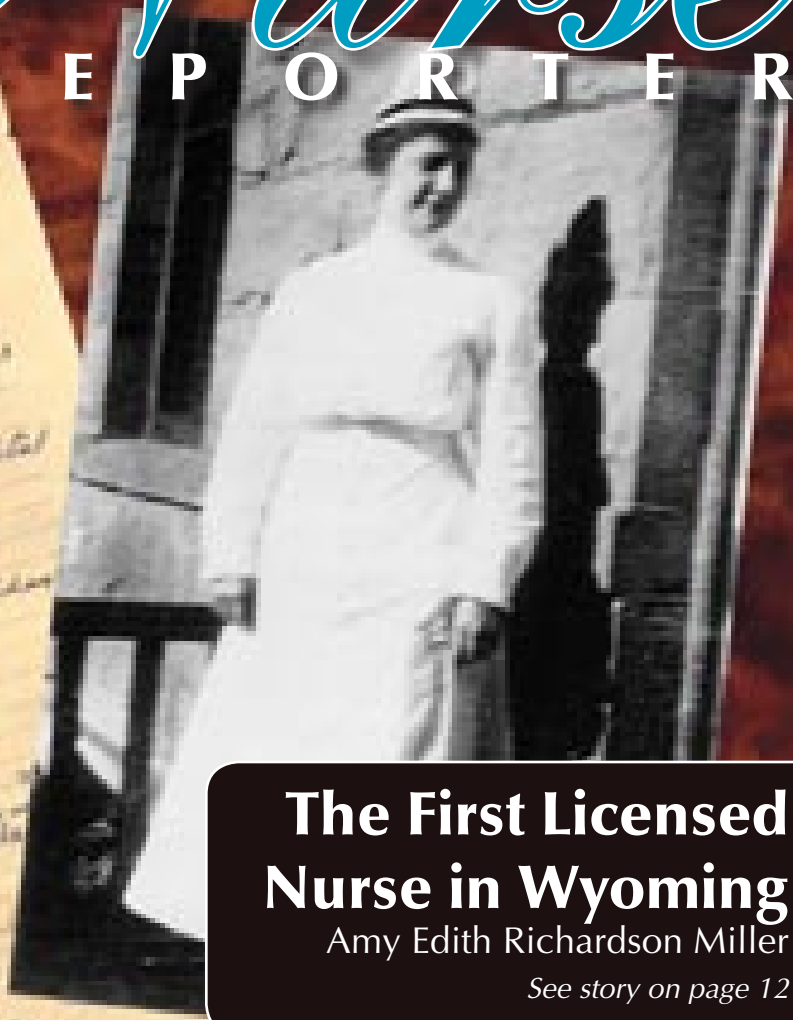
Vol. 5 Number 1
Spring 2009

Wyoming Nurse Reporter



The First Licensed Nurse in Wyoming

Amy Edith Richardson Miller

See story on page 12

100 Years of Service

Wyoming State Board of Nursing

See story on page 5

excellence
in everything we do

Excellence. It drives us. It defines us. When a patient receives care at Mountain View Regional Hospital, they will receive excellence. Excellence in medicine, excellence in care, excellence in everything we do.

Mountain View Regional Hospital is the premiere neurosurgical and spine hospital in the Rocky Mountain region. Our goal is to provide our patients with access to leading-edge medical treatments—and the highest levels of comfort and care—in a healing environment.

We are home to the largest and most experienced neuroscience and spine medical practice in the state of Wyoming. Our surgeons, together with our team of highly trained clinicians, compassionate care givers and exceptional support personnel, make Mountain View Regional Hospital unrivaled in patient care and service.

mountainviewregionalhospital.com

MOUNTAIN VIEW
REGIONAL HOSPITAL

6700 E. Second St.
Casper, Wy 82609

307.995.8000 ph
307.995.8132 fax

866.543.2628 toll free

For employment opportunities contact
Jenni Bliler
jbliler@hcahs.com
(307) 995-8018

Wyoming Nurse Reporter

"protecting the public through excellence in nursing..."

Spring 2009 • Vol. 5 Number 1

Managing Editor
Marcia L. Dale, RN, EdD, FAAN

Published by the
Wyoming State Board of Nursing
1810 Pioneer Ave.
Cheyenne, Wyoming 82002
Phone: 307-777-7601
Fax: 307-777-3519
Web Address: http://nursing.state.wy.us

Agency Mission: The Wyoming State Board of Nursing is responsible for the protection of the public's health, welfare, and safety through the regulation of nursing, nursing education, nursing practice, and disciplinary standards. The responsibility of the Board of Nursing is to implement a cost-effective and efficient system of regulation, which meets the consumer demand for safe, competent, ethical practitioners of nursing which includes advanced practice nurses, registered professional nurses, licensed practical nurses, and certified nursing assistants.

Table of Contents

3 WSBN 1909-2009: Dreaming to the Future
4 Letters to the Editor
5 100 Years of the Wyoming State Board of Nursing
6 Scope of Practice Decision Tree
11 Line Up Your Stars
12 First Licensed Nurse in Wyoming
14 Scope of Practice Issues
16 Disciplinary Actions
17 NCLEX Workshop for Educators
18 Wyoming Professional Assistance Program
20 An Overview of Permissive Disclosures
22 History of Today's Nurse Practitioner
23 NCSBN Celebrates 30th Anniversary
24 Practice Questions
24 Pictures from the Past
26 1909 Examiner Act
28 Wisdom of Nurses: The Tough and the Tender
30 Public Notice

Greetings From Mary Kay Goetter
Executive Director

WSBN 1909-2009: Dreaming to the Future

The Wyoming State Board of Nursing (WSBN) is celebrating its centennial anniversary this month. Senate File No. 37 was approved February 18, 1909, and the first Wyoming Nurse Practice Act (NPA) came into being. We printed the entire file here in this issue for our readers to peruse and hopefully enjoy as much as we did!

It is particularly interesting how many similarities there are in the NPA of 1909 to today. Of course, the language of that day brings a smile, but the meaning is surprisingly unchanged:

The board may revoke any certificate by a unanimous vote for dishonesty, gross incompetency, a habit rendering a nurse unsafe to be entrusted with, or unfit for the care of the sick, conduct derogatory to the to the morals or standing of the profession of nursing, or any willful fraud or misrepresentation practiced in procuring such certificate (NPA, 1909, p. 90).

Despite the nursing profession's continued standing as the most trusted profession (Gallup, 2007), it is a sad reality in 2009 that the profession struggles more than ever with escalating complaints about nurses who are dishonest, grossly incompetent, have habits which render them unsafe to be entrusted with the care of the sick, and exhibit conduct derogatory to the profession. In fact, since 2007, the WSBN has seen a 360 percent increase in complaints regarding nurses and nursing assistants. While the descriptive words of "gross incompetence" or "conduct derogatory to the morals of the profession" still hold the same meaning today, the exact manner in which violations occur has far exceeded what our professional colleagues could have imagined in 1909.

Today's growth of technology and communications has exponentially added to the scope of nurses' misconduct. For example, cell phones and wireless communication have become major players in professional misbehavior. Inappropriate photographs of vulnerable patients are transmitted via cell phones and Internet Web sites; professionals blog on personal Web pages com-

Continued on next page

Continued from previous page

promising patient confidentiality while other criminal behavior using technology has shown up repeatedly in discipline cases.

Scientific growth and change, while greatly adding to the repertoire of patient treatment, has also shown up as a problem for regulatory boards in investigative matters. The abuse of prescription drugs has become a "pharmacoepidemic" most pronounced in rural states (Hall et al., 2008) and Wyoming is no exception. The WSBN is researching many complaints involving nurses who divert and abuse prescription drugs, as well as advanced practice registered nurses (APRNs) with questionable prescriptive practices. While substance abuse was certainly a reality in 1909, the number of substances to abuse and the practices involved in obtaining them to support "a habit rendering a nurse unsafe to be entrusted with, or unfit for the care of the sick," has mushroomed. I doubt that the authors of the NPA in 1909 could have considered what those habits would become in the future. Fortunately, healthcare professions have also grown in our knowledge about and treatment of these "habits." Today, addiction and substance abuse are recognized as diagnoses in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000) and there are many more effective treatments for individuals with chemical dependence than what may have been offered in the past. The WSBN continues to work with a diverse group of professionals committed to protecting our citizens and colleagues from the abuse of prescription drugs. WSBN is proud to be a charter member of the Rx Abuse Stakeholders (RAS), a task force initiated by the Wyoming US Attorney, Kelly Rankin.

The mission of the WSBN has not changed much in the past 100 years: to serve and safeguard the people of Wyoming through the regulation of nursing education and practice. The language of the NPA and its interpretation is continually brought under scrutiny as we work to fulfill our obligation to protect the public from practitioners who violate those standards. When the board revised its mission statement this past year, there was discussion on which order to place the words "education" and "practice." It was decided that since practice cannot take place before education, the word "education" would come first. The NPA of 1909 reads:

…nurses…who at the time of application shall have graduated from a training school, connected with a general hospital, registered by said examining board and requiring a systematic course of at least two years training; provided such applicants shall pass an examination to be prescribed by said board, to determine their fitness and ability to give efficient care to the sick (NPA, 1909, p. 88-89).

Surprisingly, the length of educational time required of registered nurses has not changed as much in the past 100 years as it has for other healthcare professions. According to the National Sample Survey of Registered Nurses (2000), from 1980 to 2000, the percentage of nurses receiving their basic education in diploma programs (three years) decreased from 60 percent to 30 percent, and the percentage completing associate degree programs (two years) increased from 19 percent to 40 percent (Spratley, Johnson, Sochalski, Fritz, & Spencer, 2000). The National Council of State Boards of Nursing reports that associate degree nurses comprise approximately 60 percent of today's RN workforce (N. Spector, personal communication February 13, 2009). This is in contrast to physician education. In the same 100-year period, medical education evolved from four year university programs or apprenticeships to the current minimum eight years plus residency (usually three to five years), and often a fellowship with additional years of specialty training. Our healthcare colleagues in pharmacy have moved to doctoral preparation (seven years) for entry level, physical and occupational therapy and mental health professionals require a master's degree (six years) for entry level; most are moving toward doctoral preparation. The nursing profession is currently rolling out a doctor of nursing practice (DNP) (approximately eight years total) that is receiving significant attention. As we look back on our history and how we have grown as a profession in the past 100 years, it is worth asking ourselves whether entry level educational requirements should be re-examined.

It is certainly true that the context of nursing education has radically changed from the hospital-based training programs alluded to in the 1909 NPA. Today's nursing education is delivered in community college and university classrooms, hospitals, clinics, simulation laboratories and via laptop computers to students who may be located literally anywhere in the world! Very importantly, today's nurse is educated to be at least as concerned about the "wellness" of the patient (who may be a family or a community) as the "illness or infirmity" of the patient.

Just as the authors of that 1909 NPA could not envision what nursing in Wyoming would look like today, we cannot foretell what future generations of nurses will say (and laugh!) about the profession's trajectory when they next celebrate the WSBN's centennial in 2109. However, we have experienced enough change and growth in our current world to know that it will exceed our wildest dreams. Imagine the progress there will be in technology, communication and travel, much less in curing and preventing diseases! It is still my most fervent hope and dream that despite any and all technological advances, the elements of caring, compassion and trustworthiness remain the foundation of the nursing profession.

References

American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders. Arlington, VA: American Psychiatric Publishing, Inc.

Gallup. (2007). Nurses top for ethics and honesty. Retrieved June 15, 2008, June 15, 2008, from http://www.gallup.com/video/103117/Nurses-Top-Ethics-Honesty.aspx

Hall, A. J., Logan, J. E., Toblin, R. L., Kaplan, J. A., Kraner, J. C., Bixler, D., et al. (2008). Patterns of abuse among unintentional pharmaceutical overdose fatalities. Journal of the American Medical Association, 300(22), 2613-2620.

Spratley, E., Johnson, A., Sochalski, J., Fritz, M., & Spencer, W. (2000). The Registered Nurse population, March, 2000: Findings from the national sample survey of Registered Nurses. (H. R. a. S. Administration o. Document Number)

Letters To the Editor

Thank you for the excellent editorial and follow-up article on caring. The article was excellent! I shared it with the nursing staff here along with a note on how fortunate I am to work with nurses who truly care. Thank you.

Pat Weber RN, MSN NHA
Nursing Home Administrator
St. John's Medical Center
Jackson, WY 83001

Dear State Board of Nursing:

Just finished reading my Wyoming Nurse Reporter and wanted to thank you for publishing and sending it to the nurses of Wyoming. Reading it has been educational and answered many questions for me. Good to know, also, that I am not alone in some issues that challenge me. I feel the "*reporter*" is just the right length and comes at just the right frequency. Thank you for your service to us by being on the state board, your work on our behalf is appreciated.

Sincerely, Julie Stott, RN

Congratulations on the great article you had published in the *Wyoming Nurse Reporter*. I enjoyed reading it and really felt like you got to the core of nursing. Anyone can start IVs, hang blood, etc...., but it is absolutely the role of the nurse to anticipate and care for the family and the dying individual (even after an attempted suicide) as Mary Kay Goetter described. In fact, it seems to me that if a nurse did not attempt to care for them, that this would almost constitute negligence! Unfortunately, I often hear of nurses who simply focus on the task at hand and don't try to assess and plan for the whole situation.

Thank you so much for taking the time to share and write your story.

Ann Marie Hart, PhD, FNP
Assistant Professor
NP Program Coordinator
University of Wyoming
Fay W. Whitney School of Nursing

100 Years of the Wyoming State Board of Nursing

Marcia L. Dale, RN, Ed,D, FAAN

The first meeting of the Wyoming State Nurses Examination Board was held in Cheyenne, December 7, 1909. The meeting followed the passing of the law in February, 1909, when the 10th Legislature of the State of Wyoming established an Act to "provide and regulate the examination and registration of nurses and the practice of nursing." (See pages 26-27 to read this act.) The act mandated that the Wyoming Nurses Association (established in 1908) should nominate five members as candidates. The governor then appointed a board of three examiners from the list of candidates. Three nurses, Miss Sarah Jane McKenzie, Cheyenne; Mrs. Jas. E. Mills, Rock Springs; and Mrs. Amy E. Miller of Sheridan were selected. Miss McKenzie was elected president. Each board member was paid expenses and $5 a day for attending a board meeting. The money came from the Nurses' Fund that was derived from fees received by the board of examiners for administering examinations. A register of all nurses by name and address was to be maintained.

The board's other main function was to adopt rules establishing uniform and reasonable standard of instruction and training for all training schools. Examinations were to be held once a year. A certificate was issued to all applicants who successfully passed the exam. An applicant had to be 21 years old, of good moral character, and possess any other qualifications established by the Board. An applicant had to pay $10 to take the exam.

Nurses who had graduated from a training school connected to a general hospital with at least two years' training prior to July 1, 1910, were exempt from having to take an exam. Those nurses who had completed one year training program prior to January 1, 1897, and had five years' experience were also exempt. If a student was in a program at the time of the passage of the Act and graduated, they, too, did not have to take the exam.

The act stated that it would be unlawful to practice as a registered nurse without a certificate from the board; however, no attempt was made to enforce this law. Reciprocity was given to nurses who had been registered in another state and whose training requirements were equivalent to those of Wyoming.

At the first meeting, the new Board members designed the record books for keeping minutes, stationery, the seal of the board and expense vouchers. The name of "Wyoming State Board of Nurse Examiners" was chosen. It was decided to contact the Colorado Board of Nursing to find out the standards Colorado used for the size of training schools. On the second day of the first meeting, it was reported by the secretary that Colorado considered thoroughness of the training, length of courses, and the superintendent as more important than the number of beds in the hospital. Each training school in Wyoming was to be contacted for a report of their work, number of students, size and branches of studies. The board then decided that the following curriculum was necessary to bring a training school to the expected standard: practice of nursing, anatomy and physiology, hygiene, dietetics, surgery, gynecology, bacteriology, obstetrics, contagious diseases and materia medica (the study of drugs and other substances used in medicine, uses, and preparation of drugs). A score of at least 75% was required to pass all courses. Male nurses could substitute genitourinary examination for gynecology and obstetrics. The hospital associated with the training school could have no fewer than 15 beds.

Later on in the first meeting, applicants were voted on and certificates issued to Amy E. Miller, Sheridan; Sarah Jane McKenzie, Cheyenne; J.E. Mills, Cheyenne and an additional 29 applicants. The new board decided to deny two applicants and pending an investigation.

At the second meeting held on June 22, 1910, one of the nurses who had been investigated had to take the exam and was given a certificate. The other nurse was given a certificate. The schools that had reported were the Wyoming General Hospital, Rock Springs; St. Johns Training School, Cheyenne; Branch of Wyoming General, Sheridan; and Cheyenne Private Hospital Training School. All of the schools were instructed to add dietetics in order to qualify for registration.

Examination questions were written by board members. The exam was given in June and December in each town where a board member lived. The exam papers were mailed to each board member for marking and approval. The Board voted to notify all nurses that they needed to register.

On June 3, 1913, it was noted that nurses were practicing without being registered. These nurses were to be notified that they must make application or that penalty of the law was to be enforced. It was noted that the enactment of the law for registration of nurses resulted in great improvement in nursing conditions in Wyoming. Training schools were giving better instruction; nurses were accepting higher standards, and the law was keeping out members of the "irresponsible class," who were unable to register in other states.

New rules and regulations were discussed on June 3, 1913, and all previous rules were repealed. However, the secretary of state did not accept the new rules. At the June 11, 1914, meeting, discussion was held on nullifying certificates of those who were not maintaining professional standing from a moral standpoint.

The length of training was increased to three years in July 1919. At that time, the schools were Lincoln County Miners Hospital Training School, Kemmerer; Ivinson Memorial Hospital, Laramie; St Johns Hospital training School, Cheyenne; Cheyenne Private Hospital Training School, Wheatland Private Hospital, Wheatland; Wyoming General Hospital Training School, Rock Springs; and Branch Wyoming General Hospital Training School, Sheridan. Each school was required to submit an annual report.

In June, 1923 the board passed a rule that the secretary would be paid $15 a month salary to help cover the expense of a room, heat and light for an office in her home.

The attorney general was consulted in December 1923, to determine how much time a nurse would be allowed to practice before registering. The interpretation of the law was that no time was allowed. The "board decided again to use force and more strategic measures" to enforce the law.

Highlights of later years:

1924-Motion was made to purchase a typewriter.

1926-Discussed the decision to hire a part-time secretary and training school inspector. A bill was submitted to the legislature asking for an appropriation.

Continued on page 7

Scope of Practice Issues

ADVISORY OPINION
SCOPE OF PRACTICE DECISION TREE

During the January 2009 meeting, the Wyoming State Board of Nursing voted to adopt a Decision Tree Model for making practice decisions. During that Board meeting, many existing advisory opinions were rescinded since use of the Decision Tree Model provided answers to the issues. Using the Decision Tree Model empowers nurses and nurse administrators to make practice decisions based on the most current information available. National professional nursing organizations (such as American Association of Critical Care Nurses, American Nurses Association, American Radiological Nurses Association, American Society for Pain Management Nursing, Emergency Nurses Association, National Association of Children's Hospitals, or American Association of Nurse Anesthetists) should be consulted for guidelines. If there is a discrepancy between position statements, the agency is responsible for determining which position statement is most relevant to the nursing practice in question. If you have further questions, please feel free to contact the Wyoming State Board of Nursing Practice and Education Consultant (307-777-6127)

Rationale

"The profession of nursing is a dynamic discipline. Practice potentials change and develop in response to health care needs of society, technical advancements, and the expansion of scientific knowledge. All licensed nurses share a common base of responsibility and accountability defined as the practice of nursing. However, competency based practice scopes of individual nurses may vary according to the type of basic licensure preparation, practice experiences, and professional development activities. The parameters of the practice scopes are defined by basic licensure preparation and advanced education. Within this scope of practice, all nurses should remain current and increase their expertise and skill in a variety of ways, e.g., practice experience, in-service education, and continuing education. Practice responsibility, accountability, and relative levels of independence are also expanded in this way. The licensed nurse is responsible and accountable, both professionally and legally, for determining his/her personal scope of nursing practice. Since the role and responsibilities of nurses, and consequently the scope of nursing practice, is ever changing and increasing in complexity, it is important that the nurse makes decisions regarding his/her own scope of practice" (Arizona State Board of Nursing, 2005).

THE PRACTICE OF NURSING

The Practice of Professional (Registered) Nursing includes the following:

"Practice of professional nursing" means the performance of professional services requiring substantial knowledge of the biological, physical, behavioral, psychological and sociological sciences, and of nursing theory as the basis for applying the nursing process which consists of assessment, diagnosis, planning, intervention and evaluation. The nursing process is utilized in the promotion and maintenance of health, case finding and management of illness, injury or infirmity, restoration of optimum function and achievement of a dignified death. Nursing practice includes but is not limited to administration, teaching, counseling, supervision, delegation, evaluation of nursing practice and execution of the medical regimen. The therapeutic plan includes the administration of medications and treatments prescribed by any person authorized by state law to prescribe. Each registered professional nurse is accountable and responsible for the quality of nursing care rendered; [WNP 33-21-120, (a) (xi)]

The Practice of Practical Nursing:

"Practice of practical nursing" means the performance of technical services and nursing procedures which require basic knowledge of the biological, physical, behavioral, psychological and sociological sciences. These skills and services are performed under the direction of a licensed physician or dentist, advanced practice registered nurse or registered professional nurse. Standardized procedures that lead to predictable outcomes are utilized in the observation and care of the ill, injured and infirm, in provision of care for the maintenance of health, in action directed toward safeguarding life and health, in administration of medications and treatments prescribed by any person authorized by state law to prescribe and in delegation to appropriate assistive personnel as provided by state law and board rules and regulations [WNP 33-21-120, (a) (x)]

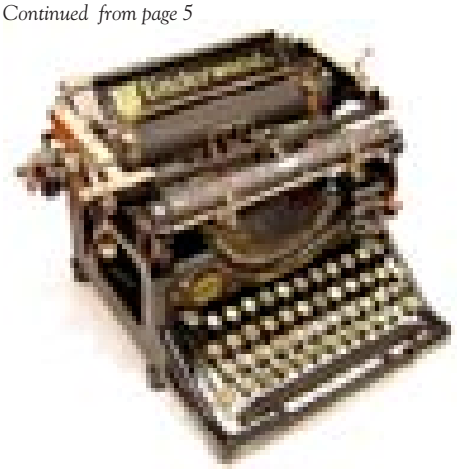
Advanced Practice Registered Nursing:

"Advanced practice registered nurse (APRN)" means a nurse who:

(A) May prescribe, administer, dispense or provide nonprescriptive and prescriptive medications including prepackaged medications, except schedule I drugs as defined in W.S. 35-7-1013 and 35-7-1014;
(B) Has responsibility for the direct care and management of patients and clients in relation to their human needs, disease states and therapeutic and technological interventions;
(C) Has a master's degree in nursing, or an advanced practice registered nurse specialty or has completed an accredited advanced practice registered nurse educational program prior to January 1, 1999; and
(D) Has completed an advanced program of study in a specialty area in an accredited nursing program, has taken and passed a national certification examination in the same area and has been granted recognition by the board to practice as an APRN [WNP 33-21-120, (a) (i)]

Continued on page 8

Continued from page 5



1927-All exams were to be given by board members and were to include written questions, oral questions and two demonstrations. Students were not to live in the basement nor the attic of hospitals and were not to sleep in double beds.

1929-A bill passed to allow the board to have an educational director for schools of nursing. Recommendation made that schools were to arrange a three month affiliate for pediatrics and three months for public health at the Wyoming Tuberculosis Sanatorium in Basin, Wyoming.

1931-A national curriculum was put out by the National League for Nursing Education (NLNEd). Small registration cards were to be issued in conjunction with certificates.

1932-Ivinson Training School was discontinued.

1933-The minimum age to start a training school was raised to 20.

1935-Pre-nursing curriculum was offered at the University of Wyoming that would be sufficient to meet the requirements of any school in the state. Rock Springs Training School was discontinued with the stipulation that the school would re-open with an educational director who had special preparation in teaching and who had earned a college degree. The secretary reported that "a total of 166 new nurses had been registered since June 1935. I believe at the present time all are employed at least part-time. With the eight hour duty more nurses are required and for this reason it does not seem that we have an over supply."

Wyoming had one of the best drafted Nurse Practice Acts in the United States. The board was empowered to draft rulings in spite of ever-changing laws in other states preventing the necessity of going before the legislature.

1937-Four years of high school education were required for admission to a training school. Psychiatry was made an elective course, as the NLNEd did not make it compulsory. Students had to be 19 years of age for entrance into a training school. Four types of questions were asked for the certifying exam: completion, matching, true and false and single and multiple choice. There were 100 questions on each subject. Graduates had to be 21 years of age to take the exam and pay $10.

1940-National accreditation of schools was established. A delegation from Sheridan introduced a

bill to put nursing under the medical association because they did not like the recommendations made to improve their school in Sheridan. Sheridan paid a stipend to get students.

1944- Rock Springs school of nursing was admitted to the United Stated Cadet Corps. The law requiring registration still was not being enforced.

1947-Age limit for nurses was lowered to 18. The national pool test was used for exam questions.

1955- A new nursing practice act was enacted by the 33rd Legislature. The name of the board was changed to Wyoming State Board of Nursing. The qualifications of board members were changed and the powers of the board were changed. Board members must be United States citizens, Wyoming residents, registered in Wyoming, have the specified level of education and experience. The board was empowered to accredit nursing education programs. From Highlights of the Wyoming Nurses' Association's First Half Century" by Dr. T. A. Larson, the statement is made that "finally, in 1955 mandatory licensure for the professional nurse was adopted, not without a struggle, but we note in the 1958 convention minutes the statement: 'discussion concerning persons who are not registered nurses but who admit they are practicing to some extent' " (Larson, 1959).

1967-Standards for educational programs were written. Pat Scearse, BSN, MS became the administrative assistant. She left this position in 1969 so the board member in Cheyenne carried the load of work. Test questions were still being reviewed by the board.

1970-The National League for Nursing said that a self-study had to be written based on internalization because "a theory is basis for improvement rather than someone from outside making a diagnosis and suggesting treatment."

1973- Dorothy Randell, MN became the administrative assistant.

1975-The WSBN consisted of three registered nurses and two licensed practical nurses.

1976-77-Two licensed practical nurses joined the board.

1979-Schools were having difficulty hiring qualified faculty and finding adequate clinical facilities.

1982- Joan Bouchard was employed as an assistant Executive Director.

1983-An additional registered nurse was added to the board and a representative of the public was added for a total of seven members.

1991-1998 Toma Nisbet held the position of executive director.

1998-2007 Cheryl Koski held position of executive director.

May 2008-present- Mary Kay Goetter holds the position of executive director.

The staff positions have expanded in scope of duties as the as the accountabilities of the board have grown. Currently, the staff is made up of the Executive Director, Assistant executive director/ practice & education consultant; two compliance consultants; financial and human resources officer, executive assistant, two licensing coordinators, legal assistant and a disciplinary assistant.

And so, we come to 2009 and consider the current activities of the WSBN. The board is still licensing registered and practical nurses and certifying nursing assistants. Site visits are made to all the schools of nursing in the state and the board reviews the annual reports which are submitted by each nursing education program. Applications and renewals for all 15,000 licensees and certificate holders are reviewed and processed, complaints about practicing nurses are investigated, hearings are held as necessary, conditional licensees are monitored; in short, the WSBN strives "to serve and safeguard the people of Wyoming through the regulation of nursing education and practice."

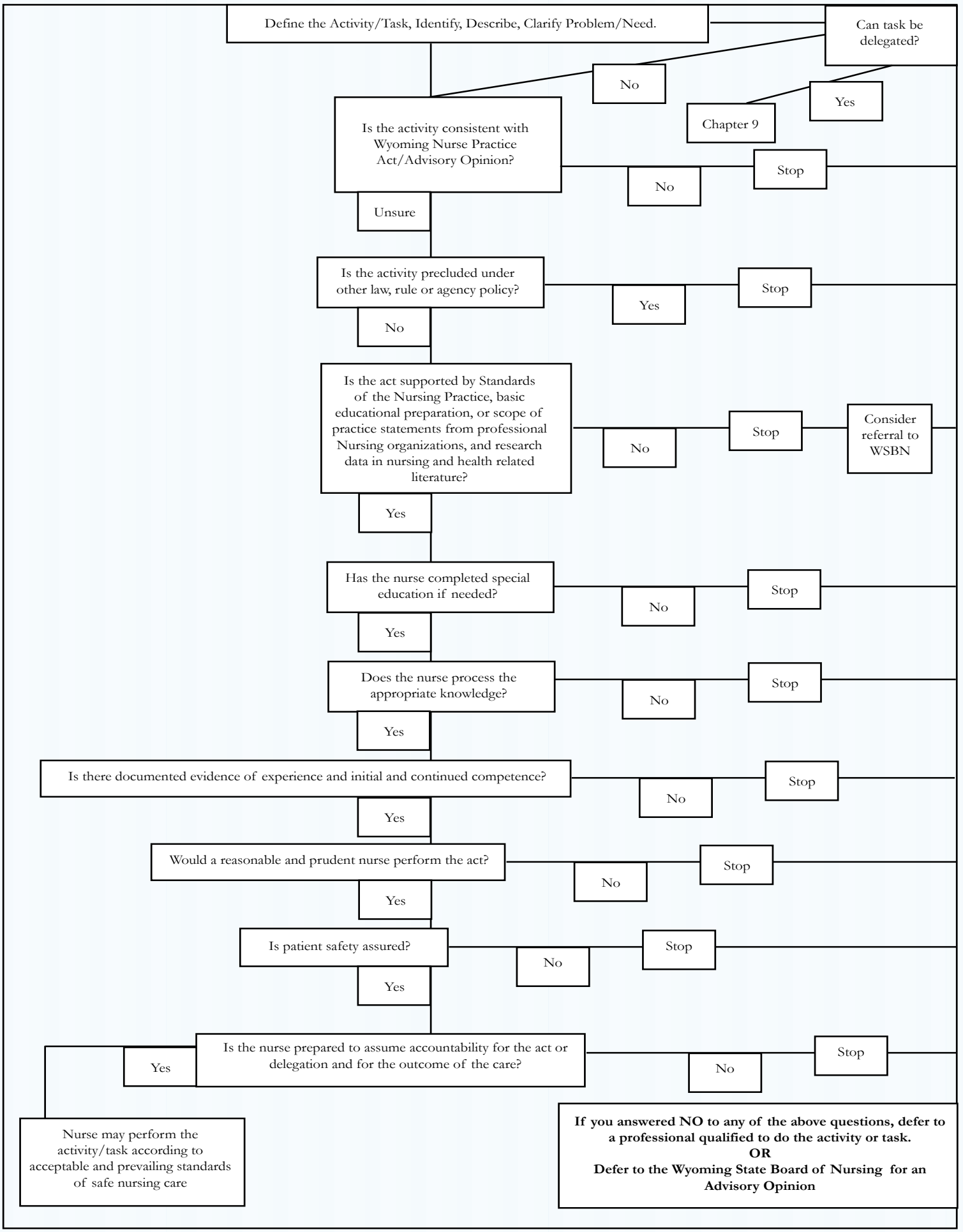
References

Donahue, J. (Editor). (1990). Wyoming Blue Book 50th Legislative Edition, 1990. Guide to the State Government and Municipal Arches of Wyoming, Volume V, Part II, Wyoming State Archives, Department of Commerce, 1001, p. 533.

Larson, T.A. (1959). Highlights of the Wyoming Nurses' Association First Half Century. Wyoming: University of Wyoming.

Minutes of the Wyoming State Nurses Examination Board meetings. (1909 – 1978).

Scope of Practice Decision Making Model



DECISION-MAKING PROCESS INVOLVED IN USING THE DECISION-MAKING MODEL

1. Define the Activity/Task:

Clarify what is the problem or need?
Is it a task that can be delegated?
Who are the people involved in the decision?
What is the decision to be made and where (what setting or organization) will it take place?
Why is the question being raised now?
Has it been discussed previously?

2. Is the activity permitted by Wyoming Nurse Practice Act?

NO – Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Wyoming State Board of Nursing for a decision.
Yes – Go to Question # 5 – Special education needed?
Unsure -- Go to Question # 3 – Precluded by other law, rule, or policy?

3. Is activity/task precluded under any other law, rule or policy?

No – Go to Question #4 – Consistent with….
Yes -- Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Wyoming State Board of Nursing for a decision.

4. Is the act supported by the Standards of Nursing Practice (ANA), basic educational preparation, or position statements from the professional organization most relevant to the practice question being asked, and research data in nursing and health related literature?

No – Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Wyoming State Board of Nursing for a decision.
Yes – Go to Question # 5 – Special education needs?

5. Has the nurse completed special education if needed?

No – Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Wyoming State Board of Nursing for a decision.
Yes – Go to Question # 6 – Possess appropriate knowledge?

6. Does nurse possess appropriate knowledge?

No – Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Wyoming State Board of Nursing for a decision.
Yes – Go to Question #7—Documented competency?

7. Is there documented evidence of experience and initial and continued competence?

No – Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Wyoming State Board of Nursing for a decision.
Yes – Go to Question #8 – Reasonable & prudent nurse?

8. Would a reasonable & prudent nurse perform the act?

No – Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Wyoming State Board of Nursing for a decision.
Yes – Go to Question #9 – Is patient safety assured?

9. Is patient safety assured?
No – Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Wyoming State Board of Nursing for a decision.
Yes – Go to Question #10

10. Is nurse prepared to accept the consequences of action?

No – Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Wyoming State Board of Nursing for a decision.
Yes – Nurse may perform the activity/task according to acceptable and prevailing standards of nursing care.

OTHER CONSIDERATIONS IN DECISION-MAKING

The nurse is constantly involved in the decision-making and problem solving process, regardless of the practice setting. The following steps are basic to the process.

Clarify:

What is the problem or need?
Who are the people involved in the decision?
Is it a problem of delegation?
What is the decision to be made and where (what setting or organization) will it take place?
Why is the question being raised now?
Has it been discussed previously?

Assess:

What are your resources?
What are your strengths?
What skills and knowledge are required?
What or who is available to assist you?

Identify:

What are possible solutions?
Options:

What are the characteristics of an ideal solution?
Is it feasible?
What are the risks?
What are the costs?
Are they feasible?
What are the implications of your decision?
How serious are the consequences?

Point of Decision:

What is the best decision?
When should it be done?
By whom?
What are the implications or consequences of your decision?
How will you judge the effectiveness of your decision?

APPLICATION OF GUIDELINES FOR DECISION-MAKING

Clarify what it is you are being asked to do:

Gather facts that may influence the decision.

• If the activity or task involves delegation, have you reviewed chapters 3, 7, and 9 of Administrative Rules and Regulations as well as Provision Four of the Nursing Code of Ethics (Fowler, 2008)?

Continued on page 10

• Are there written policies and procedures available to describe how and under what conditions you will perform this task?
• Does the new responsibility require professional judgment or simply the acquisition of a new skill?
• Is this a *new* expectation for all RNs? LPNs? APRNs?
• Has this been done before by others in your unit or health care facility?
• Is it just new to you?
• Has a professional nursing organization (most relevant to the question being asked) issued a position statement on this topic?
• What about the other facilities in your community or region?
• What are the nurse manager's expectations about you or other RNs, LPNs, APRNs, becoming responsible for this procedure?
• When will this become effective?
• Will there be an opportunity to help you attain the needed clinical competency?
• Who will be responsible for the initial supervision and evaluation of this newly performed task?
• Will you be given additional time to learn the skill if you need it?

Assess Your Own Abilities:

• Are you clinically competent to perform this procedure?
• Do you currently have the knowledge and skills to perform the procedure?
• Have you had experience in previous jobs with this procedure?
• Who is available to assist you who has that skill and knowledge?
• Is that person accessible to you?
• Do you believe you will be able to learn the new skill in the allotted time?
• How can you determine that you are practicing within your scope of nursing?
• What is the potential outcome for the patient if you do or do not perform the procedure?

Identify options and implications of your decision. The options include:

• The responsibility/task is not prohibited by the Nurse Practice Act.

If you believe that you can provide safe patient care based upon your current knowledge base, or with additional education and skill practice, you are ready to accept this new responsibility. You will then be ethically and legally responsible for performing this new procedure at an acceptable level of competency.

If you believe you will be unable to perform the new task competently, then further discussion with the nurse manager is necessary. At this point you may also ask to consult with the next level of management or nurse executive so that you can talk about the various perspectives of this issue.

It is important that you continue to assess whether this is an isolated situation just affecting you, or whether there are broader implications. In other words, is this procedure new to you, but nurses in other units or health care facilities with similar patient populations already are performing? To what do you relate your reluctance to accept this new responsibility? Is it a work load issue or is it a competency issue?

At this point, it is important for you to be aware of the legal rights of your employer. Even though you may have legitimate concerns for patient safety and your own legal accountability in providing competent care, your employer has the legal right to initiate employee disciplinary action, including termination, if you refuse to accept an assigned task. Therefore, it is important to continue to explore options in a positive manner, recognizing that both you and your employer share the responsibility for safe patient care.

The Wyoming Nurse Practice Act (July, 2005) serves as your guide for the legal definition of nursing and the parameters that indicate deviation from or violation of the law. Additional resources decisions include the American Nurses Association (ANA) Code of Ethics for Nurses (Fowler, 2008), Nursing: Scope & Standards of Practice (ANA, 2004), the scope & standards of practice for specialty areas of nursing (ANA) as well as position statements issued by national nursing organizations.

Point of decision/Implications.

***Your decision maybe*:**

Accept the newly assigned task. You have now made an agreement with your employer to incorporate this new responsibility, under the conditions outlined in the agency's procedure manual. You are now legally accountable for its performance.

Agree to learn the new procedure according to the plans established by the employer for your education, skills practice and evaluation. You will be responsible for letting your nurse manager know when you feel competent to perform this skill. Make sure that documentation is in your personnel file validating this additional education. If you do not believe you are competent enough to proceed after the initial in-service, then it is your responsibility to let the educator and nurse manager know you need more time. Together you can develop an action plan for gaining competency.

Refuse to accept the newly assigned task. You will need to document your concerns for patient safety as well as the process you use to inform your employer of your decisions. Keep a personal copy of this documentation and send a copy to the nurse executive. Courtesy requires you also send a copy to your nurse manager. When you refuse to accept the assigned task, be prepared to offer options such as transfer to another unit (if this new role is just for your unit) or perhaps a change in work assigned tasks with your colleagues. Keep in mind though, when you refuse an assignment you may face disciplinary action, so it is important that you be familiar with your employer's grievance procedure.

For additional information on the *Nurse Practice Act, Rules and Regulations, and Advisory Opinions see* the Wyoming State Board of Nursing web page: http://nursing.state.wy.us

References

American Nurses Association. (2004). *Nursing: Scope & standards of practice*. Silver Springs, MD: American Nurses Association.
Arizona Board of Nursing, 9/05
Arkansas Board of Nursing, 1/99
Fowler, M.D. (Ed.). (2008). *Guide to the code of ethics for nurses*. Silver Springs, MD: American Nurses Association.
Kentucky Board of Nursing, 4/05
New Jersey Board of Nursing, 6/99
Wyoming Nurse Practice Act, 2005

Line Up Your Stars!

Jennifer Zettl, BSN

"Sometimes the stars just line up . . ." My Dad loves to use this phrase whenever something good happens to him, and right now I am feeling like something very good has happened to me. I am honored to serve you as president of the Wyoming State Board of Nursing and excited about working with great nursing and consumer representatives. We have our work cutout for us this year as we implement a new Decision Tree process for determining scope of practice issues and create an Advanced Practice Nurse advisory committee.

I am a South Dakota native and graduated with a Bachelor's degree in Nursing from Augustana College in 1993. Back then, many of the facilities in South Dakota were going through their downsizing phase and the two hospitals where I did my clinicals each laid off over 25 RNs—not very great prospects for new grads looking to stay local. My job search took me to Wyoming Medical Center in Casper, and I have worked there in critical care every since. My husband, Brad, and I recently welcomed our fifth child, Ronan to our family. He joins sisters, Sophie and Ana, and brothers, Joe and Kolbe.

The national shortage of nurses worries and disturbs me. I am no expert at compiling data on recruitment and retention, but I know the bedside like the back of my hand, and let me tell you, it's getting harder and harder to provide the kind of high quality, safe care our patients expect. As the economy worsens, our facilities find it increasingly difficult to make ends meet and we are all forced to find new and creative ways to get the work done. But lucky for patients that nurses are masters of creativity! I remember watching MacGyver on TV in the 80s. He could fix a car's failed brakes while riding in it. Nursing retention is in that car these days, and we are charged with saving ourselves.

"I am honored to serve you as President of the Wyoming State Board of Nursing and excited about working with great nursing and consumer representatives."

I recently read a book by Tom Rath, *Strengths Finder 2.0* (2007) and I came away with a renewed sense of my innate talents. He asks at the beginning of the book, "Do you have the opportunity to do what you do best every day?" What an amazingly simple concept and I thought to myself-what would happen if we approached our mentoring of nurses from a position of their strengths?

Nurses entering the profession during these tough economic times are at risk for burnout early on in their careers. Nursing is a physically, emotionally, and mentally tough profession to sustain, and if the work is difficult and the atmosphere negative, why would anyone choose to remain? I believe the key to retaining our valuable nurses is to nurture their professional growth and provide them with a healthy working environment.

Skills can be taught, but professionalism needs to be nurtured. I may be competent in the skills of nursing, but lack the self leadership to become a truly good nurse. I look at the colleagues around me and see a highly trained group of individuals. They do not need another skills check off or list of yearly competencies to validate their worth as nurses. They need inspiration, motivation and direction. Working from a position of strength, our nurses cannot only make an optimal contribution to the team, but also instinctively correct their weaknesses. If I know their individual strengths, I can mentor them to become engaged and growing professionals.

A good mentor coaches his or her future boss. The mentor shares a positive approach to nursing and helps colleagues to discover theirimportance and worth to the profession. The mentor challenges with expectations of success and follow through. She or he does not forget kindness and trust. Great mentors foster a healthy work environment among peers, and most importantly, devote time to their own professional growth.

"We need nurses at the bedside and in the service of patients everywhere. They are wonderfully gifted and capable of change."

The American Association of Critical Care Nurses promotes the Healthy Work Environments Initiative. Six standards are promoted for establishing and maintaining a healthy work environment: skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition and authentic leadership. (American Association of Critical Care Nurses, 2005). Nurses interested in improving the health of their working environments can consider this document as they assess the areas of change needed.

We need nurses at the bedside and in the service of patients everywhere. They are wonderfully gifted and capable of change. There are no easy answers to retaining our valuable nurses, but if we can help them to understand how they can do what they do best every day, who knows? The stars may just line up!

Jennifer Zettl is president, Wyoming State Board of Nursing.

References

American Association of Critical Care Nurses. (2005). Healthy Work Environments Initiative. Retrieved February 9, 2009, from www.aacn.org

Rath, T. (2007). Strengths Finder 2.0. New York: Gallup Press.

First Licensed Nurse in Wyoming

Marcia L. Dale, RN, EDd, FAAN

Amy Edith Geis Richardson Miller was the first licensed nurse in Wyoming. She was born November 27, 1881, in South Dakota. The school which she attended was organized December 2, 1893, as the Wyoming General Hospital School for Nurses. Amy completed the program with satisfaction in oral and scholastic expectations and was awarded a diploma on December 3, 1904. The program was two full years in length. She was 25-years old when she graduated. Interestingly enough, Amy believed that her program did not give her all the knowledge she needed, so she completed three months of general work at Presbyterian Hospital in Chicago, Illinois. Amy then took the position of superintendent of nurses at Sheridan Hospital. There she married Dr. Miller. Amy attended the first meeting of the Wyoming State Nurses Examining Board on December 7, 1909. After her husband died, Amy returned to Rock Springs and became superintendent. On June 25, 1914, she married Dr. Edward Lauzer. They lived in Rock Springs for 43 years. In 1946, they moved to the CL Bar Ranch at Cora, Wyoming. Their grandson, Thomas L. Kitchen took over the ranch. It is the home of the largest bison herd in Sublette County with over 250 head. Amy died May 5, 1951; Edward died May 1, 1960. They are buried in the Pinedale Cemetery, Pinedale, Wyoming.

References
Pinedale Roundup, May 27, 1976.
Rock Springs Rocket August 26, 1988
Sublette County Chamber of Commerce www.sublettechamber.com

New Logo and 100th Anniversary

Marguerite Herman

The Wyoming Board of Nursing is marking its 100th anniversary with a new logo! We are asking for ideas on the new design. Logos used by nursing boards in oher states tend to feature a symbol of nursing care – the "lamp" that has been used by the Wyoming board (OR) and the caduceus are typical. Others use abstract designs or a scene typical of that state but not particularly referring to nursing or health care. I drafted the logo shown here, featuring the pronghorn as a recognizable emblem of Wyoming that is not already used by several other entities (such as the bison).

- What do you think?
- Should our logo portray a traditional symbol of nursing or combine symbol and Wyoming icon? (Someone suggested putting a blood pressure cuff on the pronghorn.)
- Do you favor an abstract design – and what would that look like?
- Please send your ideas to the Wyoming State Board of Nursing
  - o Deadline: May 1st, 2009
  - o Send ideas to: Mary Beth Stepans
    mstepa@state.wy.us
    State Board of Nursing
    1810 Pioneer Ave
    Cheyenne, WY 92002.

Marguerite Herman is the Consumer Representative to the Wyoming State Board of Nursing.

Scope of Practice Issues

RESCINDED PRACTICE ADVISORY OPINIONS
JANUARY 2009

TITLE	LICENSE	NUMBER	YEAR
MEDICATIONS			
Adjusting Sliding Scale Dosages of PRN Medication	RN	88-11	03/1988
Administration of Anesthetic Agents Such As Propofol, Etomidate and Ketamine by RN's for IV Conscious Sedation	RN	06-163	07/2006
Administration of Medications Ordered by a Herbalist	RN	99-93	04/1999
Administration of Nitrous Oxide for Single agent Procedural Sedation	RN	08-185	04/2008
Administration of Rhogam	LPN	05-147	07/2005
Administration of Rhogam	LPN	06-170	10/2006
Administration of Sample Medications	RN	07-174	01/2007
Application of EMLA Cream	RN	07-181	10/2007
Bolus Administration of Medication	RN	90-20	05/1990
Cervical Ripening Agents	RN	04-135	04/2004
Clarification of Propofol Advisory Opinions	RN	06-167	10/2006
Conscious Sedation	RN	05-156	10/2005
Cytotec Administration	RN	03-125	07/2003
Intraosseous Fluid and Medication Therapy	RN	91-30	09/1991
Intravenous Chelation Therapy Administration	RN	07-178	07/2007
IV Conscious Sedation-RN	RN	06-157	01/2006
IV Medication by Unlicensed Assistive Personnel		00-97	03/2000
IV Visudyne	LPN	03-119	01/2003
Medication Refill and Dispensing	RN	07-179	07/2007
Mixing IV Medications	RN	97-67	03/1997
Oral Chemotherapeutic Agents	LPN	04-136	07/2004
Oxygen Administration	CNA	01-108	05/2001
PCA by Proxy	RN/LPN	05-152	10/2005
Prefilling Insulin Syringes by Home Health Aide	CNA	89-15	09/1989
Procedural Sedation and Analgesia in the Emergency DeptRN		08-186	07/2008
Propofol	RN	03-124	04/2003
Sevoflurane/Isoflurane/Anesthetic Agents	RN	03-129	10/2003
PROCEDURES /TREATMENTS			
Acupuncture for Detoxification	RN/LPN	02-116	09/2002
Antepartal and Intrapartal Monitoring	RN	03-121	04/2003
Apheresis	RN	04-132	01/2004
CADD Cassette Filling	RN	92-47	09/1992
C-Arm Positioning	RN	03-120	04/2003
Changing Colostomy Bag (by a CNA)	CNA	90-25	01/1990
Cognitive Processing Therapy	FNP	07-171	01/2007
Corn/Callus Reduction	RN	00-100	06/2000
CPR Delay to Ascertain Code Status	RN/LPN	91-36	01/1991
Dermatological Techniques	ALL	02-118	01/2003
Discontinuing IVs and Heparin/Saline Locks	CNA	04-139	07/2004
Ear Stapling	ALL	06-160	04/2006
Electric vs Straight Razors	ALL	05-145	01/2005
Endoscopy Tech	CNA	98-82	01/1998
Endotracheal Intubation and Anesthesia	RN	98-85	01/1998
Episiotomy	RN	97-73	07/1997
External Jugular Vein IV Cannulation	RN	04-144	10/2004
Fit Testing of Respirators	RN	04-134	04/2004
Gastrostomy Tube Reinsertion Into a Mature Site	RN	06-168	10/2006
Glucoscan Testing by CNA	CNA	95-62	03/1995

Scope of Practice Issues

TITLE	LICENSE	NUMBER	YEAR
Healing Touch	RN	03-127	10/2003
Insertion of Sterile Catheters and Suctioning (CNA)	CNA	92-50	03/1992
Intra-peritoneal (IP) Catheter, Palliative Drainage	RN	07-180	07/2007
Intraventricular Catheter-RN	RN	06-158	04/2006
Intubation and Chest Tube Removal	RN	00-101	06/2000
Lamp Based Hair Removal	ALL	03-118	01/2003
Neonatal Intubation	RN	03-128	10/2003
Nerve Conduction Studies	RN	93-53	01/1993
NG Tube Placement and Tube Feedings	LPN	05-151	07/2005
Non-nasogastric Tube pH Monitor	RN	04-138	07/2004
Pelvic and Colposcopy Exam (SANE)	RN	03-130	10/2003
Performance of Spirometry by licensed nurses	RN/LPN	08-184	04/2008
Peripheral Insertion of Central Lines	RN	94-58	09/1994
Peripheral Insertion of Central Venous Catheters Using the Modified Seldinger Technique (MST) with Ultrasound Guidance	RN	07-177	04/2007
Peritoneal Dialysis	LPN	04-133	04/2004
Pulse Oximetry	NA	04-137	07/2004
Quadriplegic Patient Care	CNA	04-141	07/2004
Rapid Sequence Intubation	RN	00-102	12/2000
Removal of Chest Tubes, Mediastinal Tubes and Pleural Drains	RN	06-162	07/2006
Removal of Groshong (tunneled cuffed central venous catheter)	RN	07-183	10/2007
Removal of Urethral Catheters and Naso-Gastric Tubes	CNA	06-161	07/2006
Respiratory Fit Testing – Medical Clearance	RN/LPN/APRN	07-176	04/2007
Sclerotherapy and Ultrasound	RN/LPN	02-114	01/2002
Sharps Wound Debridement	RN	97-77	11/1997
Sterile Speculum Exam to Determine Premature Rupture of Membranes	RN	06-165	10/2006
Suturing Incisions	RN	97-80	11/1997
Tracheostomy Suction	CNA	00-105	12/2000
Tube Feedings	CNA	97-78	11/1997

TITLE	LICENSE	NUMBER	YEAR
PROFESSIONAL			
Accepting Orders from Mental Health Professionals	RN/LPN	91-35	01/1991
Adult Nurse Practitioner Providing Care to Children	APN	00-106	12/2000
Advertisement of Services by LPN	LPN	95-61	06/1995
Anesthesia Technicians	CNA	05-155	10/2005
APN Prescriptive Authority	APN	05-146	01/2005
Charting and Patient Teaching	CNA	92-46	09/1992
CNA's Assuming Roles of Surgical Technician, First Assistant, Laboratory Technician and Medical Assistant	CNA	06-164	07/2006
Delegation of Nursing Tasks in a Dialysis Unit	CNA	95-59	06/1995
Delegation to CNA	CNA	97-69	07/1997
Delegation to Medical Assistants	RN/LPN	01-109	05/2001
Diagnosis and Treatment of STD	RN	89-14	09/1989
Distribution of Pre-Written Prescriptions	RN	95-60	06/1995
Educational Preparation for Licensure-RN/LPN/CNA	ALL	98-84	01/1998
First Assistant (LPN)	LPN	00-99	06/2000
FNP Practicing in Psychiatric/Mental Health Setting	APN	04-143	07/2004
Hemodialysis Technician	CNA	03-122	04/2003
Liability When Testifying	ALL	91-37	01/1991
Male Nurse in Room During a Pelvic Exam	RN/LPN	88-10	03/1988
Nursing Extern Programs		04-131	01/2004

Scope of Practice Issues

TITLE	LICENSE	NUMBER	YEAR
Paid Feeding Assistants		04-142	07/2004
Patient Relationship Established	ALL	97-70	07/1997
Phlebotomist		97-76	07/1997
Practice Questions to be Written		92-45	09/1992
Proposed X-Ray Standards	APN	94-57	04/1994
Recognition of a Psychologist as an APN	APN	97-71	07/1997
Refusing Patient Care Assignment(s)	ALL	91-38	01/1991
Rehabilitation Nurses vs. Physical Therapy	RN	94-56	04/1994
Relaying Physician Orders	RN/LPN	05-149	07/2005
RN as First Assistant vs Advanced Practice	RN	94-54	01/1994
Tele Tech (CNA)	CNA	00-104	10/2000
Telephone Triage by LPN	LPN	03-126	07/2003
Telephonic/Telemedicine	APN/RN/LPN	00-98	01/2000
Teleradiology	RN/LPN	02-112	01/2002
Train-the-Trainer Course	RN	05-154	10/2005
Training Unlicensed Personnel to Administer Medications	ALL	97-74	07/1997
Transporting Blood-CNA	CNA	06-159	04/2006
Use of Mediplanners in Schools	RN	06-166	10/2006

RESCINDED PRACTICE ADVISORY OPINION FEBRUARY 2009

TITLE	LICENSE	NUMBER	YEAR
Teaching Administration of Glucagon to Non-Licensed Personnel in an Emergency	RN	06-169	10/2006

Disciplinary Actions

Kimberly Melton, LPN — *2/19/09*
Suspended
LPN license and privilege to practice as an LPN in Wyoming were suspended indefinitely for being impaired by alcohol while on duty as a nurse and alcohol dependence. She was granted leave to reapply for a conditional license upon completion of conditions.

Richard Fonseca, CNA — *2/19/09*
Revoked
CNA Certificate and privilege to practice as a CNA in Wyoming were revoked for violating uniform and reasonable standards of nursing practice by causing injury to a child.

Amber Halvorsen, CNA — *2/19/09*
Suspended
CNA Certificate and privilege to practice as a CNA in Wyoming were suspended indefinitely for adding identification of the subject and electronically forwarding a photo of a long term care resident's genitals. She was granted leave to reapply for a Certificate upon completion of conditions.

Stephanie Bellis, CNA — *2/19/09*
Revoked
CNA Certificate and privilege to practice as a CNA in Wyoming were revoked for taking a photo of a long term care resident's genitals, displaying and electronically forwarding it to others.

Larissa Sabin, CNA — *2/19/09*
Reprimand
CNA was issued a public reprimand and required to complete a course in nursing ethics for displaying photo of long term care resident's genitals to others.

NCLEX REGIONAL WORKSHOP FOR EDUCATORS

The Wyoming State Board of Nursing and Laramie County Community College (LCCC) are hosting a NCLEX Regional Workshop for Educators May 17 and 18 in Cheyenne at Laramie County Community College. There will be a meet and greet at the Holiday Inn (Butte Room) on Sunday, May 17 from 6-8 p.m. to discuss nursing issues in Wyoming. The NCLEX Workshop will begin at 8:30 a.m. at LCCC at the Health Science Building in Room 111.

National Council of State Boards of Nursing (NCSBN) is committed to sharing information about the NCLEX examinations with nursing educators and candidates. As part of its strategic initiative, the NCLEX Examinations department seeks to provide this information to nursing educators while developing programs to facilitate preparation of students for successfully passing the NCLEX exam. One way that this is accomplished is through the NCLEX Regional Workshop for Educators.

The NCLEX Regional Workshop is a full-day conference designed specifically for nurse educators, which is held in conjunction with a board of nursing. There is a extensive agenda, with topics such as preparing nursing students to take the NCLEX, identifying the practice analysis process, applying the results to keep the examination current, interpreting the steps of the item development process and reviewing alternate item formats. Also presented is an overview of the basic principles of computer adaptive testing (CAT) and standard setting in addition to understanding how to interpret candidate performance records.

Highlights of the program include a hands-on item writing demonstration to show the audience how to apply principles of item writing in the NCLEX style to their writing goals. There is also a discussion on the use of NCLEX Program Reports to determine school's strengths and weaknesses, along with a description of the Candidate Performance Reports to help faculty work with student who have failed the exam" (NCSBN council CONNECTOR, 2008, pg. 2).

Registration Information: Cost of registration is $60 per person. You may register online or by telephone:

- Online registration: www.lccc.wy.edu/LifeEnrichment/register.html

1. Select the Register and Pay for Life Enrichment Classes link under the Registration tab.
2. Type SPEC 7021 01 in the Course Code Number box
3. Click on ``the Submit button.
4. You will then be prompted to enter your credit card information.

- Telephone registration: 307.778.1236.

Wyoming Professional Assistance Program

George Vandel, NCAC II, CAP

The Wyoming Professional Assistance Program's (WPAP) mission is to provide resources and support to Wyoming professionals suffering from substance abuse disorders. It was formally established in 1997 in a joint effort between the Wyoming Medical Society and the Wyoming Board of Medicine. In 1998, the Board of Nursing, Board of Pharmacy, and the Board of Dental Examiners joined. In 2005, the Board of Veterinarian Medicine signed an agreement and in 2006 the Wyoming State Bar and Judiciary signed agreements. The mental health professions licensing board signed an agreement in 2007. Fifteen Wyoming hospitals have signed agreements. Although some hospitals in Wyoming have not signed agreements due to the cost of the service agreement, their employees can still take advantage of WPAP resources and support. Agreement fees are prorated based on the number of employees in an institution. In the case of an individual seeking the services of WPAP, a monthly fee is determined based on the profession to which the person belongs. For example, physicians pay $185 a month, attorneys, dentists, veterinarians $165, physician's assistants and pharmacists $90, RNs $50 and LPNs and pharmacy technicians and others $30 a month.

WPAP assists individuals, hospitals and licensing boards with intervention services and education as well as helping with writing policies and establishing drug screening procedures. A professional experiencing a substance abuse disorder is provided access to timely intervention, evaluation, referral and support for treatment. An important component of the WPAP program is the Monitoring Agreement that is agreed to and signed by professional when entering the program. This agreement provides an individualized treatment plan and structure for the professional. Responsibilities and expectations are clearly identified along with consequences for failure to meet these requirements. Guidance is provided before returning to professional practice. Long-term monitoring and aftercare, including relapse prevention and detection are provided. The goal is to preserve health and professional talents. The licensing board is not notified that a professional is being monitored unless the individual is not compliant with the terms of the monitoring agreement.

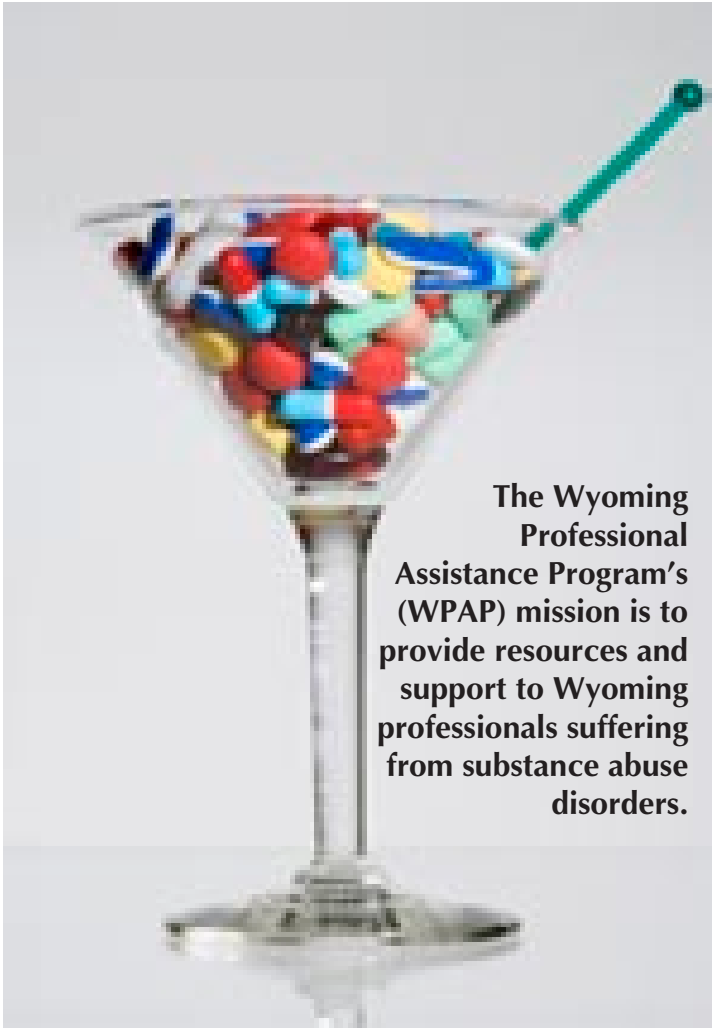
Professionals in the program, whether referred by their employer, family, friends or peers can continue to work providing they have been through a rehabilitation program and have been evaluated for fitness to continue to work. Oversight for a professional's recovery is provided by the following: a site monitor, random drug screening, attendance and participation in Caduceus meetings and daily contact with WPAP staff. There are nine sites in Wyoming where Caduceus meetings are held: Casper, Cheyenne, Sheridan, Gillette, Rock Springs, Riverton, Evanston, Laramie and Cody.

The concept of the Caduceus Group was initiated as a component of the Georgia Impaired Physicians Program in 1973. A group was formed in Casper in 1983. The two most evident and valuable results of the Caduceus Group have been the number of impaired professionals who been able to get into treatment by intervention or self-realization, and the large number of professionals for whom the Caduceus Group has provided a bridge into Alcoholic Anonymous and Narcotics Anonymous. Caduceus Groups are educational and therapeutic centers for recovering professionals.

A monitoring agreement can be signed for a minimum of two years, but most participants are in the program for five years. If a professional decides to leave Wyoming, WPAP staff must be notified. Compliance with the monitoring agreement is continued as the professional continues to maintain daily contact and random drug screening.

Before the existence of WPAP, professionals with known substance abuse disorders lost their license to practice. This agency helps to identify, treat, and rehabilitate professionals who have an addiction. Professionals need help when experiencing problems coping with patients/clients or with the stress of practice or if experiencing increasing financial, legal problems, suits, divorce, etc. Warning signs include depression, anger, abusive behavior, drinking more than a moderate amount of alcohol, personality changes when drinking, self-prescribing mood altering drugs, sexual or relationship problems, placing work ahead of personal and family needs to detriment of either or becoming visibly overtired or burned out. All professionals need to know that addictive disorders know no boundaries and that intelligence or accomplishments do not protect them from the disease. Professionals are as vulnerable to the range of substance use and mental health problems as other groups of people. Because of denial, many professionals do not reach out for help. As more people know about WPAP, more referrals can be made. As a professional, you are ethically and morally obliged to pay attention to an impaired colleague. Contact WPAP with questions about how to help your colleague. Your call will be handled confidentially and your identity will be safeguarded.

George Vandel is the executive director of WPAP. He can be reached at 307-472-1222 or by emailing him at wpapro@wyonet.net.



The Wyoming Professional Assistance Program's (WPAP) mission is to provide resources and support to Wyoming professionals suffering from substance abuse disorders.

An Overview of Permissive Disclosures

Under HIPAA and 42 CFR Part 2

Travis J. Kirchhefer, J.D.

Protecting the confidentiality of patient communications is not a new concept. For instance, in Wyoming physician-patient communications were protected by statute against disclosure in a court of law since 1886 (1886 Wyo. Sess. Laws 171). This makes federal regulations over health care information, passed in the 1970s and 1990s, incredibly recent. However, the two federal laws that address responsibility when handling the individually identifiable information of persons receiving health care services, are much more expansive. The first of these laws, [42 Code of Federal Regulations (CFR) Part 2], covers substance abuse information specifically; the second, HIPAA, covers individually identifiable health information broadly. To better make sense of these regulations, this article will briefly explore the authority behind them, and review the types of disclosures permitted by each of these laws in hopes of creating a better understanding of how these laws both protect and serve health care consumers in the United States.

These regulations represent a commitment by the federal government to establish not only the responsible use of individual health information, but also to provide security for persons seeking treatment. The United States government's regulation of the use of alcohol and drug abuse treatment information dates back to the early 1970s (Legal Action Center, 2006). The most recent incarnation of these laws is found at 42 United States Code (USC) § 290dd-2 (2006). This law establishes safeguards for substance abuse information in hopes of encouraging the use of substance abuse treatment and prevention programs (Legal Action Center, 2006). In 1996, the United States Congress passed the Health Information Portability and Accountability Act of 1996, Public Law 104-191. This time, Congress hoped to create incentives to using electronically portable health information by establishing protections for that information and establishing uniform standards for portability through electronic mediums (Health Information Portability and Accountability Act of 1996, Pub. L. 104-191, § 261, 110 Stat. 931, 1938 (1996)). The laws themselves are very general in nature and require the Secretary of the United States Department of Health and Human Services to establish federally enforceable rules that explicitly implement their provisions [42 USC § 1320d-1 through 3 (2006), and 42 USC §290dd-2(g) (2006)]. These rules can be found at 42 CFR Part 2 and 45 CFR Parts 160, 162 and 164 (2008). These standards are known, respectively, as "Part 2" and "HIPAA" by today's health care providers and consumers.

HIPAA covers any individually identifiable information collected from or about an individual by a health care provider, health plan, or health care clearinghouse that "relates to the past, present ,or future physical or mental health or condition of an individual; the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual" (45 CFR § 160.103, 2008) Information is individually identifiable if it specifically identifies the individual or can reasonably be used to identify the individual (45 CFR § 160.103, 2008). The standards adopted under 42 CFR Part 2 are substantially similar; however, they relate specifically to information that establishes the "identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any drug abuse prevention function conducted, regulated or directly or indirectly assisted by any department or agency of the United States" [42 CFR § 2.1(a), 2008)].

It is important to note that while HIPAA does establish standards for the privacy (45 CFR Part 164, Subpart E, 2008) and security (45 CFR Part 164, Subpart C, 2008) of individually identifiable health information, this accountability is only one purpose of the legislation and implementing rule. HIPAA also allows for information to be responsibly made portable. For instance, it is important to remember that when an individual properly authorizes the use or disclosure of their information, HIPAA sets forth no roadblock to that use or disclosure [45 CFR § 164.508(b),2008]. Covered entities are also allowed to use protected health information for their own treatment, payment and operations and may disclose relevant information to other covered entities that need the information for these purposes [45 CFR § 164.506(c), 2008]. HIPAA also establishes standards that enable information to be deidentified, effectively removing the need for further compliance (45 CFR § 164.514, 2008). Finally, HIPAA sets forth limited instances when covered entities can choose to use or disclose protected health information without an authorization. A full list of these exceptions is found at 45 CFR § 164.512 and includes disclosures required by law [45 CFR § 164.512(a), 2008]; to report abuse or neglect [45 CFR § 164.512(c), 2008]; under court order [45 CFR §164.512(e), 2008]; for law enforcement purposes [45 CFR 164 §164.512(f), 2008]; and for research [45 CFR 164 §164.512(i), 2008].

While HIPAA applies to most of the nation's health care providers, health plans and health care clearinghouses, Part 2 applies to substance abuse education, prevention, training, treatment, rehabilitation and research programs that are assisted by a department or agency of the United States [42 CFR § 2.1(a),2008]. Indeed, there is a great deal of overlap where HIPAA covered entities also fall under the provisions of Part 2. Part 2 providers should therefore be aware that to comply with both laws, the more stringent Part 2 will often control.

Therefore, only disclosures allowed by both Part 2 and HIPAA can be made from Part 2 covered programs. A partial list of permitted disclosures is located at 42 CFR § 2.12(c). These include disclosures within the program [42 CFR § 2.12(c)(3), 2008], and the reporting of child abuse [42 CFR § 2.12(c)(6), 2008]. Additionally, Part 2 allows disclosures with a valid consent [42 CFR § 2.33, 2008], for research [42 CFR § 2.52, 2008], in a medical emergency [42 CFR § 2.51, 2008], for audit and evaluation [42 CFR § 2.53, 2008], and by court order [42 CFR § 2.61, 2008]. Disclosures by court order are limited to specific circumstances that must be set forth in the court's order [42 CFR §§ 2.63 through 2.67, 2008].

This article establishes only a basic overview of the permissive disclosures established by HIPAA and Part 2. It is important to know that both of these regulations can be preempted by more stringent state law(s) [42 CFR § 2.20, and 45 CFR § 160.203, 2008]. Because of the many intricacies of these laws themselves and the potential state overlay, covered entities are encouraged to have a strong working relationship with their privacy experts and legal counsel to ensure full compliance.

Travis Kirchhefer is an Assistant Attorney General for the State of Wyoming.

REFERENCES

42 USC § 290dd-2 (2006)

42 USC § 1320(d) (2006)

42 CFR Part 2 (2008)

45 CFR Part 160 (2008)

45 CFR Part 164 (2008)

Legal Action Center (2006). Confidentiality and Communication: A Guide to the Federal Drug and Alcohol Confidentiality Law and HIPAA (6th ed.). New York, NY: Legal Action Center of the City of New York, Inc.

The Health Information Portability and Accountability Act of 1996, Pub L. No. 104-191 (codified at 42 USC § 1320(d), 42USC § 1395cc(a)(1), 42 USC § 242k(k) (2006)).

LANDER REGIONAL HOSPITAL

We Treat You Like Family

Lander offers a variety and abundance of outdoor recreational opportunities, cultural activities and affordable housing in a beautiful setting. With over 250 days of brilliant blue skies, your adventures are limitless.

We are committed to five core values:

- ✓ High Quality Patient Care
- ✓ Excellent Workplace
- ✓ Supporting Physicians
- ✓ Providing community value
- ✓ Ensuring Fiscal responsibility

In 2007 Lander Regional Hospital was awarded the prestigious LifePoint Hospitals – High Five Award for achieving outstanding results in our five core values.

$6,000 Sign-on/ Retention Bonus

Opportunities include:

- **12 hour night shifts in Med/Surg**
- **12 hour night shifts in Women's Health**

Great Benefit Package!

Contact:

Human Resources
Janet.Morgan@lpnt.net
Lander Regional Hospital
1320 Bishop Randall Drive
Lander, WY 82520

307-335-6580
Fax 307-335-6237

Visit www.landerhospital.com

Powell Valley Healthcare

Employment Opportunities

RNs and LPNs

- Flexible Scheduling
- Health Insurance, including dental & vision
- Generous compensation Based on years of experience
- Career Ladder that includes additional compensation for education, certifications, cross-training, quality, and mentorship
- Paid time off starting at 23 days
- Life & Disability insurance
- Differential for evenings & nights
- Extended Illness Plan
- Tuition & Student Loan Reimbursement
- Retirement plan with employer matching contributions

This Big Horn Basin growing community's climate is comfortable with little moisture. Located near Yellowstone National Park and surrounded by mountains, there is ample opportunity for outdoor recreation year around.

Powell Valley Healthcare is a facility dedicated to providing an outstanding work environment for staff, and exceptional experiences for customers.

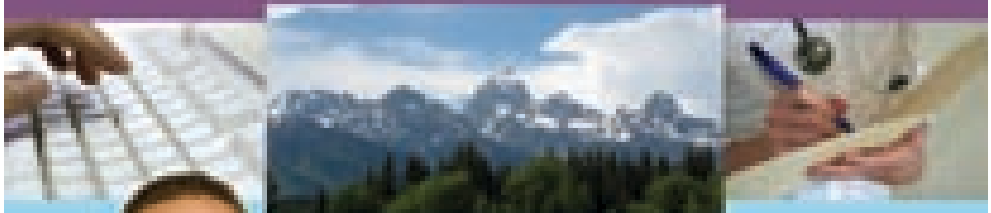
To interview us as your future employer, call:

1-800-428-1398, Ext. 134
Visit our web site at www.pvhc.org
Equal Opportunity Employer

FAY W. WHITNEY SCHOOL OF NURSING

opportunity

UNIVERSITY OF WYOMING



DEGREES AND OPTIONS

BACHELOR OF SCIENCE IN NURSING
BASIC BSN TRACK
BRAND BSN TRACK (accelerated 2nd degree)
RN/BSN COMPLETION TRACK (online)

MASTER OF SCIENCE
NURSE EDUCATOR (online)
NURSE PRACTITIONER
(Family Nurse and Psychiatric Mental Health)

Complete information at
www.uwyo.edu/nursing
nurs.inq@uwyo.edu

Accredited by the Commission on Collegiate Nursing Education and approved by the Wyoming State Board of Nursing

Patti Gardner, MSN, CNM, PMHNP-BC

The History of Today's *Nurse Practitioner*

Nurse practitioners are advanced practice nurses prepared at the master's degree level who provide quality care similar to that of a physician. Just as physicians do, nurse practitioners diagnose and treat a wide range of health care problems. In addition to diagnosis and treatment, nurse practitioners focus on health promotion, disease prevention, education and counseling.

There are about 120,000 nurse practitioners practicing today and approximately 6,000 enter the field each year in a variety of specialties (American Academy of Nurse Practitioners, 2007). There are almost as many kinds of nurse practitioners as there are medical specialties; acute care, adult health, family health, gerontology health, neonatal health, oncology, pediatric, psychiatric and women's health, as well as many others who practice in sub-specialty areas such as cardiovascular, dermatology, sports medicine and occupational health.

Nurse practitioners have been providing health care for over 43 years. In the 1950s and 60s, increasing specialization in medicine led to a lack of primary care services; especially in rural areas. As a result, physicians began working with and mentoring skilled and experienced nurses. Focusing on health promotion, disease prevention, and the health of children and families, a registered nurse named Loretta Ford and Dr. Henry Silver started the first nurse practitioner training program at the University of Colorado in 1965; preparing Pediatric Nurse Practitioners (O'Brien, 2003).

Nurse practitioners were initially opposed by physicians and nurses alike. Physicians accused nurse practitioners of practicing medicine and nurses believed that the nurse practitioners were no longer practicing nursing. Thus, the role was born into an environment of informal training, lack of credentialing, increasing advances in medical care, and opposition (O'Brian, 2003).

Those first nurse practitioners were pioneers; many of whom had grown tired and disillusioned with nursing but were willing to give it one more try. Most entered nurse practitioner programs with no guarantee of a job when they graduated. They knew they would have many critics and that their new roles had to combine both the best of nursing along with new assessment and diagnostic skills (Edmunds, 2000).

In 1976, the first publication of clinical and research articles specifically for nurse practitioners, *The Nurse Practitioner: The American Journal of Primary Care* was published. In 1982 an article was published in the journal that described the barriers nurse practitioners must overcome in order to survive. The article served as a catalyst for nurse practitioners to join forces and work together. The American Academy of Nurse Practitioners organized in 1985 became the first organization to represent nurse practitioners. Not until 1992 did nurse practitioners move to develop greater cohesion and unity as a group. A national summit of nurse practitioners was established and later formalized into the American College of Nurse Practitioners (Edmunds, 2000).

Nurse practitioners have legislatively defined the advanced practice role in all 50 states. New nurse practice acts were passed as well as some degree of prescriptive authority for nurse practitioners in all 50 states by 1999. In some states, success was achieved by working with other advance practice nurses such as nurse midwives, nurse anesthetists and clinical nurse specialists. There has been some confusion in titles and roles of nurses with a master's degree, even among the nursing community. Nurse practitioners are advanced practice nurses. advanced practice nurses (APNs) also include nurse anesthetists, clinical nurse specialists, and certified nurse midwives. Over the years, the role of the nurse practitioner has become more defined and accepted into the mainstream.

Education for nurse practitioners was initially slow in implementation. Educators set up certificate programs to prepare nurse practitioners quickly in order to fill gaps in the healthcare field. Since 2007, all nurse practitioners are required to have a master's degree.

Certification is common, and sometimes required, for the four advanced practice nursing specialties: clinical nurse specialists, nurse anesthetists, nurse-midwives and nurse practitioners. Upon completion of their educational programs, most advanced practice nurses become nationally certified in their area of specialty (US Department of La bor, Bureau of Statistics, 2009). In many states, including Wyoming, certification in a specialty is required in order to practice that specialty.

About 31 percent of all Nurse Practitioners are family nurse practitioners, 18 percent are adult nurse practitioners, and 18 percent are pediatric nurse practitioners. The remaining 33 percent of nurse practitioners are practicing in geriatric, women's health, neonatal, acute care, psychiatric or other specialty programs (Nurse Practitioner Alternatives, 2009). The largest majority of nurse practitioners provide primary care.

No other group of health care professionals has been evaluated and researched in the areas of quality of care, patient acceptance, satisfaction and cost-effectiveness as the nurse practitioner. As a result, there is a wealth of data to demonstrate that nurse practitioners are competent in delivering primary care that is satisfactory, acceptable to patients and cost effective; as well as providing increased access to care. This is not to say that there are not challenges and roadblocks yet to overcome. While nurse practitioners have become fully integrated into the health care delivery system, many are legally and financially dependent on physicians for their jobs due to reimbursement exclusions and other inequities.

Nurse practitioners deliver a unique blend of medical and nursing care in the almost 600 million visits they make with patients each year (American Academy of Nurse Practitioners, 2007)to primarily the indigent, migrant, young or elderly. Since the inception of the role, nurse practitioners have envisioned and succeeded in improving health care and access to health care. In the future, those numbers are only expected to grow in response to the demand for affordable quality health care.

Patti now lives in Lincoln, Nebraska

References

American Academy of Nurse Practitioners. www.aanp.org (accessed February 5, 2009).

Edmunds, M. (2000). Nurse Practitioners: Remembering the Past, Planning for the Future. Medscape Nurses; pp1-5.

Nurse Practitioner Alternatives. www.npedu.com/faq1.htm (accessed February 2, 2009).

O'Brian, John Michael (2003). How Nurse Practitioners Obtained Provider Status: Lessons for Pharmacists. Am J Health-Syst Pharm 60(22), 2301-2307.

US Department of Labor, Bureau of Labor Statistics. www.bls.gov/oco/ocos083.htm (accessed February 8, 2009).

NCSBN Celebrates 30th Anniversary

Founded in 1978 as an independent not-for profit-organization, the National Council of State Boards of Nursing Inc. (NCSBN) marked the milestone of reaching its 30th anniversary this year.

NCSBN's membership is comprised of the boards of nursing in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. These boards of nursing protect the public by ensuring that safe and competent nursing care is provided by licensed nurses and NCSBN is the vehicle through which the boards act and counsel together on matters of common interest.

NCSBN member boards are charged with the responsibility of providing regulatory excellence for public health, safety and welfare. They recognize that the best way to guard the safety of the public is to ensure that nurses entering the workforce have the necessary knowledge and skills to practice. U.S. boards of nursing regulate more than 2.9 million licensed nurses, the second largest group of licensed professionals in the U.S.

"NCSBN had humble beginnings when it opened its doors in Madison, Wisconsin, with one employee and a $10,000 budget," remarks Laura Rhodes, MSN, RN, NCSBN board of director's president, "but it had very lofty ideals." NCSBN can trace its roots to the American Nurses Association (ANA) Council on State Boards of Nursing. The reason for its creation arose out of recognition that in order to guard the safety of the public, the regulation needed to be a separate entity from the organization representing professional nurses.

NCSBN recognizes that it is imperative that nurses entering the workforce have the necessary knowledge and skills to practice. One of NCSBN's primary objectives is devoted to developing a psychometrically sound and legally defensible nurse licensure examination consistent with current nursing practice. The NCLEX-RN and NCLEX-PN Examinations developed and administered by NCSBN are constantly and rigorously evaluated to keep pace with the rapidly evolving health care environment.

A very significant moment in NCSBN history came on April 1, 1994, when NCSBN became the first organization to implement computerized adaptive testing (CAT) for nationwide licensure examination. Since then, more than 2.4 million U.S. candidates for nurse licensure have taken the NCLEX exam via CAT.

The increasing global nature of the world and influx of internationally educated nurses into U.S. nursing practice led NCSBN to the decision to offer NCLEX testing abroad for the first time in 2005. Since then, nearly 63,000 international nurse licensure candidates have taken the NCLEX in the 10 countries where it is now offered.

With help from the nursing education community, NCSBN created the Learning Extension to help students, nurses and nurse educators meet their educational goals. The Learning Extension currently offers 35 online courses covering a wide range of topics for nurses and nurse regulators. Since its inception in 1998, the Learning Extension has reached over 134,000 nurses in 120 countries.

NCSBN recognizes that health care is a constantly evolving field. In order for nursing regulation to keep pace in this rapidly changing environment, NCSBN has adopted numerous position statements, guiding principles and model acts and rules for use by member boards of nursing. In recent years, these include: the approval of the NCSBN Model Practice Act, which includes the authority to conduct criminal background checks; the adoption of the proposed standard for drug screening results; approving position papers, "Working with Others: Delegation and Other Health Care Interfaces" and "Nursing Education Clinical Instruction In Pre-licensure Nursing Programs"; and enacting the Model Act and Rules For Delegation, the Nursing Assistant Regulatory Model and the Model Process for Criminal Background Checks.

In 2008, NCSBN welcomed its first international associate member. This new membership category is designed to provide a forum by which nursing regulatory bodies from around the globe can join in a dialogue regarding issues of common concern. Additionally, all members are able to share information and knowledge in a multicultural exchange of thoughts and ideas.

NCSBN works collaboratively with other nursing and health care organizations as well as local, state, national and international government agencies aiming toward realizing its vision of building regulatory expertise worldwide.

"We always have been and always will be proud to be on the forefront of nursing regulation," concludes Rhodes.

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia and four U.S. territories.

Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

Have you ever been lost in time while cleaning an out an attic, closet or basement as you look through old pictures? That is what is happening to us at the WSBN as we sift through old applications. We wonder about the stories that these nurses could tell! Above are some pictures found in license application folders of staff and members of the WSBN. Have some fun as you try to identify these nurses!!! Please send a picture of yourself at the "dawn" of your nursing career. Tell us how things have changed (or not changed) since the beginning of your nursing career. Send images (PDF preferred) to mstepa@state.wy.us or to the Wyoming State Board of Nursing, 1810 Pioneer Ave., Cheyenne, WY 82002.

PRACTICE QUESTIONS

Mary Beth Stepans, PhD, RN is the Practice and Education Consultant for the Wyoming State Board of Nursing.

Question: We reviewed the Nurse Practice Act and are writing for clarification of whether administration of medications is something that RN or APRN can delegate to CNA under direct supervision. For example, can we train CNAs to administer injections?

Answer: It is not appropriate to delegate the injection of medications to a CNA. Administration of medications, at this point, is not within the CNA's range of functions according to the Wyoming Practice Act and Administrative Rules and Regulations. For specific details about the basic nursing functions, tasks and skills that may be delegated, refer to the Rules and Regulations, Chapter VII, Section 8.

However, according to Advisory Opinion 05-150, "after delegation by a Registered Nurse (RN) to a Certified Nursing Assistant (CNA), the CNA may assist the client with self-administered medications following the criteria listed below:

The assistance that may be provided:

- Reminding the client to take medications;
- Removing medication container from storage;
- Assisting with removal of a cap;
- Assisting with the removal of a medication from a container for clients with a disability (i.e., arthritis) which prevents independence in this act; and
- Observing the client take the medication

Prescription medications shall be dispensed from a licensed pharmacist, labeled with the following:

- Names, address and phone number of the pharmacy
- Name of client
- Name and strength of drug
- Directions for use
- Date filled
- Expiration date
- Prescription number
- Name of physician
- Controlled substances shall have a warning label on the bottle

• The RN maintains accountability and responsibility for supervision and management of all medication administration" (Advisory Opinion 05-150: Assistance with the Self-Administration Of Medications—CNA).

Question: I'm confused about Master's prepared RNs calling themselves Advanced Practice Registered Nurses (APRN) despite not holding APRN recognition in the State of Wyoming nor having passed an advanced practice certification. I am concerned that this is a false representation to patients and the staff. Is this correct?

Answer: According to the Nurse Practice Act (NPA), "Advanced Practice Registered Nurse" is defined as follows:

(i) "Advanced practice registered nurse (APRN)" means a nurse who:

(A) May prescribe, administer, dispense or provide nonprescriptive and prescriptive medications including prepackaged medications, except schedule I drugs as defined in W.S. 35-7-1013 and 35-7-1014;

(B) Has responsibility for the direct care and management of patients and clients in relation to their human needs, disease states and therapeutic and technological interventions;

(C) Has a master's degree in nursing, or an advanced practice registered nurse specialty or has completed an accredited advanced practice registered nurse educational program prior to January 1, 1999; and

(D) Has completed an advanced program of study in a specialty area in an accredited nursing program, has taken and passed a national certification examination in the same area and has been granted recognition by the board to practice as an APRN (NPA 33-21-120).

In addition, "title protection" is outlined in the law:

"(b) Any person who holds a license to practice as an advanced practice registered nurse in this state shall have the right to use the title "Advanced Practice Registered Nurse" and the abbreviation "A.P.R.N." No other person shall assume this title or use this abbreviation or any words, letters, signs or devices to indicate that the person using same is an advance practice registered nurse" [NPA 33-21-134, (b)].

It is not required by Wyoming law that Clinical Nurse Specialists (CNSs) be licensed as APRNs but a CNS or other master's prepared RN cannot legally use the title "APRN" unless granted APRN recognition by the WSBN. The behavior you describe constitutes misrepresentation and violation of title protection.

Chapter 53.
Senate File No. 37.

Relating to Examination and Registration of Nurses

An act to provide and regulate the examination and registration of Nurses and the practice of nursing.

Be It Enacted by the Legislature of the State of Wyoming:

EXAMINER.

Section 1. Upon the taking effect of this act, the Wyoming State Nurses' Association shall nominate for examiners five of their members who shall have had not less than three years experience in their profession, as candidates; and at each annual meeting thereafter shall nominate two other candidates. The governor shall appoint a board of three examiners from such list. When the first appointment is made, one member of said board shall be appointed for one year, one for two years, and one for three years, and thereafter all appointments shall be made for a term of three years, except an appointment for an unexpired term, which shall be made for only such unexpired term. All vacancies in said board, caused by death, resignation or otherwise, shall be filled by the Governor, in the same manner as an original appointment, and for the time herein mentioned.

MEET AND ORGANIZE.

Sec. 2. The members of the said Board of Examiners shall meet and organize as soon as practicable after their appointment, by taking an oath faithfully to discharge the duties of their office, which oath shall be filed with the Secretary of State, and by the election of a president, vice president and secretary. Said Board of Examiners may, from time to time, adopt such rules and regulations as shall be deemed necessary in the performance of their duties, consistent with the requirement of this act. It may adopt a seal, and the secretary shall have the care and custody thereof. The secretary shall keep a record of all the proceedings of the Board of Examiners, including a register of the names and addresses of all nurses duly registered under this act, which shall be open at all times to public inspection. The Board shall cause the prosecution of any person violating this act, and may incur necessary expenses in that behalf. Each member of the Board shall receive a compensation of five dollars per day or for each fraction of a day in which each member is actually engaged in the attendance upon the meetings of the Board, and in going to and coming from the place of meeting, and all the legitimate and necessary expenses incurred in attending such meetings; all such compensation and expenses to be paid out of the "Nurses' Fund," by warrants drawn by the State Auditor upon there being filed with the State Auditor a certificate to be signed by the president, or vice president, and secretary of the Board, with the seal of the Board attached, showing the amount itemized to which each member is entitled.

FEES.

Sec. 3. The fees received by the Board of Examiners herein specified, from examination or otherwise, shall be paid to the State Treasurer, and shall be kept in a fund known as the "Nurses' Fund." And shall be subject at all times to the warrant of the State Auditor drawn upon written requisition of the president or vice president and attested by the secretary of said Board of Examiners, with seal attached, for the payment of any expenses made by said Board. The secretary shall make, on or before January 1st of each year, a report to the Governor of the State, containing a true and correct account of all monies received and ordered disbursed by the Board. Any expense incurred in making said report and any other necessary expenses of the said Board shall be paid out of the said fund.

QUORUM.

Sec. 4. Two members of the Board shall constitute a quorum. Special meetings of the Board shall be called by the secretary upon written request of any other member. The Board shall from time to time adopt rules for the examination of applicants for registration in accordance with the provisions of this act, and shall from time to time adopt rules by which to establish a uniform and reasonable standard of instruction and training to be observed by training schools, and shall determine the reputability of such schools by reference to their compliance with such rules and in like manner may from time to time amend, modify and repeal such rules. The Board shall immediately upon the election of an officer file with the Secretary of State a certificate thereof, giving the name and address of such officer, and immediately upon the adoption of any rule, shall file with the Secretary of State a certificate thereof setting out therein a copy of such rule, or in case of the repeal of a rule setting out fully such fact, and shall immediately publish such certificate in at least one journal devoted to the interests of professional nursing and mail a copy of such certificate to every applicant at the address appearing upon the records of the Board to every reputable training school in the State of Wyoming.

DUTY BOARD.

Sec. 5. It shall be the duty of the Board to meet for the purpose of holding examinations once in every year. Notice of such meetings shall be given to the public press and to at least one journal devoted to the interests of professional nursing and by mail to every applicant, and to every reputable training school in Wyoming at least thirty days prior to the meeting. At such meetings it shall be the duty of the Board to examine all such applicants for registration under this act as are required to be examined, and to issue to each duly qualified applicant who shall have complied with the pertinent provisions of this act the certificate provided for in this act. Any person to whom a certificate of registration

shall be issued shall within ninety (90) days thereafter cause the same to be recorded with the County Clerk of the county in which such person resided at the time of application. Such person shall be prepared whenever requested to exhibit such certificate of registration or a certified copy thereof.

AGE.

Sec. 6. Every applicant for registration shall be at least twenty-one (21) years old, of good moral character, and shall possess such further qualifications as may be prescribed from time to time by the Board by rule; Provided, That no such rule shall be inconsistent with the provisions of this act relating to those who shall make application prior to July 1, 1910. Every applicant shall make such proof of the necessary qualifications as shall satisfy the Board thereof. Every application shall be made in writing in the true name of the applicant, in such form as may from time to time be prescribed by the Board, and shall state the place of residence of, and be signed by the applicant. The fee for acting on an application shall be ten dollars and shall accompany the application, but every subsequent application of the same person shall be acted on without fee.

ENTITLED TO REGISTRATION.

Sec. 7. Upon compliance with the pertinent provisions of this act, nurses otherwise qualified shall be entitled to registration as follows: First, without examination; provided they make application prior to July 1, 1910; (a) nurses who shall have graduated before said date from a training school which is connected with a general hospital and which shall be registered by the Examining Board, provided such nurses so applying shall have received a course of at least two years training in such training schools, and Provided further, That no training school shall be registered by said Examining Board unless such school maintains proper educational standards, and unless it gives not less than two years training in a general hospital, or its equivalent; (b) nurses who shall have graduated on or prior to January 1, 1897, from a reputable training school, connected with a general hospital, who at the time of graduation shall have received a course of one year's training in such training school, and who at the time of application shall have been engaged in nursing five years since their graduation; (c) nurses now in training in a training school, registered hereafter by the Examining Board and connected with a general hospital, which now gives a course of at least two years training; provided, the applicants graduate therefrom. Second, nurses who shall make application on or after July 1, 1910, and who at the time of application shall have graduated from a training school, connected with a general hospital, registered by said Examining Board and requiring a systematic course of at least two years training; provided, such applicants shall pass an examination to be prescribed by said Board, to determine their fitness and ability to give efficient care to the sick. Third, nurses who shall make application on or after July 1, 1910, and who at the time of application shall have graduated from a reputable training school connected with a special hospital, requiring a systematic course of at least two years training, and who at the time of application shall have obtained in a reputable general hospital one (1) year's additional training in subjects not adequately taught in the training school from which they graduated, and shall pass an examination to determine their fitness and ability to give efficient care to the sick.

UNLAWFUL.

Sec. 8. It shall be unlawful hereafter for any person to practice or attempt to practice in this State as a graduated trained or registered nurse without a certificate from the Board. Any person who has received such a certificate shall be styled and known as a Registered Nurse, and shall be entitled to append the letters "R.N." to the name of such person. No other persons shall assume or use such title or the abbreviation "R.N." or any other words, letters or figures to indicate that such person is a Registered, Trained or Graduate Nurse.

NOT CONSTRUED.

Sec. 9. This act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, nor to any person nursing the sick for hire who does not in any way assume or pretend to be a Registered or Graduate Nurse, and this act shall not be construed to interfere in any way with members of religious communities or orders which have charge of hospitals or take care of the sick in their own homes; provided, such members do not in any way assume to be Registered Nurses.

UPON PAYMENT.

Sec. 10. The Board, upon written application and upon the payment of ten dollars ($10) as a registration fee, may issue a certificate without examination to those who shall have been registered as Registered Nurses under the law of another state having requirements equivalent to those of Wyoming.

MISDEMEANOR.

Sec. 11. Any person violating any of the provisions of this act shall be guilty of a misdemeanor and shall upon conviction be fined for each offense, in a sum not less than ten dollars ($10), nor more than two hundred dollars ($200) for the first offense, and not less than one hundred dollars ($100) nor more than five hundred dollars ($500) for each subsequent offense. Any person who shall willfully make any false representation to the Board in applying for a license shall be guilty of a misdemeanor, and upon conviction shall be fined in a sum not less than one hundred dollars ($100) nor more than two hundred dollars ($200).

ATTESTED BY.

Sec. 12. All certificates issued by the Board shall be signed by all members thereof, and shall be attested by the president and secretary.

MAY REVOKE.

Sec. 13. The Board may revoke any certificate by a unanimous vote for dishonesty, gross incompetency, a habit rendering a nurse unsafe to be entrusted with, or unfit for the care of the sick, conduct derogatory to the morals or standing of the profession of nursing, or any willful fraud or misrepresentation practiced in procuring such certificate; Provided, the holder of such certificate shall have been given at least thirty (30) days' notice in writing of the specific charge against such holder, and of the time and place of hearing the charge by the Board, at which time and place the holder shall be entitled to be heard and to be represented by counsel. Upon the revocation of any certificate, the same shall be null and void, the holder thereof shall cease to be entitled to any of the privileges conferred by such certificate, and it shall be the duty of the secretary of the Board to strike the name of the holder thereof from the roll of Registered Nurses, and to give notice of such revocation to the County Clerk in whose office such certificate is recorded, and thereupon such County Clerk shall note the fact of such revocation upon the record of such certificate.

NO AUTHORITY.

Sec. 14. Nothing contained in this act shall be considered as conferring any authority to practice medicine or undertake the treatment or cure of disease in violation of the laws relating to the practice of medicine of this State.

Sec. 15. This act shall take effect and be in force from and after its passage.

Approved February 18, 1909.

Wisdom of Nurses
The Tough and The Tender

Shirlie Carubie, RN 83 years old

Shirlie Carubie always wanted to be a nurse. She was sidetracked in reaching this goal by marriage and raising five children. However, her desire to be a nurse never wavered. Before marriage, Shirlie had taken courses at Cottey College, in Missouri so when the associate degree nursing program opened in Casper, Shirlie realized her dream could be fulfilled. She completed the nursing program in 1972 when she was about 46 years old. Now she works in obstetrics when needed. Her love of people keeps her in nursing and "playing" with the babies gives her great satisfaction. Computers are her challenge! The changes in the dress code are also another major change that she has seen over the 37 years of being a RN. Congratulations, Shirlie!

Sally Bourink, RN, 84 years old

Sally was a farm girl in Williamsburg, Iowa. Upon graduating from Conroy High School in 1942, Sally started nurses' training at St. Luke's in Cedar Rapids, Iowa. This hospital program was 35 miles from the family farm. She graduated from St. Luke's Hospital in 1945. The hospital was located across the street from Coe College, so some classes were taken there. Another unique feature of her education was that the dorm at Coe College was coed. Males and females were in the same building but on different floors. She remembers being in charge of a unit at night. In thinking back, it was scary. Upon completion of her training at St. Luke's, she took the Iowa state board exam. She couldn't get a license even though she passed the exam because she wasn't 21 years old until December. The Cadet Nurses' Corp was enlisting nurses, so Sally joined and was sent to the VA Hospital in Clinton, Iowa, a 2500 bed hospital. Quite a change from the 250 bed hospital where she had trained! Being in the Cadet Nurses Corp for six months gave her exposure to wounds and diseases that she has not seen since. One such case was a pedicle skin graft. A soldier's wrist was attached to a pedicle graft from his abdomen. Sally also remembers when penicillin became available and the impact it made. Care of the psychiatric patients made an impression, too. Insulin shock was induced until the patient convulsed. At that point, juice with syrup was given to bring the patient out of the shock. Another treatment was mummifying patients in cold wet sheets.

Wanting to travel and see the world, Sally applied to three hospitals after graduation-Phoenix, Denver's Children, and Cheyenne Memorial Hospital. Cheyenne won out because they called long distance to tell her they wanted her. A long distance call in 1945 was a "big deal." Wyoming granted license number 3,243 to her through reciprocity from Iowa. Two years after arriving in Cheyenne, she married Jack Bourink. They lived in Phoenix for six and a half years. When they returned to Cheyenne, Sally went back to the hospital. Except for a year and a half, Sally worked nights in medical-surgical, pediatrics, or the operating room. Nights worked best for her because of her two children. She slept while they were in school. In 1996, Sally did not renew her license. She realized after 51 years walking the halls of the hospital, that she could not do that after having both knees replaced. Sally still gives 12 hours a week to Cheyenne Regional Medical Center as a receptionist. She acts as a liaison between the recovery room and families in the waiting room. She says everyone is so nice to her. Maybe this is because Sally is very nice to them. She has a party every year for all the nurses with whom she has worked. This year she had a Valentine's brunch. The nurses look forward to Sally's parties as they are events not to be missed.

Today Sally sees a major difference in the education nurses receive. She said she was taught how to do things and nurses today are taught why. She believed there was more hands on nursing care, more comfort measures used and more observations of the patient when she was practicing, but she sees the young nurses as being very bright people. Kudos to Sally, an inspiration to anyone who thinks they are too old to work!

Virginia Tominc, RN, 82 years old

Ida May Oliver was a nurse in World War II and the first director of the Rock Springs Wyoming General Hospital. She knew Virginia Tominc's mother so enticed Virginia to Wyoming. Virginia had earned her diploma in nursing at St. Anthony's in Denver because she was not old enough to enter the nursing program in Rock Springs. After graduating in 1949, she worked in the operating room for a year because she was not old enough to get registered in the state of Wyoming! She met her husband so stayed in Rock Springs. Fortunate for them! Virginia worked as a nurse in Rock Springs for 34 years, teaching eleven years in the nursing program. Her BSN was earned through St. Joseph's in Maine, a home studies program with a mentor. One of Virginia's greatest achievements was writing the first curriculum for a sixteen week nurses' aide program. She later wrote a program for medical assistants. She did not renew her RN license in 2006, having retired in 1991.

Today, Virginia is busy researching the families and doctors who worked at the hospital in Rock Springs. The culmination of her research will be a historical presentation of the hospital in Rock Springs. Her nursing memorabilia can be seen at the museum in Rock Springs.

Betty Marquart, LPN, 80 years old

Betty's dream of being a nurse came to fruition in 1992 at the ripe old age of 60. Her story of inspiration shows how determination can lead to making a wonderful life for oneself and others. After graduating from Cheyenne High School in 1946, she went to work for Mountain Bell, staying with them for 34 years. She "always wanted to be a nurse but couldn't afford to go to school." She had developed multiple sclerosis and lost the vision in one eye. But, after "sitting around for 10 years" she decided that she would try to become a nurse. She passed the entrance exam at Laramie County Community College and completed three-fourths of the registered nurse program before her deteriorating health forced her to stop. Because she finished a large portion of the RN program, she was able to obtain licensure as an LPN. As a new LPN she worked at the "old DePaul Hospital in Cheyenne and loved the people." Her care was based on the Golden Rule of doing for others what she wanted done for herself.

Alberta Seaman, RN, 75 years old

Alberta (Bert) Seaman is going strong! She was a farm girl who entered the Montana State University nursing program in the summer after she graduated from high school at the age of 17. Her older sister was in the Cadet Nursing Program, so Bert followed in her foot steps. Her nursing program was the Billings Deaconess Hospital

diploma program. According to Bert, while in training, the students were put in charge of a floor with one supervisor for the hospital. There was a lot of learning by trial and error. The students attended classes "twelve months a year and did a lot of clinical time." After graduating in June 1954, she took the licensing exam in Wyoming and was a registered nurse with license number 4,419.

Raising four children did not deter Alberta from working. She worked as a school nurse for 21 years; in doctor's offices for 15-20 years and was a surgical nurse for a while. Currently, she is a public health nurse two days a week in Worland, Wyo. Her fellow workers call her one of the dinosaurs! Many changes have occurred during the 35 years that Bert has been a RN. Same- day surgery for back operations is a marvel to her since she practiced in the days of spinal fusions that took many days to recover. She attests her longevity and desire to keep working to her childhood of working hard on a farm and not eating processed foods. Way to go, Bert! Worland is fortunate to have you.

Helena (Hellon) Cox, 83 years old

What a story this remarkable woman has! Hellon changed her name to Helena in 1992 because of the confusion her first name caused and the names that she was called. Today, at the age of 83, Helena still has the burning desire to be a registered nurse. Hellon had graduated from a Bureau of Indian Affairs School in Santa Fe at the age of 16. She saved her money so that she could go to nursing school. Her life was side tracked from becoming a registered nurse when she left her nursing program at Southern Baptist Hospital in New Orleans six weeks before graduation. Her fiancé, who had been overseas for four and a half years, returned and called Hellon, only to have the phone hung up on him after he had talked to Hellon for the allowed three minutes. The housemother grabbed the phone and hung it up. Hellon was devastated, as she had not had a chance to get a word in edgewise. After crying her heart out for three days, a letter arrived from her fiancé saying that he was going on a motorcycle trek with his buddies on a two year fun trip. A very enterprising young man jumped on this opportunity and asked Hellon to marry him since the fiancé was gone. Hellon did! That decision killed her chances of becoming a registered nurse, as students were not allowed in nursing schools. Adding insult to injury, Hellon was shown her diploma and an award for pediatric nursing that she never received.

The man she married was wonderful and the perfect man for her. Together they raised four children. After being out of nursing 24 years, Helena had a bilateral mastectomy. It was during her recuperation while reading the Bible, that she decided to go back into nursing. The head nurse in the hospital asked Helena why she did not work in nursing. So, she did! She worked part-time in labor and delivery and surgery. OB was her love! Ten years later, Helene went back to school and then took the national exam for being a surgical technologist. It took seven months of schooling to complete the requirements for the licensed practical nursing. She had maintained her knowledge by reading the Merck Manual to her kids!

Even this did not satisfy her desire to be a registered nurse so she took the National League for Nursing exams to earn placement in the associate degree program at Casper College. However, her husband did not like living in Casper so the family moved to Denver. After her husband died, Helena moved to New Mexico to be near her mother, who was in a nursing home. Now, at the age of 83, Helena lives in Bridgeport, Nebraska. She writes medical terminology crossword puzzles. A total of 30 years experience has given her the title of beloved nurse, but not as a registered nurse. In case you were wondering, Helena made contact with her former fiancé 57 years after he left her. Both had happily married lives—only not to each other.

Ayla Blomquist, LPN,

Ayla is the youngest licensed practice nurse practicing in Wyoming. A relative new comer to Wyoming, Ayla moved from Minnesota and got married February 21, 2009. She completed the LPN program at St. Cloud Technical College during the last two years of high school. She was 18 when she graduated from high school and from college with her practical nursing degree. Her interest in nursing was generated by observing her mother, who was a LPN. Ayla became her guinea pig for learning to give injections and she was allowed to visit her mother's unit on weekends.

Ayla lives near Moorcroft. Her new husband works construction. Ayla said that nursing is much more than she expected. She finds it "fun, interesting, and sees something new every day." She works in home care and "loves the relationships she builds with her patients." Her advice to young people is "not to quit when discouraged." She is so glad she did not quit college, even though she thought she was missing out on a lot of high school experiences by being in college so young. In retrospect, she is glad she toughed it out. Best wishes to Ayla as she begins a new phase of her life, that of being a wife! And welcome to Wyoming! We are glad you are here!

Ashley Love, RN

The youngest registered nurse in Wyoming grew up around hospitals, as he grandfather was a physician in Powell. He had her tag along on his visits to the hospital. Ashley also saw the other side of nursing, as she was born with a congenital heart problem that required many hospitalizations. Those two experiences led her into nursing and the desire to give back. Many nurses helped Ashley, so she saw the part they play in the care of patients. Ashley entered the nursing program at Northwest College in Powell, WY, and earned her associate degree in 2007 at the age of 21. Since graduating, Ashley has worked at the Powell Family Clinic. Something different happens every day so the position keeps Ashley learning and excited to be a nurse. She is ready to start the B.S.N. program next fall and is aiming toward being a nurse practitioner.

Bernice Courson Love, LPN, Born February 4, 1900

Bernice Love applied for licensure November 28, 1955 by waiver without examination. She completed nurses training at the State Sanatorium Training School for Nurses in Sanatorium, Texas and was a Registered Tuberculosis Nurse. Bernice was one of the nurses allowed to obtain a license under the exemption clause in the law: "No graduate tuberculosis nurse who has satisfactorily completed the specialized course in tuberculosis nursing in any school approved and recognized by the board, prior to effective date of this act shall be required to stand an examination." According to an editorial comment in Chest, "The Sanatorium trained nurse has been the backbone of tuberculosis nursing in Sanatoriums and the loss of new graduates since the abolition of such training schools is being badly felt" (F.W.B., 1937, pg 5). It was a dangerous time for nursing students. Thirty-five percent of nursing students between 1930 and 1942 became infected with tuberculosis during their schooling (Myers, Boynton & Diehl, 1955).

Bernice was a survivor! When WSBN staff called around to locate relatives, Jane Love from Laramie indicated that she is not related to Bernice but remembers the phone calls in the middle of the night. Years ago, when people in Laramie were sick and needed a nurse in the middle of the night, they often dialed Jane's phone number in search of Bernice. Bernice's husband, Joe, was a mechanic. So, if the call in the middle of the night was not for Bernice, the caller was invariably looking for Joe because they had car trouble as they were passing through Laramie!

References

F.W.B. (1937). Tuberculosis and organized medicine: The Philadelphia plan. Chest, 3, 5-6.

Myers, J.A., Boynton, R.E. & Diehl, H.S. (1955). Tuberculosis among nurses. Chest,28(6),610-637.

PUBLIC NOTICE

THE WYOMING STATE BOARD OF NURSING WILL BE HOLDING A REGULARLY SCHEDULED BOARD MEETING ON APRIL 6, 7, 8, & 9, 2009. THE MEETING WILL BE HELD AT THE BOARD OFFICE, 1810 PIONEER AVENUE, CHEYENNE, WYOMING, ON APRIL 7, 8, & 9 AND THE MORNING OF APRIL 6.

THE BOARD MEETING WILL BEGIN AT 8:00 A.M. AND WILL CONTINUE UNTIL 5:00 P.M. EACH DAY OR UNTIL THE COMPLETION OF BUSINESS.

ALL MEETINGS OF THE BOARD ARE OPEN TO THE GENERAL PUBLIC. UPON REQUEST COPIES OF THE MINUTES WILL BE PROVIDED.

NOTICE OF PUBLIC HEARING
ON PROPOSED RULES

A PUBLIC HEARING ON CHAPTERS 1-9 OF THE WYOMING STATE BOARD OF NURSING PROPOSED RULES WILL BE HELD ON MONDAY, APRIL 6, 2009, BEGINNING AT 1:00 P.M. THE HEARING WILL BE HELD AT THE HERSCHLER BUILDING, ROOM 1699, 122 WEST 25TH STREET, CHEYENNE, WYOMING. ANYONE WHO WISHES TO COMMENT ON THE PROPOSED RULES IS INVITED TO ATTEND. WRITTEN COMMENTS ON THE PROPOSED RULES WILL BE ACCEPTED UNTIL THE CLOSE OF THE HEARING. THE PROPOSED RULES CAN BE VIEWED AT http://nursing.state.wy.us.

Wyoming Behavioral Institute

Psychiatric Nursing

Come join our exciting and innovative multidisciplinary treatment team. We are a modern, dynamic 90 bed growing Joint Commission accredited behavioral health hospital serving children, adolescents, and adults.

- We believe that each patient who walks through our front door is unique.
- Each experience a person has shapes their behavior.
- Every patient receives a multi-disciplinary assessment.

WE ARE LOOKING FOR NURSES WHO:

- **Strive for excellence**
- **Value therapeutic, interpersonal relationships**
- **Desire to search for patterns of unpredictable and risky behavior**
- **Choose to pursue the development of their personal destiny**
- **Possess compassionate hearts towards those who lead unstable lives**

COMMITMENT TO SERVICE EXCELLENCE:

- **Treat everyone as a guest**
- **Demonstrate professionalism and a commitment excellence**
- **Practice Teamwork**

We offer an excellent compensation/benefit package

Call Jon Barra / HR Director, Ph 800-457-9312, Fax 307-256-5525 or
email your cover letter and resume to jon.barra@uhsinc.com

Resumes may also be mailed to:

Wyoming Behavioral Institute Attn: Jon Barra
2521 E 15th Street, Casper, WY 82609

Visit our website or apply online at www.wbihelp.com

Wyoming Behavioral Institute is owned by UHS (Universal Health Services), one of the largest providers of high-quality healthcare in the nation. www.uhsinc.com

Wyoming State Board of Nursing
1810 Pioneer Ave.
Cheyenne, Wyoming 82002

In the Black Hills, you'll discover a great place to live and a great place to work. We've invested our resources to create a career environment built upon a commitment to excellence. You'll find yourself putting compassion into practice while you work with leading-edge technology.

And after you've helped others, help yourself to the beauty of the Black Hills. Go for a drive. Marvel at the monuments. Ride a horse. Experience history. Take a hike. Climb a mountain or just sit beside a waterfall and read a book. It's all waiting in our backyard.

Regional Health, a system of hospitals, clinics, and senior care facilities, offers the best of both worlds to nurses: competitive pay and benefits presented with valuable opportunities for career development in an atmosphere of respect where the sky is the limit. Inside and out.

It's no wonder our nurses find it hard to leave.

Call to request a free

CD-Rom introducing you to Regional Health and the beautiful Black Hills.

1-800-865-2638

Go on-line for current openings, job descriptions, and benefits at

www.regionalhealth.com

Equal Opportunity Employer

REGIONAL HEALTH

353 Fairmont Boulevard Rapid City, SD 57701

Custer Regional Hospital • Lead-Deadwood Regional Hospital • Rapid City Regional Hospital • Spearfish Regional Hospital • Sturgis Regional Hospital