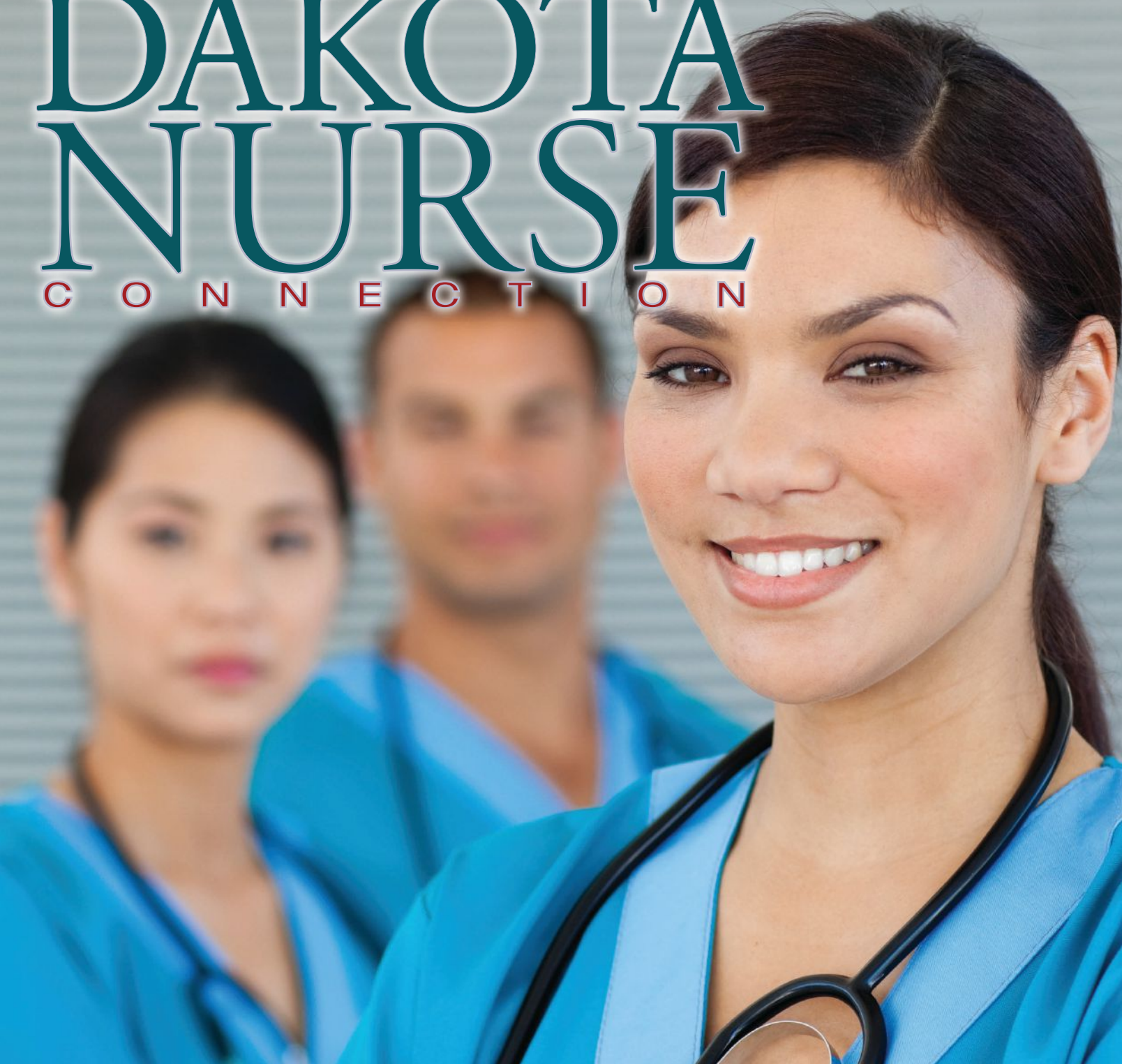


| Volume 13 | Number 4 | Fall 2015 |

DAKOTA NURSE

C O N N E C T I O N



**Frequently Asked Questions
Requirements for
Licensure Renewal**

**ANA Sets 'Zero Tolerance'
Policy for Workplace
Violence, Bullying**

NORTH *and* SOUTH DAKOTA STATE BOARDS *of* NURSING

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- Bachelor's degree in nursing strongly preferred.
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DAKOTA NURSE

C O N N E C T I O N

FALL 2015
EDITION 52

- 14 **NDBON, NDNA and NDCFN:
What's the Difference?**
- 16 **Nursing Education Loan Recipients Announced**
- 20 **ANA Sets 'Zero Tolerance' Policy for
Workplace Violence, Bullying**
- 23 **South Dakota's Nursing Workforce**

SOUTH DAKOTA HIGHLIGHTS

- 4 Message from the Executive Director
- 19 South Dakota Board of Nursing Meeting Highlights
- 20 ANA Sets 'Zero Tolerance' Policy for Workplace Violence, Bullying
- 28 Nursing Opportunities in Correctional Health

NORTH DAKOTA HIGHLIGHTS

- 5 Message from the Executive Director
- 7 North Dakota Board Highlights
- 8 Get to Know a New Appointed Board Member
- 9 Nurses with Fifty Years of Service

Dakota Nurse Connection circulation includes over 28,000 licensed nurses, hospital executives and nursing school administrators in North and South Dakota.



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919 S. 7th Street, Suite 504, Bismarck, North Dakota 58504-5881 • 701-328-9777



A message from the Executive Director

Gloria Damgaard, RN, MS, FRE
South Dakota Board of Nursing

Fall Greetings to all of our readers of the Dakota Nurse Connection. I hope you have made time to celebrate the extended "summer-like" days that we have had in September and October. Personally, I have enjoyed witnessing the fall harvest in South Dakota. I especially enjoy seeing the corn flowing from the combines into the trucks that eventually haul them to the grain elevators. It is a privilege to bear witness to the productivity of our land here in South Dakota and the hard work of our people that make that possible.

Nurse Practitioners in this country also have reason to celebrate this fall as the Advanced Practice Nursing Role turns 50 years old. November 8-14, 2015, has been named, "National Nurse Practitioner Week" honoring the work of all of our nurse practitioners. The nurse practitioner role was established to meet the primary health care needs of those who did not have access to care during an acute shortage of primary care providers. Dr. Loretta Ford and Dr. Henry Silver are credited with the development of the first nurse practitioner program in 1965 at the University of Colorado.

In South Dakota, the legislature authorized nurses to practice in "extended roles" in 1972 and the first nurse practitioners were "certified" by the Board of Nursing in 1976. A national certification examination specifically for nurse practitioners was not available until 1981. Prior to that

time, nurse practitioners were able to take the certification exam as a physician assistant and many chose to practice in this role. Our first nurse practitioner program was developed at SDSU in 1979.

The current laws, SDCL 36-9A, that govern the practice of nurse practitioners (CNPs) and nurse midwives (CNMs) were enacted in 1979. The laws placed the CNPs and CNMs under the joint authority of the Board of Nursing and the Board of Medical and Osteopathic Examiners. This structure remains in effect at the present time. According to our current laws, CNPs and CNMs practice an overlapping scope with medicine that includes the initial medical diagnoses and the institution of a plan of therapy including the authority to prescribe medications. This practice initially required supervision by a physician however; the law was changed in the 2000 Legislative Session to replace supervision with the language of collaboration.

The administrative rules for nurse practitioners and midwives in SD are found in ARSD Chapter 20:62. These rules define the amount of collaboration that is required for CNPs and CNMs. Currently, the collaboration requirement is for twice monthly meetings and an on-site visit by a physician every 90 days. The Joint Board of Nursing and Medical and Osteopathic Examiners recently directed Board staff to proceed with rule promulgation to repeal the mandated collaboration requirements.

The Boards are reviewing all rules that might pose a barrier to practice in our state, especially for telehealth modalities. Direct personal contact is now defined to include electronic communication.

On a national level, the National Council of State Boards of Nursing's APRN Advisory Committee and the APRN Consensus Workgroup have worked to align the education, accreditation and licensure of APRNs, for uniformity throughout the country. Their work resulted in the APRN Consensus Model that now serves as a guide to the education, certification and licensure of APRNs. You can see where our state stands in terms of implementing the consensus model at www.ncsbn.org.

Please join me in congratulating the CNPs as they celebrate 50 Years of Service to the citizens of our state and country. In their short history, they have become invaluable members of the health care team. Happy Anniversary Nurse Practitioners!

Enjoy whatever remains of the beautiful fall weather. I will talk to you again in our winter edition.

Sincerely,

Gloria Damgaard



A message from the Executive Director

Stacey Pfenning, DNP, APRN, FNP
North Dakota Board of Nursing

Greetings and welcome to the fall edition of the *Dakota Nurse Connection*, the official publication of the North Dakota Board of Nursing (NDBON).

During the fall season, NDBON staff are hard at work facilitating the **nurse licensure renewal process** in accordance to the ND Administrative Code. Currently, the NDBON licenses 14, 368 RNs, 3, 890 LPNs, 1, 214 APRNs (805 prescriptive authority), and 4 Specialty Practice RNs. The Board estimates 9, 566 nurse licenses will expire on December 31, 2015, requiring renewal for continued active licensure for practice. This publication features the article "Requirement for Licensure Renewal-Frequently Asked Questions" to provide answers to inquiries nurses may have while completing the renewal process, including practice hour, continuing education, and audit information. If your nurse license is due to expire December 31st, please visit www.ndbon.org between October 2015 and December 2015 for your online renewal.

In July 2015, the NDBON welcomed **two RN Board**

members. Governor Dalrymple appointed Mary Beth Johnson RN, Bismarck and Michael Hammer RN, Velva to fill the newly available Board positions. The two new Board members are introduced in this publication, and I invite you to read more about their professional backgrounds. The Board said farewell to Charlene Christianson RN Board member since 2007, after completion of two terms of service for the state of ND. The Board also said farewell to Diane Gravely LPN Board member. *Currently, the NDBON is seeking a LPN Board member for appointment prior to the November Board meeting. The details of the LPN Board position are available on the NDBON website.*

In August 2015, members of the NDBON attended the National Council of State Boards of Nursing Annual Meeting. At this meeting, NDBON Vice President, Jane Christianson, was appointed to the NCSBN Leadership Succession Committee. It is exciting to have ND Board representation at the national level.

The NDBON strives to provide timely information

that gives licensees the knowledge needed to remain compliant with laws and rules. In an effort to keep licensees informed, here are two **legislative updates**:

1) The NDBON, in collaboration with other licensing Boards, is working on rule promulgation to address the recently passed HB 1149. This law mandates state licensing Boards to develop rules to regulate the utilization of the ND Prescription Drug Monitoring Program for controlled substances. Public hearings are planned for 2016;

2) During the 64th legislative interim, NDBON is collaborating with ND Center for Nursing to continue monitoring relevant committees through tracking teams. If you are interested in joining any tracking teams, please contact Patricia Moulton at <http://www.ndcenterfornursing.org/>.

Enjoy the beautiful ND Autumn! The NDBON will be in touch with you again in the winter publication.

Sincerely,

Dr. Stacey Pfenning DNP
 APRN FNP



Mission
 The mission of the North Dakota Board of Nursing is to assure North Dakota citizens quality nursing care through the regulation of standards for nursing education, licensure and practice.

North Dakota Board of Nursing Officers and Members

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Daniel Rustvang, RN, Grand Forks

VICE PRESIDENT

Jane Christianson, RN, Bismarck

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Clara Sue Price, Public Member, Minot

Paula Schmalz, APRN, Fargo

Janelle Holth, RN, Grand Forks

Michael Hammer, RN, Velva

Mary Beth Johnson, RN, Bismarck

Bonny Mayer, LPN, Minot

Telephone Lines Busy? Use E-mail!

You can contact anyone at the Board of Nursing by e-mail.

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**NORTH DAKOTA BOARD OF NURSING
 2015/2016 BOARD MEETING DATES**

November 19, 2015

January 27, 2016

March 17, 2016

May 19, 2016

July 21, 2016 Annual Meeting

As a service to the citizens of North Dakota, the Board of Nursing provides a PUBLIC FORUM during each board meeting. This is a time when anyone may address the board about any issue regarding nursing. Prior notification is not necessary. Individuals will be recognized in the order of their signature on a roster available at the board meeting. The time of the Public Forum for the 2015-2016 board meetings is 11:00 a.m. the day of the board meeting.

PROVISION of HIGH QUALITY NURSING CARE

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PURPOSE: To provide an opportunity for students, registrants, and licensees to keep current on regulatory issues in the nursing profession.

AVAILABLE TOPICS:

- * Nurse Practices Act (NPA)-online, free
- * Violations of NPA
- * Emerging Issues in Nursing (Social Media & Maintaining Mental Health in Nursing)
- * Standards of Practice & Code of Ethics

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- * Current and up-to-date information
- * CE credits with every presentation

PRESENTERS:

Patricia Hill, BSN, RN
 Stacey Pfenning, DNP, APRN,
 Family Nurse Practitioner

Length of Presentation(s): 60 minutes each.

Fee: \$100 per presentation plus mileage.

Contact Hours: One contact hour each, except Standards of Practice and Code of Ethics is 2.3 contact hours.

Delegating Effectively is 2 contact hours.

Approved by the North Dakota Board of Nursing.

NURSES *Have you moved recently?*

Update your address on the N.D. Board of Nursing Web site: www.ndbon.org
 Choose **Demographic Updates** under **Nurse Licensure**

**NORTH DAKOTA BOARD OF NURSING
 "CARDLESS" FOR PUBLIC SAFETY
 Wallet licensure cards are no longer issued for:**

RN & LPN Renewal License by Examination
 License by Endorsement
 UAP/Technician/Medication Assistant III
www.ndbon.org

LICENSURE VERIFICATION

North Dakota License Verification Options

The North Dakota Board of Nursing provides the following options for individuals attempting to verify a ND nursing license:

- North Dakota Board of Nursing Website – go to www.ndbon.org. and choose "Verify."
- Nursys® Nurses' Verification. For participating states, go to www.nursys.com. Choose Licensure QuickConfirm.
- E-notify – database for verification of licensure at nursysnotify@ncsb.org

NORTH DAKOTA BOARD HIGHLIGHTS

July 2015

- Accepted the progress report for the strategic plan from January 2015 through June 30, 2015.
 - Approved the 2015-2016 Committee Charges as revised.
 - Ratified the 2015-2016 fee schedule.
 - Approved the Nursing Education Committee recommendation to accept United Tribes Technical College notification of major programmatic changes for the AASPN program as the program has full approval from the ND Board of Nursing and the programmatic changes are in compliance with NDAC 54-03.2-06-02.
 - Approved the Nursing Education Committee recommendation to accept Dakota Nursing Program notification of closure of Williston State College's Minot distance site for the ASN & PN programs effective July 31, 2015 as the programs have full approval from the ND Board of Nursing and the programmatic changes are in compliance with NDAC 54-03.2-06-02.
 - Approved the Nursing Education Committee recommendation to accept DNP Dakota College at Bottineau request for addition of a distance site in Minot for the ASN & PN programs effective Fall 2015 as the programs have full approval from the ND Board of Nursing and the programmatic changes are in compliance with NDAC 54-03.2-06-02.
 - Approved the Nursing Education Committee recommendation to accept DNP Lake Region State College request for increase in the number of student admissions at the Mayville distance site for the ASN program as the programs have full approval from the ND Board of Nursing and the programmatic changes are in compliance with NDAC 54-03.2-06-02.
 - Approved the Nursing Education Committee recommendation that the three applicants who have applied but are not accepted into the nursing program until spring semester must have their program submit an updated Memorandum - Student status form (SFN14690) prior to disbursement of any funds.
 - Approved the Nursing Education Committee recommendation that according to NDAC 54-04.1 Nursing Education Loans the board approve the attached individuals for the nursing education loan for a total awarded of \$81,542.
 - Approved the Nursing Education Committee recommendation that the Board add a question to the nursing education annual report to collect data on distance education students attending nursing programs.
 - APPROVED THE FOLLOWING 2015-2016 COMMITTEE APPOINTMENTS:
Executive Committee: Chair:
Rustvang, J. Christianson,
Price
- Program Monitoring Committee: Chair Mayer, Gravely, Johnson
Nursing Education Committee: Chair Holth, Christianson, Johnson
Finance Committee: Chair Price, Rustvang, Christianson
Nursing Practice Committee: Chair Gravely, Holth, Schmalz
Technology Committee: Chair Schmalz, Mayer, Hammer
Risk Management Committee: Hammer
Board Representatives for: Center for Nursing: Pfenning, Schmalz
PDMP Committee: Pfenning, Christianson
Community Paramedic Subcommittee: Hill, Christianson
- APPROVE THE FOLLOWING 2015-2016 MEETING DATES:
JULY 16, 2015 ANNUAL MEETING
SEPTEMBER 9, 2015 BOARD RETREAT
SEPTEMBER 10, 2015
NOVEMBER 19, 2015
JANUARY 21, 2016
MARCH 17, 2016
MAY 19, 2016
JULY 21, 2016 ANNUAL MEETING



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Get to Know a New Appointed Board Member

Michael Hammer

In an effort to familiarize North Dakota nurses with Board Members, Message from a Board Member presents Mike Hammer in this issue. Mike is from Velva.



Michael Hammer

the US Army Reserves when I joined the Specialized Training for Army Readiness (STAR) program. I graduated as an LPN in 1994 from UND-Williston and several years later I finished my education as an RN through Excelsior College. I have worked in acute care and long term care for most of my career. Along the way I also worked in a clinic setting and as a nurse consultant for the developmentally disabled. I am currently employed at Souris Valley Care Center in Velva as the Director of Nursing. I am also a member of NADONA of ND.

When were you appointed as a board member? July 2015

Why did you decide to become a board member? I've always had an interest in how the board operates from disciplinary action to overseeing nursing education and how policy is decided. In addition to that I felt that being on the board would be a great learning experience.

What is your nursing background? My nursing background started with

What do you feel you can bring to the Board of Nursing? I bring with me 21 years of nursing experience in a wide variety of settings. I am a quiet and thoughtful person always willing to listen and learn regarding any issue.

What is one of the greatest challenges of being a board member? At this point I am so new that it is difficult to say what the greatest challenge is. I think maybe with this ever changing world that keeping up with all of the changes may be the greatest challenge.

How would you describe your experience (so far) as a board member? My first impression as a board member has been very positive. All of the staff members and board members have been very welcoming. It's been a great opportunity to network with some terrific people.

What would you say to someone who was considering becoming a board member? I encourage anybody who wants to be involved to take that chance. I really believe that this is a great opportunity to learn and be a part of the solution to the problems we face in nursing.

Mary Beth Johnson

In an effort to familiarize North Dakota nurses with Board Members, Message from a Board Member presents Mary Beth Johnson in this issue. Mary Beth is from Bismarck.



Mary Beth Johnson

for a long time and wished to participate in actions to help patients receive safe nursing care and serve ND nurses.

When were you appointed as a board member? July 2015

Why did you decide to become a board member? I was a nursing director in Montana for many years and became involved in a few nursing disciplinary concerns with staff nurses as well as standards of care changes. The role of the BON in maintaining safe nursing practice is extremely important. As a profession it's crucial that nurses monitor and regulate their own practice. I currently teach the Ethics, Law, & Policy course for nursing students which involves discussing and exploring standards of care, the nurse practice acts, and disciplinary actions. I've been interested in the workings of the BON

What is your nursing background? I graduated with my BSN from the University of Mary (then Mary College) many years ago. I began my nursing career as a Neonatal Intensive Care nurse and then obtained my Master's in Perinatal nursing at the University of Washington. My clinical background is entirely in maternal child areas in ND, WA, and MT. I was a Maternal Child Nursing Director in Billings, MT for many years and for the past seven years I've been an assistant professor of nursing at the University of Mary. I teach the Pediatric Nursing course including the clinical portion in addition to the Ethics, Law, and Policy course. I'm pursuing my doctorate in bioethics from Loyola University in Chicago. I work help-out in the NICU at CHI St. Alexius.

What do you feel you can bring to the Board of Nursing? I think my

numerous years of management experience and more recent experience as a nursing educator can bring a broad perspective to the board. I'm very proud to be a member of the nursing profession!

What is one of the greatest challenges of being a board member? I've only participated in 2 meetings at this point but I would say the biggest challenge would have to be in the disciplinary process finding balance of making decisions in the best interest of the public safety while wishing to maintain the practice of the nurse.

How would you describe your experience (so far) as a board member? Interesting! I have appreciated the support and welcoming atmosphere of board members and board staff alike.

What would you say to someone who was considering becoming a board member? It is a great opportunity to become involved in defining and regulating nursing practice and serving both the citizens and nurses of ND.

Nurses with Fifty Years of Service

The North Dakota Board of Nursing recognized nurses who have served the profession for the past 50 years with certificates. The following nurses were on the list of nurses:

WENDELLA BENTZ, RN – MINOT, ND	MARILYN LOBSINGER, RN – JAMESTOWN, ND
MARY BERG, LPN – FARGO, ND	JENELL LOFTSNES, RN – BISMARCK, ND
ANN BRECKHEIMER, LPN - DEVILS LAKE, ND	SHARON LORENTZEN, RN – BUTTE, ND
THERESA DAVIS, LPN – MOORHEAD, MN	LOUVICIA MAYER, RN – JAMESTOWN, ND
VIRGINIA DWYER, RN - WEST FARGO, ND	ADELE MOMERAK, RN – GRAFTON, ND
PEARL FORSGREN, RN – MAYVILLE, ND	MARY MOONEY, RN – FARGO, ND
BARBARA HANSEN, RN – FARGO, ND	BERNADETTE OLSON, LPN – FARGO, ND
JANICE HRABIK, LPN - EAST GRAND FORKS, MN	INA ROBERTSON, RN – HOPE, ND
DONNA ISZLER, RN – BISMARCK, ND	ELLA MAE SATROM, RN – PORTLAND, ND
JUDY JACOBSON, RN – FARGO, ND	JUDITH SCHUMACHER, RN - GRAND FORKS, ND
JEAN KAUTZMAN, RN – CENTER, ND	KAREN SOLLUM, RN – BEMIDJI, MN
LINDA LERUD, LPN - VALLEY CITY, ND	JANICE WILD, RN – BISMARCK, ND

The certificate acknowledges the 50 years of active licensure in North Dakota as either an RN or LPN. We take great pleasure in marking this special achievement. Thank you so much to the nurses and their dedication to the profession of nursing. Congratulations!

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DEPARTMENT of HEALTH

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Bismarck, ND 58505-0200
701.328.2352

Website: https://www.cnd.nd.gov/psc/recruit/EMPLOYEE/HRMS/c/HRS_HRAM.HRS_APP_SCHJOB.GBL?

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Frequently Asked Questions

Requirements for Licensure Renewal –

Following is a series of frequently asked questions about the license renewal requirements in ND for licensed nurses. It has been prepared to help license holders better understand their responsibilities with respect to practice and continuing education requirements. Reading this is not a substitute for knowing what the nurse practices act (NDCC Chapter 43-12.1) and the NDAC rules of the Board of Nursing say about continuing education. It can, however, be a good resource that may help answer many of your questions.

Practice Requirements

Are there practice requirements for license renewal in North Dakota?

Yes, all individuals renewing a nursing license must meet or exceed 400 hours of nursing practice in the preceding four years. Hours practiced in another regulated profession cannot be used for nursing practice hours.

- Nurses who have completed a refresher course or graduated from a nursing undergraduate or nursing graduate program in the last four years with less than 400 hours of nursing practice will be able to renew their license without meeting this requirement.

Continuing Education Requirements

Is continuing education (CE) required for license renewal in North Dakota?

Yes, all individuals renewing a nursing license must complete 12 contact hours of CE obtained within the preceding 2 years.

- An applicant that obtained initial licensure through examination will not need to complete any contact hours of approved continuing education before that first renewal of a nursing license. The requirements have been met

through the academic coursework.

- An applicant for reactivation of a license can use the refresher course contact hours for the first renewal cycle after reactivation of a license.
- An APRN with Prescriptive Authority must complete fifteen (15) contact hours of education during the previous two (2) years in pharmacotherapy related to the scope of practice. These contact hours may fulfill the registered nurse renewal continuing education requirement.

Am I required to obtain continuing education in specific areas? No

What is the time frame for getting my continuing education?

CE must be completed within each 2 year renewal period. The continuing education is to be completed within the 2 years prior to the expiration date on the license.

How much continuing education should I get?

LPN, RN, APRN – Each person licensed as a Licensed Practical Nurse, a Registered Nurse, or an Advanced Practice Registered Nurse in ND must complete at least 12 contact hours of approved CE to renew their license.

APRN with Prescriptive Authority – Advanced Practice Registered Nurse with Prescriptive Authority must complete 15 contact hours of CE related to pharmacology. These 15 contact hours may fulfill the RN/APRN renewal contact hour requirements of 12 CE.

When do I need to begin completing the 12 contact hours of approved CE?

This requirement will need to be completed before you renew your nursing license. This requirement will remain in effect for each successive licensure renewal thereafter.

I completed 40 contact hours last licensure period and only needed 12. Does that mean that I can use the other 28 hours for this licensure period?

No! Contact hours do not carry over from one license renewal period to another. You must complete at least 12 contact hours of approved CE in each license renewal period in order to renew a license to practice nursing in North Dakota.

I am currently maintaining my certification in another health care profession. Can I use the continuing education to fulfill my license renewal requirements for contact hours?

The North Dakota Board of Nursing will accept, at face value, the number of hours awarded for an educational activity that has been approved for CE, provided it was approved by one of the following:

- The North Dakota Board of Nursing
- A health care regulatory board or professional organization of any state that is nationally/internationally accredited to approve CE.
- Credit received for successful completion of a course taken through an accredited college or university may be used to meet the CE requirement. Contact hours obtained for renewal of license or certification in another regulated profession cannot be used for maintaining nursing licensure.

Do I send my CE records to the Board?

No. Send your CE records ONLY if you have received a "Notice of Continuing Education Audit" from the North Dakota Board of Nursing.

Who keeps track of my Continuing Education?

You do!! As a professional, you are responsible for keeping track of your own CE records. You must keep your CE documents for at least 4 years. The Board may audit your CE records for up to 4 years.

Then how does the Board know I met the Continuing Education Requirement?

Each time you renew your license you MUST verify through attesting to the statement on the renewal form that you have completed the 12 contact hours.

But, I was just licensed in North Dakota for the first time!!

License by Exam - If you recently received your first license in North Dakota and took an examination to receive it, and this is your first renewal of that nursing license, you are NOT REQUIRED to have completed CE courses. You have met the requirement through your academic

coursework and MUST verify through attesting to the statement on the renewal form.

License by Endorsement - If you recently received your first license in North Dakota and have moved from another state, you are considered to have received your license or certificate by "ENDORSEMENT." Even though this may be your first renewal you MUST verify through attesting to the statement on the renewal form that you have completed the required 12 contact hours. Credit received for successful completion of a course taken through an accredited college or university may be used to meet the CE requirement.

I'm not working right now.

Whether you are working or not has no bearing on your CE requirement. The CE requirement is directly related to renewal of your license in ND.

I need to renew my license and am not able to complete the required number of contact hours. How can I renew my license?

The CE rules do not allow you to renew or reactivate your license without completing CE activities and you are not eligible for licensure.

Approved Continuing Education

How do I know if a particular educational activity is acceptable to the North Dakota Board of Nursing as approved CE?

The North Dakota Board of Nursing will accept, at face value, the number of hours awarded for an educational activity that has been approved for CE, provided it was approved by one of the following:

- The North Dakota Board of Nursing

continued on page 12

NORTH DAKOTA
STATE UNIVERSITY

NDSU

ADVANCE YOUR NURSING CAREER

With locations in Fargo and Bismarck, North Dakota, the NDSU School of Nursing offers small class sizes, experienced faculty and an excellent value.

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- LPN to BSN blended online program
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- RN to BSN online program coming fall 2016

NDSU tailors its programs to both full-time students and working professionals.

ndsu.edu/nursing

continued from page 11

- A health care regulatory board or professional organization of any state that is nationally accredited to approve CE.

The Statement on my certificate states that the course meets the requirements for continuing education (CE) of another board of nursing. Does this mean it is approved CE for my North Dakota nursing license renewal?

No. Approval is a formal process that involves review of the program components *prior* to offering the continuing education. A statement that the CE meets a requirement alone is not approval and therefore is not acceptable for continuing education required by the ND Board of Nursing.

I am taking college courses. Can I use these courses to meet my CE Requirement?

Yes. Credit received for successful completion of a course taken through

an accredited college or university may be used to meet the CE requirement. This is called "Academic Credit" and translates into contact hours as follows:

- 10 contact hours = One academic quarter hour
- 15 contact hours = One academic semester hour

I can't always get to the classes when they are offered. Can I get my CE at home?

Yes, many individuals receive CE through independent study activities. Independent studies may be taken through mail order courses or the internet. There is no limit to the number of contact hours you may obtain through independent study.

CAUTION!! It is up to you to make sure that the educational activities you choose are acceptable to meet the CE requirement to renew your license. Look at the advertising for the course/function - approval should be mentioned.

I took a course that met the requirements for continuing education of another board of nursing. Does that mean it is approved CE?

No. Approval is a formal process that involves review of the program components. Meeting a requirement alone is not approval.

I taught a course that was approved for contact hours; can I use the contact hours to meet the CE requirement for renewal?

Yes, you may use the approved contact hours up to 6 CH for teaching a course one time during a renewal period. The presentation or lecture must be outside of the normal duties of the job and approved for contact hours.

I had a nursing article published in a refereed journal, can I use contact hours to meet the CE requirement for renewal?

Yes, Evidence of publication of one article related to nursing practice in a refereed journal, one book chapter, or research project published in the license renewal time frame may be submitted for verification of the 12 contact hours.

The educational activity I took was not approved for CE.

The Board does not retroactively approve courses for CE. It is the responsibility of the course provider to get the activity approved for CE before you take it. If the educational activity was not approved for CE or you did not receive academic credit, you will not receive credit toward the CE required to renew your license.

I'm required by my employer to take CPR or Advanced Life Support Courses. Do these count?

No, not all educational activities completed are acceptable as CE. The following is a list of activities that DO NOT MEET the CE requirement in ND:

- Basic Life Support classes;
- CPR classes;
- Advanced Skills Renewal Courses (ACLS, PALS, NALS, etc)
- Repetition of any educational activity with identical content and objectives within a single reporting period;
- Agency specific orientation or in-service programs;
- Self-directed independent study activities that have not been approved for CE;
- A personal development activity;
- Community service or volunteer practice;
- Board-ordered CE;
- Membership in a professional nursing organization;
- Professional meetings or conventions except for those portions approved for CE.

Audit Information

The Board monitors compliance with the CE requirement through an audit system. If you receive a "Notice of Continuing Education Audit" during your online renewal you are asked to send photocopies of your CE records to the Board. It is important that you send COPIES of the actual documents received upon completion of the education activities attended. Information received in the Board office in response to an audit of your continuing education records will not be

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returned to you. You should keep your original documents. The time period for which you are being audited will be stated in the "Notice of Continuing Education Audit."

How long should I keep my continuing education records?

Records must be kept for at least 4 years.

What records should I keep?

Documentation of completion of CE activities should be supplied to you by the provider of the activity. Upon audit, you will be required to send photocopies of documents that contain all of the following information:

- Your name;
- Title of the education activity or course;
- Code or course number;
- Date of program completion;
- Name of the provider/instructor;
- Name of the organization which approved the program for CE;
- Contact hours or number of credits.

For academic credit, an official college transcript or grade report showing your name, the name of the school, the number of credits received, and the dates attended is also acceptable.

Inactive Licenses

I don't plan to renew my license.

What do I need to do?

Inactive Status – If you do not renew your license it will be on "Inactive Status." You may not work as a nurse if your license is on inactive status. There is an additional fee to reactivate a license from inactive status.

Reactivation for Inactive Licenses

How do I get my license back if I let it go inactive?

Reactivation- Any time your license is on inactive status, you may "reactivate" your license by:

- Meeting or exceeding four

hundred hours of nursing practice in the preceding four years;

AND

- Completing at least the minimum number of required contact hours of approved CE within 24 months immediately preceding reactivation of your license

If I complete a refresher course to reactivate my license, can I use the contact hours obtained for my next renewal cycle?

Yes, the refresher course contact hours can be used for the first renewal cycle after reactivation of your license.

What do I need to do if I have not practiced for four or more years in North Dakota?

Any APRN, RN, or LPN who has not actively practiced in North Dakota for four years or more must meet the following requirements before a license to practice is issued:

1. Complete the reactivation application
2. Pay the renewal/reactivation fee
3. Provide to the board for approval, proof of one of the following:
 - a. Practice as a licensed RN or LPN which meets or exceeds 400 hours with the preceding four years in another state, territory or country. Verification of employment is to be submitted.
 - b. Completion of a refresher course in nursing within the preceding year.
 - c. Successful completion of a clinical nursing course in a board-recognized program to further nursing education.
 - d. Other evidence the licensee wishes to submit which would provide proof of nursing competence.



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NDBON, NDNA and NDCFN: What's the Difference?

There is some confusion regarding the differences between the North Dakota Board of Nursing (NDBON), the North Dakota Nurses Association (NDNA) and North Dakota Center for Nursing. Hopefully, the following will help clarify some of the confusion.

A COMPARISON OF THE THREE ORGANIZATIONS

North Dakota Board of Nursing (NDBON)	North Dakota Nurses Association (NDNA)	North Dakota Center for Nursing (NDCFN)
<p>919 S 7TH Street, Suite 504 Bismarck, ND 58504-5881 Phone: (701) 328-9777 Fax: (701) 328-9785</p>	<p>1515 Burnt Boat Dr, Suite C #325 Bismarck, ND 58503 Phone: (888) 772-4179 E-mail: Director@ndna.org Website: www.ndna.org</p>	<p>417 Main Avenue Suite #402 Fargo, ND 58103 Phone: (701)365-0408 Website: www.ndcenterfornursing.org</p>
<p>Mission: ND Board of Nursing assures North Dakota citizens quality nursing care through the regulation of standards for nursing education, licensure, and practice.</p>	<p>Mission: NDNA promotes the professional development of nurses, and advances the identity and integrity of nursing to enhance healthcare for all through practice, education, research, and development of public policy.</p>	<p>Mission: The mission of NDCFN is to guide the ongoing development of a well-prepared and diverse nursing workforce to meet the needs of the citizens of North Dakota through research, education, recruitment and retention, advocacy and public policy.</p>
<p>Description:</p> <ul style="list-style-type: none"> • Governmental regulatory body established by state law under the North Dakota Century Code 43-12.1 Nurse Practices Act to regulate the practice of nursing and protect the health and safety of the public • Regulates the practice of individuals licensed and registered by the Board • Establish standards of practice for RNs, LPNs, and APRNs • Establish standards and regulate nursing education programs • Discipline licensees and registrants in response to violations of the Nurse Practices Act 	<p>Description:</p> <ul style="list-style-type: none"> • Professional Association for Registered Nurses. Membership is 100% Registered Nurses. • Constituent member of the American Nurses Association (ANA) • Influences legislation on health care policies and health issues and the nurse's role in the health care delivery system • Promotes the continuing professional development of Registered Nurses • Advances the identity and integrity of the profession to enhance healthcare for all through practice, education, research, and development of public policy • Promotes the Scope and Standards of Nursing Practice and the Code of Ethics for nurses 	<p>Description:</p> <ul style="list-style-type: none"> • 501c3 non-profit organization • All nurses and over 40 nursing organizations, education programs, grant programs, state agencies and other stakeholders are members and are invited to volunteer on ND Center for Nursing Leadership Team. • Works to unify voice of nursing in North Dakota through connecting nursing organizations interested in policy issues. • Develops statewide programming to fulfill mission across multiple areas including nursing education faculty and resources, workplace planning, research and development and practice and policy. • Tracks supply, demand and education of nursing workforce.

<p>Board Members: Daniel Rustvang, RN, Grand Forks; President Jane Christianson, RN, Bismarck; Vice President Clara Sue Price, Public Member, Minot; Treasurer Michael Hammer, RN, Velva Janelle Holth, RN, Grand Forks Mary Beth Johnson, RN, Bismarck Bonny Mayer, LPN, Minot Paula Schmalz, APRN, Bismarck Opening for 1 LPN (9/2015)</p>	<p>Board of Directors: Roberta Young, MSN, RN, Fargo; President Tammy Buchholz, MSN, RN, Bismarck; VP Membership Services Donelle Richmond, BSN, RN, Walcott; VP Finance Kristin Roers, MS, RN, Fargo; VP Government Relations Jamie Hammer, MSN, RN, Minot; VP Practice, Education, Administration, Research Jacki Bleess-Toppen, MSN, PMHNP-BC, Fargo; VP Communications</p>	<p>Board of Directors: Mary Anne Marsh, Dickinson, President College and University Nursing Education Administrators Julie Hanson, Mayville, President-elect, ND Directors of Nursing Administration/LTC Denise Address, Hettinger, Secretary, North Dakota Area Health Education Center Rosanne Diehl, Fargo, Treasurer, North Dakota Association of Nurse Anesthetists Margaret Reed, Grand Forks, Past-President, North Dakota Organization of Nurse Executives Stacey Pfenning, Bismarck, North Dakota Board of Nursing Roberta Young, Fargo, North Dakota Nurses Association Julie Baustad, Rugby, North Dakota Organization of Nurse Executives Dean Gross, Fargo, North Dakota Nurse Practitioner's Association Jeanna Kujava, Cavalier, North Dakota Public Health Association, Nursing Section Joann Lindemann, Kildeer, Nursing Student Association of North Dakota Amanda Remyse, Bismarck, North Dakota Workforce Development Division Carla Hansen, Fargo, Sigma Theta Tau Xi Kappa at Large Chapter Nancy Johnson, Fargo, Consumer/Public Member</p>
<p>NDBON Staff: Stacey Pfenning, DNP, APRN, Executive Director- spfening@ndbon.org Tammy Buchholz, MSN, RN, Associate Director for Education- tbuchholz@ndbon.org Melissa Hanson, MSN, RN, Associate Director for Discipline- mhanson@ndbon.org Pat Hill, BSN, RN, Assistant Director-Discipline/Practice- phill@ndbon.org Julie Schwan, Administrative Service Coordinator- jschwan@ndbon.org Gail Rossman, Technology Specialist II- grossman@ndbon.org Kathy Zahn, Administrative Assistant- kzahn@ndbon.org Sally Bohmbach, Administrative Assistant II- bohmbach@ndbon.org</p>	<p>NDNA Staff: Carmen Bryhn, MSN, RN Director of State Affairs Director@ndna.org</p>	<p>NDCFN Staff: Patricia Moulton, PhD Executive Director Patricia.moulton@ndcenterfornursing.org Kyle Martin, BS Associate Director Kyle.martin@ndcenterfornursing.org</p>

Nursing Education Loan Recipients Announced

The NDBON offers the Nursing Education Loan (NEL) Program to students in associate, bachelors, and master's degree programs in nursing. It is also available to nurses pursuing a doctorate and nurses in a refresher course. To learn more about the NDBON NEL Program, visit our website at <https://www.ndbon.org/Education/NursingEdLoan/Overview.asp>.

In 2015-2016, the NDBON awarded a total of \$81,542 to nursing students, see list below for NEL recipients.

NAME	DEGREE	SCHOOL	NAME	DEGREE	SCHOOL
Raisha Meier	Voc Cert	Bismarck State College	Hannah Ferrie	BSN	UND
Miranda Marx	AD-LPN	Dickinson State University	Jesse Gall	BSN	NDSU
Rayessa Odermann	AD-LPN	Dickinson State University	Joshua Gessler	BSN	UND
Emily Wolf	AD-LPN	Dickinson State University	Tiffany Hochstetler	BSN	UND
Kimberly Mark	AD-RN	Rasmussen College	Andrew Janssen	BSN	UND
Morgan Aasand	BSN	University of Mary	Kaitlyn Kelly	BSN	UND
Shelby Adams	BSN	UND	Kendra Knain	BSN	University of Mary
Caleb Behm	BSN	UND	Halie Kraft	BSN	UND
Laci Binek	BSN	NDSU	Rachel Kunkel	BSN	NDSU
Autumn Buchl	BSN	Concordia College	Kendra Marquart	BSN	Minot State University
			Briannah Pierce	BSN	Presentation College
			Trisha Ricker	BSN	NDSU
			Tiffany Strand	BSN	UND
			Hannah Strid	BSN	UND
			Cassie Thompson	BSN	UND
			Joseph Vetter	BSN	NDSU
			Anderson, Anna	MSN	Walden University
			Dena Dorval	MSN	Walden University
			Kari Emery	MSN	Texas Wesleyan University
			Ashlee Fettig	MSN	University of Mary
			Carey Haugen	MSN	UND
			Brittany Haugtvedt	MSN	UND
			Paige Helm	MSN	UND
			Dawn Huffman	MSN	University of Mary
			Hollie Keller	MSN	University of Mary
			Rose Lindsey	MSN	University of Phoenix
			Melissa Moser	MSN	Walden University
			Jodell Schmidt	MSN	Ball State University
			Katherine Sunaert	MSN	University of Phoenix
			Vanessa Sundeen	MSN	UND
			Shawna Trebas	MSN	University of Mary
			Megan Tykwinski	MSN	Walden University
			Katie Banley	DNP	NDSU
			Jamie Hammer	DNP	American Sentinel University
			Joanne Lassiter	PhD	Capella University
			Megan Overby	DNP	University of Mary
			Rhoda Owens	PhD	UND
			Melanie Schlittenhardt	DNP	University of Mary
			Makayla Vaughan	DNP	University of Mary



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NCSBN Provides Nursys e-Notify Free of Charge to Nurse Employers

Chicago – The National Council of State Boards of Nursing (NCSBN) will now provide automatic licensure, discipline and publicly available notifications quickly, easily, securely and free of charge to institutions that employ nurses or maintain a registry of nurses through **Nursys e-Notify**.

Nursys is the only national database for licensure verification, discipline for registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs). Nursys data is pushed directly from participating boards of nursing's (BONs) databases through frequent, secured updates. Nursys is live and dynamic, and all updates to the system are reflected immediately.

Nursys is designated as a primary source equivalent database through a written agreement with participating BONs. NCSBN posts licensure and discipline information in Nursys as it is submitted by individual BONs.

Institutions who subscribe to this innovative service do not have to proactively seek licensure or discipline information about their nurses because that information will be sent to them automatically. The

e-Notify system alerts subscribers when modifications are made to a nurse's record, including changes to:

- License status;
- License expirations;
- License renewal; and
- Public disciplinary action/resolutions and alerts/notifications.

If a nurse's license is about to expire, the system will send a notification to the institution about the expiration date. If a nurse was disciplined by a BON, his/her institution will immediately learn about the disciplinary action, including access to available documents.

Institutions can learn more about Nursys e-Notify by viewing an introductory video at www.nursys.com.

For questions, contact nursysenotify@ncsbn.org.

[1] Except Alabama, Hawaii, Kansas and Oklahoma.



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Next scheduled Board of Nursing Meetings, to be held in Sioux Falls, South Dakota:

Meeting date: Agenda items due:

Nov. 19 & 20, 2015 Nov. 5, 2015

All licensure forms, the Nurse Practice Act and contact information is available on the South Dakota Board of Nursing Website at www.sdnursing.gov

Board Staff Directory

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Executive Director

gloria.damgaard@state.sd.us / (605) 362-2765

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DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING

JUNE 11, 2015 – SOUTH DAKOTA BOARD OF NURSING ACTION

Brenda Marie Doerr, R042995	Summary Suspension
Nichole Marie Ernst, R042137	04/17/2015 Letter of Reprimand Upheld
Karen M. Gerdes, P008519	Letter of Reprimand
Karmyn Brianna Gluhm, R041785.....	Suspension
Kelly June Gullikson, P006789	Letter of Reprimand
Maria Rosa Lee, R028061	Letter of Reprimand
Linda Ann Lowman, R022580	Summary Suspension
Diane Kay Petree, P005318.....	Probation & Remediation
Leah N. Wille, P011597	Summary Suspension

Attn: Medication Aide Exam Proctor Update available. See SDBON homepage for details <http://doh.sd.gov/Boards/Nursing/>

South Dakota Board of Nursing Meeting Highlights September 2015

Education:

- The South Dakota Board of Nursing granted a motion to accept Sisseton Wahpeton College administration's decision to voluntarily place the PN program on hold Fall 2015 due to no faculty.
- The South Dakota Board of Nursing granted a motion stating the practice of nursing included teaching didactic and clinical nursing education. A South Dakota license, or privilege to practice, is required for all nursing education faculty teaching LPN, RN, or APRN students located within the State of South Dakota.

Practice:

- The South Dakota Board of Nursing granted a motion to re-appoint Robin Arends, CNP and Esther Preszler, CNP to a second 3-year term to the APRN Advisory Committee. Other committee members previously appointed include: Jim Barnett, CRNA, Terry Engelmann, CNM, Kay Foland, CNS, CNP, Jo Gibson, CNP, Deborah Hickman, CNP, Alexia Klinkhammer, CRNA, Susan Rooks, CNM, and Lynn White, CNS.
- The South Dakota Board of Nursing granted a motion at their April 2015 meeting to support the development of a Center for Nursing Workforce (CNW) Nursing Leadership Academy, coordinated and presented by EmBe, with financial support from CNW funds. The first Nursing Leadership Academy program will enroll 25 participants and will begin January 2016.
- Gloria Damgaard, South Dakota Board of Nursing, Executive Director and Linda Young, Nursing Practice Specialist, published the article, "Transitioning the Virtual Nursing Care for School Children with Diabetes Study to a Sustainable Model of Nursing Care" in the Journal of Nursing Regulation, 6 (2).
- The South Dakota Board of Nursing approved a proctor policy for unlicensed assistive personnel online exams for registration as a medication aide and diabetes aide at their June meeting, and the medication aide exam passing standard at their September meeting.

- The South Dakota Board of Nursing awarded 114 nursing students scholarship money at their June meeting. The scholarship money is generated through a \$10 fee charged to each nurse upon renewal of a South Dakota RN and LPN license. The number and amount of each scholarship is determined annually by South Dakota Board of Nursing and does not exceed \$1,000 per academic year per LPN, RN, or graduate nursing student.

Licensure:

- The South Dakota Board of Nursing granted a motion at their September meeting to add the company of Josef Silny & Associates as an approved foreign credential evaluation service.
- All nurses have the option to self-enroll their license in Nursys e-Notify. Once enrolled, e-Notify will automatically send license expiration reminders and status updates to licensees. <https://www.nursys.com/EN/ENDefault.aspx>

Pursuant to SDCL 36-9-17, the Board is required to meet annually and as often as may be necessary to transact its business. The Board of Nursing generally meets a minimum of five times each year. The following webpage can be accessed for a listing of scheduled board meetings <http://doh.sd.gov/Boards/nursing/Calendar.aspx>

Individuals interested in attending should check the Board website for dates, location, and time of upcoming meetings. The agenda will be posted onto this website 24 hours prior to the Board Meeting. All agenda items are due to Jill Vanderbush (jill.vanderbush@state.sd.us) at the Board no later than two weeks prior to a scheduled meeting. Minutes from a transacted Board meeting can be found on the Board website: <http://doh.sd.gov/Boards/nursing/Minutes.aspx> Meetings are open to the public; however, SDCL 1-25-2 allows a public body to close a meeting for discussing employee or legal matters. For more information on open meeting law, please go to <http://atg.sd.gov/LinkClick.aspx?fileticket=37WWJqBs03c%3d&tabid=324&mid=811>

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ANA Sets 'Zero Tolerance' Policy for Workplace Violence, Bullying Position Statement Calls on Health Care Employers to Implement Violence Prevention Programs

SILVER SPRING, MD – The nursing profession “will no longer tolerate violence of any kind from any source,” the American Nurses Association (ANA) declared in a new position statement on violence in health care workplaces released today.

“Taking this clear and strong position is critical to ensure the safety of patients, nurses and other health care workers,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. “Enduring physical or verbal abuse must no longer be accepted as part of a nurse’s job.”

ANA’s position statement, developed by a panel of registered nurses (RNs) representing clinicians, executives and educators, addresses a continuum of harmful workplace actions and inactions ranging from incivility to bullying to physical violence. The statement defines bullying as “repeated, unwanted harmful actions intended to humiliate, offend and cause distress,” such as hostile remarks, verbal attacks, threats, intimidation and withholding support.

The statement calls on RNs and employers to share responsibility to create a culture of respect and to implement evidence-based strategies. The statement cites research showing that some form of incivility, bullying or violence affects every nursing specialty, occurs in virtually every practice and academic setting, and extends into all educational and organizational levels of the nursing profession.

RNs who belong to many of the more than 30 nursing specialty organizations affiliated with ANA provided input for the position statement.

A recent ANA survey of 3,765 RNs found nearly one-quarter of respondents had been physically assaulted while at work by a patient or a patient’s family member, and up to half had been bullied in some manner, either by a peer (50 percent) or a person in a higher level of authority (42 percent).

Among the position statement’s recommendations to prevent and mitigate violence, in addition to setting a “zero tolerance” policy, are:

- Establishing a shared and sustained commitment by nurses and their employers to a safe and trustworthy environment that promotes respect and dignity;
- Encouraging employees to report incidents of violence, and never blaming employees for violence perpetrated by non-employees;
- Encouraging RNs to participate in educational programs, learn organizational policies and procedures, and use “situational awareness” to anticipate the potential for violence; and
- Developing a comprehensive violence prevention program aligned with federal health and safety guidelines, with RNs’ input.

To prevent bullying, among ANA’s recommendations are that RNs commit to “promoting healthy interpersonal relationships” and become “cognizant of their own interactions, including actions taken and not taken.” Among recommendations for employers are to:

- Provide a mechanism for RNs to seek support when feeling threatened;
- Inform employees about available strategies for conflict resolution and respectful communication; and
- Offer education sessions on incivility and bullying, including prevention strategies.

ANA has several resources to help RNs and employers address and prevent bullying in the workplace, including the booklet, *Bullying in the Workplace: Reversing a Culture*, and a bullying “tip card.”

#

ANA is the only full-service professional organization representing the interests of the nation’s 3.4 million registered nurses through its constituent and state nurses associations and its organizational affiliates. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

A bold call to action: Mobilizing nurses and employers to prevent and address incivility, bullying, and workplace violence

Author: Christine W. Saltzberg, PhD, MS, RN, PHCNS-BC, and Cynthia M. Clark, PhD, RN, ANEF, FAAN

As registered nurses (RNs), you probably agree that taking action to promote and sustain a culture of civility, respect, and safety is paramount to advancing the future of the nursing profession, to building a culture of health that honors the profession’s contract with society, and to recruiting new nurses and retaining experienced nurses in the profession. To achieve such a bold agenda, we must first make a commitment to ending the incivility, bullying, and workplace violence challenging the profession. Second, we must demonstrate through professional nurse unity and genuine partnership with employers how to end this public health threat.

To that end, the American Nurses Association (ANA) issued a call in early fall 2014 for members to submit

applications to serve on what would eventually become the largest of its professional issues panels assembled. More than 500 ANA members expressed interest in and applied to serve on the panel to address incivility, bullying, and workplace violence in health care. In its application review, ANA considered such things as regional and national representation, membership in an affiliate nursing organization, years in the profession, and diversity in terms of nursing practice, education, research, culture, and experience with the topic. From the full applicant pool, ANA selected and invited 24 steering committee members to lead the development of the new position statement. A group of 441 advisory committee members were also selected to provide guidance and feedback to the association and the steering committee throughout the project, and to contribute to the development of resources.

The overall goal of the panel was to develop a position statement on

incivility, bullying, and workplace violence that describes evidence of related issues and provides detailed guidance supported by evidence to help RNs and employers promote and sustain healthy workplaces. Four co-chairs were appointed, including the two authors of this article; Deena Brecher, MSN, RN, APN, ACNS-BC, CEN, CPEN, Delaware Nurses Association and Emergency Nurses Association 2014 president; and James Cole Edmonson, DNP, RN, FACHE, NEA-BC, Texas Nurses Association. The co-chairs, in collaboration with staff from ANA's Department of Nursing Practice and Work Environment, convened the activities of the Steering Committee and Advisory Committee in November 2014. After circulating the draft document for public comment in April, a final version is expected by the end of August 2015.

continued on page 22



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continued from page 21

Before embarking on the critical work of developing a position statement on incivility, bullying, and workplace violence, members of the professional issues panel collaborated to establish and adopt a team charter and to create and agree upon a set of functional team norms or ground rules. The panel's team charter provides a framework for desired individual and collective performance, defines the team's purpose and goals, describes the team members' roles and responsibilities, identifies key deliverables and decision-making processes, and includes the panel's agreed upon team norms or ground rules. Ground rules are essential components for effective team functioning, and once they are established, affirmed, and operationalized, teams have a clearer description of their mission and purpose and are better positioned for success. (See *Professional issues panel's team ground rules*.) In the position statement, a "constellation of harmful actions taken and those not taken" provides an overarching framework, which includes explicit displays of uncivil or threatening acts, as well as failing to take action when action is warranted or required to address incivility, bullying, or violence in the workplace. The background section provides an overview of relevant literature and research evidence, which supports and justifies the position. The position statement defines incivility, bullying, and workplace violence, and provides examples of each; it outlines RNs' and employers' ethical, moral, and legal responsibilities regarding incivility, bullying, and workplace violence; and makes recommendations for RNs and employers to create safe work environments along with primary, secondary, and tertiary prevention strategies that extend across the healthcare continuum and academia.

Given the expansive composition of these phenomena (incivility, bullying, and workplace violence), members of the panel were challenged to craft a position statement that included all RNs and employers across the healthcare continuum, including practice and

Professional issues panel's team ground rules

The panel members hope that the ground rules below might be used by other teams or groups as a guide to develop their own set of ground rules. While important for any team, the ground rules were especially essential for the professional issues panel, because of the sensitivity of the issues related to incivility, bullying, and workplace violence.

- Assume goodwill and conduct dialogue in a respectful manner.
- Listen, be nonjudgmental, and keep an open mind.
- Actively participate in meetings and discussions.
- Adhere to deliverables and deadlines established for the project.
- Strive for balanced discussion of all team members
- Provide opportunities for input from dissenting and/or minority voices.
- Encourage respectful dissent as a way to arrive at fully formed ideas.
- Offer solutions when presenting a problem or disagreeing

academia, while recognizing that all parties have an ethical, moral, and legal responsibility to create a healthy and safe work environment for RNs and all members of the healthcare team, healthcare recipients, families, and communities.

The new position statement is closely aligned with the ANA's *Code of Ethics for Nurses with Interpretive Statements*, which states that all nurses are required to "create an ethical environment and culture of civility and kindness, treating colleagues, co-workers, employees, students, and others with dignity and respect" and that any form of bullying, harassment, intimidation, manipulation, threats, or violence are always morally unacceptable and will not be tolerated from any source. This position statement, although written specifically for RNs and employers, is also relevant to other healthcare providers and stakeholders who collaborate to create and sustain a safe and healthy interprofessional work environment.

When reviewing the statement, you will find a few suggested resources interspersed throughout the recommendations section, along with a detailed list of additional resources and references at the end of the position statement. In addition, ANA plans to develop a variety of tools and continuing educational materials to guide and support RNs' and employers' efforts to promote healthy relationships and work environments.

This new statement articulates the ANA position with regard to individual and shared roles and responsibilities

of RNs and employers to create and sustain a culture of civility, respect, and safety—a culture that is free of incivility, bullying, and workplace violence. By implementing best practice strategies based on evidence, together we can prevent and mitigate the harmful actions taken and those not taken, promote the health, safety, and wellness of RNs, and ensure optimal outcomes across the healthcare continuum.

To read the position statement upon its release in August, visit ANA's website, www.nursingworld.org.

Selected references

- American Nurses Association. *Code of Ethics for Nurses with Interpretive Statements*. Washington, DC: American Nurses Association; 2015.
- American Nurses Association. *Incivility, bullying, and workplace violence*. Silver Spring, MD: American Nurses Association (in press).
- Saltzberg CW. Balancing in moments of vulnerability while dancing the dialectic. *Adv Nurs Sci*. 2011;34(3):229-42.
- Wallace RB. *Wallace/Maxcy-Rosenau-Last Public Health & Preventive Medicine*. 15th ed. Philadelphia, PA: McGraw-Hill; 2008.

Christine W. Saltzberg is an associate professor of nursing, Crystal M. Lange College of Health and Human Services at Saginaw Valley State University in University Center, Michigan. Cynthia M. Clark is professor emeritus, nurse consultant with ATI Nursing Education based in Boise, ID, and headquartered in Leawood, KS.

South Dakota's Nursing Workforce



*Linda Young, MS, RN, FRE, BC
Program Director, SD Center for Nursing Workforce,
Nursing Program Specialist, SD Board of Nursing*

The *South Dakota Nursing Workforce Supply and Employment Characteristics – 2015*¹ report presents information on the status of South Dakota's nursing workforce. The report provides stakeholders such as nurse educators, nurse leaders, and policymakers' valuable information to guide them when planning to meet South Dakota's need for nurses in the state.

The report includes an analysis of employment data collected by the South Dakota Board of Nursing from each RN and LPN upon licensure renewal. Data in the report focuses on South Dakota's nursing workforce characteristics and supply. Aggregate licensure data for registered nurses (RN), licensed practical nurses (LPN), certified nurse midwives (CNM), certified nurse practitioners (CNP), certified registered nurse anesthetists (CRNA), and clinical nurse specialists (CNS) was provided by the South Dakota Board of Nursing (SDBON). A full report

is available on the South Dakota Center for Nursing Workforce website, <http://doh.sd.gov/Boards/Nursing/sdcenter.aspx>.

As shown in Table 1, as of December 31, 2014 licensure data revealed 16,084 actively licensed RNs, 2,483 actively licensed LPNs, 32 actively licensed CNMs, 651 actively licensed CNPs, 440 actively licensed CRNAs, and 71 actively licensed CNSs. Of the 11,476 RN licenses renewed during the data collection period from June 1, 2013 to December 31, 2014, 11,035 RNs completed renewal applications, for a 96.2% response rate. Of 1,685 LPN licenses renewed, 1,584 LPNs returned completed renewal applications, for a 94.0% response rate.

continued on page 24



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continued from page 23

Supply data, presented in the table, demonstrates a positive growth in the total number of actively licensed nurses in every category with the exception of CNSs. South Dakota had an increase of 1,322 RNs from January 1, 2013 to December 31, 2014; licensure data revealed that 2,252 new RNs were licensed during this time period: 1,120 were added as new graduates, those who sat for exam, and 1,132 were added by endorsement from another state.

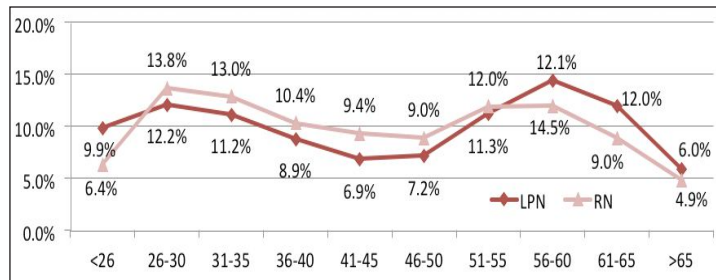
Table 1. Actively Licensed Nurses, % Change for Selected Years 2010 – 2014

ACTIVELY LICENSED NURSES	2014	%	2012	%	2010
LPNs	2,483	+2.4%	2,424	+3.3%	2,347
RNs	16,084	+9.0%	14,762	+8.6%	13,597
CNMs	32	+14.3%	28	+21.7%	23
CNPs	651	+19.7%	544	+28.0%	425
CRNAs	440	+5.3%	418	+9.4%	382
CNSs	71	-4.1%	74	-5.1%	78
TOTAL	19,761	+8.3%	18,250	+8.3%	16,852

Note: The percent change reflects a comparison from the indicated year to the previous year.

Similar to previous reports, data reflected the majority of nurses in South Dakota were female and only 8.6% of RNs and 4.4% of LPNs were male. As shown in Figure 1, the largest percentage of LPNs, 43.7%, were 51 years or older and their average age was 45.2. RN data revealed over 43% were 40 years or younger and their average age was 44.4 years. Nearly 13% of RNs and 13.6% of LPNs indicated they intend “to leave or retire from nursing within the next five years”.

Figure 1. Age Distribution



Employment data continued to reflect a high percentage of RNs and LPNs in South Dakota actively employed in the nursing profession, Figures 2 and 3. Over 90% of LPNs and over 93% of RNs responded they were employed either full-time or part-time in nursing positions. Reasons LPNs and RNs gave as to why they were unemployed were “taking care of home/family”, “school responsibilities”, “difficulty finding a nursing position”, and “other”.

Figure 2. Employment Status of LPNs

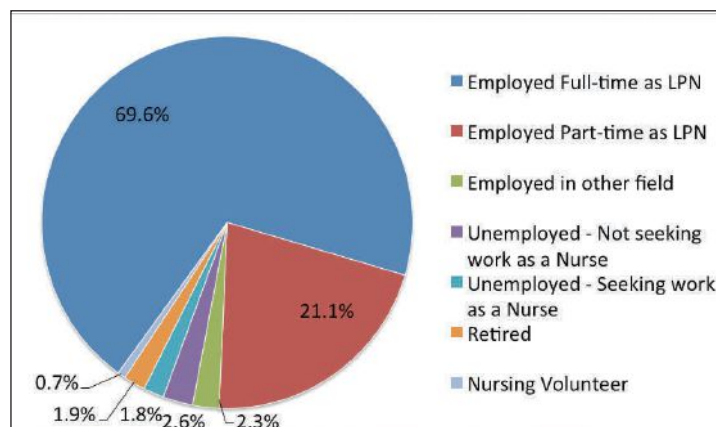
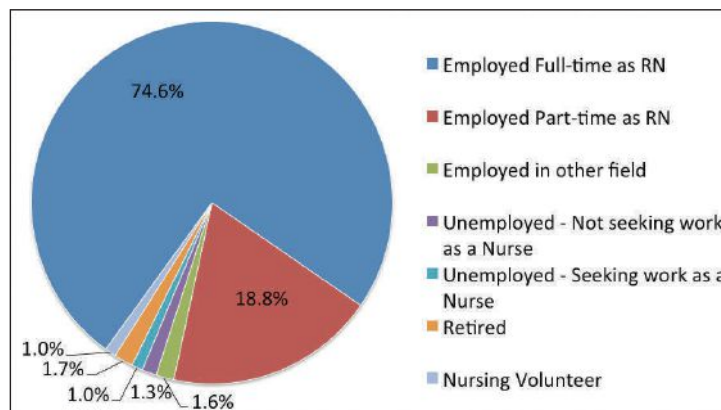
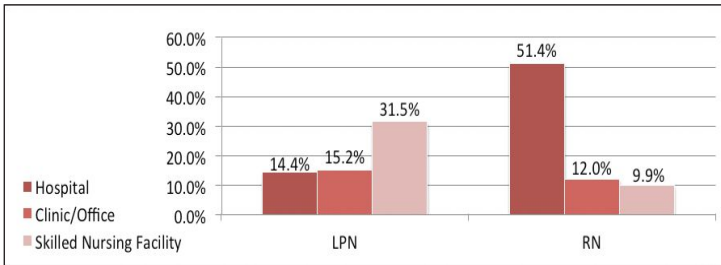


Figure 3. Employment Status of RNs



Similar to previous workforce data reports, most RNs and LPNs were employed in the following settings, hospitals, ambulatory/office/clinic, skilled nursing facilities, community/home health, and outpatient surgical settings. Figure 4 shows the percent of RNs and LPNs employed in the top three practice settings of hospital, ambulatory/office/clinic, and skilled nursing facilities.

Figure 4. Employment Status of RNs

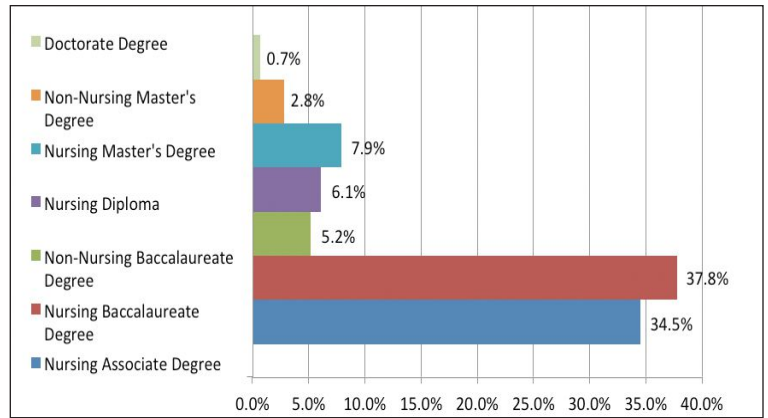


Employment data also revealed most LPNs practice as staff nurses in geriatric and adult/family health settings. The most common clinical area of practice for RNs was medical surgical and acute/critical care. Most RNs, 67%, and LPNs, 76%, reported that in their current positions 75-100% of their time is involved in direct patient care; while 14% of RNs and 9% of LPNs reported their positions did not involve direct patient care.

Consistent with previous nursing workforce reports a majority, 88%, of LPNs indicated their highest educational preparation at the PN diploma or associate degree level. A large percent of LPNs indicated they were advancing their nursing education; data revealed 11% were “currently enrolled in education classes leading to an advanced nursing degree”.

For the first time since collecting data on education level, the majority of RNs in South Dakota, 37.8%, reported their highest educational preparation as a baccalaureate degree in nursing, Figure 5. While RNs prepared with an associate degree as their highest educational preparation decreased to 34.5%. Diploma prepared RNs continue to decline and comprised only 6.1% of all RNs. RNs prepared with a master’s in nursing also increased slightly to 7.9%. RNs prepared at the doctoral level remained at 0.7%; of this group 0.2% held a DNP, 0.3% held a PhD, and 0.2% held another type of doctorate degree.

Figure 5. Educational Preparation of RNs in SD



Additionally 935 (8.5%) RNs responded they were advancing their nursing education and are “currently enrolled in education classes leading to an advanced nursing degree”. Table 2 provides the number of nurses enrolled in various advanced nursing degree programs.

Table 2. Nursing Degrees Sought by RNs

Degree in Nursing Sought	Number of RNs	%
Baccalaureate in Nursing	400	42.8%
Master's in Nursing	375	40.1%
Doctorate of Nursing Practice (DNP)	112	12.0%
PhD	22	2.4%
Other	26	2.7%
Total	935	100%

The number of licensed nurses who resided in South Dakota’s seven regions as of December 31, 2014 is shown in Figures 6, 7, and 8. The map of South Dakota’s regions and counties is shown in Figure 9. Consistent with previous reports, Region 2 has the largest number of South Dakota’s nursing workforce. State and county populations were based on the U.S. Census Bureau’s Annual Estimates of the Resident Population² for 2013. Nurses who resided outside of South Dakota were not included.

continued from page 25

Figure 6. RN and LPN Distribution

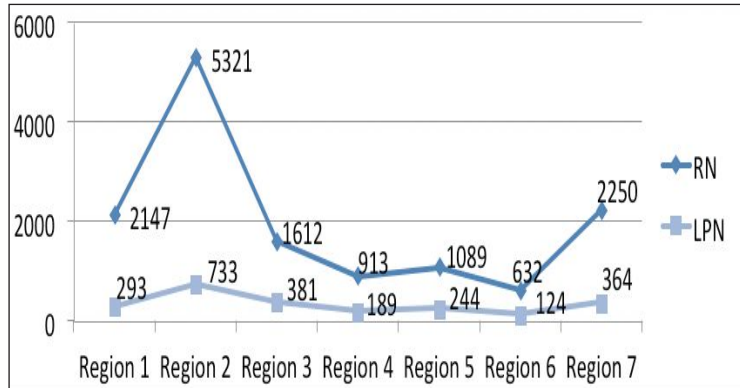


Figure 7. CNP and CRNA Distribution

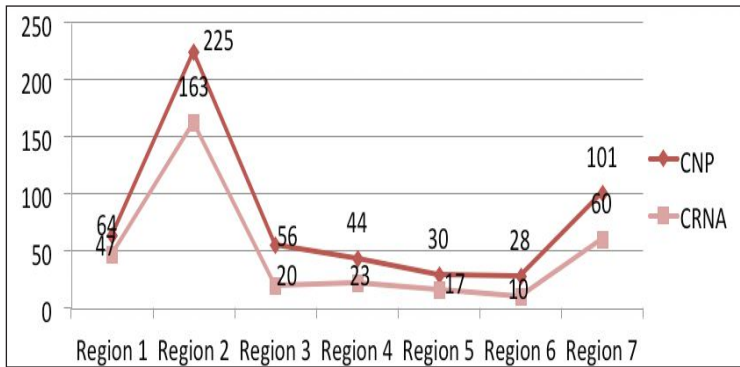


Figure 8. CNS and CNM Distribution

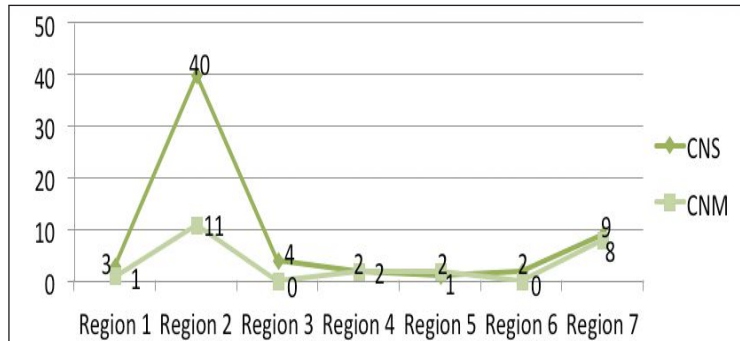
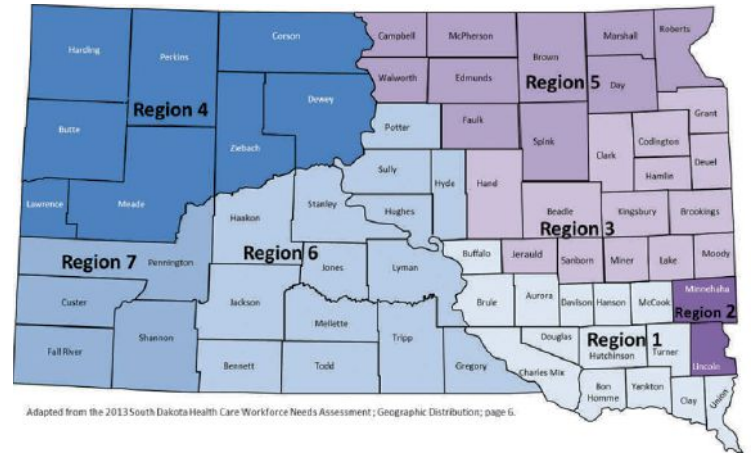


Figure 9. Map of South Dakota's Regions



Footnotes:

¹South Dakota Center for Nursing Workforce, *South Dakota Nursing Workforce Supply and Employment Characteristics: 2015*.

²U.S. Census Bureau, Population Division. Release Date: March 2014. Annual Estimates of the Resident Population (for Counties of South Dakota): April 1, 2010 to July 1, 2013.

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Nursing Opportunities in Correctional Health

More than two million men and women are in custody in American jails and prisons, resulting in a significant demand for nurses to care for the correctional population. South Dakota faces that same reality. Kayla Tinker, Administrator of Correctional Health for the Department of Health, says Correctional Health offers a variety of opportunities for nurses including

advanced practice providers, nurse practitioners, managers, juvenile nurses, and more.

“The correctional setting takes some getting used to as it requires working closely with security officers and is a much more regimented environment than the typical hospital or clinic,” said Tinker. “The other big difference the type of care provided – the care our

nurses provide in Correctional Health is medically necessary rather than elective.”

Correctional Health delivers health services to 3520 inmates in the state’s seven correctional facilities – the State Penitentiary in Sioux Falls, Jameson Annex in Sioux Falls, Mike Durfree State Prison in Springfield, the Women’s Prison in Pierre, the Rapid Community Work Center, the Yankton Community Work Center, and the STAR Academy in Custer.

Every day is different for a correctional nurse but many duties are the same at jails and prisons across the country, intake screening and medication administration for example.

In South Dakota, Correctional Health delivers quality, cost-effective health care services to both adult and juvenile offenders in the state’s correctional facilities, working to meet the basic health care needs of offenders by providing general primary care, acute inpatient hospital care, dental services and optometric care.

Within the facilities Correctional Health operates much like an ambulatory clinic with staff nurses responsible for noting orders, sick call, medical treatments, drawing lab, IV therapy, emergency care, and passing medications. There are also infirmaries located in Sioux Falls, Springfield, and Pierre with nursing care available around the clock. Correctional Health also staffs comfort care rooms in Sioux Falls and Springfield to provide care for terminally-ill inmates.

Correctional nurses need to be generalists, but also ready to cross over into specialty areas. They should be poised to leap from oncology to cardiology at a moment’s notice, says Tinker. Critical-thinking skills and a strong background in nursing assessment are vital along with flexibility and the ability to maintain good working relationships with correctional officers and administrators.

The state offers competitive wages and an excellent benefits package. For information about nursing opportunities in Correctional Health contact Tinker at 605-773-2707 or kayla.tinker@state.sd.us. More information about Correctional Health is also available on the department’s website, <http://doh.sd.gov/corrections/>.

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