Nursing Education Advisory Group Focus 2015: Clinical Placements

CNA Authorized Duties: Commonly Asked Questions

Professional Boundaries: A Guide to the Importance of Appropriate Professional Boundaries
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2015 OREGON STATE BOARD OF NURSING MEMBERS

DONNA CAIN, CNA
**BOARD SECRETARY**
Term: 6/1/10 – 12/31/12, 1/1/13 – 12/31/15
Ms. Cain is a CNA 2-Acute Care at Rogue Valley Medical Center and has more than 10 years of experience. She is currently a Patient Care Tech in the Central Transportation Department and also is on-call for CCU and ICU. She received her nursing assistant training from the Asante Health System Training Program in Medford, Ore.

BEVERLY EPENETER, ED.D., RN
Term: 1/1/15 – 12/31/17
Dr. Epeneter is an Associate Dean of Nursing at the Linfield-Good Samaritan School of Nursing. She received her Nursing Diploma from Good Samaritan Hospital School of Nursing, her Bachelor of Science from the University of Oregon School of Nursing, her Master's degree in Nursing also from U of O, and her Doctor of Education from Portland State University. She serves in the Nurse Educator position on the Board.

BARBARA GIBBS, LPN
Term: 5/1/13 – 12/31/15
Ms. Gibbs is a staff nurse at Good Shepherd Medical Center in Hermiston, Ore., and received her degree from Blue Mountain Community College in Pendleton, Ore. She serves in the LPN position on the Board and has more than 30 years of nursing experience.

COLIN HUNTER, JD
**PUBLIC MEMBER**
Term: 10/1/15 – 12/31/15
Mr. Hunter is an attorney with Angeli Ungar Law Group in Portland, Ore. He received his Bachelor's degree from Claremont McKenna College in Claremont, Calif., and his juris doctorate from the University of California, Berkeley, School of Law. Hunter resides in Portland, Ore.

BONNIE KOSTELECKY, RN
Term: 6/1/12 – 12/31/14, 1/1/15 – 12/31/17
Ms. Kostelecky was most recently the Operations Manager for the Portland VA Medical Center Primary Care Clinic in West Linn, Ore. She received a BA in Nursing from Jamestown College, in Jamestown, N.D., and her Masters of Science in Community Nursing from OHSU. She serves in the Nurse Administrator position on the Board.

LINDA MILL, RN
Term: 1/1/09 – 12/31/11, 1/1/12 – 12/31/14
Ms. Mill is a staff nurse at Bay Area Hospital in Coos Bay and has more than 20 years of nursing experience. She received her Associate Degree in Nursing from Southwestern Oregon Community College in Coos Bay, Ore. Ms. Mill is one of two direct-patient care RNs on the Board.

MAX TENSCHER, RN, FNP
Term: 3/1/10 – 12/31/12, 1/1/13 – 12/31/15
Mr. Tenscher is a Family Nurse Practitioner and currently owns Integrative Primary Care Associates, in Portland, Ore. He received his Associate’s Degree from Shasta College in Redding, Calif., and his nurse practitioner certificate from the University of California in Davis, Calif. He has more than 30 years of nursing experience and resides in West Linn, Ore.

RYAN WAYMAN
**PUBLIC MEMBER**
Term: 4/1/13 – 12/31/15
Mr. Wayman is one of two public members on the Board. He is an executive senior partner at MassMutual Financial Group-Oregon and resides in Portland.

BOARD MEMBER OPENINGS:
The Oregon State Board of Nursing has current openings for a direct-care Registered Nurse and a Certified Nursing Assistant. Interested parties should visit the Governor’s Boards and Commissions webpage (http://www.oregon.gov/gov/admin/Pages/Boards-and-Commissions.aspx) for information on how to apply.
2016 OSBN Board Meeting Dates

01/13/2016 WEDNESDAY 4:30 PM
OSBN Board Meeting, via Teleconference
(Mostly Executive Session)

02/17/2016 WEDNESDAY 8:30 AM
OSBN Board Meeting—Day 1
(Mostly Executive Session)

02/18/2016 THURSDAY 8:30 AM
OSBN Board Meeting—Day 2

03/16/2016 WEDNESDAY 4:30 PM
OSBN Board Meeting, via Teleconference
(Mostly Executive Session)

04/13/2016 WEDNESDAY 8:30 AM
OSBN Board Meeting—Day 1
(Mostly Executive Session)

04/14/2016 THURSDAY 8:30 AM
OSBN Board Meeting—Day 2

05/11/2016 WEDNESDAY 4:30 PM
OSBN Board Meeting, via Teleconference
(Mostly Executive Session)

06/15/2016 WEDNESDAY 4:30 PM
OSBN Board Meeting, via Teleconference
(Mostly Executive Session)

06/16/2016 WEDNESDAY 8:30 AM
OSBN Board Meeting—Day 1
(Mostly Executive Session)

07/13/2016 THURSDAY 8:30 AM
OSBN Board Meeting—Day 2

08/10/2016 WEDNESDAY 4:30 PM
OSBN Board Meeting, via Teleconference
(Mostly Executive Session)

09/14/2016 WEDNESDAY 8:30 AM
OSBN Board Meeting—Day 1
(Mostly Executive Session)

09/15/2016 THURSDAY 8:30 AM
OSBN Board Meeting—Day 2

09/16/2016 FRIDAY 8:30 AM
OSBN Board Work Session

10/12/2016 WEDNESDAY 4:30 PM
OSBN Board Meeting, via Teleconference
(Mostly Executive Session)

11/16/2016 WEDNESDAY 8:30 AM
OSBN Board Meeting—Day 1
(Mostly Executive Session)

11/17/2016 THURSDAY 8:30 AM
OSBN Board Meeting—Day 2

All Board Meetings, except Executive Sessions, are open to the public. All meetings are located at the OSBN Office, 17938 SW Upper Boones Ferry Rd, Portland.

Openings at Sky Lakes Medical Center in sunny Klamath Falls, OR, seeks ICU, Flex Team, and ER nurses. Contact WYoung@skylakes.org.
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The Nursing Education Advisory Group has focused over the last year on the challenges education programs often experience regarding clinical placements and the type of data needed to look toward potential solutions in this area.

Surveys were launched in November to capture the perspective from nursing programs and from clinical facilities that host students. The respondents will provide their views on issues, barriers, and concerns as well as details related to placement numbers and placement capacity. Clinical facilities will provide input on current issues they face and any “untapped” resources that might help support student clinical learning. The details on clinical placements should provide data on peak usage unit types or time periods as well as when lower usage is seen. Development of appropriate survey tools has been challenging as the group has attempted to find a balance between gathering enough information to be useful and survey tools that are too lengthy. A robust response rate will be most helpful to the process.

In addition to the focus on surveys of clinical placements, the group has considered topics that impact nursing programs such as accommodation of students with identified disabilities entering nursing programs and practices related to use of standardized testing to determine student progression. The development of position statements or “best practice” guidelines is under consideration. The work in the coming months will include reviewing the Division 21 Oregon Administrative Rules (OAR 851-021) for any needed revisions to increase clarity.

Those interested in tracking the work of the Nursing Education Advisory Group may access minutes and other pertinent information on the webpage dedicated to this group on the OSBN website at http://www.oregon.gov/OSBN/Pages/education-advisory-cmte.aspx. Meetings are open to anyone who wishes to attend.

The membership of the group has stayed relatively stable for this first year but additional members will be needed in the next year. Those who work directly with teaching or placement of healthcare students provide valuable input to the group. Anyone potentially interested in consideration for membership on the group should contact Joy Ingwerson, OSBN Nursing Education and Assessment Policy Analyst via e-mail at: joy.ingwerson@state.or.us.
NURSING EXCELLENCE:
A continuum of care for our patients

Team-based care with the patient at the center of all we do.
At Kaiser Permanente, it’s more than a mission, it’s a reality.

By Lindsay Radu, Kaiser Permanente Northwest Senior Director of Continuing Care Services.

Nurses play a critical role in our ability to deliver care for our patients. And they have become even more integrated in our health system with our push toward team-based care.

What do we mean by team-based care? It’s a model that truly puts the patient at the center of the care plan. At Kaiser Permanente, we are using care navigators, who guide our patients through every step of their care experience. It’s helping to drive patient satisfaction — especially for our patients with chronic conditions. And it’s reducing the number of Emergency Department visits, which drives affordability for our company — and our patients.

A Focus on the Care Continuum

Nurses who participate in our team-based care model serve as advocates and stakeholders for our patients. They listen to our patients’ wishes. And they frame the care plan around these wishes and goals, while clearly documenting them as the heart of the care plan.

Our nurses also play a key role in care coordination as it spans our patients’ care continuum. This includes care that’s provided primarily in the clinic setting, care that’s provided at a patient’s home, and longer-term planned care. This new and innovative work is helping to create a plan for our patients that focuses on the top three to five patient goals. And it guides patient care in all care settings the patient may seek, including care in the community — outside of Kaiser Permanente.

Managing care also includes end-of-life planning for our patients. Our nurses help patients plan their care by weaving this conversation throughout the care continuum, rather than waiting until the patient’s health is already in decline.

It’s an exciting time to practice as a nurse at Kaiser Permanente. Our nurses are empowered to improve the experience for some of Kaiser Permanente’s most vulnerable members: those in skilled nursing facilities, home health, hospice and palliative care. And our nurses work within a collaborative model that takes a holistic view of our patient’s care needs by working together as a team with other medical professionals to deliver the best possible outcomes.

Kaiser Permanente is looking for nurses who are at the top of their game and are interested in joining us as part of this team-based concept. Our ultimate goal is to work together at our highest level to provide the best care possible to our patients. If you would like to learn more, contact Sean Edeline at Sean.Edeline@kp.org.
YOU ASK — WE ANSWER COMMON QUESTIONS REGARDING THE OREGON NURSE PRACTICE ACT

QUERY: I perform telephone triage in a community health clinic. I want to be clear that my advice, recommendations, and language regarding OTC medications stay within my scope of practice if I have no standing orders. I have formerly only worked in an acute care setting so this is a new care setting for me.

DISCUSSION: Bottom line is that when you communicate information concerning medications to a client, that information must not be in a manner that is prescriptive or could be perceived as prescriptive by the client. This strategy, along with adhering to the legal practice standards articulated in Division 45 of the Nurse Practice Act (OAR 851-045), will buttress a safe and prudent practice.

In general, the RN may not prescribe, which includes specifically telling individuals to take certain OTC meds at a certain frequency. The nurse may provide health teaching to clients that includes general information on self-care, which may include OTC remedies. For example, the nurse might include information in health teaching for a client who had an ankle sprain to use ice, anti-inflammatory meds (such as ibuprofen), elevate the leg, etc. The nurse would not direct the client to take ibuprofen 400mg every six hours for the next four days. This health teaching should also include guidance for caution in taking certain OTC meds that might have interactions with other meds. In a triage setting, protocols might even include this kind of guidance such as not taking ibuprofen if you are taking some specific other meds (e.g. anti-coagulants).
As a health care professional, a nurse strives to inspire the confidence of clients, treat all clients and other health care providers professionally, and promote clients’ independence. Clients can expect a nurse to act in their best interests and to respect their dignity. This means that a nurse abstains from obtaining personal gain at the client’s expense and refrains from inappropriate involvement in the client’s personal relationships.

**Professional boundaries are the spaces between the nurse’s power and the client’s vulnerability.** The power of the nurse comes from the professional position and the access to private knowledge about the client. Establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the client’s needs.

Boundary violations can result when there is confusion between the needs of the nurse and those of the client. Such violations are characterized by excessive personal disclosure by the nurse, secrecy or even a reversal of roles. Boundary violations can cause distress for the client, which may not be recognized or felt by the client until harmful consequences occur.

Boundary crossings are brief excursions across boundaries that may be inadvertent, thoughtless or even purposeful if done to meet a special therapeutic need. The nurse can return to established boundaries after a boundary crossing, but he or she should evaluate the crossing for potential client consequences and implications. Repeated boundary crossings should be avoided.

The use of social media is fraught with opportunities for boundary violations. The very nature of this medium can pose a risk as it offers instantaneous posting opportunities that allow little time for reflective thought and carries the added burden of what is posted on the Internet is discoverable by a court of law even after it’s been deleted.

**Professional sexual misconduct is an extreme form of boundary violation and includes any behavior that is seductive, sexually demeaning, harassing or reasonably interpreted as sexual by the client.** Professional sexual misconduct is an extremely serious violation of the nurse’s professional responsibility to the client. It is a breach of trust.

## A Continuum of Professional Behavior

A zone of helpfulness is in the center of the professional behavior continuum. This zone is where the majority of client interactions should occur for effectiveness and client safety. Over-involvement with a client is on the right side of the continuum; this includes boundary crossings, boundary violations and professional sexual misconduct. Under-involvement lies on the left side; this includes distancing, disinterest and neglect, and it can be detrimental to the client and the nurse. There are no definite lines separating the zone of helpfulness from the ends of the continuum; instead, it is a gradual transition or melding.

### Some Guiding Principles for Determining Professional Boundaries and the Continuum of Professional Behavior

- The nurse’s responsibility is to delineate and maintain boundaries.
- The nurse should work within the zone of helpfulness.
- The nurse should examine any boundary crossing, be aware of its potential implications and avoid repeated crossings.
- Variables such as the care setting, community influences, client needs and the nature of therapy affect the delineation of boundaries.
- Actions that overstep established boundaries to meet the needs of the nurse are boundary violations.
- The nurse should avoid situations where the nurse has a personal or business relationship, as well as a professional one.
- The nurse’s license is independent of employment setting, therefore the relationship that is established under the nurse/client interaction may be continued on page 10.
seen as continuing even after the client has been discharged from care.

Questions & Answers

What if a nurse wants to date or even marry a former patient? Is that considered sexual misconduct? The key word here is former, and the important factors to consider when making this determination are:

- What is the length of time between the nurse-client relationship and the dating?
- What kind of therapy did the client receive? Assisting a client with a short-term problem, such as a broken limb, is different than providing long-term care for a chronic condition.
- What is the nature of the knowledge the nurse has had access to, and how will that affect the future relationship?
- Will the client need therapy in the future?
- Is there risk to the client?

What if a nurse lives in a small community? Does this mean that he or she cannot interact with neighbors or friends? Variables such as the care setting, community influences, client needs, nature of the therapy provided, age of the client and degree of involvement affect the delineation of behavioral limits. All of these factors must be considered when establishing boundaries and all contribute to the complexity of professional boundaries.

The difference between a caring relationship and an over-involved relationship is narrow. A professional living and working in a remote community will have, out of necessity, business and social relationships with clients. Setting appropriate standards is very difficult.
If they do not relate to real life, these standards may be ignored by the nurse, or simply may not work. However, the absence of consideration of professional boundaries places the client and nurse at risk. There may be times when nursing advice is requested and if given could place the nurse at risk under their license if an untoward event occurred due to the advice.

**Do boundary violations always precede sexual misconduct?** Boundary violations are extremely complex. Most are ambiguous and difficult to evaluate. Boundary violations may lead to sexual misconduct, or they may not. In some cases, extreme sexual misconduct, such as assault or rape, may be habitual behavior, while at other times, it is a crime of opportunity. Regardless of the motive, extreme sexual misconduct is not only a boundary violation, it is criminal behavior.

**Does client consent make a sexual relationship acceptable?** If the client consents, and even if the client initiates the sexual conduct, a sexual relationship is still considered sexual misconduct for the health care professional. It is an abuse of the nurse-client relationship that puts the nurse’s needs first. It is always the responsibility of the health care professional to establish appropriate boundaries with present and former clients.

**How can a nurse identify a potential boundary violation?** Some behavioral indicators can alert nurses to potential boundary issues, for which there may be reasonable explanations. However, nurses who display one or more of the following behaviors should examine their client relationships for possible boundary crossings or violations:

- **Excessive self-disclosure** — The nurse discusses personal problems, feelings of sexual attraction or aspects of his or her intimate life with the client.
- **Secretive behavior** — The nurse keeps secrets with the client and/or becomes guarded or defensive when someone questions their interaction.
- **“Super nurse” behavior** — The nurse believes that he or she is immune from fostering a nontherapeutic relationship and that only he or she understands and can meet the client’s needs.
- **Singled-out client treatment or client attention to the nurse** — The nurse spends inappropriate amounts of time with a particular client, visits the client when off-duty or trades assignments to be with the client. This form of treatment may also be reversed, with the client paying special attention to the nurse, e.g. giving gifts to the nurse.
- **Selective communication** — The nurse fails to explain actions and aspects of care, reports only some aspects of the client’s behavior or gives “double messages.” In the reverse, the client returns repeatedly to the nurse because other staff members are “too busy.”
- **Flirtations** — The nurse communicates in a flirtatious manner, perhaps employing sexual innuendo, off-color jokes or offensive language.
- **“You and me against the world” behavior** — The nurse views the client in a protective manner, tends not to accept the client as merely a client, or sides with the client’s position regardless of the situation.
- **Failure to protect the client** — The nurse fails to recognize feelings of

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**A Continuum of Professional Behavior**

Every nurse-client relationship can be plotted on the continuum of professional behavior illustrated above.

A zone of helpfulness is in the center of the professional behavior continuum. This zone is where the majority of client interactions should occur for effectiveness and client safety. Over-involvement with a client is on the right side of the continuum; this includes boundary crossings, boundary violations and professional sexual misconduct. Under-involvement lies on the left side; this includes distancing, disinterest and neglect, and it can also be detrimental to the client and the nurse. There are no definite lines separating the zone of helpfulness from the ends of the continuum; instead, it is a gradual transition or melding.

Continued on page 12
If a health care provider's behavior is ambiguous, or if the nurse is unsure of how to interpret a situation, the nurse should consult with a trusted supervisor or colleague. Incidents should be thoroughly documented in a timely manner. Nurses should be familiar with reporting requirements, as well as the grounds for discipline, and they are expected to comply with these legal and ethical mandates for reporting.

What are some of the nursing practice implications of professional boundaries? Nurses need to practice in a manner consistent with professional and legal standards. Nurses should be knowledgeable regarding professional boundaries and work to establish and maintain those boundaries. Nurses should examine any boundary-crossing behavior and seek assistance and counsel from their colleagues and supervisors when crossings occur.

**The Nurse’s Challenge**
- Be aware.
- Be cognizant of feelings and behavior.
- Be observant of the behavior of other professionals.
- Always act in the best interest of the client.

For more information on boundary violations or the use of social media in nursing, visit the National Council of State Boards of Nursing library at: https://www.ncsbn.org/communications-library.htm, or contact the NCSBN at 1-312-525-3600.
In Oregon, nurses and nursing assistants may simultaneously hold more than one license or certificate. Certified Medication Aides (CMAs) must also have a current certificate as a nursing assistant (CNA). Advanced practitioners of nursing (Clinical Nurse Specialists, nurse anesthetists and nurse practitioners) must also have a current Registered Nurse license. Registered Nurses (RNs) may choose to hold a current license as a Licensed Practical Nurse (LPN) and/or a nursing assistant certificate.

**QUESTION:** Can a RN or LPN work as a CNA in Oregon?

**DISCUSSION:** A RN or LPN can fill in for a CNA or a CMA on an occasional basis as necessary. However, if the RN or LPN accepts a CNA or CMA position, they must hold current Oregon CNA or CMA certification. It is important for the RN or LPN to not represent his or herself as a RN or LPN while working in that position. Everything from the nametag to the job description needs to clearly identify the individual as a CNA or CMA. The RN or LPN must stay within the CNA or CMA authorized duties and would be reporting to the licensed nurse. Everyone has to have clear roles for public safety. Working as a CNA or CMA does not count as practice hours for the renewal of the RN or LPN license. The application to apply for these certifications based on having a current RN or LPN license is found at [http://www.oregon.gov/OSBN/pdfs/form/LIC-706.pdf](http://www.oregon.gov/OSBN/pdfs/form/LIC-706.pdf).

**QUESTION:** Does the State Board of Nursing have a stance on allowing a licensed RN to practice as a CNA once they have transitioned out of their role as a CNA to RN practice?

**DISCUSSION:** The Oregon Board of Nursing does not have statute or administrative rule that prohibits an individual from holding multiple license types (RN, LPN, CNA, etc.). There are some states where this is prohibited and a CNA that applies for a nursing license has to inactivate the CNA (or it is done automatically). That is not the case in Oregon; however, there are some important considerations when an individual holds a dual license/certification(s):

- The individual must be clear on the role being fulfilled at any given time. For example, if the individual is working on a unit for a shift as a CNA, they cannot be assigned nursing care usually done by the RN.
- The staff on the unit needs to be clear on the role being fulfilled so that appropriate assignments are made.
- If the individual seeks to maintain multiple license types, all requirements to do so must be met at the time of renewal for each (adequate number of practice hours under each license).

However, a given facility/agency may certainly have a policy that is more restrictive than the Nurse Practice Act. There are some employers in Oregon that do not allow an employee to hold both a CNA and an RN position at the same time.

**QUESTION:** When an individual holds more than one Oregon license or certification, how does the Board handle complaints and discipline?

**DISCUSSION:** When the Board investigates a complaint regarding a licensee or certificate holder who holds another license or certificate and a violation of the Nurse Practice Act has been established, the Board will first determine the appropriate sanction to be imposed on the license/certificate for which the complaint was made. If the licensee/certificate holder possesses a second license/certificate, the Board will consider the following factors to determine whether the second license/certificate should also be sanctioned:

- The seriousness of the conduct or practice.
- The likelihood that the licensee/certificate holder would have the opportunity to repeat the same practice error if the second license/certificate is left unencumbered.
The nature of the complaint in relationship to the scope of practice of that license/certificate versus the scope and responsibilities of the second license/certificate.

The likelihood that the licensee/certificate holder would repeat the same conduct if the second license/certificate is left unencumbered.

The risk to public health and safety if the second license/certificate is left unencumbered.

The following examples illustrate application of the above factors:

- A complaint of unsafe administration of medications by a Certified Medication Aide that results in removal of the ability to function as a medication aide may not affect that person’s ability to safely function as a nursing assistant (who does not have the authority to administer medications).

- A complaint about the prescribing practices of a nurse practitioner that results in removal of prescribing authority may not affect that person’s ability to safely practice as a registered nurse.

- A complaint about the practice of a nurse practitioner may be at risk for replication in practice as a Registered Nurse if the complaint involves basic concepts of nursing practice such as record keeping, communication, assessment and implementation skills and exercising appropriate judgment in the practice of nursing.

- A complaint about the unsafe practice of a Registered Nurse may be a risk for replication in practice as a Licensed Practical Nurse, dependent on the nature and seriousness of the complaint and the scope and responsibilities of both levels of licensure.

- Unacceptable conduct towards patients, regardless of the level of licensure/certification, is likely to be repeated if a second license/certificate is retained.

**QUESTION:** Our CNA2s have become emergency department techs. They have completed a phlebotomy class. We would like them to draw labs. Can they perform lab draws while being both a CNA2 and phlebotomy tech?

**DISCUSSION:** It is not within the Certified Nursing Assistant (CNA) level one or two’s authorized duties to draw blood per Division 63 of the Oregon Nurse Practice Act located at [http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_851/851_063.html](http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_851/851_063.html). When a CNA is working in a setting where the nurse is down the hall (hospital, nursing home), the CNA is working under supervision. Supervision means the nurse is available to intervene if necessary and periodically observes and evaluates the skills and abilities of the CNA. In these settings, the CNA 1 and CNA 2 are working under authorized duties found in Division 63 of the Nurse Practice Act. The nurse can only assign/delegate tasks to the CNA 1 and CNA 2 that are within their authorized duties. The RN may not assign/delegate phlebotomy to a CNA level one or level two.

If the CNA accepts a “tech” position, they would be treated like any other unlicensed assistive person (UAP). It is important for the CNA not to represent his or herself as a CNA while in the tech role. Everything from the nametag to job description needs to clearly identify the individual as a tech. Working as a tech, performing duties outside of the CNA authorized duties, does not count as employment hours for the renewal of the CNA certificate.

It can be challenging for a CNA to take a tech position particularly if some days the CNA works as a CNA and other days works as a tech within the same facility. Everyone has to have clear roles for public safety. It is crucial that everyone knows what role the individual is fulfilling at all times.
Mark your calendars, ONA's 2016 Convention, titled “Lead by Example: Ethical Nursing Practice,” will be held April 11-13, 2016 at the Seaside Civic & Convention Center in Seaside, OR. Join us this spring to learn new leadership skills and develop the tools you need to improve your practice and advance your career. ONA's Convention will include:

**Nurse Staffing Workshop: Paradigms of Success**

The first day of the Convention, Monday, April 11, will be a half-day continuing education workshop from 1-5 p.m. The workshop will focus on nurse staffing with an emphasis on creating successful staffing committees and implementing staffing plans. The program will also highlight successful examples of nurse staffing plans from across Oregon.

**Continuing Education Day**

The second day, Tuesday, April 12, will be a full day of continuing education sessions including courses on the use of social media, nurse advocacy, collective bargaining, effective communication, nursing ethics, nurse leadership and more.

**ONA House of Delegates**

The third day, Wednesday, April 13, will be a meeting of ONA’s House of Delegates, the governing body of the organization.

Visit the ONA website for more information on this continuing nursing education activity. Registration will open in January and space is limited, so be sure to register early.

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Oregon’s Nurse Faculty Challenges
www.oregoncenterfornursing.org

720 Nursing faculty in Oregon

Age Distribution

Retirement Plans

3 of 10 nurse educators plan to retire within 5 years

2 of 10 nurse educators plan to retire within 6-10 years

Top reasons to consider leaving

62% of faculty considered leaving nursing education in 2014

46% Higher pay

33% More manageable workload

17% Desire to return to patient-focused practice

Work 50+ hours a week (Full - Time Faculty)

Baccalaureate-prepared faculty
Master’s-prepared faculty
Doctorally-prepared faculty

25% 44% 77%

Salary Differences

AVERAGE SALARY IN OREGON

Nurse Educator
Registered Nurse
Nurse Practitioner

$70,708
$81,484
$108,817

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Sources:
Oregon Center for Nursing, 2014, Survey of Nurse Faculty
VSH, State of Oregon Employment Department (oral communication, 24 February 2015).

ONLINE convenience, QUALITY education

University of Southern Indiana
College of Nursing and Health Professions

ANTICOAGULATION THERAPY MANAGEMENT CASE MANAGEMENT CLINICAL SIMULATION DIABETES HEALTH INFORMATICS HEALTH PROMOTIONS AND WORKSITE WELLNESS HEART FAILURE NEUROSCIENCE (STARTS FALL 2015) PAIN MANAGEMENT WOUND MANAGEMENT
MEET THE TEAM

The Board of Nursing is much more than just “that place where you get your license renewed every two years.” Our team is hard at work approving educational and training programs, providing outreach presentations to employers and licensees, answering scope-of-practice questions, investigating possible violations of the Nurse Practice Act, maintaining our online systems, and, yes, issuing licenses. In each issue of the Sentinel, we’ll introduce you to two of the team members who make it all work.

ROBERTA POOLE
A Licensing Technician for the OSBN since February 2015, Poole processes CNA and CMA exam and endorsement applications, as well as applications from student nurses who wish to be certified as CNAs. She also works with applications from nursing assistants whose certification has been expired for more than 90 days.

Poole has a medical assistant certificate from Kinman Business University in Spokane, Wash. Before joining the OSBN as a Licensing Support Specialist in September 2011, she worked as a medical assistant for a variety of physicians. She also worked for physical therapy agencies, and managed a home care equipment company that specialized in custom wheelchairs.

She says her coworkers are the best part of her job. “I work with a great bunch of people,” she says. “It’s wonderful to see how all the areas work together to get people licensed.”

Poole enjoys working with applicants to ensure they are qualified to care for the public safely, and that their applications are processed as quickly as possible. However, some of the questions are far outside the Board’s purview, and she handles them as best she can. “I worry about those people who are coming into the state and have jobs, but have trouble finding affordable housing,” she says.

Poole is an avid geocacher and has rocks from everyplace she’s visited. Her favorite is a ‘lava bomb’ that was formed when a glob of lava flew through the air and cooled. “I have way too many rocks,” she says with a laugh. “They’re all over my house. But I love them. I’ve always been fascinated by geology—glacial rocks, crystals, all of them.” And she’s passed that fascination on to her son. “He collects them now, too. He held up a rock the other day and was able to tell me exactly where we were and what we were doing when we picked it up. It’s really kind of neat.”

SCOTT VAN ORDEN
After 22 years, eight months, and some-odd days in the Air Force, Scott Van Orden decided that retiring to his home state of Oregon sounded pretty good. He was retired for a total of 11 days, and then joined the Oregon State Board of Nursing in January 1998 as the Network Administrator, a position he has held for the last 17 years.

While in the Air Force, Van Orden lived in Texas, Montana, Alaska, South Carolina, Arizona, and South Korea. Before moving to computers, he drove every known vehicle in the motor pool. “Everything from armored personnel carriers and tractor-trailers to

continued on page 18
passenger limos for generals,” he says. “I drove anything that had rubber tires.” He even drove a bus for one of the Air Force bands for a couple of years.

He holds an Associate Degree in Electronic Systems Technology from the Community College of the Air Force. As Network Administrator for the Board, he jokes that his most important duty is, “keeping the lights on.” Van Orden maintains the network infrastructure and online systems and says his main goal is to make things as seamless for the staff and public users as possible. “If I do my job right, then everyone else will have a chance to do theirs,” he says. General building security is also in his purview, and it’s a responsibility he takes very seriously. “It’s the first step in protecting our staff and the licensee’s data.”

Van Orden says the best part of working at OSBN is the variety. “There’s something new every day,” he explains. “I enjoy the variety, and I like knowing that I make a difference.”

In his scarce spare time, Van Orden enjoys hunting and fishing, as well as touring on his Honda Goldwing. “I’ve been pretty much everywhere west of the Mississippi.” In years past, his motorcycle club patrolled from Portland to Seaside to provide nighttime security for the Hood-to-Coast Race participants.

Another way he strives to make a difference is in his dedication to donating to the Red Cross. To date, he has donated 52 gallons of blood platelets during the last 20 years.

Having seen first-hand how quickly technology has evolved and become entwined in our lives since he’s been at the Board, he knows there are limits to what it can do. “Technology is a valuable tool, but it will never be a substitute for the care that nurses know how to give.”

Colin Hunter, JD, was confirmed by the Senate on September 30, 2015, and began his term on October 1. Mr. Hunter replaced Benjamin Souede, JD, as one of the two Public Members on the Board. He is an attorney with the Angeli Ungar Law Group in Portland, Ore. He received his Bachelor’s degree from Claremont McKenna College in Claremont, Calif., and his juris doctorate from the University of California, Berkeley, School of Law. Mr. Hunter resides in Portland, Ore.
RULE HEARINGS

The Board adopted rule language to Division 70 (851-070) in September to fully encompass the issues of the impaired professional and her/his fitness to practice related to behavioral health, including substance use and mental disorders. The language clarifies the requirements and expectations for entering, complying with, and successful completion of the Board’s alternative to discipline program and probation.

EDUCATION AND TRAINING

In June, the Board approved the Columbia Gorge Community College associate degree nursing program, located in The Dalles, for up to eight years. The Board also accepted the NCLEX-PN pass rate improvement plan from Concorde Career College, and a curriculum change for the University of Portland DNP program.

In September, the Board approved both the Sumner College practical nursing program, located in Portland, and the Pioneer Pacific College practical nursing program, located in Springfield, for up to three years. The Board also approved the Breckinridge School of Nursing at ITT Technical Institute’s associate degree program, located in Portland, for up to four years.

LICENSING

Passage of Senate Bill 547 in the 2015 Legislative Session directed the Board to create a new Nurse Emeritus nursing license that would allow retired nurses to practice nursing on a volunteer basis. Board staff conducted four stakeholder meetings on the subject and presented the information for consideration. A rule hearing will be conducted during the November 2015 meeting to adopt the proposed changes to Division 31 of the Nurse Practice Act. If adopted, the new license would be available beginning January 1, 2016.

ADMINISTRATION

The Board and staff participated in a webinar during the June meeting on regulatory governance and professional discipline. The webinar is part of series; the Board also participated in an April webinar that focused on the regulatory role of the Board as part of government in protection of the public.

OSBN Compliance Specialist Nikki Blomquist presented information in June on “Oregon Legalization of Marijuana and Implications for Nursing Regulation.” The presentation included statistics of usage, definitions, signs of impairment, drug testing, and medical marijuana.

During the September meeting, Executive Director Ruby Jason reported that as of September 1, the fingerprint process for criminal background checks successfully transitioned to electronic fingerprint capture (instead of paper-and-ink fingerprint cards), and acknowledged the hard work of the staff.

The Board decided during the September meeting that, in the interest of public safety, it would begin posting Notices of Proposed Disciplinary Action in cases of suspension or revocation on the agency website. The Notices would be downloadable from the Board’s online Verification System. Staff was directed to develop an internal procedure and present the information to the Board at the November 2015 meeting.

The Board also reviewed in September possible legislative concept topics for the 2017 Legislative Session. More information was requested for discussion at the November 2015 meeting.

For complete meeting minutes, please visit the OSBN website at www.oregon.gov/OSBN/meetings. Board meeting agendas, administrative rule hearing notices, and proposed rule language are posted on the OSBN website (www.oregon.gov/OSBN/draft_policies_rules.shtml) at least 15 days prior to each meeting.
DISCIPLINARY ACTIONS

Taken during the August, September, and October 2015 Board Meetings. Public documents for all disciplinary actions listed below are available on the OSBN website at www.oregon.gov/OSBN (click on ‘Look Up a Nurse or Nursing Assistant’).

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Discipline</th>
<th>Effective Date</th>
<th>Violations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexandra F. Appleton</td>
<td>201011915CNA</td>
<td>Voluntary Surrender</td>
<td>9-16-15</td>
<td>Various convictions.</td>
</tr>
<tr>
<td>David J. Bennett</td>
<td>094003287RN</td>
<td>Probation</td>
<td>9-16-15</td>
<td>Conduct derogatory to the standards of nursing.</td>
</tr>
<tr>
<td>Diane R. Bergeron</td>
<td>200310071CNA</td>
<td>Probation</td>
<td>8-12-15</td>
<td>24-month probation. Using intoxicants to the extent injurious to herself or others.</td>
</tr>
<tr>
<td>Susan A. Blazor</td>
<td>201403229CNA</td>
<td>Voluntary Surrender</td>
<td>9-16-15</td>
<td>Failing to implement the plan of care developed by the RN, and neglect.</td>
</tr>
<tr>
<td>Deborah J. Boles</td>
<td>201150167NP</td>
<td>Reprimand</td>
<td>9-16-15</td>
<td>Obtaining medications from a provider without the required patient/provider relationship, and assisting an individual to circumvent any law, rule or regulation intended to guide the conduct of nurses.</td>
</tr>
<tr>
<td>Joie A. Bowen</td>
<td>200040802RN</td>
<td>Voluntary Surrender</td>
<td>8-12-15</td>
<td>12-month probation. Using intoxicants to the extent injurious to herself or others.</td>
</tr>
<tr>
<td>Christy Brook</td>
<td>200641593RN</td>
<td>Probation</td>
<td>9-16-15</td>
<td>Using intoxicants to the extent injurious to herself or others.</td>
</tr>
<tr>
<td>Carrie A. Brooks</td>
<td>000032670CNA</td>
<td>Probation</td>
<td>9-16-15</td>
<td>Conduct derogatory to the standards of nursing.</td>
</tr>
<tr>
<td>Paul Bryner</td>
<td>201140741RN</td>
<td>Voluntary Surrender</td>
<td>9-16-15</td>
<td>Failing to maintain professional boundaries and failing to conform to the standards and authorized duties.</td>
</tr>
<tr>
<td>Caren M. Buffum</td>
<td>000004440CNA/</td>
<td>Reprimand</td>
<td>9-16-15</td>
<td>Jeopardizing the safety of a person under her care, and failing to implement the plan of care developed by the RN.</td>
</tr>
<tr>
<td></td>
<td>000004440CMA</td>
<td></td>
<td></td>
<td>Failing to maintain professional boundaries with a client.</td>
</tr>
<tr>
<td>Debra A. Call</td>
<td>000010037CNA</td>
<td>Reprimand</td>
<td>8-12-15</td>
<td>24-month probation. Using intoxicants to the extent injur ous to herself or others.</td>
</tr>
<tr>
<td>Marie J. Callaway</td>
<td>200912238CNA</td>
<td>Probation</td>
<td>10-14-15</td>
<td>Failing to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td>Geraldine P. Cameron</td>
<td>200542131RN</td>
<td>Probation</td>
<td>9-16-15</td>
<td>Practicing nursing without a current license, falsifying an agency record, and failing to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Alisha L. Carter</td>
<td>CNA Applicant</td>
<td>Application Denied</td>
<td>9-16-15</td>
<td>Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td>Deena M. Chamlee</td>
<td>097006193RN/</td>
<td>Suspension</td>
<td>9-16-15</td>
<td>Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td></td>
<td>200150050NP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Airwin R. Cheng</td>
<td>RN Applicant</td>
<td>Voluntary Withdrawal</td>
<td>8-12-15</td>
<td>Misrepresentation during the certification process and failing to answer questions truthfully.</td>
</tr>
<tr>
<td>Cynthia L. Chiado</td>
<td>200412368CNA</td>
<td>Suspension</td>
<td>10-14-15</td>
<td>Failing to meet the requirements for licensure.</td>
</tr>
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</tbody>
</table>

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Deborah A. Croco</td>
<td>201243277RN</td>
<td>Probation</td>
<td>10-14-15</td>
<td>24-month probation. Failing to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Maria T. DeLeon</td>
<td>200430303LPN</td>
<td>Reprimand</td>
<td>8-12-15</td>
<td>Incomplete and inaccurate recordkeeping, failing to take action to preserve client safety, and failing to modify the care plan as needed based on nursing assessment and judgement.</td>
</tr>
<tr>
<td>Gamintz Dominique</td>
<td>201391523LPN</td>
<td>Probation</td>
<td>9-16-15</td>
<td>24-month probation. Incomplete recordkeeping, conduct related to maintaining clinical competency, and failing to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Jason P. Edgley</td>
<td>200311979CNA</td>
<td>Revocation</td>
<td>8-12-15</td>
<td>Assault conviction and for using intoxicants to the extent injurious to himself or others.</td>
</tr>
<tr>
<td>Sabrina M. Fallin</td>
<td>201041557RN</td>
<td>Voluntary Surrender</td>
<td>9-16-15</td>
<td>Practicing when unable to perform procedures or make decisions.</td>
</tr>
<tr>
<td>Ann M. Gander</td>
<td>080044720RN/</td>
<td>Voluntary Surrender</td>
<td>9-16-15</td>
<td>Failing to maintain client records in a timely manner, and a physical condition that prevents her from practicing safely.</td>
</tr>
<tr>
<td>Leonardo Garate-Vasquez</td>
<td>201330182LPN</td>
<td>Voluntary Surrender</td>
<td>9-16-15</td>
<td>Unauthorized removal of drugs from the workplace, and falsifying an agency record.</td>
</tr>
<tr>
<td>Kristie L.F. Geiges</td>
<td>201041402RN</td>
<td>Probation</td>
<td>9-16-15</td>
<td>24-month probation. Using intoxicants to the extent injurious to herself or others.</td>
</tr>
<tr>
<td>Christopher J. Gillespie</td>
<td>201408406CNA</td>
<td>Probation</td>
<td>8-12-15</td>
<td>24-month probation. Using intoxicants to the extent injurious to himself or others.</td>
</tr>
<tr>
<td>Joseph A. Gonsalves</td>
<td>200942327RN</td>
<td>Emergency Suspension</td>
<td>9-16-15</td>
<td>Practicing nursing while impaired, and using intoxicants to the extent injurious to himself or others.</td>
</tr>
<tr>
<td>Kurt W. Hagardorn</td>
<td>200542338RN</td>
<td>Revocation</td>
<td>8-12-15</td>
<td>Unauthorized removal of drugs from the workplace, using intoxicants to the extent injurious to himself or others, and failing to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Norma Hathaway</td>
<td>200340164RN</td>
<td>Probation</td>
<td>10-14-15</td>
<td>24-month probation. Using intoxicants to the extent injurious to herself or others.</td>
</tr>
<tr>
<td>Ashley M. Herbert</td>
<td>201011966CNA</td>
<td>Reprimand</td>
<td>9-16-15</td>
<td>Demonstrated incidents of dishonesty and fraud, entering inaccurate documentation into agency records, and failing to conform to the essential standards of acceptable nursing assistant performance.</td>
</tr>
<tr>
<td>Jackie A. Hooper</td>
<td>000010682CNA/</td>
<td>Suspension</td>
<td>10-14-15</td>
<td>Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td>Thomas R. Hornbeck</td>
<td>200842680RN</td>
<td>Probation</td>
<td>8-12-15</td>
<td>24-month probation. Failing to comply with the terms and conditions of the Health Professionals’ Services Program.</td>
</tr>
<tr>
<td>Heather M. Hunt</td>
<td>200410389CNA</td>
<td>Voluntary Surrender</td>
<td>9-16-15</td>
<td>Engaging in sexual misconduct and related convictions.</td>
</tr>
<tr>
<td>Kathleen E. Huston</td>
<td>097003252LPN</td>
<td>Reprimand</td>
<td>9-16-15</td>
<td>Client abuse, and engaging in other unacceptable behavior in the presence of clients.</td>
</tr>
<tr>
<td>Craig M. Hutchins</td>
<td>000040855CNA/</td>
<td>Voluntary Surrender</td>
<td>9-16-15</td>
<td>Unauthorized removal of drugs from the workplace, and falsifying medication administration records.</td>
</tr>
<tr>
<td>Richard W. Imholte</td>
<td>201040682RN</td>
<td>Reprimand</td>
<td>9-16-15</td>
<td>Failing to respect client dignity and rights, and failing to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Carol M. Jamison-Walker</td>
<td>201130381LPN</td>
<td>Voluntary Surrender</td>
<td>8-12-15</td>
<td>Due to a physical condition that prevents her from practicing safely.</td>
</tr>
<tr>
<td>Carly M. Johnson</td>
<td>201400026LPN</td>
<td>Civil Penalty</td>
<td>10-14-15</td>
<td>Due to a physical condition that prevents her from practicing safely.</td>
</tr>
<tr>
<td>Gabriel A. Johnson</td>
<td>201403122CNA</td>
<td>Revocation</td>
<td>8-12-15</td>
<td>Using intoxicants to the extent injurious to himself or others.</td>
</tr>
<tr>
<td>Michael J. La Londe</td>
<td>201404146RN</td>
<td>Probation</td>
<td>9-16-15</td>
<td>24-month probation. Inaccurate recordkeeping, unauthorized removal of narcotics from the workplace, and failing to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Patricia A. Lancaster</td>
<td>200030137LPN</td>
<td>Reprimand</td>
<td>9-16-15</td>
<td>Failing to take action to promote client safety, and failing to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Annette R. Linn</td>
<td>200830148LPN</td>
<td>Voluntary Surrender</td>
<td>9-16-15</td>
<td>Client abuse, failing to maintain professional boundaries with a client, and exploiting the client relationship for personal gain.</td>
</tr>
</tbody>
</table>

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**Mary W. Johnson**  
Attorney at Law  
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</thead>
<tbody>
<tr>
<td>Isaac S. Makinson</td>
<td>201211609CNA</td>
<td>Suspension</td>
<td>10-14-15</td>
<td>Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td>Christie Z. Marshall</td>
<td>201501546CNA</td>
<td>Voluntary Surrender</td>
<td>10-14-15</td>
<td>Failing to implement the plan of care developed by the RN, and jeopardizing the safety of a client.</td>
</tr>
<tr>
<td>James G. Marteness</td>
<td>200943105CNA</td>
<td>Voluntary Surrender</td>
<td>9-16-15</td>
<td>Inaccurate and incomplete recordkeeping, and using intoxicants to the extent injurious to himself or others.</td>
</tr>
<tr>
<td>Elizabeth M. Mathews</td>
<td>200141727RN</td>
<td>Voluntary Surrender</td>
<td>10-14-15</td>
<td>Using intoxicants to the extent injurious to herself or others.</td>
</tr>
<tr>
<td>Jeffrey J. McLaughlin</td>
<td>083042893RN/</td>
<td>Voluntary Surrender</td>
<td>10-14-15</td>
<td>Failing to comply with the terms and conditions of the Health Professionals’ Services Program.</td>
</tr>
<tr>
<td></td>
<td>083042893CRNA</td>
<td></td>
<td>8-12-15</td>
<td></td>
</tr>
<tr>
<td>Kathleen M. Mclean</td>
<td>200741033RN</td>
<td>Revocation</td>
<td>8-12-15</td>
<td>Failing to comply with the terms and conditions of the Health Professionals’ Services Program.</td>
</tr>
<tr>
<td>Carol A. Milne</td>
<td>000034283RN/</td>
<td>Voluntary Withdrawal</td>
<td>9-16-15</td>
<td>Conduct derogatory to the standards of nursing.</td>
</tr>
<tr>
<td></td>
<td>000034283RN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melissa M. Olson</td>
<td>Nurse Imposter</td>
<td>Civil Penalty</td>
<td>9-16-15</td>
<td>$5,000 civil penalty for practicing without a valid RN license and being a nurse imposter.</td>
</tr>
<tr>
<td>Jennifer A. Page</td>
<td>201112510CNA</td>
<td>Voluntary Surrender</td>
<td>8-12-15</td>
<td>Performing authorized duties when unable due to a physical impairment.</td>
</tr>
<tr>
<td>Emily T. Pantalone</td>
<td>200913983CNA</td>
<td>Voluntary Surrender</td>
<td>9-16-15</td>
<td>Using intoxicants to the extent injurious to herself or others.</td>
</tr>
<tr>
<td>Travis A. Perez</td>
<td>200912213CNA</td>
<td>Revocation</td>
<td>10-14-15</td>
<td>Engaging in threatening behavior towards a coworker and a related conviction.</td>
</tr>
<tr>
<td>Jennifer L. Ramberg</td>
<td>200212542RN</td>
<td>Probation</td>
<td>9-16-15</td>
<td>24-month probation. Using intoxicants to the extent injurious to herself or others.</td>
</tr>
<tr>
<td>Annie R. Randles</td>
<td>200440152RN</td>
<td>Voluntary Withdrawal</td>
<td>10-14-15</td>
<td>Misrepresentation during the licensure process and failing to answer questions truthfully.</td>
</tr>
<tr>
<td>Karen S. Rock</td>
<td>000038431CNA</td>
<td>Reprimand</td>
<td>10-14-15</td>
<td>Engaging in unacceptable behavior toward or in the presence of a client.</td>
</tr>
<tr>
<td>Frank D. Rogers</td>
<td>201400900RN</td>
<td>Reprimand</td>
<td>8-12-15</td>
<td>Violating the rights of privacy and confidentiality of information concerning the client.</td>
</tr>
<tr>
<td>Tamara D. Rosenstiel</td>
<td>200222521RN</td>
<td>Revocation</td>
<td>10-14-15</td>
<td>Using intoxicants to the extent injurious to herself and others, failing to report to the Board the CNA’s conviction of a misdemeanor or a felony, and failing to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>24-month probation. Using intoxicants to the extent injurious to herself or others, and the unauthorized removal of drugs from the workplace.</td>
</tr>
<tr>
<td>Nathalie L. Rutz</td>
<td>201230192LPN</td>
<td>Probation</td>
<td>9-16-15</td>
<td>Using intoxicants to the extent injurious to herself or others, and practicing nursing while impaired.</td>
</tr>
<tr>
<td>Nicole L. Schneider</td>
<td>200740594RN</td>
<td>Revocation</td>
<td>10-14-15</td>
<td>Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td>Joanne R. Semperger</td>
<td>000027448RN</td>
<td>Suspension</td>
<td>9-16-15</td>
<td>Using intoxicants to the extent injurious to herself or others, and practicing nursing while impaired.</td>
</tr>
<tr>
<td>Danielle S. Sjue</td>
<td>200040349RN</td>
<td>Reprimand</td>
<td>9-16-15</td>
<td>Practicing nursing while impaired, failing to conform to the essential standards of acceptable nursing practice, and failing to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td>Richard W. Smith</td>
<td>200242224RN</td>
<td>Emergency Suspension</td>
<td>8-12-15</td>
<td>Using intoxicants to the extent injurious to himself and others, failing to conform to the essential standards of acceptable nursing practice, and failing to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td>Richard W. Smith</td>
<td>200242224RN</td>
<td>Revocation</td>
<td>9-16-15</td>
<td>Inaccurate recordkeeping, modifying standards of nursing which jeopardize patient safety, and performing acts beyond her authorized scope of practice.</td>
</tr>
<tr>
<td>Pamela K. Snook</td>
<td>096007431RN</td>
<td>Reprimand</td>
<td>9-16-15</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caylen So</td>
<td>201407224CNA</td>
<td>Reprimand</td>
<td>10-14-15</td>
<td>Unauthorized removal of property from any person.</td>
</tr>
<tr>
<td>Kara B. Stuart</td>
<td>200941108RN</td>
<td>Voluntary Surrender</td>
<td>9-16-15</td>
<td>Violating the terms and conditions of a Board Order.</td>
</tr>
<tr>
<td>Valerie V. Teelan</td>
<td>200212034RN</td>
<td>Reprimand</td>
<td>8-12-15</td>
<td>Reprimand with conditions. Violating a person’s rights of privacy and confidentiality.</td>
</tr>
<tr>
<td>Debra K. Tellez</td>
<td>097006989RN</td>
<td>Probation</td>
<td>9-16-15</td>
<td>24-month probation. Using intoxicants to the extent injurious to herself or others.</td>
</tr>
<tr>
<td>Sharon A. Thorpe-Britton</td>
<td>080146855RN</td>
<td>Reprimand</td>
<td>9-16-15</td>
<td>Using intoxicants to the extent injurious to herself or others, and failing to answer questions truthfully.</td>
</tr>
<tr>
<td>Joseph A. Thurman</td>
<td>096003217RN</td>
<td>Voluntary Surrender</td>
<td>9-16-15</td>
<td>Failing to comply with the terms and conditions of the Health Professionals’ Services Program.</td>
</tr>
<tr>
<td>Jennifer E. Toelcke</td>
<td>200542377RN</td>
<td>Voluntary Withdrawal</td>
<td>8-12-15</td>
<td>Obtaining unauthorized prescription drugs.</td>
</tr>
<tr>
<td>William R. Vore</td>
<td>201110190RN</td>
<td>Suspension</td>
<td>9-16-15</td>
<td>Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td>Shirley L. Walkhoff</td>
<td>099006473RN</td>
<td>Voluntary Surrender</td>
<td>9-16-15</td>
<td>Unauthorized removal of drugs from the workplace, inaccurate and incomplete recordkeeping, and failing to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Ezra R. Whitman</td>
<td>200830127LPN</td>
<td>Voluntary Surrender</td>
<td>9-16-15</td>
<td>Failing to provide requested documents and failing to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td>Jessie L. Winegeart</td>
<td>096007281RN</td>
<td>Application Denied</td>
<td>9-16-15</td>
<td>Unauthorized removal of client records from the workplace.</td>
</tr>
<tr>
<td>Juanita F. Wood</td>
<td>098000283RN</td>
<td>Reprimand</td>
<td>10-14-15</td>
<td></td>
</tr>
</tbody>
</table>
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