursing is regulated by law to ensure safe practice. One of nursing's most respected nurse leaders, [Dr. Julie Sochalski, PhD, RN, FAAN*](#), eloquently explains why your license is so important:

You do not become a registered nurse because you pass the NCLEX®. Yes, you need to pass it, but that's because a recognized authority, the state board, has been empowered to determine the qualifications for you to sit for licensure as a registered nurse. Your opportunity to become licensed as a registered nurse is something that has been granted by the public. It is, in fact, an agreement with the public. The public has deemed that the practice of nursing is something of such value, something of such significance, something that embodies such expert knowledge, something where they engage with you in their most vulnerable state, that they have decided to establish an agreement with you, your license, that allows you to minister your best to them. It is not something to take lightly, but rather something that calls you to recognize your practice as a sacred commitment to the public.





RECOGNIZE YOUR PRACTICE AS A **SACRED COMMITMENT** TO THE PUBLIC

Dr. Julie Sochalski, PhD, RN, FAAN

*Julie Sochalski, PhD, RN, FAAN, is an Associate Professor of Nursing at the University of Pennsylvania School of Nursing. Prior to her current role, Dr. Sochalski worked for the U.S. Department of Health and Human Services where she served as the Director of the Division of Nursing and Principal Advisor for Health Workforce Policy at the Health Resources and Services Administration. In this capacity, Dr. Sochalski was responsible for directing initiatives to advance research and programs to effectively develop a highly-skilled health care workforce.



You're going to be there
when a lot of people are *BORN*,
and when a lot of people *DIE*.
In most every culture, such moments are
regarded as *SACRED* and *PRIVATE*,
made special by a divine presence.

No one on Earth would be welcomed,
but you're personally invited.

What an *HONOR* that is.

Thom Dick
Author, *People Care and Street Talk*



If you think about Dr. Sochalski's statement, you will realize why nursing is regulated. Patients and families are in their most vulnerable states when they rely on your expert nursing care. Now you can see how very important your license is. Take your license to practice nursing very seriously throughout your career.

Licensure does have its responsibilities. In most states now you will need to have a criminal background check done before you can receive your first license. You must renew your license periodically, depending on the laws, or the nurse practice act (NPA), in your state. On www.ncsbn.org/npa.htm, you can access your state's NPA, and the administrative rules that clarify the law and make it more specific, and learn about renewal requirements in your state. For example, in many states you will need a certain number of continuing education hours before you can renew your license.



**FAMILIES . . . ARE IN THEIR MOST
VULNERABLE STATES
WHEN THEY RELY ON YOUR
EXPERT NURSING CARE**

In most states, your license will be renewed every two years, while in others it is every year or some other interval selected by the state. You will need to pay a licensure fee to renew your license. Again the renewal amount will

**Did you know that
in some states
you might have to
retake the NCLEX
if you do not renew
your license?**

vary among the states, though the most common licensure fee is in the range of \$51–\$100. There are consequences for not renewing your license in a timely manner. These consequences can range from fines to having to retake the NCLEX®. Keep your physical and/or email address current at your board of nursing (BON) so that you will be notified of licensure renewal — and renew your license as soon as you are notified so that you don't forget.

What if you practice in several states? Will you need to have a license in every state where you practice? According to every NPA, nurses need to be licensed to practice nursing in the state where their patients are located. Therefore, if you practice in three states, you would need a license in all three states and you'd need to know the NPA of each of those states as well. However, there is one important exception to needing a



separate license to practice in every state where the patient is located. If your state is a member of the Nurse Licensure Compact (NLC), you would be licensed in your state of residency, and then you could have a privilege

to practice in all other NLC states. For example, if you practice in your home state and across the border in three other NLC states, you would still only need one license, obtained in your state of residence. You would, however, have to know the NPA in all three states, as well as in your home state.

Find out more about the NLC and learn about the current initiative to expand the number of states participating in multistate licensure at www.ncsbn.org/enlc.



Protecting your license from potential fraud or identity theft should be a priority for you and one of the best ways to safeguard your license is to enroll in NCSBN's Nursys e-Notify®. Powered by the U.S. boards of nursing (BONs), Nursys e-Notify is the only national database for licensure verification of registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs).

Quick, easy, secure and free, your enrollment takes just a few minutes and you can then receive licensure status updates including multistate and single-state changes within the NLC. You can track licensure verifications for endorsement and manage multiple licensure verifications. Keeping on top of your license status can help you prevent fraudulent licenses or certificates being issued in your name.

Learn more about Nursys e-Notify by viewing an introductory video at www.nursys.com/enotify-video or by visiting www.nursys.com. For questions, contact nursysenotify@ncsbn.org.

Enroll at www.nursys.com/e-notify and select "As a Nurse" to complete the registration process.

BOARDS OF NURSING (BONs)

According to the 10th Amendment, the legal authority to practice nursing comes from each state or territorial government. More than 100 years ago, BONs were established to protect the public's health and welfare. While there is a variation in BONs across the U.S., generally each BON has hired staff and a voluntary board that is appointed by the governor. Read your NPA to find out how your BON is structured. There are many functions of the BON, but the most important include granting and renewing licenses, writing administrative rules and policies, disciplining unsafe nurses, approving nursing programs and developing practice standards. BONs often have open meetings and you are encouraged to attend these to learn more about your BON. Consider becoming a board member in your state as you become more seasoned in your profession.

We previously referred to the NPAs and the administrative rules. While the NPA varies from state to state, there are three basic components of each:

1. Standards and scope of nursing practice
2. Requirements for licensure
3. Grounds for disciplinary action

Be sure to read your NPA rules and become familiar with them. New nurses often wonder about what constitutes a violation of the NPA. The BON will review each complaint thoroughly and is required by law to give the nurse a chance to respond. Included in this booklet are a few examples of actual cases that BONs have reviewed. Names and specific details have been altered to maintain privacy. Access your NPA at www.ncsbn.org/npa.htm.





THE BEST WAY
TO FIND YOURSELF
IS TO



LOSE YOURSELF
IN THE
SERVICE OF OTHERS

Mahatma Gandhi

SUBSTANCE USE DISORDER

Probably the most common complaint seen at BONs relates to substance use disorder. Addicting substances, alcohol, prescription or illegal drugs, pose a serious risk to patient care. The behavior that results has far-reaching and negative effects, not only on the nurses themselves but also on those who depend on the nurse for safe, competent care. Substance use disorder among health care providers also creates significant legal and ethical responsibilities for colleagues who work with these individuals. All nurses should be aware of the behavioral changes that can result from substance use disorder as they have a professional and ethical responsibility to report a colleague's suspected drug use to their nurse manager or supervisor, and in some states or jurisdictions, to the BON. It is also important that nurses are honest about their substance use disorder if asked about it on a renewal application, and this includes any conviction for driving under the influence (DUI or DWI). Even though a DUI occurs outside the workplace setting, it is a criminal conviction and must be reported to the BON.

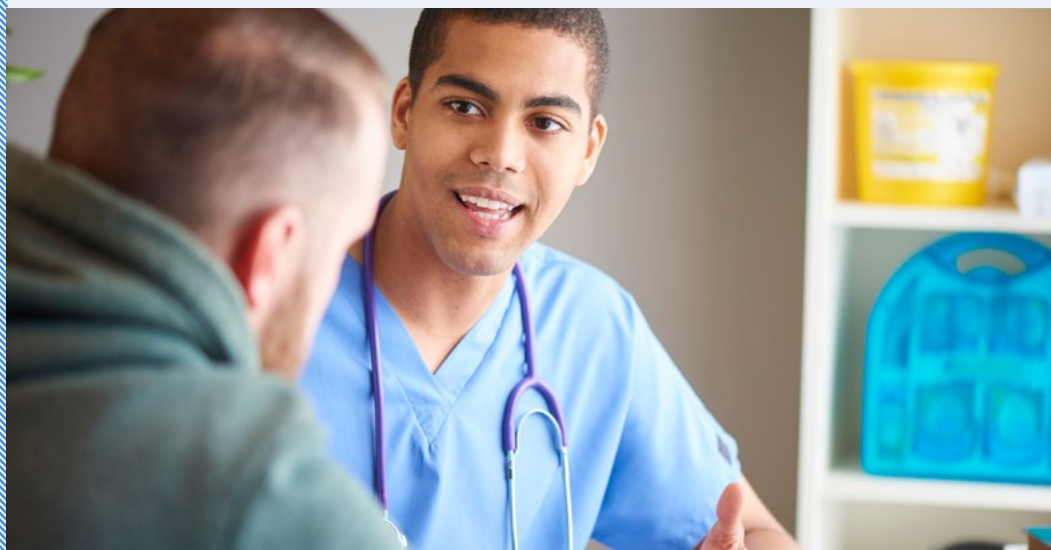
NCSBN offers the e-learning online "Understanding Substance Use Disorder in Nursing" and "Nurse Manager Guidelines for Substance Use Disorder" courses free of charge. CE contact hours are awarded upon successful completion of the courses.

Register for the course at learningext.com. NCSBN also has brochures for nurses and nurse managers on substance use disorder, which can be found at www.ncsbn.org/substance-use-in-nursing.htm.

Substance Use Disorder Case Study

William, a newly licensed RN, recently attended an in-service on substance use disorder (SUD) conducted by the nurse manager on his unit. After completing the training, he has started to wonder about one of his colleagues. Though cheerful and reliable when William started on the floor six months ago, Karen has been acting different lately. She is often short-tempered and forgetful, yet she seems to pay extra attention to patients who have been ordered pain medication. William first thought he wasn't experienced enough to make judgments about the behaviors of fellow nurses, but after the in-service, he realizes that Karen's actions fit many of the criteria in the SUD presentation. He knows that speaking up is the right thing to do and talks to the nurse manager about what he has observed. The nurse manager completes an audit of the unit's medication records. During her investigation of the medication records for Karen's patients, the nurse manager discovers numerous discrepancies and falsified medication reports. Per hospital policy, she notifies her supervisor and appropriate hospital staff. Karen is removed from practice to receive treatment and a report is made to the board of nursing.

Nursing Takeaway: Keeping abreast of topics surrounding nursing practice offered by employers as well as those sought out by the nurse outside of the work environment are an important component of lifelong learning and part of the responsibility of nursing practice. Nurses, regardless of whether they are a new grad or have years of experience, have a professional and ethical responsibility to report a colleague's suspected substance use to a nurse manager or supervisor, and in some states or jurisdictions, to the board of nursing.





PROFESSIONAL BOUNDARIES AND SOCIAL MEDIA

Other common complaints to BONs relate to boundary issues and inappropriate use of social media. When maintaining appropriate boundaries with patients, the nurse must be aware of either being too involved with the patient, or being under-involved. Most boundary violations occur when the nurse is overinvolved and cannot maintain a therapeutic relationship with the patient. For example, the nurse should avoid situations where he or she has a personal, professional or business relationship with the patient whenever possible. While this may not be possible in small communities, the nurse must maintain a professional relationship and always be cognizant of the possibility of boundary violations. Similarly, the nurse should be careful about personal relationships with patients who might continue to need nursing services (such as those with mental health issues or oncology patients).

The following are some **warning** signs of possible boundary violations that you should be aware of:

- 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;
- Showing favoritism for a particular patient; and
- Meeting a patient in settings other than those used to provide direct patient care or when you are not at work.

Professional Boundaries Case Study

Lisa is a community health nurse who has frequent home visits with Mrs. Greene, a diabetic, dealing with complications arising from her disease. During a visit, Lisa received a personal call that appeared to upset her. When she hung up, Mrs. Greene asked her what was wrong and Lisa said that her mortgage payment was overdue and she didn't know whether she could make the payment. Mrs. Greene offered to lend her money. At first Lisa refused, but eventually accepted the check.

Mrs. Greene's son found out and reported Lisa to the BON. After a thorough investigation, Lisa attended a hearing and was sanctioned for violating the NPA. She was sent a letter of reprimand and directed to take a course on boundary violations.

Principles Violated: Actions that overstep established boundaries to meet the needs of the nurse are boundary violations.

Nursing Takeaway: Nurses should avoid situations where they have a personal, professional or business relationship with the patient.



SOCIAL MEDIA

Social media is an exciting and valuable tool when used wisely. However, the inappropriate use of social media can violate patients' privacy and confidentiality, and violations are often reported to the BON. The very nature of this medium 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 after it has been deleted.

The following are some guidelines for using social media appropriately:

- Nurses have an ethical and legal obligation to maintain patient privacy and confidentiality at all times;
- Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses 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 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 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 must not refer to patients in a disparaging manner, even if the patient is not identified;
- Nurses must not take photos or videos of patients on personal devices, including cell phones. Nurses should follow employer policies for taking photographs or videos of patients for treatment or other legitimate purposes using employer-provided devices;
- Nurses must promptly report any identified breach of confidentiality or privacy;
- Nurses must consult employer policies for guidance regarding work-related postings;



SOCIAL MEDIA IS AN EXCITING AND VALUABLE TOOL WHEN USED WISELY.

- Nurses 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 must not make disparaging remarks about employers or coworkers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments; and
- Nurses must not post content or otherwise speak on behalf of the employer unless authorized to do so.

NCSBN has valuable resources that will assist you to maintain professional boundaries and to use social media appropriately that can be accessed at www.ncsbn.org/professional-boundaries.htm.

Related to boundary violations is sexual misconduct with patients. This is an extreme case of nurses not maintaining professional boundaries and is a serious violation of the NPA. This resource (www.ncsbn.org/Sexual_Misconduct_Book_web.pdf) will provide some guidelines on what BONs consider about sexual misconduct cases, and it presents some unfolding cases.

Social Media Case Study

Jane, a nurse at a long-term care facility, arrived at work one day and found a photo of one of the residents' buttocks on her computer screen. Jane sent the photo to several colleagues who also forwarded the photo. One nurse posted the photo to her Facebook page, saying, "This is what we have to deal with on a daily basis!" By noon, all the nurses and unlicensed personnel were snickering and talking about the photo, and eventually their supervisor was alerted. Being concerned about protecting the residents' rights, the facility began an investigation and alerted the BON. Local media reported on the incident and law enforcement became involved to investigate whether sexual exploitation had been committed. By the end of the day, it made national news and the family threatened a lawsuit. The nurses involved were fired and had to appear before the BON. All of this could have been avoided if the first nurse had promptly reported finding the photo to her supervisor and not shared it.

Principles Violated: Nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.

Nursing Takeaway: Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related information. Nurses must promptly report any identified breach of confidentiality or privacy.



SIGNIFICANT PRACTICE ERRORS

Recklessness, abuse, intent to harm and gross negligence are all examples of significant errors that may be reported to a BON. Errors that a reasonably prudent nurse wouldn't make and that would put a patient at substantial risk for an adverse outcome would have more serious repercussions than those that result from a human error that a reasonably prudent nurse might make. More information on practice breakdown (errors) and their root cause analysis can be accessed on NCSBN's website (www.ncsbn.org/3668.htm).

CRIMINAL BACKGROUND

Most BONs require criminal background checks of all new graduates, and when there are hits, they are considered on a case-by-case basis. It is very important that all nurses are honest when reporting any criminal background on their applications. Falsehoods on an application will be taken very seriously by BONs.

The actions that BONs may take when there is a violation of the NPA will depend on the severity of the violation and may include reprimands, probation, remediation, fines, license suspension or even license revocation.

Significant Practice Errors Case Study

On a fast-paced hospital unit, a new patient was admitted from surgery after having a hip replacement. His nurse, Ben, who had been on the unit for a year, had orders to set up a patient-controlled analgesia (PCA) pump, which had pharmacy warnings in red about drug concentrations. Ben was in a hurry because he wanted to leave to attend his son's baseball game. Ben added the medication to the pump, programmed it and then asked Elizabeth, a new nurse, to co-sign it per unit policy. Elizabeth didn't ask any questions and quickly signed off thinking Ben had checked everything carefully. The PCA pump was set to deliver a much stronger concentration than was ordered and the patient died.

When the incident was investigated, neither nurse showed a clear understanding of programming a PCA pump.

Principles Violated: Neither nurse checked the orders. Both nurses disregarded the pharmacy warnings.

Nursing Takeaway: It is important to note that when co-signing a drug, the nurse is just as responsible as the primary nurse caring for the patient. Both nurses were disciplined by the BON and were suspended for 18 months.



Criminal Background Case Study

John graduated from his nursing program in April and passed his NCLEX® and was licensed in July. He was excited that his first job as a nurse was in the emergency department of a large university medical center. His friends decided to throw him a party to celebrate his achievements. Unfortunately, he celebrated too much and received a DUI on the way home. John pled guilty and was given probation for a year. Additionally, he had to attend classes and was required to do 180 hours of community service. John was unfamiliar with his NPA and did not report this to his BON within 30 days, as is required in that state. Upon renewal of his license, when asked if he had a criminal background, he answered “no.” The BON eventually found out about his DUI and suspended his license.

Principles Violated:

1. Failure to report his crime to the BON (official language for BONs is: Failure to Disclose DUI)
2. Unfamiliar with the NPA
3. Lied on his renewal application (official language for BONs is: Committed Fraud, Deceit or Material Omission in obtaining License)

Nursing Takeaway: Integrity and honesty are of the utmost importance in nursing since you are the patient’s last line of defense.

Below is an example of language that might be found on a license application.

Sample Plain Language Criminal History Questions

Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any traffic offense resulting from the use of drugs or alcohol, whether or not sentence was imposed? This includes a disposition of a suspended imposition of sentence (SIS), suspended execution of sentence (SES), or placement on a post plea alternative or diversion court and includes municipal charges or driving while intoxicated, driving under the influence and/or driving with excessive blood alcohol content?

No ___ Yes ___

If Yes, explain fully in a separate notarized statement and provide certified copies of court documents (docket sheet, complaint and final disposition).



NURSING

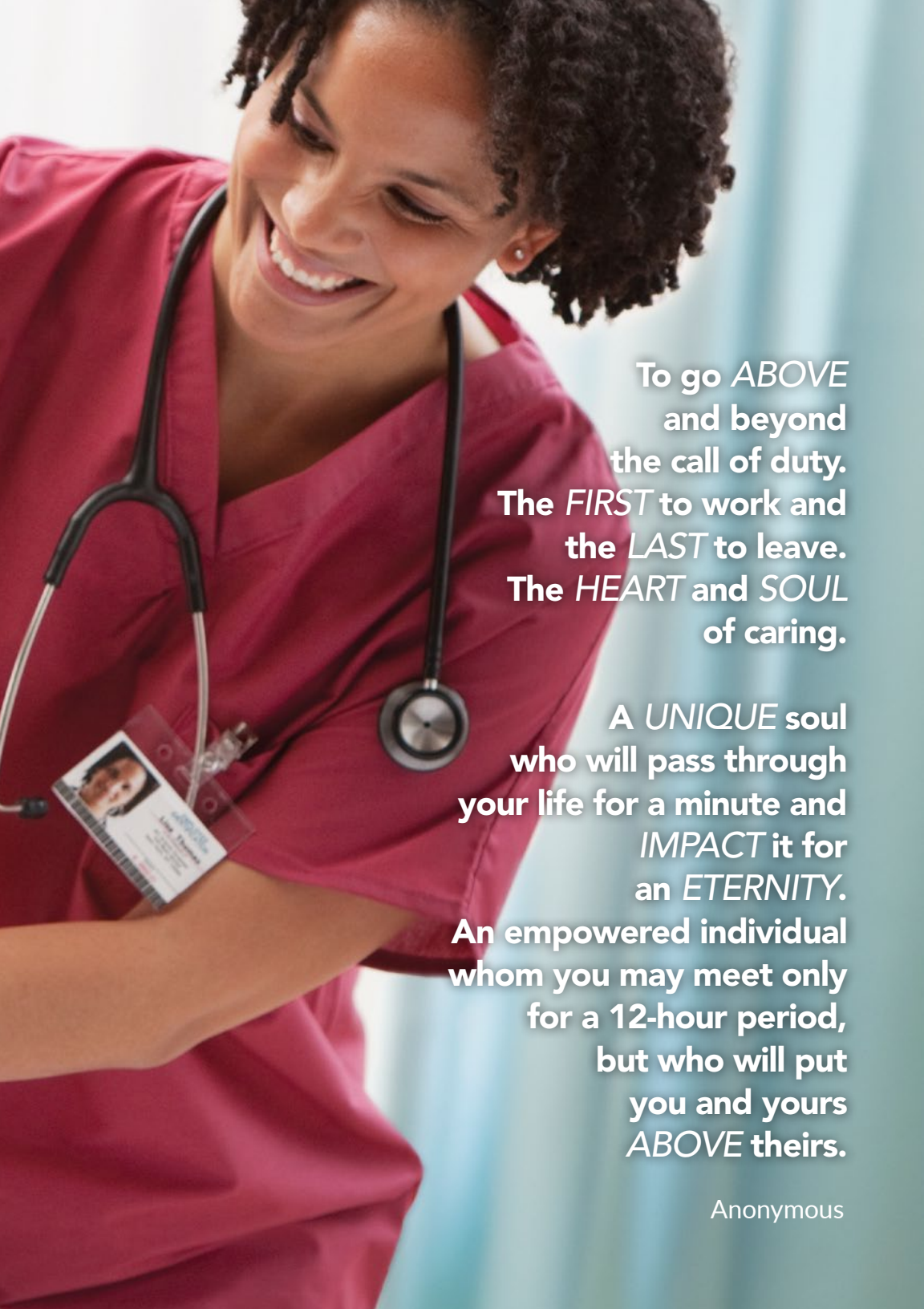
is great for so many reasons,
but there is one reason that
means more than any poll results,
amount of money, or job security:

**NURSES
MAKE A DIFFERENCE.**

Brittney Wilson, BSN, RN
@TheNerdyNurse, www.thenerdynurse.com



DEFINITION

A close-up photograph of a Black woman with short, curly hair, smiling warmly. She is wearing red medical scrubs and has a black stethoscope around her neck. A clear plastic ID badge is clipped to her scrubs, showing a photo of her and some text. The background is a soft, out-of-focus blue.

To go *ABOVE*
and beyond
the call of duty.
The *FIRST* to work and
the *LAST* to leave.
The *HEART* and *SOUL*
of caring.

A *UNIQUE* soul
who will pass through
your life for a minute and
IMPACT it for
an *ETERNITY*.
An empowered individual
whom you may meet only
for a 12-hour period,
but who will put
you and yours
ABOVE theirs.

Anonymous

OF A NURSE:



TRANSITION



TO PRACTICE

TRANSITIONING FROM EDUCATION TO PRACTICE

In your nursing education program you had supervision when working with patients. As you move to your first job, there are some important issues you need to consider.

ETHICAL DILEMMAS

Throughout your career, you will likely experience ethical dilemmas when working with patients, their families and communities. However, there are resources that can assist you. Familiarizing yourself with the NPA and the practice standards set by your BON is essential. Additionally, the American Nurses Association's Code of Ethics (www.nursingworld.org/codeofethics) is often referenced by BONs and is a standard that all nurses should know.

Some ethical dilemmas that you might come across could include end-of-life situations, cases where family members and patients disagree on the best treatment or situations when patients receive medically futile care. Besides the ANA Code of Ethics, other resources that might help you include the International Council of Nurses Code of Ethics for Nurses (www.icn.ch/images/stories/documents/about/icncode_english.pdf), the American Association of Critical-Care Nurses Moral Distress Position Statement (www.aacn.org/WD/Practice/Docs/Moral_Distress.pdf), institutional ethics committees, ethics consultants and policies and protocols for providing end-of-life care.

DELEGATION

Delegation is a complex concept for nurses, and it is particularly hard for new graduates to understand. In 2016, NCSBN released new guidelines on delegation that are published in the April issue of the *Journal of Nursing Regulation*. The state laws vary on delegation, so it is important to review your NPA to see what your state allows. For example, some states do not allow licensed practical nurses (LPNs) to delegate, while others do. The licensed nurses must follow the five rights of delegation¹ and they

¹ Right task, right circumstance, right person, right directions and communication, and right supervision and evaluation.

maintain accountability for all activities that are delegated. The delegates (or those to whom an activity is delegated) must only accept delegated responsibilities where their competency has been validated, and they are accountable for performing the delegated responsibility correctly. Two-way communication between the licensed nurse and delegatee is essential. Access NCSBN's website (www.ncsbn.org) for more resources on delegation.

PATIENT SAFETY

You are that last line of defense for your patients. It is important to speak up if you think something is wrong. As a new member on the team, it is sometimes difficult, but to speak up when you think something isn't right is essential and it may save a life. Miscommunication among health care team members is a leading cause of patient errors. There are several evidence-based strategies that Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS®) (www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/index.html) has devised that can be helpful in speaking up and guide a team to communicate more effectively.



Here are a few:

1. The two-challenge rule is invoked when a nurse doesn't feel that the first attempt to bring attention to a patient concern is successful. The nurse is obligated to make a second attempt.
2. CUS is a technique you can use for patient advocacy. It is an acronym that stands for, "I am **C**oncerned! I am **U**ncomfortable! This is a **S**afety issue!"
3. The checkback/read-back technique is used when information is conveyed verbally. It requires the receiver to repeat the information that the sender stated in order to confirm its correctness.
4. Timeouts provide an opportunity for the team to stop what they are doing and ensure that the correct patient is having the correct procedure on the correct site.
5. Safety huddles allow those caring for patients to review pertinent information and the plan of care.



**YOU ARE THAT
LAST LINE OF DEFENSE
FOR YOUR PATIENTS.**

Speaking Up

Olivia graduated with her RN in May and passed her NCLEX-RN® exam in July. In August, she started her first job on a medical surgical unit of a community hospital. One day Olivia observed a more seasoned nurse, Loretta, add an antibiotic to her patient's IV to infuse at 33 milliliters per hour. Olivia noticed that Loretta had instead programmed an insulin drip, which had been turned off, to run at 33 milliliters per hour. Olivia asked about it, and Loretta said, "Oh, you are a new graduate and have a lot to learn. Don't worry, what I've done is correct." Olivia thought something was wrong, but Loretta was very authoritarian and Olivia was afraid to speak up. Olivia left the room and tended to her own patients. Loretta's patient started feeling dizzy and was diaphoretic. The nurse manager arrived and realized what had happened. She quickly stopped the insulin and called for a Glucometer reading. The patient's blood sugar was 68, and the physician ordered Dextrose to be given to stabilize the blood sugar. Fortunately, no untoward effects resulted, but, had it run longer, the patient would have been at risk for seizures, coma and possible death.

Nursing Takeaway: Always trust your gut feeling, even as a new graduate. In this situation Olivia could have invoked either the two-challenge rule or the CUS technique. New graduates should practice using the TeamSTEPPS techniques so when the appropriate situation arises, they will be ready.



TRANSITIONING TO PRACTICE PROGRAMS

Most studies find that a transition to practice program, supported by the facility's administration, promotes positive outcomes, including higher job satisfaction, lower work stress and increased overall competence, as well as increased retention in that first year of practice. If you are looking for your first job, here are a few evidence-based tips as you interview and ask about their transition program:

1. The program needs to have full support of the organization. Talk to other new nurses in the setting to learn how effectively the program is being implemented.
2. A preceptor is key. In an ideal situation, you will have one preceptor, who has been trained on how to precept new graduates, and you will work together on the same shifts. The preceptor should have some release time so that you can share assignments, at least at the beginning. Release time is when the employer allows the preceptor some time to work with the new graduate, where the preceptor is free of patient-care responsibilities. As time goes on, your preceptor will encourage you to become more independent.
3. While each program might be a little different, they all should allow the nurse time to learn and apply the content. Content areas suggested in the literature include patient safety, clinical reasoning, communication and teamwork, patient-centered care, evidence-based practice, quality improvement, informatics, feedback and reflection.
4. Besides general content areas, each transition program should allow the new graduates to learn specialty content in the areas where they are working. Often the preceptor will help with this.

For more information about transition to practice visit www.ncsbn.org/transition-to-practice.htm.



Nurses must always be mindful of their responsibilities related to patient safety. Therefore, the Nurses Service Organization (NSO), which is a provider of liability insurance for nurses, has created an easy-to-use checklist for nurses to assess their practice for the use of patient safety standards. NSO has given us permission to reprint this checklist in our booklet for new graduates. We suggest you conduct a self-assessment and then take action to correct any area where you don't meet the standard.

RISK CONTROL SELF-ASSESSMENT CHECKLIST FOR NURSES

Nurses Service Organization and our insurance carrier partner CNA are dedicated to educating nurses about risk. This self-assessment checklist was designed to help enhance patient safety and minimize your liability exposure. Use it to review your customs and practice to determine whether you are in compliance with the recommended standards of care.

Scope of Practice	Yes	No	Actions needed to reduce risks
I read my nurse practice act at least annually to ensure that I understand the legal scope of practice in my state.			
If a job description, contract, or set of policies and procedures appears to violate my state's laws and regulations, I bring this discrepancy to the organization's attention and refuse to practice in violation of these laws and regulations.			
I decline to perform a requested service that is outside my legal scope of practice and immediately notify my supervisor or the director of nursing.			
I contact the risk management or legal department regarding patient and practice issues, if necessary.			
If necessary, I contact the board of nursing and request an opinion or position statement on nursing practice issues.			
If necessary, I use the chain of command or the legal department regarding patient care or practice issues.			

Patient Safety: Falls	Yes	No	Actions needed to reduce risks
I evaluate every patient for risk of falling, utilizing a fall-assessment tool that considers the following factors, among others: ■ Previous fall history and associated injuries. ■ Gait and balance disturbances. ■ Foot and leg problems. ■ Reduced vision. ■ Medical conditions and disabilities. ■ Cognitive impairment. ■ Bowel and bladder dysfunction. ■ Special toileting requirements. ■ Use of both prescription and over-the-counter medications. ■ Need for mechanical and/or human assistance. ■ Environmental hazards.			

Patient Safety: Falls (continued)	Yes	No	Actions needed to reduce risks
I identify higher-risk patients, including those who experience recurrent falls or have multiple risk factors.			
For home health/hospice patients, I conduct a home safety check prior to commencement of services.			
If I detect safety problems in the home, I recommend that corrective actions be taken as part of the patient service agreement.			
I regularly assess patients and modify their health record in response to changes in their condition.			
I inform patients and families of salient risk factors, as well as basic safety strategies.			
I document all assessment findings and incorporate them into the patient service plan.			
I document the patient's condition at each visit, and also: – Report any changes to the supervisor and family in a clear and timely manner. – Perform frequent home safety checks, as appropriate. – Reinforce fall-reduction tactics with patients and family. – Encourage patients to ask for assistance with risky tasks. – Keep accurate, detailed records of patient encounters.			
After a fall, I offer emotional support to the patient and the caregiver.			
I review patient falls for quality assurance purposes, including analysis of root causes and tracking of trend.			
I perform post-fall analysis, describing the circumstances of the fall and also: – Identifying major causal factors, both personal and environmental. – Indicating the patient's functional status before and after the fall. – Noting medical comorbidities. – Listing witnesses to the fall. – Intervening to prevent or mitigate future falls.			
I conduct a thorough post-fall analysis and incorporate findings into quality assurance and/or incident reporting programs.			

Patient Safety: Medication	Yes	No	Actions needed to reduce risks
I complete a patient drug history, including current prescription medications; over-the-counter drugs and supplements; alternative therapies; and alcohol, tobacco and illicit drug use.			
I utilize electronic or hard-copy medication profiles when readily available at the point of care.			

Patient Safety: Medication	Yes	No	Actions needed to reduce risks
I review allergy notations on medication profiles prior to administering any medications.			
I record patient's weight and height measurements in metric units to avoid possible confusion.			
I review laboratory values and diagnostic reports prior to administering medications, and make practitioners aware of any abnormalities.			
I utilize machine-readable coding to check patient identity and drug data prior to administration of drugs or, if this is not possible, I verify patient identity using two patient identifiers (such as patient ID number and birthdate) from the original prescription.			
I document simultaneously with medication administration to prevent critical gaps or oversights.			
I utilize only medication containers prepared in advance, ensuring that intravenous and oral syringes, vials, bowls and basins are appropriately labeled with the name of the patient and the drug's name, strength and dosage.			
I store unit doses of medications in packaged form up to the point of handoff/administration, in order to facilitate a final check of the medication administration record.			
I accept verbal drug orders from practitioners only during emergencies or sterile procedures, and before transcribing the order, I read it back to the prescriber and document the read-back for verification.			
I communicate potential drug side effects at points of transition and document them on accompanying patient care plans and/or handoff reports.			
I include patients in the handoff dialogue, when possible, in order to prevent errors, reinforce their awareness of the medication regimen and strengthen post-discharge compliance.			
I follow procedures to prevent wrong dosages or concentrations of identified high-alert drugs (e.g., anti-coagulants, muscle relaxants, insulin, potassium chloride, opioids, adrenergic agents, dextrose solutions and chemotherapeutic agents).			
I ensure that high-alert medications are always accompanied by standardized orders and/or computerized safe-dosing guidelines, and are verified by two persons before administration.			
I ensure that pediatric medications are accompanied by standardized orders and/or computerized dosing guidelines.			
I follow my employer's guidelines for both adult and pediatric patients' dosages, formulations and concentrations of drugs.			

Patient Safety: Medication (continued)	Yes	No	Actions needed to reduce risks
I seek out education about minimizing the risks associated with look-alike and sound-alike products, and I document my training.			
I follow my employer's policies and procedures to keep drugs with look-alike and sound-alike names separate.			
I receive notification when medication stock is relocated or storage areas are reorganized, in order to reduce the likelihood of confusion or error.			
I have pharmacists available on-site or by telephone to consult regarding prescribed medications.			

This checklist is also available at www.nso.com/nurseclaimreport2015.

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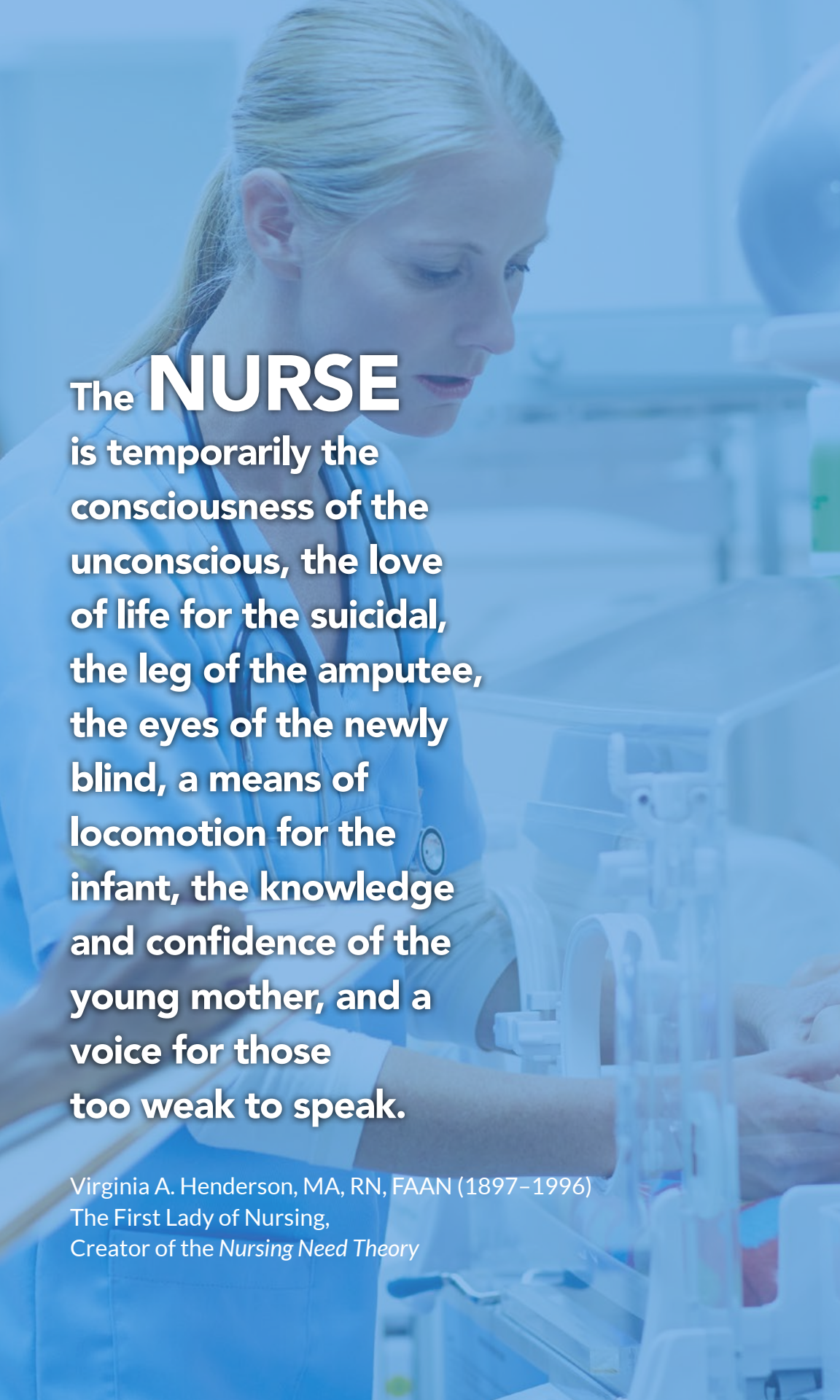
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A background image of a nurse with blonde hair tied back, wearing a white uniform and a stethoscope, looking down at a patient in a hospital bed. The image has a blue tint.

The NURSE
is temporarily the
consciousness of the
unconscious, the love
of life for the suicidal,
the leg of the amputee,
the eyes of the newly
blind, a means of
locomotion for the
infant, the knowledge
and confidence of the
young mother, and a
voice for those
too weak to speak.

Virginia A. Henderson, MA, RN, FAAN (1897–1996)

The First Lady of Nursing,

Creator of the *Nursing Need Theory*

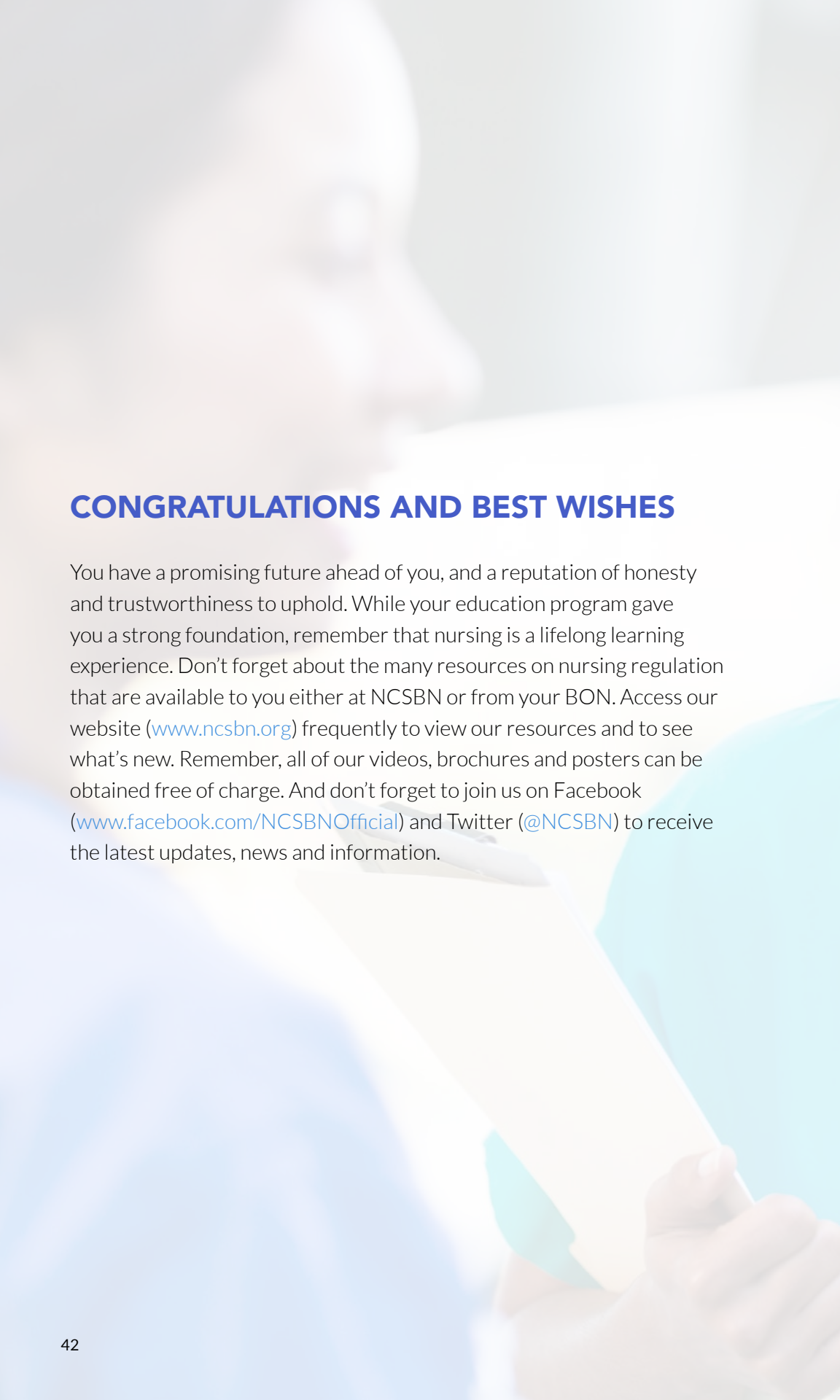
WORDS OF WISDOM FROM SEASONED NURSES

J. Michael Leger, PhD, RN, assistant professor at the University of Texas Medical Branch and a past chief nurse officer, provided students at the National Student Nurses's Association (NSNA) with some practical tips from his many years of working with nurses. As you begin your first job in nursing, we thought you might find them helpful:

- Wear comfortable shoes;
- Keep an extra set of clothes in your locker;
- Rubbing alcohol removes odors from clothes;
- Shaving cream removes odors from skin;
- Be particularly mindful during handoffs;
- Know your fire/disaster codes;
- Be the kind of nurse you would want to have;
- Show initiative, but don't be a know-it-all, either;
- Plan for the worst...appreciate the best;
- Admit your own mistakes;
- Don't let others make you feel incompetent;
- Be a sponge and continue your education;
- Manage your time;
- Manage your stress;
- Be on time; and
- Pitch in and help others.

Lastly, Leger shares how life will change once you start your first job:

- Your social life will be different;
- There will be times when you will want to give up;
- You will need to develop a stronger stomach;
- You will need more experience than you had in clinicals and class; and, *most importantly*;
- You won't regret going into nursing!



CONGRATULATIONS AND BEST WISHES

You have a promising future ahead of you, and a reputation of honesty and trustworthiness to uphold. While your education program gave you a strong foundation, remember that nursing is a lifelong learning experience. Don't forget about the many resources on nursing regulation that are available to you either at NCSBN or from your BON. Access our website (www.ncsbn.org) frequently to view our resources and to see what's new. Remember, all of our videos, brochures and posters can be obtained free of charge. And don't forget to join us on Facebook (www.facebook.com/NCSBNOfficial) and Twitter ([@NCSBN](https://twitter.com/NCSBN)) to receive the latest updates, news and information.



NURSING

IS NOT FOR EVERYONE.

IT TAKES A VERY
STRONG, INTELLIGENT, AND
COMPASSIONATE PERSON TO
TAKE ON THE ILLS OF THE WORLD
WITH PASSION AND PURPOSE
AND WORK TO MAINTAIN THE
HEALTH AND WELL-BEING
OF THE PLANET.

**NO WONDER WE'RE EXHAUSTED
AT THE END OF THE DAY!**

Donna Wilk Cardillo, RN
The Inspiration Nurse





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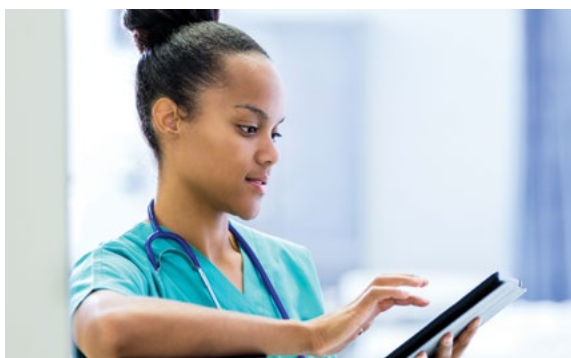
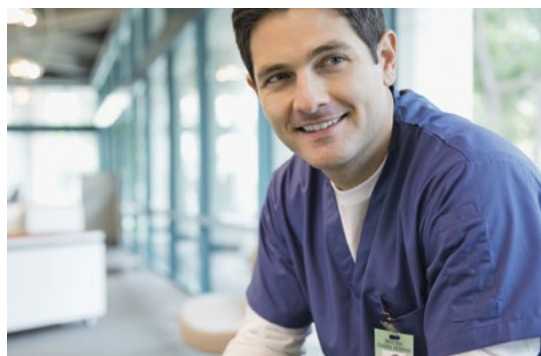
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