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Nursing Momentum is the official publication of the

Ohio Board of Nursing

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The mission of the Ohio Board of Nursing is to actively promote and protect the health of the citizens of Ohio through the safe and effective practice of nursing as defined by law. Measurable ends to achieve this mission include competent practitioners, informed public and a law which accurately reflects the dynamic practice of nursing.

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Spring 2003 ■ Volume 1 Issue 1



Licensure is a Privilege

Road Trip for the Board of Nursing

Discipline Case Studies

RN License Renewal

New Board Member Named

Professionalism—Professional and Legal Perspective

Upcoming COA/RN Renewal

Nursing Momentum reaches every Nurse and Dialysis Technician, every Hospital and Nursing School Administrator in the State of Ohio. Over 180,000 copies are addressed and mailed statewide. Estimated readership is well over 540,000 with each issue.





IN EVERY ISSUE

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From the President

The Professionalism of Nursing

We can define the science and describe the art of nursing, and we can outline the requirements that need to be met prior to certification as a dialysis tech. Information is readily available about the many educational pathways lead-

> ing to a career in nursing. The laws and rules that regulate professional nursing practice and the regulatory process used to assure the public that nursing professionals practice within those parameters are clear. There are a number of very visible professional organizations promoting both general and specialized nursing practice. Anyone in the "nursing business" can answer questions about what it takes to become a nurse, what career options are available, and if nursing is a satisfying and fulfilling profession.

A much harder question to answer, however, is how can we describe the professionalism of nursing? First, we must understand that professionalism is a status earned by contributing to the fabric of society. Professionalism is not bestowed on an individual or a group by an institution, a facility, or a specialized organization. Rather, it is earned through the self-regulation of socially sanctioned goals, adherence to common social values, the maintenance of high ethical standards. and a commitment to enhancement through education and the procurement of knowledge. Professionalism is a status that is both assessed and delegated by society. We, in nursing, must not overlook the fact that society decides which careers are bestowed with the status of being considered professional. The field of nursing, and nurses in particular, have made great strides toward gaining official social recognition as having professional status. Yet, we must continue to make the changes that assure continued social support for our status as professionals. The continued attention to

diversity in nursing has allowed us to move from a white, middle-class, female-only career to one that is beginning to reflect the diversity found in society as a whole. For many nurses, obtaining post-licensure specialty certification demonstrates a commitment to enhancement through education and the procurement of knowledge. The nursing community has improved both the willingness and the ability to ensure that information about changes, trends, and issues is adequately communicated with all members. Nursing has developed a strong research agenda, which can provide foundation for theory driven clinical practice. Nursing leaders have worked closely with state and federal government officials to draft national statements, laws, and rules that strengthen the profession and assure public protection. As a result of their collaborative efforts with public officials, many nurses have become a force in the national political arena. We are recognized, involved, and speaking as patient advocates on issues related to national health care policy. Through all of our efforts to establish ourselves as dynamic, autonomous professionals, we can begin to clearly define our profession in an unambiguous manner. Good for us! The people who, through their interaction with members of our profession, come to recognize the true value of who we are and what we do, are the voice of society. These are the same people who are ultimately responsible for assessing and delegating professional status. In nursing, our character will indeed determine our fate. Nursing has strong character; we know the courage it takes to care. Stay proud of your profession and believe in and protect your status as a professional. And, most of all, recognize your worth. Society does.

My Thanks,

Mary Yay Sterbow, RN, BSN, CDE

From the Executive Director

Shortly after starting my job as the Executive Director of the Board of Nursing I ran into a former nursing professor who, having heard of my new position, jokingly said "Well, I understand you are working for the enemy now." I was a little surprised by her comment. I never thought of the Board of

> Nursing as an enemy to nursing nor did I realize that any other nurses might feel that way. In an attempt to understand her comments. I tried to consider how the various functions of the Board could be construed as being adversarial to the profession of nursing. The only explanation I came up with is that my professor might not have a clear understanding of the mission or the various functions of the Board (or perhaps she was, in fact, just joking). It may come as a surprise to many nurses that the mission of the Board is not to directly enhance the nursing pro-

fession, but rather to "promote and protect the health of the citizens of Ohio through the safe and effective practice of nursing." This mission is accomplished through various functions of the Board, which makes sure that practitioners are competent, the public is informed, and that the law regulating practice accurately reflects the practice of nursing. Nurses and certified dialysis technicians benefit, both directly and indirectly, from the regulatory functions of the Board. As citizens and actual or potential health care consumers, all nurses and certified dialysis technicians benefit directly from the actions taken by the Board which assure that the care provided by licensees is safe and effective. As licensed or certified practitioners, we all benefit indirectly from actions taken by the Board in that they strengthen our professions by assuring that high standards be maintained by all licensees or certificate holders. Educational programs are critiqued to ensure that they are providing sound instruction to future practitioners. This helps make certain

sis care. The licensing and certification process guarantees that certain requirements are met by all individuals who can legally use the title RN, LPN, or OCDT. Continuing education requirements for license renewal help assure the public that practitioners maintain a current knowledge base. When a practitioner fails to meet practice standards or violates the Nurse Practice Act, the Board takes action to either remedy sub-standard practice or to remove the practitioner from their role as a healthcare provider. Most nurses and certified dialysis technicians in Ohio are professionals in the truest sense of the word. They maintain a current and adequate practice-related knowledge base, they adhere to high moral and ethical standards, and they honor, value, and protect the trust placed in them by society. The citizens of Ohio are fortunate to have such a dedicated group of professionals serving their healthcare needs. In those situations, however, where individual practitioners are either unwilling or unable to meet expectations identified in the Nurse Practice Act and deliver the level of performance deserved by Ohio residents and expected by the nursing and dialysis communities, the Board of Nursing is charged with taking all necessary steps to ensure public safety. As citizens, health care consumers, and professionals, nurses and dialysis technicians in Ohio benefit in many ways from the various roles of the Board. Although the

that graduates have adequate knowledge to

safely and effectively provide nursing or dialy-



John M. Brion RN. MS Executive Director

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sionalism among Ohio's nurses.

Board's role is to protect the public, actions

taken to accomplish this goal also do a great

deal to help maintain standards and profes-



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Selected Board Meeting Highlights

July, 2002

- Board approved "No Change" rules as submitted.
- Board appointed Executive Director as Privacy Officer as required in 4723-12-01 OAC.
- · Board approved initiative for **Compliance and Continuing Education** to assess fines for non-compliance.
- · Board approved proposal to institute and/or increase fees as needed via legislation and/or rules.
- Board approved \$15.00 charge per person for any CE that the Board offers.
- Board directed the Executive Director to develop a flat fee structure for out of

state site surveys for educational programs.

- Board directed Executive Director to explore possibilities of change in Momentum in order to publish in a magazine style.
- Heard a report from the NEALP Task Force and discussed the exploration with Board of Regents of using reserve funds to offer additional scholarships/loans.
- · The Board directed the Executive Director and staff to further research and develop necessary legislative language and processes to fund Center for Nursing Excellence.
- Approved 2 new nursing education programs - a practical nursing education program at Columbus State Community College and a practical nursing education program at Professional Skills Institute School of Practical Nursing in Toledo, Ohio.
- Received report from Board President regarding Ohio Nurses Foundation Scholarships for Nurses' Choice Awards.

September, 2002

- Heard report from Assistant Attorney General regarding PRWORA Federal legislation (illegal aliens not eligible for licensure) with recommendations to revise licensure application.
- Approved Annual Report to Governor as amended.
- Board appointed Zandra Ohri, ONA Director of Education to NEALP Task Force.
- Approved Board of Nursing request that the Ohio Board of Regents explore increasing the amount of funds available for loans while maintaining fiscal responsibility.
- Approved a motion that the Board of Nursing submit suggested rule changes to the Ohio Board of Regents and that the Board of Nursing work cooperatively with the Ohio Board of Regents on necessary rule changes. For example, loan forgiveness to include part-time employment.
- Approved an Education Task Force to be appointed to identify future directions for periodic visits to pre-licensure programs.
- Approved proposed rules, as amended, to be filed with JCARR.
- Received report of Mary Kay Sturbois being appointed to NCSBN committee.
- Approved endorsing the Ohio Pain Initiative.
- Discussion regarding marketing appeal to men in nursing.
- Approved American Renal Associates Training Program until September 30, 2004.

November, 2002

Received update on Ethics Commission opinion regarding approval for publication of Momentum in a magazine style format by an outside vendor at no cost to the Board.

- Elected President and Vice-President for period beginning November 25, 2002 through November 21, 2003.
- Elected Supervising Member for Disciplinary Matters for period beginning November 25, 2002 through November 21, 2003.
- Appointed Executive Director for the period beginning January 1 through December 31, 2003.
- Appointed Board member chairs to the CE, Dialysis & NP&E Advisory Groups for period beginning January 1 through December 31, 2003.
- Appointed Board member liaisons for Education, Licensure, Fiscal, Legislative, APN and Hospitality for the period beginning January 1 through December 31, 2003.
- Discussed and approved Board rules for refiling with JCARR.
- Approved a motion to submit written testimony to the Ohio State Medical Board regarding proposed rules related to office-based anesthesia.
- Approved motion for the Executive Director to seek further information on multi-media educational opportunities.
- Approved recommendation for Executive Director to pursue developing a survey for nurses, gather the information and possibly hold regional forums.
- Heard report from Board member Yvonne Smith regarding National Council Disciplinary Task Force.
- Received report from Manager of Monitoring Programs of revisions taking place in Alternative Program.
- Reviewed and affirmed or revised Board policies and Board member guidelines.
- Approved change in starting time of Board meetings to 9:00 a.m. beginning with May 2003 Board meeting.

By Jeff Rosa, MPP

Regulatory Update

Recently Effective Rules

5-Year Review

The Board of Nursing is required to review all of its rules at least every five years. This past fall, Chapters 4723-1, 4723-2, 4723-3, 4723-10, 4723-11, 4723-12, and 4723-14 of the Ohio Administrative Code (OAC) were reviewed. This means that each rule in all seven chapters was amended, rescinded, or determined to need no changes. The changes made to those rules became effective on February 1, 2003, and are outlined below.

Board Organization, Personnel and Records—Chapter 4723-1 OAC:

Major changes to this chapter govern the election of a board member to the position of supervising member for disciplinary matters, the addition of documents related to certificates to prescribe to the list of documents issued by the board that may not be duplicated, and penalties for payments returned to the board by a financial institution for insufficient funds.

Public Notice—Chapter 4723-2 OAC:

This chapter governs the public notice requirements that the board follows when conducting hearings and other regularly scheduled meetings. All information is posted to the board's website and sent to the board's electronic subscriber list. No changes were made to this chapter.

Definitions—Chapter 4723-3 OAC:

The changes to this chapter were mainly technical in nature. This chapter includes definitions of terms that are used throughout the administrative rules adopted by the Board of Nursing.

Courses in Medication Administration for Licensed Practical Nurses— Chapter 4723-10 OAC:

The main change to this chapter governs the language in the rule to indicate whether a licensed practical nurse is authorized to administer medications. Although a LPN license will still indicate whether the LPN may administer medications, the language of the rule was modified to affirmatively state, rather than negatively state, how this will be indicated on the LPN license.

Standards for Approval of Peer Support Programs—Chapter 4723-11 OAC:

There was only a technical correction made to this chapter. This chapter governs approval of peer support programs that work with impaired licensees or certificate holders.

Personal Information System—Chapter 4723-12 OAC:

The board made no changes to this chapter, which deals with the privacy of personal information maintained by the board.

Continuing Education— Chapter 4723-14 OAC:

There were various changes made to the rules in this chapter of the Administrative Code. Key changes include:

Addition of a definition of a "faculty-directed continuing education activity." This new definition, among other things, requires that the faculty lead the pace and content of the continuing education

A provision that exempts a nurse or dialysis technician from the continuing education requirements for a licensure period if that individual is engaged in active military duty and deployed to a hostile area for more than twelve months.

Approval of continuing education credit for first time presentation of an activity for which contact hours were awarded.

Requires OBN approvers to notify the board of changes within 30 days of the change. Currently, the notification timeframe is 90 days.

Modifications for the requirements that a faculty-directed continuing education activity must adhere to in order to be approved as a continuing education activity.

Other Rule Changes

Prelicensure Nursing Education Programs Leading to Licensure as a Registered or Practical Nurse— **Chapter 4723-5 OAC:**

Changes to this chapter:

Deal with changes of control of prelicensure nursing education programs. Under current rules, the board must be notified in writing at least 16 weeks prior to a change of control by the "releasing" controlling agency and at least 12 weeks by the "receiving" agency. The new rule changes the notification requirement to 30 days.

Modify the "85 percent rule." Previously, a prelicensure education program would receive an announced survey visit if it had a NCLEX pass rate below 85 percent for first-time candidates in a calendar year for three consecutive years. The change to this rule states that the announced survey visit would occur if the institution's NCLEX pass rate falls below 95 percent of the national average for three consecutive calendar years. An announced survey visit would also occur for pass rates below 95 percent of the national average for four or more consecutive years.

Clarification to the requirements for administrators and faculty of prelicensure programs. The ultimate effect of this change is to require that these individuals hold at least a bachelor of science in nursing or a master of science in nursing or higher academic degree in nursing. The requirements apply to faculty teaching in a professional nursing education program and to administrators and associate administrators of professional nursing education programs.

Include a provision stating that the minimum timeframe required for an advanced standing option may be less than two academic or calendar years of full-time study so long as the philosophy, conceptual framework, outcome objectives, and overall curriculum in the nursing major are substantively equivalent to that required for generic students in the same program.

Licensure of Nurses— Chapter 4723-7 OAC:

As a result of the passage of H.B. 327, criminal records checks are required for all applicants for licensure. The changes to this chapter include the criminal records checks requirements to the licensure application process for licensure by exam and licensure by endorsement. This change is also made in Chapter 4723-23 for certification of dialysis technicians.

Certified Nurse-Midwife: Certified Nurse Practitioner; Certified Registered Nurse Anesthetist; Clinical Nurse Specialist— Chapter 4723-8 OAC:

Changes made to this chapter clarify that a new standard care arrangement is not needed to reflect the addition or deletion of a physician or podiatrist with whom the nurse collaborates within that employment setting. A new standard care arrangement is needed if the nurse is employed at a different setting and engages in practice with a different collaborating physician or podiatrist.

Prescriptive Authority— Chapter 4723-9 OAC:

Changes to this chapter clarify what it means to prescribe in a valid prescriber-patient relationship and definitions that are used when interpreting the formulary.

Practice Intervention and Improvement Program—Chapter 4723-18 OAC:

Various changes made to this chapter include adding a definition of "employer" that includes any person that the PIIP participant currently works for or may work for in the future while participating in PIIP. Changes also clarify whom PIIP participants must notify of their PIIP participation and allow the employer to have a role in identifying the workplace monitor of the PIIP participant.

Rules Undergoing 5-Year Review in 2003

The following rule chapters are scheduled for 5-Year review in 2003:

Chapter 4723-4 Ohio Administrative Code (OAC): Standards of Safe Nursing Practice for Registered Nurses and Licensed Practical Nurses

Chapter 4723-6 OAC: Alternative Program for Chemical Dependency

Chapter 4723-18 OAC: Practice Intervention and Improvement Program

Chapter 4723-20 OAC: Prevention of Disease Transmission

Board advisory groups are meeting now to discuss possible changes to these rules. The Board will start reviewing these rules-based on advisory group, industry and trade association, and public input—in July and will officially propose rules in September for filing in October. A public hearing will be held in conjunction with the November Board meeting later this year.

LEGISLATIVE UPDATE

Medication Administration by Unlicensed MR/DD Personnel

In the waning days of the 124th General Assembly, various parties ended over a year of negotiations and agreed to compromise language included in SB 191, sponsored by Sen. Bob Spada (R-Parma Heights). In addition to modifying the law governing the licensure of residential facilities for individuals with mental retardation or developmental disabilities, SB 191 amends the law governing medication administration by unlicensed MR/DD personnel. The activities covered under the bill include the administration of prescribed medications, the performance of "healthrelated activities," and the performance of tube feedings through gastrostomy or jejunostomy tubes that are stable and labeled.

Depending upon the type of facility (e.g.: residents of a residential facility with 6 to 16 beds; recipients of early intervention services, etc.), the activities listed above may be performed with or without nursing delegation. Prior to engaging in these activities, MR/DD personnel will undergo training, conducted by a registered nurse, and be certified by the Department of

The bill also deals with the activities of the MR/DD

personnel on field trips from facilities with seventeen or more beds. Although the bill permits medication administration with nursing delegation on these trips, certain safeguards were included to help protect the health and welfare of the clients on the field trips. For example, no more than five field trip participants who require medication administration may go on the field

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trip and a health care professional has determined that the medication administration must be performed while the client is on the field trip.

In addition to the 1:5 ratio, a separate ratio of one MR/DD personnel to two clients is required if the individual with MR/DD requires medication administration through either a j-tube or a g-tube.

One area of concern that the Board has deals with the training requirements for the MR/DD workers on the field trip. Under the provisions of SB 191, the Department of MR/DD is not required to certify these workers. The Department is required, through the adoption of rules, to specify the content of the training courses for all MR/DD workers who administer medications. The training for the field trip personnel only needs to cover the same course components as required for other MR/DD personnel. The scope, content, and duration of the training requirements for the field trip workers will be developed in rules adopted by the Department of MR/DD. The Board feels very strongly that the training requirements for the field trip workers should be equivalent to the training received by other MR/DD personnel. Although the Department of MR/DD is required to consult with the Board on the rules adopted pursuant to SB 191, the

Department will ultimately determine the training requirements. New rules are required to be effective no later than December 31, 2003. Bill status: This bill was signed by the governor on December 30, 2002 and will be effective on March 31, 2003 (Certain sections effective on December 31, 2003).

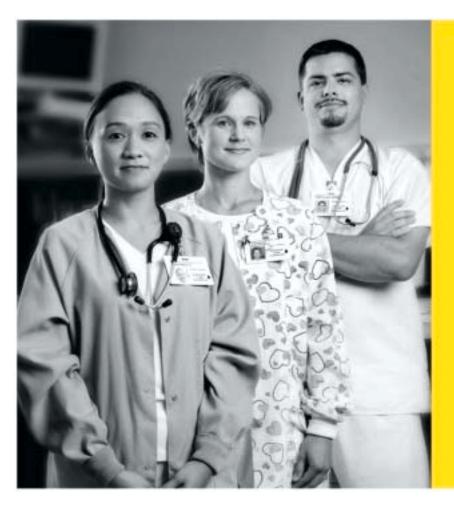
Other Legislation

SB 245: This bill, sponsored by Sen. Lynn Watchmann (R-Napoleon), allows certified nurse practitioners, certified nurse-midwives, and clinical nurse specialists to perform various pre-employment physical exams that are required by law. **Bill status:** This bill was signed by the governor on December 30, 2002 and will be effective on March 31, 2003 (Certain sections effective on January 1, 2004).

SB 265: Although SB 265 does not directly impact the practice of nursing, it will affect the rule making activities of the Board. SB 265, sponsored by Sen. Jay Hottinger (R-Newark), deals with situations when agency rules incorporate materials solely by reference in rule filings. In plain English, incorporation by reference means the rule references a document that is not in the rule, but treats that document as if it were in the rule. As a result of a recent court ruling, incorporations by reference will only be per-

mitted if the filing agency, as part of the rule, tells the public where it can obtain the incorporated information. As the Board continues to review its rules, the requirements of SB 265 must be met. This will be especially challenging when reviewing various rules in Chapter 4723-4 of the Administrative Code that deal with standards of practice for registered and licensed practical nurses. **Bill status:** This bill was signed by the governor on June 18, 2002 and became effective on October 17, 2002.

HB 474: HB 474, sponsored by Rep. Merle Grace Kearns (R-Springfield), declares that assisted suicide is against the public policy of the state and establishes the Compassionate Care Task Force to study and make recommendations on treatment of intractable pain. The bill defines assisted suicide as an act that provides the physical means by which a person commits or attempts to commit suicide or participating in the physical act by which a person commits or attempts to commit suicide. The bill amends the nurse practice act to allow the Board to discipline a licensee who assists a suicide. In addition, a representative of the Board will serve on the Compassionate Care Task Force. Bill status: This bill was signed by the governor on December 23, 2002 and will be effective on March 24, 2003.



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The Privilege of Licensure

It is a privilege, not a right, to hold a license as a nurse or certificate as a dialysis technician in the state of Ohio. It is the role of the Ohio Board of Nursing (Board) to protect the public and to establish the criteria that a nurse or dialysis technician must meet to get the privilege of holding a license/certificate and to keep the license/certificate. To be granted the privilege to hold a license/certificate as a nurse or dialysis technician in Ohio, the nurse and dialysis technician must meet certain minimum requirements:

- 1. Complete a Board-approved education program;
- 2. Pass an approved, nationally recognized exam; and,
- 3. Practice in accordance with standards of safe care

Nurses and dialysis technicians are held accountable to

practice in accordance with the law and rules that regulate their practice. Nurses and dialysis technicians are responsible for knowing what those laws (Nurse Practice Act) and rules say about their practice and will be held accountable through the disciplinary process by the Ohio Board of Nursing (Board) for practices that fall below the standard of safe nursing care.

Once again, it is the role and mission of the Board to protect the public, and, quite frankly, the Board protects the public from nurses and dialysis technicians who fail to practice safely

or put the patient population at risk by their actions or lack of actions. Ignorance of what the law and rules say about nursing practice and dialysis care is never an acceptable excuse for failure to practice safely. The number of complaints against nurses and dialysis technicians received at the Board offices has increased at a considerable rate. The Board received over 1200 complaints against nurses and dialysis technicians in 2001 and over 1500 complaints in 2002. That represents a 25% increase in the number of complaints against nurses and dialysis technicians over the last year alone. In order to be somewhat proactive, the Board now requires that every nurse and dialysis technician have one contact hour of continuing education directly related to the law and rules regulating the practice of nursing and dialysis care in Ohio for each licensure/certificate renewal period.

Nurses are required to have and to maintain a current, valid license from the Board to practice nursing care in the state of Ohio. Dialysis technicians are required to hold and maintain a current, valid certificate from the Board to practice dialysis care in Ohio.

Anyone practicing dialysis care or nursing care without successfully completing school and getting a license/certificate to practice is guilty of a fifth degree felony. Also, Rule 4723-406(N) Ohio Administrative Code requires that nurse administrators must implement procedures to verify that all nurses and technicians working under them have the appropriate license or certificate. In other words, if a director of nursing employs an individual as a nurse without checking licensure status and it is found that the individual is an imposter, the Board could discipline the director of nursing for failure to comply with this standard.

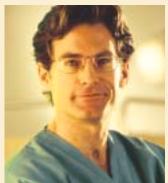
Licensed nurses and dialysis technicians are held accountable to certain standards that must be met by an individual to maintain a nursing license or dialysis certificate. The individual nurse and technician must practice within their legal scope of practice as defined in the nurse practice act (Sections 4723.01 and 4723.73 Ohio Revised Code [ORC] respectively). It is the responsibility of the nurse and DT to know what their

> legal scope of practice is and how it impacts their respective practice. I have received calls from nurses who will ask me a question about a particular nursing practice, such as telephonic nursing, and add, "But I don't do any hands-on care." The practice of nursing is much more than just a set of tasks that the nurse may perform with patients. The practice of nursing also includes the process of data gathering, assessing, and determining a course of nursing action, all of which can be done without ever physically touching a patient. Nursing care and dialysis care

includes the thought processes used to determine the patient's care needs and requires the appropriate license or certificate to perform the interventions to meet the care needs

Nurses and dialysis technicians (DTs) are required to renew their nursing license or dialysis certificates on an established biennial renewal schedule. If the nurse or DT does not renew their license or certificate and continues to practice, the individual is in violation of the nurse practice act and can be disciplined accordingly by the Board, I have heard from DTs. "I didn't know that I had to have a certificate from the Board. I thought I just needed to have my certification card from XYZ Nephrology Association." It is the license or certificate from the Board that grants you the privilege to practice dialysis care in Ohio and only the Board of nursing has the authority to issue the certificate.

The public has the right to expect that the Board of Nursing will protect them from poor practitioners of nursing and dialysis care. The Board has the authority to enforce the standards of licensure and safe care. The nurse and the dialysis technician has the professional responsibility to know and practice in accordance with the law and rules that regulate their practice. The Board of Nursing can revoke the privilege to practice when they don't.



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Hospitals" (*U.S.News & World Report*), Miami Valley was recognized for excellence in geriatrics, gynecology, neurology, neurosurgery, respiratory disorders and rheumatology. MVH received a seventh consecutive

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PHP builds on a tradition of compassion, excellence, and local governance that began more than a century ago.

sis, transplant surgery, fertility services, occupational health, rehabilitation, sports medicine, senior services and chemical dependency care. The hospital's newly expanded 41-bed ICU reflects its commitment to continuing growth to meet the needs of Dayton area residents.

MVH nurses have praise for the peo-

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hospitals in the region and one of the top 100 hospitals in the nation demonstrates that Good Samaritan continues to fulfill its promise of excellence.

Now is an exciting time to be part of the nursing team at Good Samaritan, as the hospital looks forward to building a new Emergency Trauma Center, scheduled for completion in 2003. The facility will have a 29,000 square-foot level II

trauma center as well as an expanded ICU, sophisticated surgery suites and a roof heliport.

www.goodsamdayton.org

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Here, nurses have the opportunity to develop satisfying longterm relationships with residents and their families and to spend more time at the patient's bedside. While enjoying strong support from the Center's management team, nurses also have the autonomy to make decisions that provide the best approach to patient care.

www.mariajoseph.org







One of the largest and most successful home care agencies in Ohio, Fidelity Health Care provides Dayton area residents with a comprehensive range of services, including skilled nursing care, infusion (IV) therapy services, maternity and pediatric care, rehabilitative services and private duty care.

Fidelity Health Care

For nurses who want the flexibility of a home healthcare career and one on one patient contact in a home setting, Fidelity Health Care is the ideal choice.

www.fidelityhealthcare.org

Educational Opportunities

Because Premier Health Partners is committed to excellence in nursing education, the variety and volume of educational programs offered is truly impressive. Opportunities include externships for student nurses and RN internships for newly graduated RNs or RNs with less than 12 months acute care experience. Nursing scholarships and a tuition repayment program for new grads are also available. In addition, individualized orientation programs are tailored to each nurse's unique needs. whether a new grad or experienced professional returning to practice.

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Road Trip for the Board of Nursing

The Board of Nursing will hold its May 15 and 16. 2003 Board meeting at Lakeland Community College in Kirtland, Ohio. Lakeland Community College is located at 7700 Clocktower Drive in Kirtland. Ohio-at Exit 193 State Route 306 and Interstate 90, only 30 minutes from downtown Cleveland. The Board meeting will begin official business at 9:00 a.m. on Thursday and Friday. Employers, nurses, nursing students, interested parties and members of the public are welcome to attend.

Open Forum will be held for a question and answer period on Thursday and Friday at 10:00 a.m. each day. If you would like to formally present an issue for discussion during Open Forum or to obtain further information regarding the Board meeting, please contact the Board at 614-466-6940 or at board@nur.state.oh.us.

There will be a free one hour Continuing Education offering on "Law and Rules Governing the Practice of Nursing in Ohio" at 3:30 p.m. on Thursday, May

> 15th and again at 12:00 p.m. on Friday, May 16th. You may contact the Board office at (614) 995-3650 or email the Board at ceregistration@nur.state.oh.us to register for the CE offering.

Directions to Lakeland Community College are available on the Board web page at www.state.oh.us/nur by clicking on the Contact link.

As a result of taking the Board meeting "on the road" and offering free CE's, there will not be a Fall 2003 "Emerging Issues" event.

It is anticipated that the September 18th and 19th, 2003 Board meeting will be held in Athens, Ohio. Details will be forthcoming.



Discipline Case Studies

Case #1

Nurse A was admitted to the Board's Alternative Program for Chemically Dependent Nurses, due to two (2) previous drug-related convictions. The Alternative Program confidential monitoring program for nurses who are chemically dependent. The Board may abstain from taking disciplinary action against a nurse with a chemical dependency, if it finds that the nurse can be treated effectively under the program and there is no impairment of the nurse's ability to practice according to acceptable and prevailing standards of safe care. Upon successful completion of the program, nurses are discharged from the program and are not subject to public discipline with the Board. If however, a nurse violates the terms of his or her participant agreement with the program, he or she may be subject to discipline due to the violation of the program agreement and any violation that caused him or her to enroll in the program.

Less than one year later, Nurse A violated the terms and conditions of her Alternative Program Agreement. Specifically, Nurse A committed the following violations: (1) failure to submit documentation of attendance at AA/NA meetings; (2) failure to complete 12-STEP meeting forms; (3) failure to submit personal statements regarding her recovery; and (4) submitting a urine specimen that tested positive for crack cocaine. Because Nurse A had violated her Alternative Program Participant Agreement, she was subject to discipline by the Board for the violations of her Alternative Program Participant Agreement as well as for the drug convictions that prompted her entry into the Alternative Program.

Nurse A's disciplinary matter was ultimately resolved via a Consent Agreement, in which Nurse A admitted to violating the terms of her Alternative Program Participant Agreement. In the agreement, Nurse A and the Board agreed that Nurse A's license to practice nursing was indefinitely suspended and the Board imposed a number of requirements that Nurse A needed to meet in order for the Board to consider reinstating her license. Prior to requesting reinstatement of her license from the Board, Nurse A had to meet conditions such as: providing documentation of attendance of three (3) 12-STEP meetings per week; submitting to random drug/alcohol screens; and submitting a personal statement regarding her progress in recovery.

After meeting all of the requirements for rein-

statement. Nurse A and the Board entered into a second consent agreement, under which Nurse A's nursing license was reinstated and subject to a number of probationary terms and conditions for a period of four years. These terms were similar to those found in either Nurse A's Alternative Program Participant Agreement or her earlier consent agreement, for example: Nurse A was required to contact her monitoring coordinator on a weekly basis to report her progress in recovery and her compliance with her Consent Agreement; Nurse A was required to submit, on the day selected, blood or urine specimens for drug and/or alcohol analysis; and Nurse A was required to submit documentation of attendance of three (3) 12-STEP meetings per week. The second consent agreement also contained language that allowed for the Board to automatically suspend Nurse A's license if she violated any of her probationarv terms.

In less than one year, after winning a substantial sum of money in a lottery, Nurse A left the State of Ohio for one month, failed to inform her monitoring coordinator and her employer of her departure, and violated a number of the terms of her second consent agreement. One of the terms that Nurse A violated was the random drug screen requirement. For several weeks. Nurse A failed to contact the drug screening lab on a daily basis, as required, to determine if she had been selected for a drug screen, and as such, she did not submit to any drug screens during that time. In addition, Nurse A failed to respond to the numerous letters from her monitoring coordinator in regard to her non-compliance and continued to be non-compliant with the terms of her second consent agreement after she returned home to Ohio. The Board then determined Nurse A to be in violation of her second consent agreement. Nurse A was then notified that her license was automatically suspended and that the Board proposed to take further action against her license. The notice issued to Nurse A also provided Nurse A the right to request a hearing.

Case Analysis

Section 4723.28(B)(17) of the Ohio Revised Code permits the Board to deny, revoke, permanently revoke, suspend or place restrictions on a license, or may reprimand or otherwise discipline or impose a fine of not more than five hundred dollars for violating any restrictions placed on a license. The restrictions on Nurse A's license were the terms and conditions set forth in her second Consent Agreement.

In Nurse A's case, the Board, after a hearing, determined that she failed to comply with a "significant number" of conditions placed on her nursing license by the Board. In addition, Nurse A did not have a legitimate reason for failing to comply with the conditions set forth in the consent agreement. Nurse A's breach of the consent agreement was compounded by the fact that Nurse A left the State of Ohio without informing either her employer or the Board of her intended absence as well as evidence that suggested that Nurse A did not intend to comply with the agreement upon her return to Ohio.

The Board also recognized the following: 1) Nurse A was first afforded the opportunity to participate in the Board's Alternative Program in lieu of formal disciplinary action; 2) Upon violating the terms of the Alternative Program Participant Agreement, Nurse A was allowed to enter into a Consent Agreement with the Board; and, 3) Although Nurse A complied with this first Consent Agreement, she violated the second Consent Agreement which had granted the probationary reinstatement of her license. In summary, Nurse A had failed multiple opportunities given to her by the Board to continue to practice nursing.

What Action Did The Board Take

The Board permanently revoked Nurse A's license to practice nursing in the State of Ohio.

Nurse A, although complying with her first consent agreement, had ultimately failed to comply with two agreements with the Board (her Alternative Program Participation Agreement and her second Consent Agreement). Furthermore, Nurse A was determined to have violated numerous terms of her Consent Agreement over the period of several months.

Case #2

Nurse B was convicted of felony possession of drugs on three separate occasions between 1997 and 2001. When Nurse B completed his renewal application with the Board in 2000, he failed to report his 1997 and 1999 drug convictions. In addition, while working as a nurse at a nursing home, a patient under Nurse B's care fell from her bed. Following the patient's fall, Nurse B failed to notify the patient's physician and correctly document, among other things, the patient's injuries and the care Nurse B provided.

Case Analysis

Upon receiving notification of Nurse B's convictions, the Board was required to immediately suspend Nurse B's license to practice nursing. In addition, under R.C. 4723.28(A)& (B), Nurse B's license was subject to further discipline due to his three felony convictions, his failure to report those convictions on his renewal application, and his actions in regard to the patient who fell at the nursing home. In regard to Nurse B's failure to report his convictions on his renewal application, in 2000, R.C. 4723.28(A) provided only one disciplinary option for the Board to consider when a nurse had committed fraud, misrepresentation or deception on his or her renewal application. That option was revocation of the nursing license. The Board's current statute gives only two disciplinary options: revocation or permanent revocation.

The Board found that Nurse B had violated R.C. 4723.28(A). Nurse B's failure to report his two drug convictions amounted to misrepresentation on his renewal application. In addition, the Board also determined that Nurse B's three drug convictions and his failure to comply with a number of standards of safe nursing practice found under Ohio Administrative Code Chapter 4723-4, were violations of R.C. 4723.28(B). The fact that Nurse B, at a hearing, denied any suggestion that his care of the patient who fell was below the standard of safe nursing practices was considered by the Board to be troubling. Specifically, the Board determined that Nurse B failed to: (1) completely, accurately and timely report and document nursing assessments and observations, the care he provided for the client, and the client's response to that care; (2) promote a safe environment for a client in his care; (3) accurately and timely collect and record objective and subjective data and observations about the condition of the patient; (4) accurately and timely document and communicate the patient's responses to nursing interventions to appropriate members of the patient's health care team; and, (5) timely report to and consult as necessary with other nurses or members of patient's health care team and make referrals as appropriate.

What Action Did The Board Take

The Board permanently revoked Nurse B's license to practice nursing in the State of Ohio.

In approximately five years, Nurse B committed numerous violations under 4723.28(B). Nurse B's history of drug abuse, coupled with his failure to disclose the true nature of his criminal history and his failure accept and/or recognize that his treatment of the patient who fell was below the standard of safe nursing practices led the Board to permanently revoke Nurse B's license.



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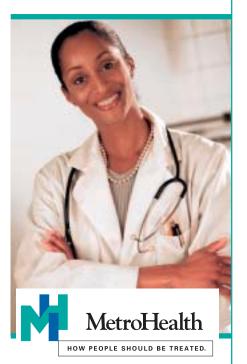
INPATIENT REGISTERED NURSES

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- Critical Care Step Down
- Med/Surg Nursing
- Medical Intensive Care Unit (experienced only)
- Post Partum
- Telemetry
- PRN Available All Areas

OUTPATIENT/EMERGENCY DEPARTMENT RNs

- Emergency Department
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Scheduled Board Meeting Dates

2003	2004
January 16-17	January 15-16
March 20-21	March 18-19
April 7-8 (retreat)	
May 15-16	May 20-21
July 17-18	July 15-16
September 18-19	September 16-17
November 19-21	November 17-19

The Ohio Board of Nursing meets six times per year with the meetings beginning on Thursday and continuing until business is completed the following Friday. On Wednesday, the day before the meetings, Board members may meet as a whole or in small groups on proposed rule language or other topics as the need arises. Rules hearings, when needed, are typically held on Wednesdays, generally in November. Watch for formal notification of the date, time and location of rules hearings. Summaries of these meetings or hearings are presented to the full Board during a regularly scheduled Board meeting for information and possible action by the Board. Beginning in May 2003, the Thursday meeting will begin promptly at 9:00 AM. The public is invited to attend, however, potential attendees should contact the Board office at 614/466-6940 prior to the scheduled meeting to determine if there have been any changes in time or location of the session.

Advisory Groups

Meeting Dates—2003

The Advisory Group on Nursing Practice and Education Issues will meet February 13; April 10; June 17; August 14, and October 9, 2003.

The Advisory Group on Dialysis will meet February 26; April 23; June 25; August 27; October 22, 2003.

The Advisory Group on Continuing Education will meet February 21; June 6; and October 17, 2003.

The Committee on Prescriptive Governance will meet January 27;
April 28; July 21; September 23; and October 20, 2003.

All advisory group meetings are held in the Board office at 17 South High Street, Suite 400 Columbus. Those who wish to attend should contact the Board at 614-466-1949 to determine whether there has been a change in the scheduled meeting. Meetings typically begin at 10 a.m.

Subscribe to the OBN-eNews

Subscribers to this news service will periodically receive news flashes about: rules hearings, potential law changes, meeting notices for the Board and its advisory groups, highlights of Board meeting agendas, etc. To subscribe send an e-mail to eNews@listserv.obn.nu. Put "subscribe" (without the quote marks) on the subject but nothing in the message body. You will receive a subscription confirmation within 60 minutes of your e-mail. If you do not receive a confirmation, send an e-mail to board@nur.state.oh.us.

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I have an employee who is a recent graduate of a school of nursing. He is going to take state boards next month. What can this new graduate do in my facility in the meantime?

Until the graduate has successfully passed the NCLEX exam (state boards), the new graduate must function as an unlicensed assistive person (UAP) even though the new graduate may be working under the direct supervision of a registered nurse. All nursing care performed by the new graduate must be delegated to the new graduate by the registered nurse in accordance with the standards of delegation found in Chapter 4723-13 of the Ohio Administrative Code (rules).

Why is it that when I call the Board of Nursing about a particular practice question, I can't seem to get a "yes" or "no" answer?

If a particular practice is specifically prohibited in the law or rules, the caller will be given a definite "no". However, if the practice/procedure is not specifically prohibited, the caller will be given sources within the law and rules to help the caller make the decision whether the practice is within the individual's scope and whether the individual nurse/dialysis technician has the appropriate knowledge, skills, and ability to safely perform the task or procedure. It is the role of the Board staff to provide information about the

laws and rules regulating the practice of nursing so that the nurse can make the best practice decision. It is the responsibility of the nurse/dialysis technician to be able to defend the performance, or lack of performance, of a task or procedure based on the law and rules.

Can a dialysis technician assess a dialysis patient before making the decision to initiate or discontinue dialysis?

It is within the scope of practice for the dialysis technician

to gather data about the patient at the delegation of the registered nurse (RN). The data gathering could include, among other things, vital signs, breath sounds, checking for edema, or taking a verbal history. This data would be reported to the RN who would analyze the data and make the decision to initiate or discontinue the treatment. If in doubt, seek the input of an RN.

I am a registered nurse. May I implement a medication order, or accept an order for a lab test or diagnostic x-ray, written by a certified nurse practitioner who holds a certificate to prescribe (CTP or CTP-Externship)?

Yes. You may implement a medication order from a nurse practitioner (CNP), a clinical nurse specialist (CNS), or a certified nurse-midwife (CNM) who holds a CTP or CTP-E. You may also accept an order from a CNP, CNS, or CNM for a lab test or diagnostic x-ray. The CNP, CNS, or CNM does not need to have a CTP to order lab tests or diagnostic x-rays.

From an RN in a physician's office: The physician I work with believes he/she can give me the "authority" to choose or adjust medications, or use protocols or standing orders to choose or adjust medications for patients. Is this correct?

Only an authorized prescriber (e.g.: a CTP holder, a physician, etc.) can choose and adjust medications. The Pharmacy Board rules on standing orders and protocols allow for the use of protocols/standing orders in only 3 situations: emergencies; administration of biologicals; and administration

Did You Know...

- By law, licensees and certificate holders are required to notify the Board of Nursing in writing of a change of address within 30 days of the change.
- By law, nurses and dialysis technicians are required to display their licensure credentials

(RN, LPN, OCDT) and, if applicable, their certificate of authority title (CNP, CNS, CRNA, CNM) when providing direct patient care.

At each Board of Nursing meeting, there is an open, public forum where the public may address issues with the members of the Board of Nursing.

> of vaccines. Rule 4723-5-01 (L)(1) and (2) of the Ohio Administrative Code can be viewed on the Pharmacy Board's website at www.state.oh.us/pharmacy.

Where can I find a list of advanced practice nurse prescribers?

Approved prescribers (CTP and CTP-E holders) can be verified by last name or certificate of authority number on the Nursing Board's website in the **Advanced Practice** section.



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- Current Law (dated July 8, 2002) and Rules (dated February 1, 2003), \$6 if shipped; \$3 if picked up at the Board office. Single copies only are available.
- Combined Board Publications, **\$8.50**—Includes the current law and rules of the Board; guidelines established by the Board dealing with nursing issues; list of approved nursing education programs; Facts About the Ohio Board of Nursing brochure, CE Requirements pamphlet, and Nursing Standards & Delegation: A Guide to Ohio Board of Nursing Rules and more. Single copies only are available.

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Use this form to order Board publications. All orders must be pre-paid. This form and fee should be made payable and sent to the Ohio Board of Nursing, 17 South High

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Address
Telephone Number
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Please send me the following checked items. I have enclosed the
appropriate fees, totaling \$
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☐ Combined Board Publications—\$8.50
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On-Line Continuing Education

The Internet can be a valuable resource for nurses and dialysis technicians wishing to complete their continuing education requirements from the convenience of their home.

Below is a list of websites that may

RN License Renewal

If you are a Registered Nurse in Ohio, your license expires on August 31, 2003. The application to renew your license will be mailed the first week of May 2003 to the most recent address the Board has in your file. It is **IMPORTANT** to notify the Board, in writing, of an address change immediately. If you have moved during the last two years and have not notified the Board, please do so immediately. You may submit new address information by email: renewal@nur.state.oh.us, fax: 614-466-0388, or U.S. mail:

Ohio Board of Nursing 17 S. High Street, Suite 400 Columbus, OH 43215-3413

When you receive your application, please be sure to fill out and sign the back of the application. Unsigned applications will be considered incomplete and will be returned. This could result in late or lapsed fee charges and delays in receiving your license. The renewal fee is \$45.00 for applications postmarked on or before June 30, 2003. From July 1, 2003 to August 31, 2003, the fee is \$95.00. On or after September 1, 2003, the fee is \$145.00. Please note that payments must be submitted as money orders, cashiers checks, or personal checks. Cash and credit cards will not be accepted.

If you have not received your application by the end of May, please contact the Board at 614-466-3947.

assist you in your search for acceptable sources of continuing education. This is not intended to be an all-inclusive list. In addition, none of the vendors listed below are endorsed or necessarily approved by the Ohio Board of Nursing. Rule 4723-14-05 of the Ohio Administrative Code spells out what educational activities meet the Board's continuing education requirement.

Please be cautious and read all relevant information about any Internet course you choose before providing your credit card number. If you still have questions after having read the information, you should contact the company offering the course or the organization approving the course to confirm that the course is actually approved for continuing education.

If you feel a company has misled you, you may report your experience to the Office of the Attorney General's Consumer Protection Hotline at 1-800-282-0515.

This information is provided for resource purposes only.

www.nursingmanagement.com www.nursingcenter.com www.journeyofwisdom.com www.nln.com www.netce.com www.prnce.com www.nclex.com www.curtincalls.com www.corexcel.com www.CE-web.com www.ce4nurses.org www.nursingceu.com www.westernschools.com www.nursingeducation.com www.ohionursinglaw.com www.nursingspectrum.com www.nurseweek.com

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- Neuro/Trauma ICU/Stepdown
- Medical/Surgical
- Hematology/Oncology
- · Short Term Care
- Radiology Nursing
- . Maternal Child Health/Labor and Delivery
- · Physical Rehab/Skilled Care Unit
- · Psychiatry
- . Home Health Care and Hospice



Calling the Board

Have you been trying relentlessly to contact the Board? Are you tired of navigating the automated system to no avail? Fear not, help is here! Auto attendant is a system designed to help callers quickly reach the departments they need. It was not intended to frustrate callers. One way to ease some of the frustration is to know what the menu options are.

When you call the Board, auto attendant will list following menu options:

Licensure	Press 1
Advanced Practice Nurses/ Dialysis Technicians	Press 2
Practice Questions	Press 3
Continuing Education	Press 4
Filing Complaints	Press 5
All Other Calls	Press 6
General Board Information	Press 7

These options are preliminary choices. Once you have selected an option, you will be given more detailed choices. Using auto attendant will save you time, if you are prepared. Here are some tips to help you prepare for calling the Board.

- Know what department you need before you call the Board.
- Have your questions ready, along with any possible information staff may need to assist you (i.e.: license or certificate number, social security number, provider numbers)
- Remember most people call on their lunch hour. This
 means 12pm -1pm is the peak call time at the Board.
 You may have longer hold times during that time period
 or a more difficult time getting through to the system.
- Check the Board's website (http://www.state.oh.us/nur).
 Many Board forms and publications are available on the website. The web frequently posts new information about the Board and it's functions.
- Contact the Board by email.

Email links

Compliance Issues
Dialysis Technician Issues
Nursing Education Program Issues
Examination /Endorsement Issues
Legislative/Regulatory Issues
Nursing Practice Issues
Licensure Renewal Issues
For All Other Issues

compliance@nur.state.oh.us
dialysis@nur.state.oh.us
education@nur.state.oh.us
licensure@nur.state.oh.us
law-rules@nur.state.oh.us
practice@nur.state.oh.us
renewal@nur.state.oh.us
board@nur.state.oh.us

New Board Member Named

New Board leadership was elected during the November, 2002 Board meeting. Mary Kay Sturbois, RN, Athens was re-elected president, and Mary Jean Flossie, LPN, LNHA, Massillon will serve as vice president during 2003. Yvonne Smith, RN, Canton will continue as the Supervising Member for Disciplinary Matters. In that capacity, Ms. Smith will provide direction to Board staff regarding pending disciplinary cases and similar matters.

Governor Bob Taft appointed one new member to the Board of Nursing to replace Randal Ruge, RN, BSN, MBA whose term expired December 31, 2002. Anne Barnett, BSN, RNC of Junction City is the manager of the Wound Management Center at Genesis Healthcare/Good Samaritan Medical Center, Zanesville. Ms. Barnett is also a Board member for the Perry County Health Department. She earned her BSN degree from the Ohio University, Athens.

Bertha ("Bert") M. Lovelace RN, BA, CRNA of Shaker Heights has been reappointed to serve a second term on the Board. Ms. Lovelace is a Certified Registered Nurse Anesthetist (CRNA) and is currently the Chief CRNA at The Cleveland Clinic Foundation. Ms. Lovelace was first appointed to the Board in July 1999 to complete an unexpired term. She has been an active member of both the American and Ohio State Association of Nurse Anesthetists and has served as President of the state organization.

2003 Members Ohio Board of Nursing	Term Expires
Mary Kay Sturbois, RN, BSN, CDE, Athens, President	2003
Mary Jean Flossie, LPN, LNHA Massillon, Vice President	2005
Judith Brachman, Consumer Member Columbus	2003
Janet Sekelsky, LPN Willowick	2003
Debra Broadnax, MSN, RN, CNS Columbus	2004
Richard Nowowiejski, LPN, BARS Toledo	2004
Patricia Schlecht, RN, MSN Loveland	2004
Yvonne M. Smith, MSN, RN, CNS Supervising Member for Disciplinary Matters Canton	2005
T. Diann Caudill, LPN Newark	2005
Kathleen Driscoll, JD, RN West Chester	2005
Lisa Klenke, RN Coldwater	2005
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Professionalism—Professional and Legal Perspective By Yvonne Smith, MSN, RN, CNS and Lisa Emrich, BSN, RN

The mission of the Ohio Board of Nursing is to actively promote and protect the health of the citizens of Ohio through the safe and effective practice of nursing as defined by law. Measurable ends to achieve this mission include competent practitioners, informed public, and a law which accurately reflects the dynamic practice of nursing.

The Mission Statement of the Board of Nursing guides the Board's daily work of administering Ohio's Nurse Practice Act. The words "promote and protect" reflect the expected outcome of the Board's regulatory actions. Similarly, it is the Board's expectation that nurses licensed by this Board will promote and protect the health of their respective patients and clients,

The words "promote and protect" reflect the expected outcome of the Board's regulatory actions.

which at a minimum requires nurses' adherence to Ohio's nursing regulations. These regulations include the statutory definitions of practice as a registered nurse and licensed practical nurse found in Section 4723.01, ORC and the Standards for Safe Nursing Practice for Registered Nurses and Licensed Practical Nurses found in Chapter 4723-4 OAC.

As reflected in Chapter 4723 ORC, both registered nurses and licensed practical nurses are expected to maintain a minimum level of professionalism.



Professionalism is defined as, demonstration of high-level personal, ethical, and skill characteristics of a member of a profession".1 High level personal characteristics include both responsibility and accountability, which have legal, ethical and professional implications. Responsibility involves implementing the duties associated with the role of the nurse; accountability includes accepting responsibility for actions taken during the course of practice, as well as accepting responsibility for the consequences of actions not performed.2 Ethical characteristics are based on ones moral beliefs. Professionalism in nursing practice requires a practice that is based on ethical and moral beliefs and is consistent with the applicable code of ethics. Skill characteristics reflect the nurses' ability to meet acceptable and prevailing standards of safe and effective nursing practice. All of these characteristics are incorporated into basic nursing education and are inherent within nursing's role.

Unfortunately, there are a growing number of situations being brought to the Board's attention that gives the Board reason to question the involved individual's professionalism. These situations involve behaviors and activities reflecting unacceptable personal and ethical standards. Two recent examples of these behaviors are the posing and photographing of an inebriated patient and engaging in a personal dispute resulting in an altercation within the clinical setting.

This absent or diminished professionalism is not only incongruent with nursing regulations, it affects other nurses' and other healthcare professionals' abilities to optimally care for their respective clients because of the real or implied breach in both intra and inter professional trust. The nursing profession, and other health-



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care professions as a whole, can be negatively affected because of the actions of one nurse. As a result, the promotion and protection of Ohio citizens' health may also be negatively impacted, thus some situations warrant the Board's regulatory intervention.

The Board views issues related to professionalism from both a professional and a legal perspective and bases its actions on the identification of violations of the Nurse Practice Act. This means that the Board draws from its collective nursing expertise and looks to professional opinions and standards such as professional codes of ethics to discern when behaviors fall below the professional standard and then applies the appropriate regulation. Therefore, one situation of poor professionalism may represent a violation of more than one section of the Nurse Practice Act or the rules adopted under it.

In the previously mentioned examples, section 4723.28(B)(19) ORC, a failure to practice in accordance with acceptable and prevailing standards of safe nursing care or safe dialysis care, and rule 4723-4-06 (J)(2) OAC, a failure to treat each client with courtesy, respect, and with full recognition of dignity and individually, would be applicable.

Nurses are responsible and accountable for knowing the law and carrying out their respective practices in a profession-

Nurses are responsible and accountable for knowing the law and carrying out their respective practices in a professional manner.

al manner. Although the majority of nurses successfully accomplish this, there are those who fail to demonstrate professional responsibility and may incur discipline by the Board. The Board is authorized to revoke, suspend, reprimand, fine or otherwise discipline a licensee who fails to practice in accordance with chapters 4723 ORC and 4723 OAC. In addition to avoiding disciplinary action by the Board, nurses who practice in accordance with these regulations promote and protect the health of the citizens of Ohio through the safe and effective practice of nursing and further promote a positive nursing image.

- 1. Holl, RM: Characteristics of the registered nurse and professional beliefs and decision making. Crit Care Nurse Q 17(3):60-66, 1994.
- Catalanao, JT: Nursing now: today's issues, tomorrow's trends. 2nd ed. F.A. Davis, Philadelphia, 2000.



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