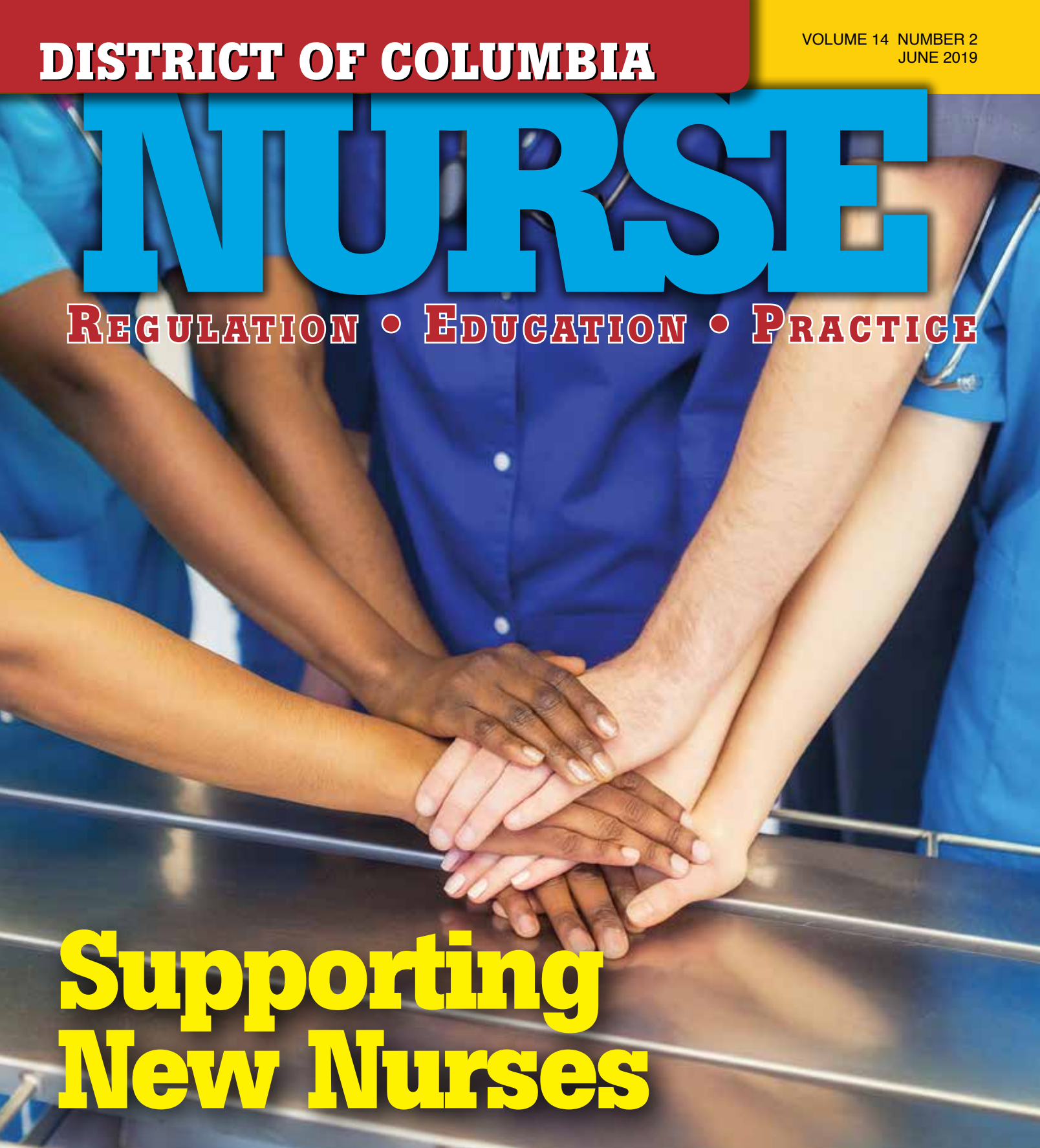


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DISTRICT of COLUMBIA NURSE

Edition 50

Director, District of Columbia Department of Health
LaQuandra S. Nesbitt, MD, MPH

Senior Deputy Director
Health Regulation and Licensing Administration
Sharon Williams Lewis, DHA, RN-BC, CPM

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Address Change? Name Change? Question?

Please notify the Board of Nursing of any changes to your name or address. Thank you.

DC BON Mission Statement: "The mission of the Board of Nursing is to safeguard the public's health and well being by assuring safe quality care in the District of Columbia. This is achieved through the regulation of nursing practice and education programs; and by the licensure, registration and continuing education of nursing personnel."

Circulation includes over 40,000 licensed nurses, nursing home administrators, nurse staffing agencies and nursing assistive personnel in the District of Columbia.

Feel free to e-mail your "Letters to the Editor". The IN THE KNOW and NAP Q&A columns include your opinion on the issues, and our answers to your questions. E-mail your letters to dc.bon@dc.gov. (Lengthy letters may be excerpted.)

Message from the Senior Deputy Director



Dr. Sharon Lewis

Hope you had a wonderful **National Nurses Week** (May 6-12)!

Thank you for all you do for the residents of the District of Columbia and the millions of visitors who travel here every year.



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Your dedication and compassion are essential ingredients for the high-quality care offered in the District's hospitals and long-term care facilities. DC Health celebrates each nurse striving for higher levels of competency and a deeper knowledge and understanding of the best practices of the profession.

Within the District Government, there is one nurse who has been a treasured colleague, and who served within the District Government for 31 years. She will be greatly missed now that she has embarked upon retirement.

Karen Scipio-Skinner, MSN, RN, had a great impact on the practice of nursing in DC. Ms. Scipio-Skinner served as executive director of the Board of Nursing for 16 years. She provided leadership for the nursing profession and advocated for the protection of the public. Active at the national level, she was and is sought after for her knowledge and advocacy of nursing practice. Due to her advocacy, Advance Practice Registered Nurses (APRNs) practicing in DC have a level of autonomy and

independence above most APRNs practicing in other parts of our nation.

There are six concepts that I think embody Ms. Scipio-Skinner's work: (1) Evidence of a caring spirit by treating people with respect and dignity; (2) Structure standards for nursing practice that implicates compassion as a value that must be a part of one's daily routine; (3) Advocate for higher levels of nursing competence and require that knowledge and skills be kept up to date with the latest best practices, (4) Communicate and offer a listening ear with a calm spirit; (5) Have the courage to speak up about nursing standards of practice; participate in Mayoral committees and other forums; advocate for excellence in the profession, (6) Demonstrate commitment (perhaps her first name should start with a "C" for Commitment, instead of a "K"!).

Although Ms. Scipio-Skinner's work for DC Government concluded in December 2018, her legacy lives on in the current work of the Board of Nursing. Thank you, Karen. You accomplished so much for nursing in the District of Columbia, and we wish you well.

Thank you, Karen Scipio-Skinner



Karen Scipio-Skinner,
MSN, RN

For your 31 years of
dedicated service!

Sharon Williams Lewis, DHA,
RN-BC, CPM
Senior Deputy Director
Health Regulation and Licensing
Administration

Letter from the Interim Executive Director



Frank Meyers, JD

Hello nurses of DC!

My name is Frank Meyers, JD, and I am the Interim Executive Director of the DC Board of Nursing (Board). In addition to this new role, I also serve as the Executive Director for the DC Board of Medicine and the DC Board of Chiropractic. I am honored to have been appointed to this position, and look forward to working with the Board, its wonderful staff, and each of you, in helping accomplish the Board's goal of public protection.

As you know, the Board is tasked with protecting the public by overseeing the licensing and certification of Registered Nurses in DC, as well as Licensed Practical Nurses, Certified Nursing Assistants, Home Health Aides and Trained Medication Employees. In the near future, the Board will also regulate Medication Aides, Patient Care Technicians and Dialysis Technicians. This publication

provides a means for addressing issues affecting licensees and keeping you abreast of news and regulations affecting your practice. Please take a moment to review our Q&A in IN THE KNOW and COIN Consult. Also in this issue, you will find information about LPN renewal, the exam pass rates for District programs and an article about our latest Nursing Symposium, which focused on Entry Level Nurse Competencies. We also have an article introducing two of our newer Board Members, Rick Garcia and Crystal Johnson.

On behalf of the Board of Nursing, we hope you had a great National Nurses Week (May 6-12, 2019)! As we celebrate nursing this spring, I want to take a moment to highlight the service of our recently retired Executive Director, Karen Scipio-Skinner, MSN, RN. A former Board Member and an outstanding leader, Karen brought stakeholders together and supported the Board's endeavors towards formulating nursing regulations for best practices in the District. While Karen is responsible for many of the Board's achievements, perhaps one of the greatest was the formation of the Committee on Impaired Nurses (COIN),

a treatment and monitoring program for nurses with substance use disorders or facing the challenge of mental illness. Through COIN nurses can seek help and treatment without fear of professional stigma, loss of employment, or having to relocate to another jurisdiction just to seek help.

The Board of Nursing has had many achievements during its more than 100 years of history in the District, and we look forward to the next 100 years of the same. The Department of Health (DC Health) is currently searching for the next, permanent executive director, but in the meantime I promise to do my best to ensure the Board continues on the path of progress and achievement set by Karen. Only by working together, can we successfully safeguard the public's health and well-being, and assure safe quality care for the residents and visitors in the District.

Thank you for being a part of nursing excellence in the District.

Frank Meyers, JD
Interim Executive Director
DC Board of Nursing

Meet the New Board Members

Rick García, PhD, RN, CCM, FAAOHN

WHEN WERE YOU APPOINTED TO THE BOARD?

I was appointed to the District of Columbia Board of Nursing (DC BON) on November 28, 2018.

WHY AND HOW DID YOU GET INVOLVED WITH THE BOARD?

WHAT SPARKED YOUR INTEREST IN SERVICE AS A BOARD MEMBER?

My involvement with the DC BON began in 2003 when Mayor Anthony Williams appointed me to the Board. My interest to join the Board came from receiving my copy of DC Nurse REP and noting a vacancy on the Board. I renewed my license in person that year when the District began requiring the submission of a picture to renew nursing licenses. I inquired about the process to apply and was directed to the Mayor's Office of Talent and Appointments (MOTA).

CAN YOU TELL US (BRIEFLY) ABOUT YOUR BACKGROUND?

I served on the Board (DC BON) for 3 years before being recruited to serve as the executive director of the Florida Board of Nursing. While serving as executive director of the Florida Board of Nursing, I was able to institute an online application for candidates seeking Florida licensure for both examination and endorsement pathways for licensure. I relocated to New York State a few years later and was appointed as a registered nurse member of the New York State Board of Nursing and chair of the practice committee. This current appointment completes my circle and returns me to where my experience and service to regulation all began.



Rick Garcia PhD, RN, CCM, FAAOHN, and Mayor Muriel Bowser

WHAT UNIQUE PERSPECTIVE DO YOU BRING TO THE BOARD?

I hold a unique perspective as a nurse researcher and nurse educator and I am happy to share my passion of nursing with those I meet and come across. Nursing education is one of my passions and I look for opportunities to bring the conversations on innovation within the nursing education space into action.

WHAT BOARD-RELATED ISSUES INTEREST YOU THE MOST?

Our professional responsibility is to engage in service in a variety of ways. Regulation is one that supports the mission of the DC BON of providing

a safeguard to the public's health and well-being by assuring safe quality care in the District of Columbia. I have enjoyed 25 years as a nurse to date and have been fortunate to have many firsts including being one of four founding case managers at both Georgetown University Medical Center and National Naval Medical Center. I've worked at the point of care in neonatal, post anesthesia care, case management, neurosurgery, urology, otorhinolaryngology, ophthalmology nursing, and have held a multitude of nursing leadership roles.

WHAT WOULD YOU TELL SOMEONE THINKING ABOUT APPLYING TO SERVE ON THE BOARD?

I would make a call to nurses practicing and living in the District to answer the call to serve on the DC BON; it is a wonderful opportunity to serve and give back while using one's expertise. Regulation affords us all an opportunity to understand the specifics of our scope of practice and to develop a deeper understanding of the DC nurse practice act.

Crystal Johnson

My name is Crystal Johnson. I was appointed to the Board on September 27, 2018. I desired to become a member because I enjoy helping others. Life has afforded me an opportunity to assist my elderly family members. This experience taught me the value of giving back and helping along the way, so my work will not be in vain. I'm thankful for this opportunity and look forward to serving. ■

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- Marquise King

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LPN RENEWAL: PLEASE NOTE NEW REQUIREMENTS

LPN Renewals Period Has Begun!

Licenses Expire Sunday, June 30, 2019

We are excited to inform you that the Health Regulation and Licensing Administration (HRLA) is transitioning to a new online licensure system THIS RENEWAL PERIOD. The changes you will see are as follows:

- You will **no longer be able to submit a paper application**.
- You will **no longer receive a "license card"**. You will receive an email and be able to print the license certificate.
- You will be **required to upload your Continuing Education (CE) documents** unless you are a CE Broker Subscriber (see page 12). Persons selected for audit will be notified prior to renewal.
- If you want to make your licensure status inactive, you will be able to select "Inactive Status".
- If you answer "No" to a screening question, you will be able to write an explanation or upload documents.

A renewal notice with additional information will be sent to you via mail and to your email.

Please update your mailing and/or email address at bon.dc@dc.gov.

You will still be able to renew your license at the HRLA website at <https://dchealth.dc.gov/service/online-license-renewal>.

WORKFORCE SURVEY

Please complete or update the online Nurses Workforce Survey when you renew. This survey will allow the Board of Nursing and HRLA to accurately capture, quantify, and analyze our current nursing workforce demographics. This survey will provide the information needed by the DC health care community to develop strategies for building the capacity needed to meet the workforce needs of the future. The data will be used for workforce statistical analyses and reporting purposes ONLY.

LPNs MUST COMPLETE 18 HOURS OF CONTINUING EDUCATION (CE)

LPN CE Compliance Options:

- (1) Contact Hour Option: Provide Course Completion Certificates
- (2) Academic Option: Provide transcript that indicates completion of an undergraduate or graduate course in nursing or relevant to the practice of nursing.
- (3) Teaching Option: Provide acceptance letter/email as evidence of having developed or taught a CE course or educational offering approved by the Board or a Board-approved accrediting body.
- (4) Author or Editor Option: Provide acceptance letter from publishers, as evidence that you authored or edited a book, chapter or published a peer reviewed periodical.

PLEASE NOTE: All continuing education must be relevant to your current field of practice.

HOW TO RENEW

LPN Renewal: April 15 through June 30, 2019

Renewal reminders will be mailed and emailed to you in August. To renew online, please go to <https://dchealth.dc.gov/service/online-license-renewal> and follow the steps. You will need to create an account even if you have renewed online in previous years. Please note you can also verify and update your address during this process. **Renewing ONLINE will be the ONLY way to renew your license.**

YOU WILL NOT RECEIVE A WALLET CARD

In keeping with our progression towards a fully electronic system, you will no longer receive wallet cards in the mail following the renewal of your license. Once you have successfully completed renewing your license you will be emailed a printable verification of licensure. You and your employer can verify that your license was renewed using our License Lookup at

<https://app.hpla.doh.dc.gov/Weblookup/>.

What happens if you miss the June 30th deadline? The online renewal system for LPN licenses will close at midnight on June 30th. If you miss the deadline, your license will be placed on “expired” status. But you may renew late until (**October 31st**) by applying for renewal and paying the late fee.

After **October 31st** in order to get your license on “active” status again, you will be required to apply for reinstatement. You can find the LPN reinstatement application by going to **dchealth.dc.gov/bon**. You can print a reinstatement

application from the DC HEALTH website, but it must be mailed to our office with a check or money order to cover the \$145.00 reinstatement fee plus an additional \$85 late fee.

Licensees who practice after the expiration of their license will be subject to an administrative penalty. Practicing while holding an expired license can also lead to disciplinary action.

Need Assistance? If you have questions about renewal, feel free to send an email to **dcbon.renewal@dc.gov** or **bon.dc@dc.gov**. ■

NAP NEWS!

TWO HOME HEALTH AIDES ARRESTED IN \$1.7 MILLION MEDICAID FRAUD SCHEME

Two Maryland residents certified to practice as Home Health Aides (HHAs) in the District of Columbia were arrested last fall for \$1.7 million in Medicaid Fraud, according to the US Department of Justice’s US Attorney’s Office for the District of Columbia.

Temitope Oluwa-Bakare Ogunbiyi (also known as “Deborah Brown”) practiced under two different HHA certification numbers. Ogunbiyi and the other defendant, **Nkiru “Nikki” Uduji**, worked as Personal Care Aides. Each appeared in court on October 24, 2018, and were charged separately with health care fraud and health care fraud conspiracy. They practiced in the District from 2013 to 2018.

The DC Department of Health Care Finance began taking a closer look at these two individuals

due to the large number of claims submitted, including:

- Claims for services in excess of 24 hours a day
- Claims for services for Medicaid beneficiaries who were receiving no services
- Claims for services for Medicaid beneficiaries to whom the defendants had paid illegal kickbacks
- Claims filed (by Ogunbiyi) for services provided while she was out of the country.

The arrests were made after investigations by the FBI’s Washington Field Office, the District of Columbia Medicaid Fraud Control Unit, and the Office of Inspector General for the US Department of Health and Human Services.

“The charges in a criminal complaint are merely allegations, and every defendant is presumed innocent until proven guilty beyond a reasonable doubt in a court of law,” states the US Attorney. ■

BOARD OF NURSING MEETINGS

Members of the public are invited to attend...

Meeting dates subject to change; please check the DC Health website.

Date:

First Wednesday of every **other** month.

Time:

9:00 a.m - 11:00 a.m. (subject to change)

Location:

2nd Floor Board Room
899 North Capitol St NE
Washington, DC 20002

Transportation:

Closest Metro station is Union Station. (Red Line)

Meetings scheduled:

May 1, 2019

July 3, 2019

September 4, 2019



Dear Healthcare Providers,

The DC Department of Health (DC Health) EMS Division is excited to announce the **Medical Orders for Scope of Treatment (MOST) program which will replace the Comfort Care Order – Do Not Resuscitate (CCO-DNR) program** in the District of Columbia. As you know, the CCO/DNR program has provided terminally-ill patients the right to request or deny resuscitation for pre- and/or in-hospital care. Providers like yourself, have been instrumental in the implementation and performance of the CCO/DNR program by honoring patients' end-of-life wishes as indicated on their order.

As we implement the new MOST program, **we look to our healthcare providers and partners for assistance** in the success of this endeavor. Under MOST, patients are given expanded autonomy for their own treatment options and are able to have a voice in their end-of-life care. They are able to do so in consultation with an authorized District-licensed healthcare provider (MD/DO or ARNP). The new MOST form is broken into four key areas, where patients can indicate the level of care that they wish to receive. The four areas are:

- Cardio-Pulmonary Resuscitation (CPR)/ Do Not Attempt Resuscitation (DNAR)
- Medical Interventions (For those who have a pulse and/or breathing)
- Medically-assisted nutrition
- Antibiotics

DC laws and regulations allow providers to honor similar forms from other jurisdictions. Every provider is expected to attempt to honor any wishes or explicit orders as long as the documentation is complete. If a provider is unable to clearly determine a patients' end-of-life treatment preferences, the provider should administer full treatment and conduct all life-saving efforts. In addition, the MOST form must accompany the patient when transferred to a new facility, and upon arrival, must be reviewed by an authorized healthcare professional within 72 hours. The review must be done with the provider and the patient/patient's authorized representative, if possible.

For more information on the MOST program, please contact the EMS Division at **202-671-4222** or **dc.most@dc.gov**. The **MOST form** and instructions are readily available on-line at **<https://dchealth.dc.gov/page/medical-orders-scope-treatment-most-program>**.

Regards,

Health Emergency Preparedness and Response Administration (HEPRA) EMS Division

DC Health

DC Medical Reserve Corps

The mission of the DC Medical Reserve Corps (MRC) is to establish a **network of local volunteers who are willing to donate their time and expertise to supplement existing public health and medical resources during emergencies** and other times of community need.

The purpose of the DC MRC is to:

- Provide properly trained medical and support personnel to assist in the organized response to an emergency or disaster event, whether naturally occurring, or man-made in nature.
- Allow medical and non-medical volunteers to contribute their skills and expertise throughout the year as well as during times of community need.

The DC MRC is comprised of nurses, doctors, emergency medical technicians (EMTs), paramedics, dentists, veterinarians, social workers, and other medical professionals, as well as non-medical support personnel.

All volunteers receive instruction in the areas of the Incident Command System, Strategic National Stockpile (SNS), Weapons of Mass Destruction and other trainings relevant to emergency response. All trainings and courses are offered free to DC MRC members.

The DC MRC regularly participates in special events including the Safeway Barbecue Battle, DC Caribbean Carnival, Presidential Inaugurations, Martin Luther King Jr. Day of

Service as well as participating in numerous drills and exercises.

The DC MRC is actively recruiting for medical professionals, public health professionals and administrative personnel.

More information can be found on: Medical Reserve Corps website (<http://www.medicalreservecorps.org/>).

You may also register to become a member of the DC MRC at: DCResponds website (<http://www.dcreponds.org/>).

For further information or questions, please contact: MRC Coordinator at 202-671-4222 or dcreponds@dc.gov. ■

Zika Health Notice

Updated Guidance from the DC Health Center for Policy, Planning and Evaluation (CPPE), Division of Epidemiology—Disease Surveillance and Investigation

To date, there have been 36 cases of laboratory-confirmed Zika virus disease (ZVD) in the District of Columbia (DC), all of which have been travel-associated or sexually transmitted. As of September 5, 2018, states have reported a total of 5,723 cases of ZVD to the Centers for Disease Control and Prevention (CDC) since January 1, 2015. Of these, 5,437 were travel-associated, 231 were locally acquired mosquito-borne cases, 52 were sexually transmitted, 2 were laboratory acquired, and 1 was person-

to-person through an unknown route. Locally acquired mosquito-borne transmission in the United States has only been documented in Florida and Texas. In DC, there have been no reported cases of ZVD spread by local mosquitoes or through blood or tissue products (e.g., blood transfusion, sperm donation).

In this notice, we describe updated guidance for preconception counseling and prevention of sexual transmission of Zika for men with possible Zika virus exposure. **Please share this notice with all appropriate staff at your facility.**

The complete health notice can be viewed on our website at <https://dchealth.dc.gov/page/health-notice>. ■

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Izu I. Ahaghotu, RN, JD
ATTORNEY AT LAW

If you or a colleague is in need of an Attorney to represent you before the D.C. Board of Nursing or FOR ANY OTHER LEGAL MATTER, Call a Nurse Attorney for a confidential consultation.

Please contact Izu I. Ahagbotu, RN, Esquire directly:
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No Cost Nurse Licensure Verification Service



Typically, when employers want to know if a nurse's license is about to expire, they have to look it up one nurse at a time. When it comes to learning about discipline status, employers must seek out this information on their own as well. *Not anymore!* With NCSBN's Nursys e-Notify® system, institutions that employ nurses or maintain a registry of nurses, now have the ability to receive automatic licensure, discipline and publicly available notifications quickly, easily, securely and free of charge. **Nursys e-Notify** is an innovative nurse licensure notification system that **automatically provides institutions licensure and publicly available discipline data** as it is entered into Nursys by boards of nursing (BONs). Institutions don't 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.

For example, 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.

UNDERSTANDING NURSYS®

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 BONs' database (for participating jurisdictions visit nursys.com). Nursys is live and dynamic, and all updates to the system are reflected immediately.

Through a written agreement, participating BONs have designated Nursys

as a primary source equivalent database. NCSBN posts licensure and discipline information in Nursys as it is submitted by individual BONs.

NURSYS® BENEFITS NURSES TOO!

Nurses can self-enroll for free and take advantage of a quick, convenient and free way to keep up-to-date with their professional licenses. They can receive license expiration reminders, licensure status updates and track license verifications for endorsement.

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Questions? Contact:
Dennis S. Roy, MBA
Nursys E-Notify Project Consultant
National Council of State Boards of Nursing
Email: droy@ncsbn.org or nursysnotify@ncsbn.org
Website: www.nursys.com/e-notify ■

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For more info call 1-877-434-6323 or go to www.CEBroker.com. ■

IN THE KNOW

The District of Columbia Board of Nursing has established the "In The Know" column in response to the many phone calls and e-mails the Board receives regarding licensure and other issues. Please share this column with your colleagues and urge them to read it. The more nurses are aware of the answers to these frequently asked questions, the better outcomes we can expect.

RN WORKING AS AN LPN

Q : We hired a nurse who received her Bachelor's degree in Nursing (BSN) from outside the United States for an outpatient clinic. She has her DC LPN license and now has an RN license in New York State. In DC, if she continues to work as an LPN and does not apply for endorsement for an RN license in DC, will she be held to the higher RN license that she has in NY?

A : Since she is only licensed as an LPN in DC we cannot affect her RN licensure status, but if disciplined as an LPN and reported to the National Practitioner Data Bank, New York may discipline her RN license.

CLEAN HANDS ACT AND RN RENEWAL

Q : Does the Clean Hands Act apply to Non-DC residents and traffic violations? May I renew my RN license if I have outstanding traffic violations in DC?

A : The Clean Hands Act applies to anyone owing fees to the DC Government and applying for licensure or licensure renewal. You cannot renew if you owe fees to the DC Government. If you owe fees to DC Motor Vehicles, you need to either provide evidence of a payment plan from motor vehicles or pay your traffic fines.

PSYCHIATRIC NPs

Q : There are Nurse Practitioner (NP) programs with a psychiatric focus. Does DC have psychiatric NPs? If not, what would qualify one to be a psych NP? Also, we have providers trying to replace psychiatrists with "psychiatric NPs". *Are the two interchangeable?*

A : Regarding psych NPs: Yes. We do have psychiatric NPs, as well as psychiatric mental health clinical nurse specialists (CNS). NPs and CNSs can provide psychotherapy and they have prescriptive authority. Are they interchangeable with psychiatrists? They are not interchangeable as physicians and nurses are not interchangeable. It is the agency's decision regarding who would be the best fit for their clientele.

CE BROKER WOES

Q : I am unable to report CE information with CE Broker. I co-authored several articles, but the system does not allow me to provide the citation and abstract in Word or as a PDF. I teach graduate courses yet they cannot be entered into the system because they are 3 credit courses vs. CEU credits. How is teaching a CE course a higher level skill than teaching a university-level course?

A : On behalf of DC Health I apologize for the difficulty you experienced. Regarding receiving teaching credit for renewal: as a professor, preparing courses and teaching are the requirements for your position. Continuing education courses would need to be additional educational opportunities you can use to enhance your knowledge. ■

FREE CONTINUING EDUCATION: LGBTQ & HIV COURSE ONLINE

Here is a link to free online webinars and video training that nurse licensees may consider to satisfy the LGBTQ (and HIV) CE requirement:

<https://www.lgbthealtheducation.org/lgbt-education/webinars/>

Adverse Event Decision Pathway

What adverse events should be reported to the Board? Below you will find an “Adverse Event Decision Pathway” to assist you. If you remain unsure, report the event.

The Adverse Event Decision Pathway (AEDP) was developed by the National Council of State Boards of Nursing and the American Organization of Nurse Executives.

Following principles of the systems approach and Just Culture, the AEDP suggestions include a complete investigation of the adverse event, as well as the nurse’s behavioral choices. The AEDP reflects a balance between justice and fairness and the need to learn from a mistake and disciplinary action (Russell & Radtke, 2014).

State boards of nursing (BONs) may also have specific requirements for special or mandatory reporting. The pathway provides questions regarding system error, mitigating factors and behavioral choices of the nurse which, when used with data from your investigation, will promote a consistent framework for making important patient safety decisions.

In addition, nurse leaders should be aware of (1) Nurse Practice Act requirements for special or mandatory reporting to the board of nursing

and (2) provisions in the state law/regulations for reporting death or serious injury resulting from adverse event/error. (Online at www.ncsbn.org/npa.htm.)

DIRECTIONS

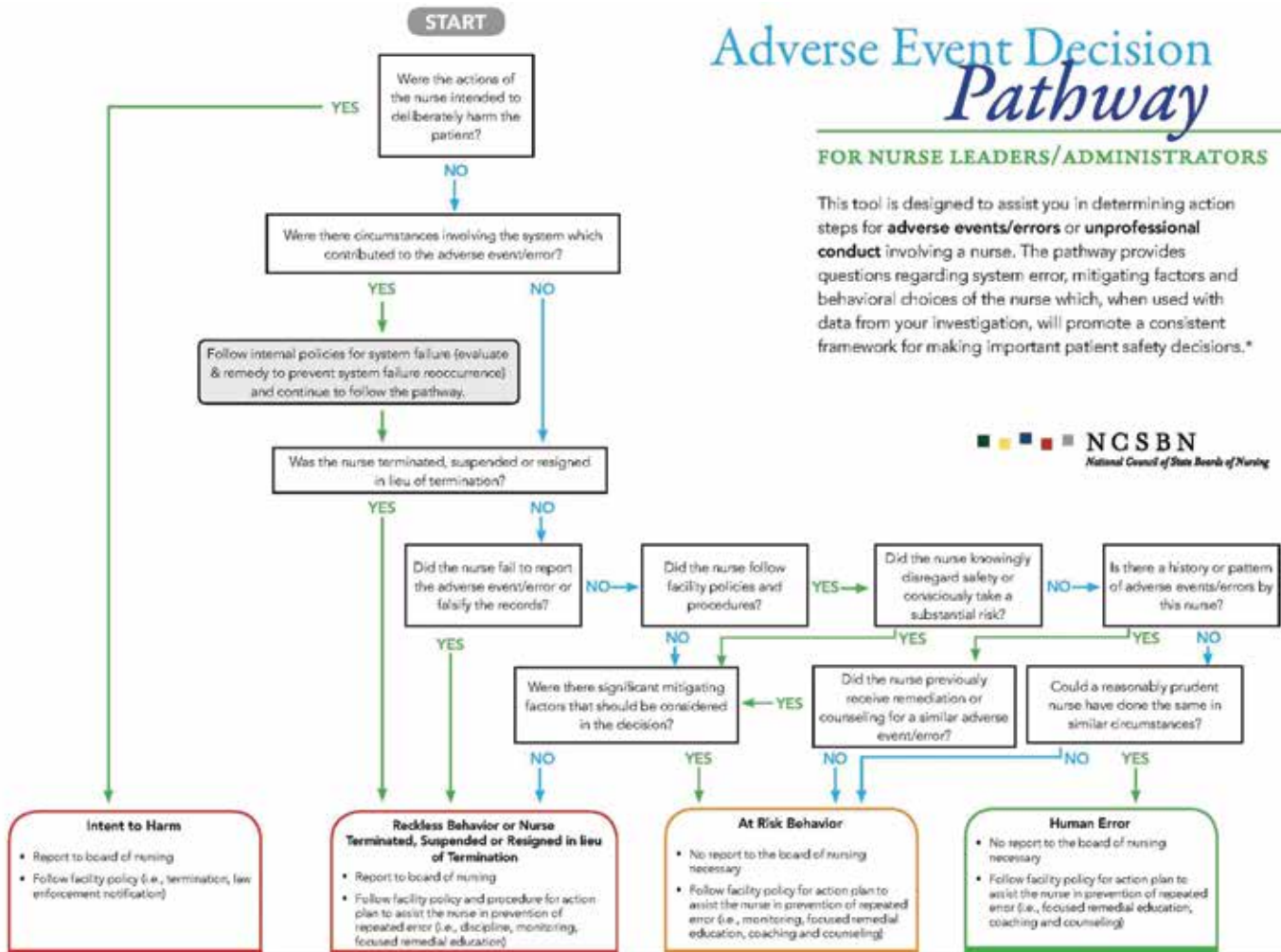
In partnership with the facility quality team, conduct an internal investigation on the adverse event. With your data from the investigation, use the pathway starting with the question at the top, and progress to other questions based on affirmative or negative answers. ■

Adverse Event Decision Pathway

FOR NURSE LEADERS/ADMINISTRATORS

This tool is designed to assist you in determining action steps for **adverse events/errors** or **unprofessional conduct** involving a nurse. The pathway provides questions regarding system error, mitigating factors and behavioral choices of the nurse which, when used with data from your investigation, will promote a consistent framework for making important patient safety decisions.*

NCSBN
National Council of State Boards of Nursing



*In addition to the considerations in the pathway, nurse leaders should be aware of (1) Nurse Practice Act requirements for special or mandatory reporting to the board of nursing and (2) provisions in the state law/regulations for reporting death or serious injury resulting from adverse event/error.

What Should I Do?

Question: I work in a PACU [post-anesthesia care unit]. **I think one of my colleagues may have a substance use issue.** He frequently asks if he could help with my patient medications or says he will waste my narcotic meds. His patients seem to have more pain than other patients with similar procedures. I can't quite put my finger on what's wrong, but I know that something is not right. How do I handle it?

Answer: What you can do is to reach out to your nurse manager and tell him/her about your concerns. It feels uncomfortable "telling on" your colleague; however, you are responsible to your patients first and foremost. It is our job to protect the patient from any possible harm. What your manager can do is collaborate with the pharmacy to review the data to determine the nurse's medicating practices. This nurse may be an outlier among the nurses on your unit. He may simply need more education on pain management, documentation, or other nursing practices. Or he may indeed be diverting drugs. It is not your responsibility to "catch" him in the act of diverting, or to accuse him of diverting. Your responsibility is to reach out to a higher authority to have the unit leadership make the determination of diversion. It is vitally important to determine if the nurse is diverting drugs for personal use and if he is diverting for personal use, then he needs help getting into treatment.

Question: I think I might have a problem with drugs and alcohol. I sometimes take Valium or Fentanyl or Dilaudid from my patient's medications. I don't use it to get high; I just need it to help me get some sleep. My unit is understaffed and has me working different shifts and I find it hard to get the sleep I need, so I "borrow" a couple of pills now and then, so I can get the rest I need. I know that I am taking more meds than before and don't want to stop because I know I need them, but feel I am still in control of them. I'm worried about being caught. What should I do?

Answer: You should refer yourself to the COIN Program (Committee on Impaired Nurses) for assistance. After doing an intake with COIN, you will be evaluated to see if you need medical assistance for detox, or if you need treatment if you are addicted to the meds, and/or if you need talk therapy. You will be given referrals and support that meet your needs. If you report yourself to COIN and there is no other action by a third party (i.e., you were not caught diverting or you were not told by your employer to get help) then the interaction with COIN is confidential. If you are referred to COIN because of an employer action or you fail to comply with COIN's contract, then you are considered to be on the disciplinary track and your participation in COIN may be shared with the Board of Nursing. Don't wait until you have been caught to reach out for help!

Question: I got a second DUI and my lawyer suggested I get treatment. I got myself into an outpatient program and I am attending that program weekly. Why do I need to be part of the COIN Program?

Answer: COIN was specifically designed for nurses. In addition, it is staffed by nurses with credentials in the areas of substance use disorders and behavioral health. The goal of the COIN Program is to preserve the nurse while protecting the patient. COIN works in collaboration with treatment programs to insure your compliance with and stability in an outpatient program. When you reapply for your RN license, you will be asked very specific questions about your relationship with drugs and alcohol. Failure to respond honestly to the questions will result in disciplinary action by the Board of Nursing. Receiving your second DUI will trigger a review of your application, at which point, you would be referred to COIN. Joining the COIN program voluntarily is another opportunity to demonstrate your willingness to participate in the treatment process. COIN is here to help nurses and self-disclosure is a key factor in recovery.

COIN Contact Information

The Committee on Impaired Nurses (COIN) is a resource for impaired Board of Nursing licensees.

If you are a Trained Medication Employee, Home Health Aide, Certified Nursing Assistant, Licensed Practical Nurse, Registered Nurse, or Advanced Practice Registered Nurse whose practice is unsafe due to **drug or alcohol dependence**, or **mental illness**, please feel free to contact Concheeta Wright, Nurse Specialist II, by email at concheeta.wright@dc.gov. The purpose of the COIN (Committee on Impaired Nurses) is to provide an alternative to Board discipline. The Committee monitors the recovery of participants and their practice to ensure that they practice within acceptable standards of care. All information about the participants in the program is confidential. ■



DID YOU CHECK THE DC PDMP?

The District of Columbia Prescription Drug Monitoring Program (DC PDMP) is an electronic database used to monitor and collect data on the dispensation of controlled substances.

The District of Columbia Department of Health (DC Health) encourages Nurse Practitioners to check the DC PDMP before prescribing and dispensing opioids.

Register Now for the DC PDMP:

<https://districtofcolumbia.pmpaware.net/login>

Go to the link above, then click “Create an Account”

- DEA Registration #
- DC Health Professional License #
- DC Controlled Substance Registration #
- National Provider ID (NPI)

Email Questions to: doh.pdmp@dc.gov

DC Center for Rational Prescribing: <https://dchealth.dc.gov/dcrx>

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Education

District of Columbia NCLEX® Pass Rates National Council Licensing Examination (NCLEX) Test Results October 1, 2017 – September 30, 2018

REGISTERED NURSE PROGRAMS	% pass	Status
Catholic University of America	98.57	Full Approval
Georgetown University - BSN	100	Full Approval
Georgetown University - CNL	100	Full Approval
Howard University	82.14	Full Approval
Trinity Washington University	82.61	Full Approval
University of District of Columbia Community College	0	Conditional Approval
National Average: Baccalaureate Programs	91.17	
Associate Degree programs	85.51	
District of Columbia Required Pass Rate	80	

PRACTICAL NURSE PROGRAMS	% pass	Status
Saint Michael School of Allied Health	100	Full Approval
National Average: Practical Nurse Programs	85.07	
District of Columbia Required Pass Rate	80	

*Accreditation Pending

DC National Nurse Aide Assessment Program Pass Rates • 2018

Training programs	% pass	Status
Allied Health & Technology Institute	88.46	Conditional Approval
Carlos Rosario International	95.60	Approval
Healthwrite Training Center	75.76	Approval
Innovative Institute	86.89	Approval
Nursing Assistant Academy	75.33	Approval
University of District of Columbia Community College	78.57	Approval
Required DC Pass Rate	75%	

DC Home Health Aide Exam Pass Rates • 2018

Training programs	% pass	Status
Allied Health & Technology Institute	84.38	Approved
Bethel Training Institute	62.60	Conditional Approval
Healthwrite Training Center	72.09	Conditional Approval
Immaculate School of Allied Health	84.96	Approved
Innovative Institute	80.16	Approved
Intellect Health Institute	73.20	Conditional Approval
Opportunities Industrialization Center	87.50	Approved
Required DC Pass Rate	75.00	

Free Resource for Nursing Graduates NCSBN "Welcome to the Profession" Booklet

The National Council of State Boards of Nursing (NCSBN) has just published a new booklet entitled "NCSBN Welcomes You to the Nursing Profession." Offered as a gift to newly licensed nurses in honor of its 40th anniversary, NCSBN created this booklet as a resource to help nurses better understand nursing regulation and their board of nursing (BON). It is the goal of the organization to provide each newly licensed nurse in the U.S. with this booklet. Designed to ease the transition from student to working professional, the booklet provides information about the nursing licensure process and the responsibilities of nurse licensure. The booklet also features case studies that cover a wide variety of topics including substance use disorder, the appropriate use of social media and professional boundaries. Additionally, the document provides links to free online resources such as videos, brochures, posters, magazines and newsletters. Hard copies of the booklet can be ordered or the publication can be accessed online at: <https://www.ncsbn.org/12096.htm> ■



Nurses at 911

Nurses will be in DC's 911 call center in latest attempt to cut emergency call volume. Check out this article in the *Washington Post*: https://www.washingtonpost.com/local/public-safety/nurses-will-be-in-dcs-911-center-in-latest-attempt-to-cut-emergency-call-volume/2018/04/18/6b40764c-4288-11e8-8569-26fda6b404c7_story.html?utm_term=.0fd805059692 ■

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Dr. Edilma Yearwood, Chair

Department of Professional Nursing

email: ely2@georgetown.edu

Dr. Mary Haras, Chair, Advanced Practice Programs

mh1842@georgetown.edu

Georgetown University

3700 Reservoir Road N.W.

Washington, DC 20007

PH: (202) 687-0754

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Dr. DeVora Winkfield, Interim Chief Nurse Administrator

2400 6th St. N.W.

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email: devora.winkfield@Howard.edu

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2018 Nurse Leadership Symposium: Entry Level Nurse Competencies



Laverne Plater, BSN, RN-BC

District of Columbia nursing leaders were warmly welcomed to the DC Board of Nursing's third annual nursing symposium (held at Kellogg Conference Center, Gallaudet University). "We need more communication and collaboration like this morning," said DC Board Vice Chairperson Laverne Plater, BSN, RN-BC, greeting attendees. "We must inspire and innovate, so RNs after graduation are prepared for the challenge."



Sharon Lewis, DHA, RN-BC, CPM

Senior Deputy Director of the Health Regulation and Licensing Administration, Sharon Lewis, DHA, RN-BC, CPM, offered words of gratitude to the DC Board of Nursing in her opening remarks,

highlighting the dedication of Board Chairperson Amanda J. Liddle, Dr.PH, RN, FAAN, Vice Chair Laverne Plater and the other Board members. "They work very hard on behalf of DC nurses," Dr. Lewis said. "I would also like to recognize Board Executive Director Karen Scipio-Skinner and the Board of Nursing staff. They put in a lot of work to ensure safe nursing practice in the District for the protection of the public."

Dr. Lewis noted that nursing in DC is one of the most diverse professions, and that we must lend careful consideration to our responsibility to ensure the safety of our patients. "We need a workforce with verified competency," she said. Emphasizing the importance that schools provide quality academic programs and meaningful clinical experiences, Dr. Lewis reminisced about her days as a new nurse, working at the bedside in the acute care setting.

Her first job was in Obstetrics. An OB clinical specialist, she was sent as a 'float' to the Gynecological unit. "My patient was in an iron lung machine, and my patient in the iron lung was a nurse. I was given a 10-minute in-service on the iron lung. I wanted to learn more about the device," Dr. Lewis said. "I wanted to alleviate her fears."

Helping new nurses transition into *real* nursing practice in the clinical setting is crucial. "As nursing leaders, we must come together to provide support to our providers," Dr. Lewis said.

Ensuring quality nursing care is important on many levels. Protecting the public means we are protecting our own family members and ourselves, as

well as the public at large: "You will one day be a recipient of care. We all have the potential to get treatment in a facility or in our homes. Providers and programs need to 'step up,'" she said. Collaboration between nursing programs and providers, to educate and support graduate nurses in practice, is important because, "new nurses will become the future leaders to advance the profession of nursing."



Meedie Bardonille, RN, BSN, FCN

MANY ARE CALLED

"Many are called but few are chosen," DC Board of Nursing Member and moderator Meedie Bardonille, RN, BSN, FCN said of the nursing profession. "There is never a dull moment for a new nurse." She recalled her "roller-skating days" as a new-to-practice Cardiac ICU nurse. She recalled the "patients singing in harmony 'Nurse, Nurse, Nurse.'"

Nursing is a vocation with an earthshattering impact, she said: "We are asked to care. To sit with an expectant mother, interact with family members, say 'I'm here for you'... Our staff bring comfort where there is pain; comfort, care, respect, love."

She urged nursing leaders to join together, as new technologies emerge and healthcare challenges arise: "Let's collaborate to ensure quality care. We must ask the question: 'What might be possible?' We must develop new templates, new frameworks. We must bend and not break during these rapid-fire changes in healthcare. We must be willing and able to do what is required."

Ms. Bardonille also urged nursing leaders to look for ways to build the morale and critical thinking skills of new nurses. The transition of leaving the educational setting and entering the clinical setting can be made easier when nursing educators partner with facilities. "We must ask how preceptors can work with instructors to help students develop clinical reasoning, clinical judgement. Clinical teaching strategies are essential to ensuring successful transitions. The word for the day is 'collaborate!'"

MILLENNIALS: INEXPERIENCED AND AMBITIOUS

There are three major challenges for nursing in acute care:

- 1) there is a shortage of nurses,
- 2) patients are a lot sicker, and
- 3) the healthcare facility environment does not understand Millennials.

These three points were provided by speaker **Sasha McNeely**, the Nurse Residency Coordinator for MedStar Washington Hospital Center. Ms. McNeely urged nursing leaders to be aware of the characteristics of this new generation entering the profession.

"Millennials are super tech savvy," Ms. McNeely said, "but they grew up being constantly praised. They were put in Honors classes and on varsity sports teams, not due to their skills, but because their parents pressed the school. Baby



Sasha McNeely

Boomers worked hard to provide and gave their children everything. Joining the workforce can be a shock because nursing leaders are not praising them every time they pass a medication, and turnover is high."

Millennial graduate nurses have had limited clinical experience and exposure. What they were taught and actual practice differ. They may not have any experience with documentation. "RNs are coming to us without adequate training, without an adequate skill set. Many have never set foot in a hospital before; their only clinical experience has been through simulation and it is hard to simulate a 12-hour night shift with 5-6 patients."

In addition to these issues, Millennials may have had a sheltered upbringing, and may have only dealt with confrontations with others via social media, not face to face. "Millennials are addicted to social media," she said, "and they are somewhat less adept at in-person interpersonal communication in real life. Millennials have trouble dealing with conflict and knowing how to voice concerns or admit mistakes."

To pass the nursing exam, applicants need only to select an answer from a group of multiple choice answers, but in real life, there is no list of multiple choice answers. Critical thinking is needed.

When many Millennials had clinicals, it was with simulation experiences. They are expected to be perfect, so in a real life practice environment, they will not volunteer the information if they have made a mistake because the response in their educational program was punitive.

PREMATURE AMBITION

Buoyed by praise as youngsters, Millennials may lack confidence, but they possess ambition and drive: "They thrive on advancement. Millennials may take steps to advance too soon. They are going to graduate school sooner. A new RN may enter graduate school to become an Advance Practice RN with only six months of practice as a nurse. They need a solid foundation (which could be gained during their first 5 years of experience). They are not only ambitious, they may have entered nursing for different reasons than nurses of the past. Some see nursing as a quicker alternative to medical school. Some are entering the profession with no intention of staying at the bedside."

To grow in nursing you need to reflect on your practice: "What would you do differently? What's the plan? Did you follow through on the plan? What to do?" We must find a way to keep RNs at the bedside.

Skills Learned through Clinical Experience

- Resolving conflict.
- Time management.
- Prioritizing.
- Delegating to Nursing Assistive Personnel.
- Developing relationships.

PREVENTING AN EARLY EXIT

"New nurses leave due to stress, bullying, lateral violence and not

Continued on page 24

Continued from page 23

knowing how to speak up," Ms. McNeely said. Millennials value freedom and flexibility, they have commitment issues. There is no stigma against job hopping. New nurses leave because they know there is a shortage of nurses.

There are some measures we can take to stem the tide of exits. We need to help new nurses want to stay and to do some "adulting". Nurse residency programs are a great resource for helping new RNs survive and thrive, Ms. McNeely said. We must embrace new nurses' ambition and their desire to advance in their career. Through nurse residency programs and collaborative partnerships, new nurses' transition into the profession will be supported. We must support new nurses and the preceptors that mentor them. Currently, not only are the new nurses new to practice, but their preceptors are new to serving as preceptors.

REVOLVING DOOR

"New RNs have limited life experience," according to **Marianne Hess, MSN, RN**, education coordinator in critical care at George Washington University Hospital. Many have been protected, by their Baby Boom parents,



Marianne Hess, MSN, RN

from the harsher realities of life, she said. "We must collaborate to fill in the gaps in their practice because we need them to succeed. Baby Boomers are retiring, and 42% of nurses in the hospital setting are new nurses. There is a high level of RN burnout in first 18 months. Studies show 25-60% of nurses are resigning in the first year. And the new nurses are in a hurry to advance. "She's going to graduate school, when I just taught her to administer IM Injections last week," Ms. Hess said, quoting an experienced nurse.

ARE YOU EXPERIENCED?

Some new nurses have not had much clinical experience and they have had even less experience engaging in conversation with a person who:

- speaks a different language
- is homeless
- has lice
- is verbally abusive (cursing, using racial slurs, and sexist language)

New nurses may be confronted with a reality they never have seen before, Ms. Hess said, and when they do, they feel overwhelmed and exhausted. They go home and sleep for 12 hours.

"Thirty years ago, new nurses got more clinical time," she said. "Because [new nurses] have had little clinical experience, they lack confidence. They don't know how to question an order. They don't seek help or escalate it. We need them to escalate. The challenge is that new RNs have theoretical knowledge, not the inner confidence to question an order. They want to fit in, so they don't want to ask a question. They have difficulty with communicating with physicians."

Delegating. Prioritizing. Critical

thinking. Stress management. Special situations—like putting a patient on palliative care. New nurses need to further develop their critical thinking skills. "If it says 'Do a pregnancy test,' and the patient is a male patient, they will do the pregnancy test. *That's an exaggeration!*"

"We need programs to help them transition to the bedside. Nurse residency programs improve retention rates by 78% to 90%. Recognition makes a big difference to them. When the Chief Nursing Officer talks to them, they are excited. It is also important to debrief. They need time to do a debrief about their day. Spend time with them; not telling them but helping them with reflection and questioning. Critical thinking. Bridge the gap. Help support them in transition."



Amelia Alcema

LONG TERM CARE

Amelia Alcema spoke about nursing in the long-term care (LTC) setting. Ms. Alcema, Administrator of Deanwood Rehabilitation & Wellness Center, said: "Most nurses practicing in the long-term care setting are overwhelmed. Clinical education does not include LTC, where RNs must assess and reassess. We are very heavy on documentation—if not, when our beautiful ladies come (Department of Health surveyors), you're dead."

"It is so important to think critically. Knowledge must extend beyond what's in the book. We ask candidates 'Why do you want to be a nurse?' They must be in it for the right reasons. It cannot just be for the glamour. This is not Grey's Anatomy. It must be more than for money and security. You have to care. You have to love it to be great.

"Many nurses are wary to work in long-term care. You have seen the commercials, 'Nursing home neglect? Call Johnnie Cochran.' But one day our mothers, sisters, brothers, will be in long-term care.

"Our residents are so vulnerable. LTC takes a lot out of you, from time you wake up thoughts run through your mind: 'How is Mrs. So and So? ...Did Mr. So and So get his meds?' Your work becomes your home. It is a calling. When it's a calling, it's a different ballgame."



Denise S. Pope, PhD, RN

NURSING EDUCATION

Denise S. Pope, PhD, RN, provided a perspective from the point of view of a nursing educator. Dr. Pope is the Associate Dean/Chief Nursing Officer for the nursing program at Trinity Washington University.

"We need to work collaboratively. It is important that RNs at the facilities (where students take their clinicals) be willing to work with students, she said. "During clinical experience, our students are also

evaluating you. One hundred percent of my students are planning to stay in the area, not leaving DC."

The nursing shortage affects nursing educational programs also, she said. "Nursing schools are pressured by those outside of the institution to accept more students, but there is a shortage of nursing

faculty. We expect faculty to work 5 days a week. It becomes a 24 hour job. We need actively practicing nurses to become adjunct faculty. We have to change the model of clinical education. You can help us with that."

Continued on page 26

Happy National Nurses Week

Nurses change lives with caring hearts, placing them at the center of health care. In honor of National Nurses Week, we celebrate our nurses on staff. We are grateful for the compassionate care they provide each and every day.

We currently have several positions open for nursing professionals across the HSC Health Care System. If you are interested in joining our team and helping to empower people and their families with complex health care needs, visit www.hschealth.org/careers to apply.

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MEANINGFUL CLINICALS

"It is difficult to find clinical placements in DC. Activities have become limited. Nursing students are not allowed to document. Students in clinicals need an active role in a variety of settings: dialysis, wound care, cath lab, the OR. At the present time, nursing students are limited to one area. 'How does this impact reimbursement? How does one delegate?' Students need to know that."

SHOCK OF THE NEW ENVIRONMENT

"The problem is not *getting* nursing students, it is *keeping* them," according to Simmy King, DNP, MS, MBA, RN-BC, NE-BC, Nursing Director of Clinical Information Systems and Professional Development at Children's National Health System. The facility's website describes her as "one of the first people new nurses meet when they come to work at Children's National."

"The shock of the new environment makes new nurses want to leave," Dr. King told attendees. "We have a responsibility to help them in the transition from academic program to practice environment."

Nursing is now so complex, yet nursing programs in academia are finding it difficult to provide experiences in the clinical environment for their students. Nurses entering the workforce having completed a 2-year associate's degree or an 18-month BSN, may have had very limited clinical experience, maybe none at all.

Students need to learn about using the Pyxis (BD Pyxis™ MedStation™ automated medication dispensing system) and documenting in the MAR (Medication Administration Record), she said.

Dr. King concurred that there should be a partnership between facilities and



Simmy King, DNP, MS, MBA, RN-BC, NE-BC

academic programs. Facilities could allow an experienced nurse the freedom to teach one day a week. Then, students could have an educator who is practicing as a nurse in real time. "We need to work progressively forward to mandate a collaborative relationship between academic faculty and unit staff," she said.

"Share your organization's policies and procedures with nursing education faculty and students," she said. "They need to know what to do."



REAL EXPERIENCE & PRECEPTORS

Simulation is helpful but not sufficient, she said. Reality-based experiences are essential: If we solely rely on simulation, they are not going to be prepared for reality. An online avatar simulating the experience of the birth of a baby is very different from the reality of a live birth. Are we making the offerings as accessible?

"Make sure your preceptors understand what to do with the students," Dr. King said. Preceptors should identify if a student has a performance issue. It is better to identify the errors of students while they are still students, versus waiting until errors are identified when they are nurses. Nursing students are not going to self-report errors.

Preceptors can help the students recognize their limitations, and help them learn to move past that error. We can make mistakes. We're not perfect. How can we learn from them? How do we evaluate competencies?

"We need more fully-engaged preceptors. Being a preceptor is a good segue into nursing education." As of now, there is no formal training for preceptor staff. Working collaboratively, we can build a system of kind and thoughtful support for nurses throughout the trajectory from nursing school through retirement.

Millennial Generation Characteristics

- Super Tech Savvy
- Task Oriented/Goal Oriented
- Seek Advancement
- Praised during childhood
- Sheltered during childhood
- Crave Recognition

(See "10 Millennial Personality Traits That HR Managers Can't Ignore" at <https://www.mindtickle.com/blog/10-millennial-personality-traits-hr-managers-cant-ignore/>)

NCSBN Resource for New Nurses

The National Council of State Boards of Nursing's booklet, "NCSBN Welcomes You to the Nursing Profession," is for newly licensed nurses and is designed to ease the transition from student to working professional. The booklet provides information about the nursing licensure process and provides links to free online videos, brochures, posters, magazines and newsletters. Hard copies of the booklet can be ordered or the publication can be accessed online at: <https://www.ncsbn.org/12096.htm>

Seek Opportunities for Growth

"New nurses struggle not with hard skills, but with work/life balance and confidence building. Encourage them to join professional organizations. New nurses should be encouraged to participate in health fairs, where practice is not so dependent on technology. Organizations should sponsor conferences that students can afford to attend. Nursing students and new nurses: fill your cup with many mentors and professional organizations."

—Attendee Dr. Pier Broadnax, Nursing Program Director, University of the District of Columbia

Certification

New nurses can grow by getting certified in their practice area.

End Bullying & Make Amends

There is a saying, "Nurses eat their young." In other words, new nurses get bullied by veteran RNs. "Have you bullied anyone? Have you apologized?" asked DC Board of Nursing Member Meedie Bardonille. "Hazing must cease, and policies supporting preceptors and new nurses need to be established."

Read All About It! – Articles about Bullying

Mean Girls of the ER

Excerpt: "Nurse bullying is so pervasive that it has its own expression. In 1986, nursing professor Judith Meissner coined the phrase "Nurses eat their young" as a call to action for nurses to stop ripping apart inexperienced coworkers." Link to article:

<http://www.womansday.com/life/work-money/a54976/mean-girls-of-the-er/?src=social-email>

Adopt Zero Tolerance for Hospital Staff Bullying Nursing Students

Excerpt: "Any nursing instructor knows that nursing students are often victims of bullying by hospital staff nurses. Anthony and Yastik (Journal of Nursing Education, 2011) have characterized types of staff incivility toward students as "exclusionary, hostile or rude, or dismissive." Link to article: https://journals.lww.com/ajnonline/Fulltext/2018/05000/Adopt_Zero_Tolerance_for_Hospital_Staff_Bullying.2.aspx

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Suggestions from Small Group Breakout Discussions

Attendees broke into small groups and wrote down their observations and their views on how academic institutions and facilities can work together to create systems where new nurses can be supported.

“The Problem”

New nurses are fearful and lack confidence.
New nurses may not know how to seek out a mentor.
Let the new nurse know: No question is a dumb question.

Nursing Leaders

A solution to “The Problem” must begin with leadership.
Create a system of support for every nurse after orientation.
Don’t give a new nurse all critical patients.
Leaders have to be clear, consistent, and approachable. It’s like parenting.
New nurses should have access to resources/books to outline procedures if they can’t find a supervisor.
Facilities should encourage currently-practicing nurses to serve as adjunct nursing faculty.

Preceptors

Preceptors should have a positive attitude.
Part of your progression in a nursing career should be being a preceptor as part of your progression.
Preceptor programs should provide training, policies, and procedures. It should be a formal preceptor/mentor program.
Preceptors should collaborate with instructors.

Academia/Faculty

Nursing programs should seek currently-practicing nurses to serve as adjunct faculty.
Nursing schools should let facility administrators and preceptors see the curriculum.
Design a curriculum to match what is practiced in the facility.
When seeking clinicals, think outside of the box: Can we go to pre-OP, post-OP? Can we go to DC jail? Long-term care?
Have a student follow a patient to various practice settings.
Simulation cannot substitute for real patient experience, but can prepare.

Collaboration

Policies should be shared.
Schools should meet with facilities in a forum like this! ■



Audience commentator.



Turning in evaluations.



Ex Board Members Missy Moore, RN and Chioma Nwachukwu, DNP, PHNCNS-BS, RN.

Kudos!

Congratulations to DC Board of Nursing Member **Nancy Uhland, DNP, FNP-C**, who has been awarded a scholarship to attend the NCSBN and George Washington University Health Policy and Media Engagement graduate certificate program. Dr. Uhland has a unique perspective, and varied career experiences by drawing on her many years of nursing practice. Her special interests include reducing healthcare disparities and improving healthcare access for persons with kidney disease. With her clinical and academic skills she will be an asset to the Health Policy and Media Engagement graduate certificate program.

Congratulations to Board Member **Meedie L Bardonille, BSN, RN**, who has been selected for a two-year appointment to the FY 2019 NCLEX Item Review Subcommittee. "The expertise and talent you will bring to this committee is crucial to the mission and strategic initiatives of the National Council," a NCSBN representative said of her selection.



Congratulations **Solanges Vivens, RN, MSNA, LNHA, D.H.L.** The District of Columbia Health Care Association recognized and honored Dr. Vivens on May 18, 2018 at their annual convention by presenting her with a nursing scholarship for her 47 years of dedication, contributions and achievements in nursing and Long-Term Health in the United States of which 42 of those years were in the nursing home profession in the District of Columbia. Dr. Solanges Vivens would like to award this scholarship to a diverse group of future nursing graduates in the District, Maryland and Virginia - the DMV. The "**Dr. Solanges Vivens Nursing Scholarship**" will be for students pursuing a degree in nursing and a license in Registered Nursing (RN). The scholarship will offer the recipient (s) financial assistance needed to pursue and complete their academic assignments while acquiring the knowledge and learning the skills required to be successful in the nursing and health care industry. Details and Application can be found on the DCHCA website. www.dchca.org. ■

Congratulations to **Joanne Joyner, PhD, APRN, BC**, former Chair of the DC Board of Nursing. Dr. Joyner was interviewed by NBC 4 News on the occasion of the 50 Year Reunion of the Washington Hospital Center School of Nursing. *Congratulations to the entire class of 1968 of the Washington Hospital Center School of Nursing!* Dr. Joyner was the first African American student to graduate from the program.

NBC 4 news online: <https://drive.google.com/open?id=1FL-72-Q0DcaZ2mpdqr32VWKgKcuywmF-> (short version) and <https://drive.google.com/open?id=1h0yyAeTxkaU8ORjK1IsD0c5ekKkcqBZ6> (long version).



Medical Marijuana Guidelines

The National Council of State Boards of Nursing (NCSBN) is offering guidance on the issue of **Patients Using Marijuana**. Their guidance package fills the gap in the literature on the nursing care of patients using medical marijuana and provides evidence-based nursing guidelines:

- Current Legislation, Scientific Literature Review, and Nursing Implications
- Nursing Care of the Patient Using Medical Marijuana

- Medical Marijuana Education in Pre-Licensure Nursing Programs
- Medical Marijuana Education in APRN Nursing Programs

Go online at the NCSBN website for their **Guidelines on Patients Using Marijuana**: <https://www.ncsbn.org/marijuana-guidelines.htm> ■

Licensure Actions: June 2018 - November 2018

The following is list of licensure actions taken between June 2018 - November 1, 2018.

The full citation for disciplinary actions can be found on the DC Health website at <https://app.hpla.doh.dc.gov/Weblookup/>. Licensed nurses and health care facilities should report any actual or suspected unsafe practice to the Board of Nursing. **To submit a report to Compliance and Discipline:** Use the online complaint form at <https://doh.dc.gov/nod>; or send an email to bon.dc@dc.gov; or mail your complaint to DC Board of Nursing, DC Health, Health Regulation and Licensing Administration, 899 North Capitol Street NE, Washington, DC, 20002.

Licensee	Date of Action	Action	Violation
Ndamfombad, Andrew	6/4/18	HHA Suspend until appears before the Board of Nursing.	Dishonorable Conduct Committing an act of fraud
Easterling, Tasha	9/18/18	CNA Suspend until appears before the Board of Nursing	Dishonorable Conduct Committing an act of fraud Convicted of a crime
Adetunji, Olubunmi	9/19/18	HHA Revocation	Dishonorable Conduct Committing an act of fraud

Board of Nursing Options for Disciplinary Actions

- (1) Deny a license, registration, or certification to any applicant or an application to establish a school of nursing or nursing program;
- (2) Revoke or suspend the license, registration, or certification of any licensee, registrant, or person certified or withdraw approval of a school of nursing or nursing program;
 "Revocation" means termination of the right to practice a health profession and loss of licensure, registration, or certification for 5 years or more.
 "Suspension" means termination of the right to practice a health profession for a specified period of time of less than 5 years or until such time that the specified conditions in an order are satisfied.
- (3) Revoke or suspend the privilege to practice in the District of any person permitted by this subchapter to practice in the District;
- (4) Reprimand any licensee, registrant, person certified, or person permitted by this subchapter to practice in the District;
- (5) Impose a civil fine not to exceed \$ 5,000 for each violation by an applicant, licensee, registrant, person certified, or person permitted by this subchapter to practice in the District;
- (6) Require a course of remediation, approved by the board, which may include:
 - (A) Therapy or treatment;
 - (B) Retraining;
 - (C) Require participation in continuing education and essay.
- (7) Require a period of probation; or
- (8) Issue a cease and desist order pursuant to § 3-1205.16.

Source: District of Columbia Health Occupations Revision Act (HORA) ■



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