

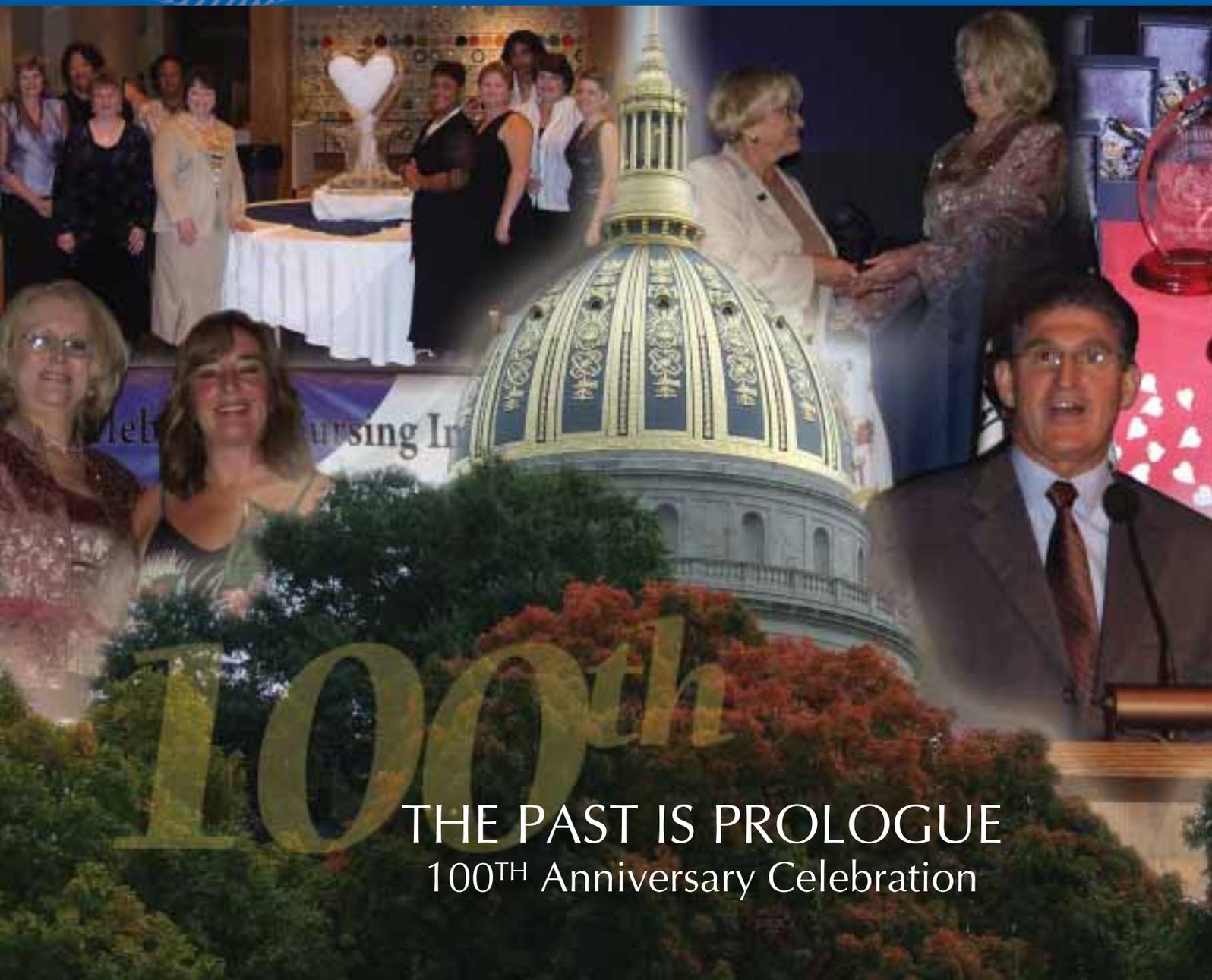


# West Virginia

# RN Nursing News

Volume 1 Number 4

Official Publication of the West Virginia Board of Examiners for Registered Professional Nurses



REMEMBER TO RENEW YOUR RN LICENSE BEFORE 12/31/07



# West Virginia

# RN Nursing News

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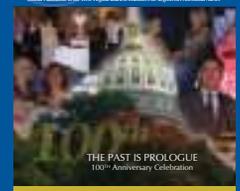
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*Photographs of the 100 Year Gala were taken by  
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West Virginia  
RN Nursing News



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# WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

## MISSION

The West Virginia Board of Examiners for Registered Professional Nurses established to promote and protect public health, safety, and welfare through the regulation of registered professional nurses and dialysis technicians

## GOALS AND OBJECTIVES

In accordance with WV Code §30-7-1 et seq., the Board will:

1. Function according to the Code of Conduct.
2. Be accessible to the public.
3. Assure the quality of the basic education process for registered professional nurses.
4. Assure the quality of the basic education process for the dialysis technician.
5. Assure initial and continuing competence of the registered professional nurse.
6. Assure initial and continuing competence of the dialysis technician.
7. Define the scope of practice for registered professional nursing and advanced practice nurses.
8. Define the scope of practice for the dialysis technician.
9. Provide a disciplinary process.
10. Review issues related to the nursing shortage.
11. Support the mission of the West Virginia Center for Nursing.

## STATUTORY HISTORY

The Board of Nursing is mandated under Chapter 30 of the West Virginia Code to:

## PERFORMANCE MEASURES

1. Review and evaluate National Council of State Boards of Nursing registered nurse licensure examination scores of each program in relation to the standard.
2. Conduct on-site visits to at least two nursing education programs annually.
3. Issue licenses to qualified persons in a timely fashion.
4. Provide educational information to registered nurses, dialysis technicians, and the public related to:
  - a. Discipline
  - b. Orientation to the Board
  - c. Advanced Practice
  - d. Licensure
  - e. Practice Issues
5. Process complaints from health care professionals and the public in a timely fashion.
6. Expediently respond to requests related to:
  - a. Verification of licenses and certification
  - b. Discipline cases
  - c. The function of the Board
  - d. Patients' rights information
7. Continue the review and evaluation of multi-state regulation.
8. Provide and evaluate the effectiveness of the impaired nurse treatment program.
9. Provide multiple modes of communication opportunities with the Board.
10. Implement the rules relative to the regulation of dialysis technicians.

## RECOMMENDED IMPROVEMENTS

Continue updating computer equipment and database program. Evaluate and provide personnel, equipment, and database programs.

*Reviewed and revised by the Board 6/14/1999; 6/13/2000; 6/13/2001; 6/12/2002; Reaffirmed 6/12/2003; Reviewed and revised by the Board 6/15/2004; 6/15/2005; 6/14/2006; 6/13/2007.*





## From the President

The WV RN Board and the WV Center for Nursing celebrated the 100th Anniversary of the Board on October 18, 2007, at the Cultural Center in Charleston. This event was the second in a series of events held by the Center for Nursing, the Board and the West Virginia Nurses Association recognizing 100 years of nursing in West Virginia.

The beautiful fall evening at the Cultural Center under the shadow of the historic capitol dome provided the perfect setting for “all of nursing” to celebrate. If you were not able to be with us that evening, I hope the pictures in this magazine help you feel like you were there! The address by Dr. Lucille Joel is printed in its entirety beginning on page 16.

Dr. Joel gave a very thought provoking speech about the partnership of the public and private sector. Her lead statement was “Boards of nursing in the US accomplish their work through an artful dance of public/private sector partnerships, and fierce belief in the sovereignty of the state in matters of health and welfare.” Please take time to read the article entitled “The Past is Prologue.”

As nurses, we do all we can to provide care for others. Take a moment to reflect on the “good” of nursing to you and to those in your care and celebrate the possibilities of the next 100 years!

**Pamela Alderman, MSN, RN**  
*Board President*



# From the Executive Director

Laura Skidmore Rhodes, MSN, RN, Executive Director



History class was not a favorite of mine, although I have always enjoyed “old stuff”. In preparing for the Board’s 100th Anniversary I realized that the rich history of nursing regulation and nursing in West Virginia gives us much to celebrate. It was quite a profound feeling to realize we were planning an historic event that would not be repeated in my lifetime. The celebration provided an opportunity for the Board to recognize the people and organizations they have partnered with over the years in accomplishing public protection. It also gave other groups the opportunity to congratulate the Board. The pictures along with this letter show WV-RN Board staff receiving a recognition award for 100 years of nursing regulation from the National Council of State Boards of Nursing.

December 30, 1907 was the date of the very first meeting of the West Virginia Board of Examiners for Registered Professional Nurses. There is a feeling of “time travel” when you open the leather bound Minutes Book and get that first whiff of “old” as you read the beautiful

handwriting memorializing the details of the first meeting. Throughout the years some issues have remained the same: not enough nurses, discussion about the best components of a nursing program, and how best to assure patient safety to name a few.

I invite you to look around you and see how you can make a difference in nursing in West Virginia over the next 100 years. Something good that you start today could have such a profound effect on patient care that it is noted as a pivotal event in our history! Speak out when something can be improved. Celebrate the accomplishments of your colleagues and yourselves. Watch for something good to happen and point it out. Encourage those around you and teach them all the good things you know.

Those who have gone before us worked very hard to smooth the path. Daily we have a chance to make the way smoother for those coming next and by doing so assure the best nursing care for those receiving health care in West Virginia.



**Left:** (L to R) Board Staff, Marty Alston, Alice R. Faucett, Laura Rhodes, and Cyndy Haynes.



**Right:** (L to R) Laura Rhodes, WV-RN Executive Director and Faith Fields, NCSBN President.





# Overview

## *of* Board Activities

## *and* Responsibilities

The mission of the West Virginia Board of Examiners for Registered Professional Nurses (Board) is to promote and protect public health, safety and welfare through the regulation of the practice of registered professional nurses. Further, the Board is authorized to regulate the practice of Dialysis Technicians to protect public health, safety and welfare. The West Virginia Legislature has empowered the Board to perform a number of functions to ensure this mission is accomplished.

The Board is authorized to, among other things, adopt and amend rules and regulations, accredit and prescribe standards for educational programs preparing persons for registered professional nursing licensure, examine, license and renew licenses, and conduct hearing(s) upon charges calling for discipline of a licensee or revocation or suspension of a license.

The Board is also authorized to adopt and amend rules and regulations, accredit and prescribe standards for educational programs preparing persons for Dialysis

Technician certification, certify and renew certifications, and conduct hearing(s) upon charges calling for discipline of a certification or revocation or suspension of a certification.

In order to fulfill its mission, the Board has developed specific goals. Included with the Board's goals and objectives are performance measures. The Board's goals are on page 4 of this publication.

The 2004 West Virginia Legislature passed a bill establishing the West Virginia Center for Nursing (Center) as a result of recommendations from the Nursing Shortage Study Commission, which was funded by the Board. The Center was created to establish a statewide strategic plan to address the nursing shortage in the state and to facilitate recruitment and retention of nurses. The Center is funded in part by a supplemental fee added to the license renewal for RNs and LPNs. The Board continues to work with and support the efforts of the Center. This is reflected in the chart related to Receipts and Disbursements by the dollar

amount transferred to the Center's account each year. The Center requested that the Board modify the annual renewal form by adding questions about workforce data. The Board approved an expenditure of \$29,000.00 for the development and modification of the online and paper renewal process and the licensure system to capture this information. This data collection begins with the current renewal season. This newly captured data will be used to evaluate the current workforce for registered professional nurses in West Virginia and help determine strategies to decrease the nursing shortage and increase nurse retention.

This overview provides a brief description of the Board's activities over the past year in the fulfillment of its mission. Included are charts covering a ten (10) or twenty (20) year time period revealing how the number of registered professional nurses has increased or decreased during the time frame, the number of students that have graduated from nursing programs throughout the state during this time, discipli-



nary actions that have taken place, as well as other interesting facts regarding the functions of the Board. This information can be found throughout this publication.

One of the most important ways the Board achieves its mission is ensuring that it is easily accessible to the public, its licensees and to other state and national agencies. To that end, the Board convenes an average of 10 days a year, with Committees meeting an additional four days a year. The law requires one meeting per year. In accordance with the law, Board meeting notices are placed in the State Register. The agenda for each meeting is also provided to each nursing school, to Directors of Nursing across the state, and interested parties. Board meetings this year were: March 15 - 16, 2007, June 13 - 15, 2007, with the Joint RN/LPN meeting on June 13, 2007, and October 25 - 26, 2007. All meetings started at 9:00 a.m. and were held at the Board's office.

At the beginning of each Board meeting there is an Open Forum. This year, the Board continued to invite stakeholder groups to join the meeting by conference call to exchange ideas and dialog on topics of mutual interest. Open Forum still allows anyone in attendance at the meeting the opportunity to raise issues of concern with the Board and to have an open discussion with Board members.

The Board office is available by telephone twenty four hours a day, seven days a week through a voice mail system 1-877-743-6877(NURS). During regular business hours, Monday through Friday, the office is staffed to respond to questions by phone, facsimile, e-mail, U.S. mail and from persons coming to the office.

Additional avenues the Board utilizes to remain accessible to the public are by way of e-mail and

loading from the Web. Renewal applications may be submitted on-line.

The Board has informational brochures available to the public on continuing education, discipline and the complaint process. The Board maintains a number of other brochures from organizations regarding patient rights and nurse/patient boundaries. Because the Board sees educating the public as one of its priorities, it continues

to be active in providing information through presentations at various sites throughout the state. These presentations cover Board functions, the licensing process, mandatory continuing education, advanced practice, prescriptive authority, discipline and how to file a complaint. Board staff participated in several presentations in FY2007.

One of the main functions of the Board in the fulfillment of its mission is the regulation of the nursing programs in the State of West Virginia. Currently, there are 19 schools of nursing providing 20 nursing programs (the University of Charleston has bachelor and associate degree programs) in the state that require Board approval.

Between 1997 and 2007, a total of 8,573 (Chart 1) students graduated from West Virginia

Schools of Nursing (Chart 2). The total number of graduates include: Baccalaureate graduates - 3,732; Associate Degree graduates - 4,841; and no Diploma graduates

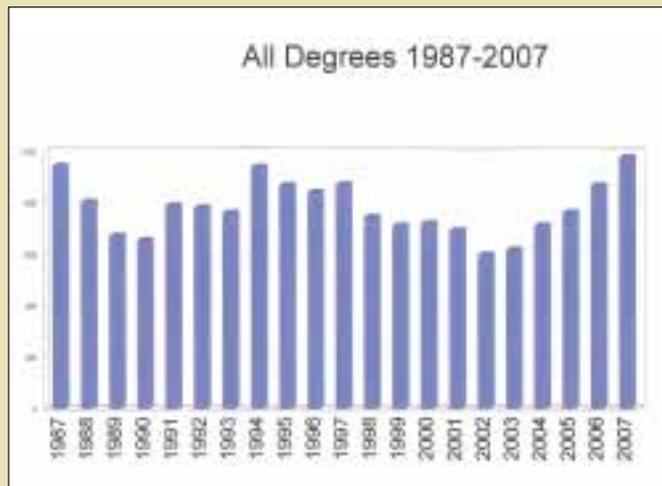


Chart 1. All Degrees

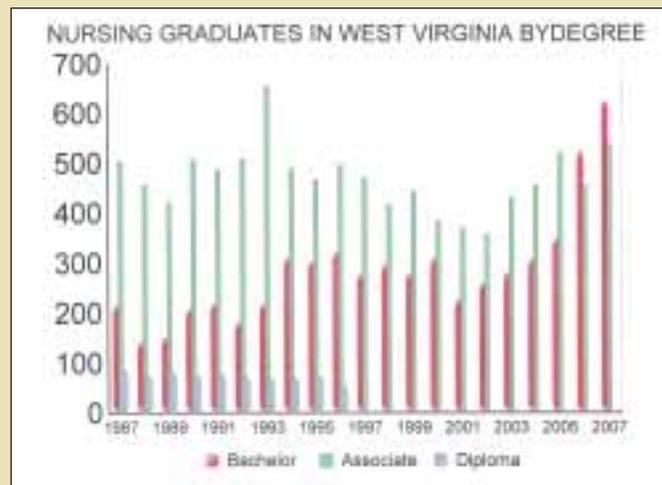


Chart 2. Nursing Grads by Degree

Web page. The Board's e-mail address is [rnboard@state.wv.us](mailto:rnboard@state.wv.us). The Web site address is [www.wvrn-board.com](http://www.wvrn-board.com). Most of the Board's applications are available for down-



as the last diploma class in West Virginia graduated in 1996. The class of 2007 had the largest number of graduates with 1,024. The lowest number of graduates occurred in 2001 with 598 graduates. This information does not include registered professional nurses pursuing additional nursing degrees beyond basic education, such as a Bachelor's degree after obtaining an Associate degree, or obtaining a Master's or Doctoral degree.

The accreditation process of a school of nursing goes far beyond the initial accreditation of that school. It is an ongoing process. Each year, every Board approved program is required to submit an Annual Report to the Board for review. The Annual Report covers every aspect of the program, from the financial status to the degrees held by instructors and most importantly, the quality of the information being taught to the student. The Board also conducts a number of on-site visits to programs to have a "hands on" view of the activity taking place at the school. During the on-site visit, Board representatives have the opportunity to view the quality of the information contained in the library for nursing students and to also speak with nursing students on campus regarding the nursing program. In FY2007, the Board performed twelve (12) on-site visits to campuses in the state.

Another Board function is to provide a test for graduates to successfully complete for initial licensure. Currently, that test is known as the National Council Licensure Examination -RN (NCLEX-RN). It has been a computer adaptive test since April 1994. The candidate may take

the examination at any test center in the United States or U.S. Territories provided the state where they wish to hold initial licensure is designated, and an application specific to that state has been completed.

The national pass rate for first time candidates taking the licensure examination during FY2007 is 87.61 percent. West Virginia's percentage is 83.86 percent. This percentage ranks West Virginia as fifty-one (51)

practice and having prescription writing privileges granted by the Board.

Because nurses are continuing to specialize in different areas, the Board's approach to discipline continues to evolve. Disciplinary cases continue to increase in complexity. Board staff process a significant number of discipline related records. In past years, the majority of complaints against registered nurses, resulting in action, involved

the use, misuse and abuse of drugs and alcohol. Although these issues still make up the majority of the complaints, there is an increase in practice related issues, such as documentation errors and the lack of competency. Health care institutions are utilizing more unlicensed individuals than ever before. With the predicted decrease in available registered nurses and the increase in work

demand on the nurses who are available, the amount of complaints with practice issues will surely rise over

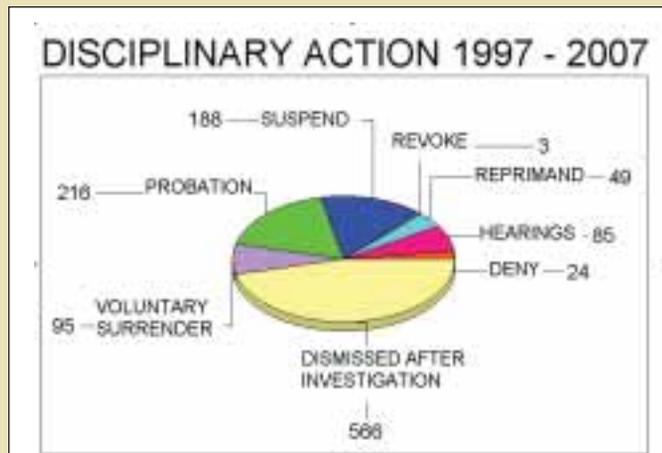


Chart 3. Disciplinary Action

out of fifty-six (56) member board jurisdictions. This information is provided through a report from the National Council of State Boards of Nursing, Inc.

From the graduates who pass the licensing examination who are able to hold the title registered professional nurse, there are a number of individuals who pursue advanced certifications and practice in more specialized areas. The Board regulates advanced certifications and practice in more specialized areas. The Board regulates 1,139 nurses with Announcement of Advanced Practice. This number includes the 516 nurses in advanced

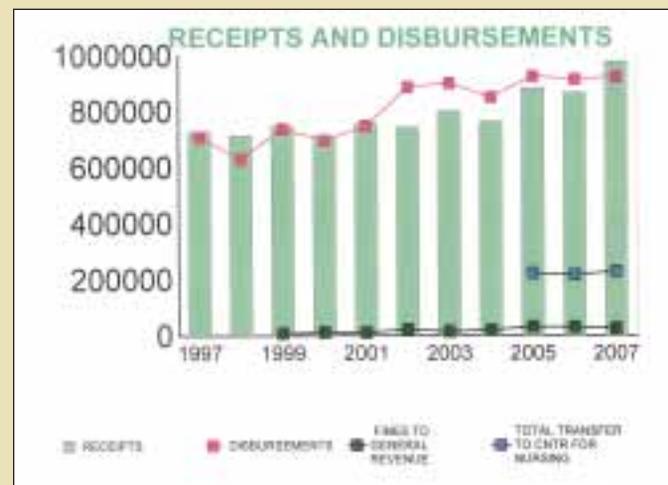


Chart 4. Receipts and Disbursements

the next several years. Statistical information regarding the Board's disposition of complaints and disciplinary action taken is provided



in a pie chart representing a summary of disciplinary action for the past ten years (Chart 3).

In order to completely fulfill its mission to protect the public, the Board recognizes the necessity in maintaining open communication with other related national and state agencies. In that regard, the Board always sends representatives to meetings of the National Council of State Boards of Nursing, Inc. (NCSBN) and is actively involved in the discussion and voting processes which occur at these meetings. The Executive Director, Laura Skidmore Rhodes, served as the Chair of the By-Laws Committee and on the Governance and Leadership Task Force for that organization. She is the current vice president of the Board of Directors for NCSBN. Marty Alston, Secretary II/Accounting Assistant II, has been appointed to serve a second term on the Awards Panel for NCSBN. Alice R. Faucett, General Counsel and Director of Discipline serves on the Professional Discipline, International Relations and Legal Issues Committees for the Council on Licensure Enforcement and Regulation.

The Board, in conjunction with NCSBN, developed an on-line continuing education program for registered professional nurses about the current law. This program offers two (2) continuing education hours which qualify for inclusion in the total requirement of thirty (30) continuing education hours every two years. The continuing education requirements are changing in January 2008 to a twelve (12) hour requirement each year. These changes can be found in a related article in this news magazine on page 14.

Locally, the Board keeps an ongoing alliance with the West Vir-

ginia State Board of Licensed Practical Nurses (LPN Board). Because the two agencies generally have to address similar topics and certainly in the employment arena they usually function together, it is important to the Board to ensure that communication lines are open with this agency. In 1995, the Joint Nursing Regulatory Committee was formed to enhance communications between Board and the LPN Board, and between the Board and constituents. An outcome of this committee is the practice of holding a yearly Joint RN/LPN Board meeting. Together, the two Boards publish a document entitled, "Criteria for Determining Scope of Practice for Licensed Nurses and Guidelines for Determining Acts That May Be Delegated or Assigned by Licensed Nurses" or simply the "Purple Book." This document was updated in 2005.

The Board participates in the Commitment to Excellence project through the National Council of State Boards of Nursing, Inc. as the evaluation process for the agency. This project looks at best practices from boards of nursing in the United States and U.S. Territories.

Board members and staff work very hard to make sure the Board accomplishes its mission and goals. Staff members ensure that records reflecting the Board's financial status are accurately maintained. Be-

cause of the number of Board meetings held each year, Board members are kept thoroughly apprised of all operations by Board staff (Chart 4).

Legislation was passed during

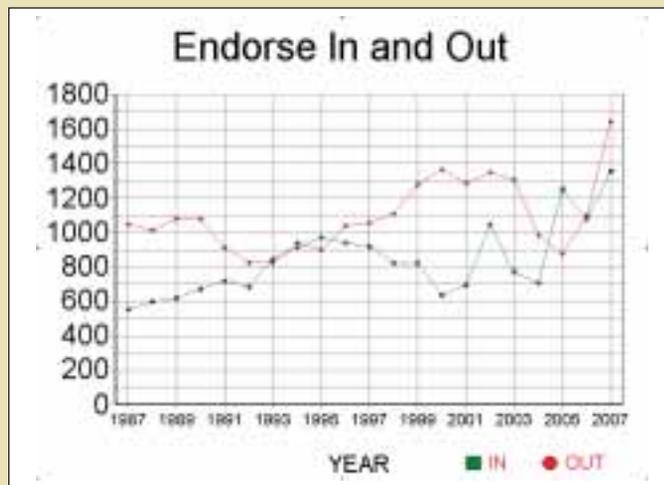


Chart 5. Endorse In and Out

the 2005 session which placed the regulation of the Dialysis Technician Education programs and Dialysis Technicians under the jurisdiction of the Board. Emergency Rules were approved August 5, 2005, and are prepared for the 2007 legislative session. The Dialysis Technician Advisory Council has been appointed and met twice in 2007. There are 172 certified dialysis technicians in West Virginia.

As previously stated, there is a predicted increase in the need for registered nurses and a decrease in the number of registered nurses available for employment in upcoming years. This decrease will not only affect West Virginia, but will be a national decrease. However, because of the size of our state, the effect on West Virginia will be easily felt. As reflected in Chart 5, licensees have steadily endorsed out of West Virginia to other states, with the exception of FY05, when more nurses endorsed into WV. This is directly related to



an influx of nurses preparing to assist a West Virginia hospital in the event of a strike. As the citizenship ages and illnesses increase, the need for registered nurses will increase. The current trend of maintaining around 22,500 (Chart 6) nurses will not meet the needs of the state. More nurses are still needed. Not having enough nurses makes it even more important for the West Virginia Board of Examiners for Registered Professional Nurses to fulfill its goal to protect the public. When the impending nursing shortage was recognized, schools of nursing across the state increased enrollment in their nursing programs. This is reflected in the slight increase in the number of register nurses. There are approximately 3,366 students enrolled in West Virginia schools of nursing to

obtain an initial degree in nursing.

The West Virginia Board of Examiners for Registered Professional Nurses continues to fulfill its mission of protecting the citizens of West Virginia through the regulation of the education and practice of 23,868 registered professional nurses, as well as the 141 Certified Dialysis Technicians. The data for the statistical reports is based on the fiscal year calendar.

Should you have any questions, suggestions or desire more information, please contact this office

at (304) 558-3596 or 1-877-743-NURSE (6877), or write to 101 Dee Drive, Suite 102, Charleston, West Virginia, 25311-1620. Our e-mail address is [rnboard@state.wv.us](mailto:rnboard@state.wv.us) and our Web page is [www.wvrnboard.com](http://www.wvrnboard.com).

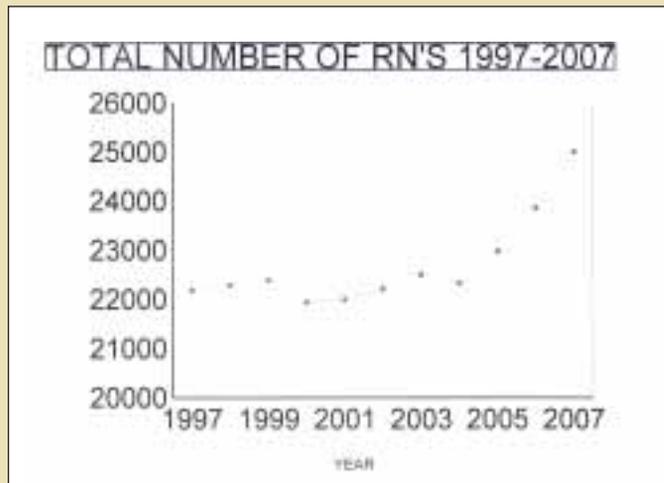


Chart 6. Total Number of RNs

# Overview of the Continuing Education and Competence Regulations

## Requirements

Beginning January 1, 2008, The West Virginia Legislative Rule 19CSR11 (Continuing Education and Competence) for Registered Professional Nurses (RN) requires the completion of twelve (12) contact hours of continuing education (CE) each year prior to licensure renewal. A two (2) contact hour "End of life care including pain management" requirement is for those persons renewing their license for the first time after receiving a license, whether by exam, endorsement or reinstatement (and has not completed this CE before) process. This is a one-time requirement for all registered professional nurses and will count as two (2) of the twelve (12) contact hours required for the reporting period when it is completed.

Completion of twelve (12) contact hours of CE may be accomplished by:

1. Completing twelve (12) contact hours of CE from an approved CE provider; or
2. Completing six (6) contact hours of CE from an approved CE provider, two (2) contact hours of self-study and one of the following completed during the reporting period:
  - A. National certification initially earned or in effect the entire reporting period;
  - B. Completion of a nursing research project as principal investigator, co-investigator or project director;



- C. Published a nursing related article in a national nursing or health-care journal;
- D. Developed and presented a professional nursing education presentation;
- E. Participated as a clinical preceptor for at least one (1) student or one (1) new employee undergoing orientation and have one hundred-twenty (120) hours of one-on-one relationship as a clinical preceptor during the reporting period;
- F. Evidence of satisfactory evaluation of employment that covers at least six (6) months of the reporting period; or
- G. Completion of an approved nursing refresher or re-entry course.

## Contact Hour

A contact hour is the unit of measurement recognized by this Board for purposes of continuing education credits. One (1) contact hour is equivalent to fifty (50) minutes of instruction.

You may complete CE, which provides credit by awarding continuing education units (CEU's). A CEU equals ten (10) contact hours or five hundred (500) minutes of instruction. Therefore, you may calculate contact hours from CEU's to determine the amount completed.

## Approved Providers

If you have completed courses provided by an accredited institution of higher learning for which academic credit is awarded, you may use these courses to satisfy the CE requirements for licensure providing they are relevant to your nursing practice. The Board has approved all courses that are required to complete a BSN degree for RN's continuing their education. The following formula is used to calculate contact hours from credit hours:

- One (1) quarter hour is equivalent to ten (10) contact hours; and
- One (1) semester hour is equivalent to fifteen (15) contact hours.

The American Nurses Credentialing Center (ANCC), associations such as the West Virginia Nurses Association (WVNA), United States (US) and US Territory boards of nursing approving CE providers are recognized providers by this Board for purposes of meeting the CE requirements for licensure. If you attend a CE activity targeted for health care professionals other than nursing, the CE may be acceptable if it meets the minimum provider standards in 19CSR11. If audited, you will need to provide a statement regarding

how the activity is relevant to your nursing practice.

### Exemptions

You may be eligible for exemption from the CE requirement:

1. If you have obtained a license for the first time in West Virginia during the reporting period, you are exempt from the CE requirement except for the two (2) contact hour one time requirement in the area of "end of life including pain management";
2. If you are a governmental employee assigned to duty outside the US or serving on active duty in the military for more than three (3) months of any reporting year; or
3. You have requested and been granted a CE waiver by this Board for disability or illness during a reporting period.

There will be no CE requirements if you place your license on the non-practicing (inactive or retired) list, prior to the expiration date of a current license, or if your license becomes lapsed (not renewing your license).

### Record Keeping

It is important to keep track of your CE and maintain record of the CE you use for licensure because you may be audited by the Board. An audit is an official review by the Board of the CE completed for licensure. Each year, a random sampling of licensees will be audited to verify completion of the required CE. You must retain record of your CE for two (2) years after the date it is reported to the Board (on your renewal).

### Web site to review 19CSR11

Please visit our Web site at [www.wvrnboard.com](http://www.wvrnboard.com). From the homepage, click on "Law/Scope." From this page, click on "Code of Legislative Rules" which will take you to the West Virginia Secretary of State Web page for Title 19: Legislative Rules for Registered Professional Nurses. Click on "19-11" and you may view and print this rule in Word or WordPerfect formats. If you have questions, please contact this office at [mboard@state.wv.us](mailto:mboard@state.wv.us).

**REMEMBER TO RENEW YOUR  
RN LICENSE BEFORE 12/31/07**

[www.wvrnboard.com](http://www.wvrnboard.com)  
for Online Renewal



# THE PAST IS PROLOGUE

## 100<sup>TH</sup> Anniversary Celebration

*West Virginia Board of Examiners for Registered Professional Nurses*  
Charleston, WV  
October 18, 2007

By: Lucille A. Joel, EdD, RN, CS, FAAN

*Dr. Joel is a Professor at Rutgers University College of Nursing and the Current President of the Board of Trustees for the Commission on Graduates of Foreign Nursing Schools International, Inc.*

Boards of nursing in the US accomplish their work through an artful dance of public/private sector partnerships and fierce belief in the sovereignty of the state in matters of health and welfare.

For some reason, these are hard concepts for immigrants to digest. I speak from experience. According to

US News and World Report, I reach in the most ethnically diverse University in the US. Of a class of about 100 students, 70 will be recent immigrants. They have great difficulty understanding states' rights and public/private partnerships. Your own Laura Rhodes and I recently returned from the annual meeting of the European Union Regulators. They were being oriented to a new concept for them, public/private partnerships. And they were giving up much of their sectarian sovereignty in

their search for expediency. Gro Brutland, the past President of the World Health Organization, authored a paper several years ago promoting such partnerships as the only recourse to the international problems of providing health care to the large masses. I am particularly impressed by Dr. Brutland's thoughts because she is brilliant, dedicated to world health, and highly critical of the US when we warrant it.

Sovereignty of the state, which most usually trans-

lates into legislative action, is highly inconsistent with the Nightingale tradition. Nightingale frowned on the long-arm of government and would have much preferred nurses to police themselves and enforce their own standards. In the United Kingdom, there are no licensure examinations. Immigrants are in supervisory relationships with nurses already on the registry until they are safe and ready to practice.

And it is no surprise that the Nurse Practice Act and the West Virginia Nurses Association celebrate their 100th anniversary the same year. Most state nurses associations were established for the exclusive purpose of seeking legislation to protect the public from ill-prepared and unscrupulous individuals who claimed to be nurses. Boards of nursing were not always part of that initial legislation. In

my own state, it was 20 years or so

after 1902 (the year of the original practice act) that an amendment to the Nursing Practice Act created the Board. And even then, the Board was authorized but issued no appropriations for its work. So, the Board was housed and maintained by the state nurses association in those early years.

A marriage of public/private sector resources also produced the comprehensive licensing exam, which with time, adopted consistent state-to-state passing



(L-R) Laura Rhodes and Dr. Lucille Joel



scores. Sovereignty played a major role in the Nurse Licensure Compact. The uninformed and misguided lobbied for a universal license. The Boards of Nursing wisely steered clear of this challenge to state sovereignty. And many states have established “alternative to discipline” programs that reach out to the state nurses associations to be their partner in this work of rehabilitating nurses who have substance abuse or mental health problems.

This paradigm has been front and central in legalizing advanced practice nurses. Having a well-developed system of certification offered by the profession, it seemed illogical not to use this as one ingredient in credentialing advanced practice nurses. There is precedent. Medicare uses the Joint Commission in a similar way. But the certifications authored by the profession made extensive use of expert opinion and attempted to move the field to more sophistication through this process. To be used by the boards of nursing to verify advanced practice competencies, certification examinations had



to be recast to build on role delineation studies. Certification examinations that have as their purpose consumer safety cannot have a subversive agenda that benefits the practitioner or the practice area.

Success is more dependent on great citizens than great leaders (Lamm, 1992). And citizens do not always equate with followers, although when they choose to follow, they are unbeatable. Citizens in a great democracy are focused on the future because they are united in a belief system and they trust that they can make a difference. They feel responsible for the albatrosses that they could unwittingly hang around the necks of their children. The American ethic was never to let the future take care of itself.

To Americans, democracy has always required that citizens fully participate in decisions about their lives,

come complacent, accepting things as they are and preferring to be taken care of, usually by government (Tocqueville, 1835).



**Above: (L-R) Pamela Alderman, Board President, Lanette Anderson, Executive Director LPN Board and Laura Rhodes, Executive Director, RN Board**  
**Left: Jairis Carter**



**Above: (L-R) Current Board Members : Dr. Robin Walton, Judy Nystrom, Pamela Alderman President, Dr. Cynthia Persily Secretary, and Dianna Boyle**



and excuses to avoid this obligation are unacceptable. Democracy often requires the postponement of rights without any relief from duty. Freedom only comes when tempered with self-discipline and excessive individualism is a liability in this pursuit of freedom. This may seem contrary to the thinking of many today, but democracy is not an easy choice. It often carries pain and sacrifice.

In the 19th century, Tocqueville, the French political philosopher and historian, became so intrigued with citizenship as it played out in American life that he wrote *Democracy in America*, a two volume book that explored the success of representative democracy in the United States. Here he made the distinction between citizens and inhabitants, warning that inhabitants be-

How far have we strayed from the American vision of democracy? Remember that the concepts of democracy and citizenship apply as readily to the nursing profession and our place of employment as they do to the nation or the state. Democracy assumes the development of policy to give structure and predictability to our lives and our work. Whether we are talking of the development of professional, institutional or public (governmental) policy, prevailing opinion should eventually surface, be debated and negotiated. After due consideration, policy will emerge, frequently requiring that most of us relinquish some degree of freedom in favor of the common good as society or the constituency in question see it. That is democracy, often hard to live with, but impossible to live without if we hope to achieve any sense of community.

Though we have had giants, unfortunately, many nurses have found it more comfortable being inhabitants rather than citizens; are too invested in themselves

or the status quo to be followers; and additionally have not treated their outspoken and militant colleagues too kindly. For many among us, it has been easier living with the devil we know than the devil we might get with change. Nursing always was and will always be, we think. These attitudes may have been infuriating to many of us in the past but now they are simply deceitful and dangerous. What are tomorrow's challenges?

- How much should we rely on government? What partnerships are waiting to be formed?
- Does every American need a nurse? For example, do nurses have to retain responsibility for medication administration if they have delegated to someone intelligent and reliable? Family is already wavered in most practice acts, but should this waiver go further?

- Are there new ways to structure home and hospital practice to do more with less? The days of interdisciplinary and multidisciplinary practice are gone and transdisciplinary practice becoming more relevant.
- How much education do you need to cope with the complexities of today's care: delegation, triage,

evidence-based practice, critical and creative thinking? Is the Clinical Nurse Leader the answer? Higher education is not a magic bullet, but you can't use what you don't know.

- How different will the world of nursing look tomorrow? The last 10 – 15 years have brought substantial change: Latex Allergy,

*continued on following page*



**Below: Board President Pamela Alderman presenting a recognition award to the WV Center for Nursing Executive Director Duane Napier and the Center's Board Chairman Dr. Cynthia Persily**



**Above: Dr. Cynthia Persily, Board Secretary presenting an award to Judy Nystrom, Public Member**

MDRTbc, Universal Precautions, Ergonomics, Mandatory Overtime, Staffing by Acuties, and more.

- Don't we have a responsibility to leave nursing better than we found it?
  - o Early giants who moved the profession;
  - o Later decisions became personalized, or we refused to decide;
  - o Nursing was sustained by an external locus of control. There were too many of us and we were too necessary to the health care industry to chance that we would get out of control.

My comments did not intend to provide answers. My goal is to raise your consciousness to the paradigms that have shaped our decision-making. This understanding allows us to respond to critics who see our process too complicated, our decision-making too slow, or our democracy too burdensome.



# CONSENT AGREEMENTS, REPRIMANDS, SUSPENSIONS, REINSTATEMENTS

## FY '07 • JULY '06 - JUNE '07

Prior to taking any actions related to the information on this page, contact this office for more information. You may contact the Board by phone at (304) 558-3596, by mail at 101 Dee Drive, Suite 102, Charleston, WV 25313-1620, or by e-mail at [rn-board@state.wv.us](mailto:rn-board@state.wv.us). Requests for copies of documents must be made in writing. Clearly state your request and provide a name and address where the information may be mailed. The fee for documents is \$3.00 for the first page and 0.25 cents for each additional page. You will be invoiced for this amount.

A **Consent Agreement** is a settlement agreement between the Board and the licensee. The agreement is the result of an informal settlement of a complaint filed against a licensee. Consent Agreements with a Probation requirement generally include certain restrictions in the practice of a registered professional nurse. Time is counted toward the required probationary period only while the individual nurse is working as a registered professional nurse. If an individual does not work for a period of time, this time is not counted toward the probation requirement. Therefore, some individuals may have a pro-

bation license longer than the dates may suggest.

A **reprimand** is the least restrictive disciplinary action the Board takes against a license. A licensee can practice if a reprimand has been issued against the license.

A **suspension** is generally the result of a violation of a contract between the licensee and the Board. A suspension can also be the resulting action taken by the Board in relation to discipline. A licensee **cannot practice** nursing while the license is suspended.

A **Summary Suspension** is an action taken by the Board when a licensee is considered an immediate threat to public safety. A licensee receiving a Summary Suspension **cannot work as a nurse or represent themselves as such**.

A **Reinstatement** occurs when a licensee has completed the discipline requirements. Reinstatement may return the license to the full unencumbered status or return a suspended license to a Probation status, or any other action the Board deems appropriate.

### APRIL '07

Carpenter, Agnes	47274	Diana, WV	Reprimand	04/06/2007
Chapman, Diana	67496	Waverly, WV	Probation 3 years	04/06/2007
Cofer, Svetlana	67504	Morgantown, WV	Reprimand	04/06/2007
Gibson, Shannon	57557	Huntington, WV	Probation 3 years	04/24/2007
Gray, David	50632	Athens, WV	Probation 1 year	04/24/2007

### MAY '07

Crihfield, Lisa	47200	Elkview, WV	Suspension	05/22/2007
Daily, Mary	26435	Charleston, WV	Full Reinstatement	05/02/2007
Johnston, Gloria	57019	N. Martinsville, WV	Full Reinstatement	05/14/2007
Mitchell, Susan Thomas	25507	Parkersburg, WV	Suspension	05/15/2007
Stewart, Kristina	49514	Orlando, FL	Reinstated to Probation 3 years	05/24/2007

### JUNE '07

Bennett, Kari	55757	Grafton, WV	Suspension	06/07/2007
Clark, Charlotte	27535	Huntington, WV	Reprimand	06/06/2007
Dotson, Pamela	45531	Little Hocking, OH	Reprimand	06/14/2007
Harter, David	42954	Parkersburg, WV	Suspension	06/06/2007
Hosey, Leon	39973	Charleston, WV	Suspension	06/11/2007
Lee, Cathy	45169	Ashland, KY	Suspension	06/14/2007
Sales, Lance	59105	Inwood, WV	Full Reinstatement	06/14/2007
Sexton, Jennifer	65396	Barboursville, WV	Suspension	06/18/2007

### JULY '07

Kent, Kimberly	45876	Huntington, WV	Probation 2 years	07/03/2007
Michael, Michelle	54590	Mount Clare, WV	Summary Suspension	07/25/2007
Pecora, David5	3904	Morgantown, WV	Suspension	07/10/2007

### AUGUST '07

Blevins, Ruth	21021	Milton, WV	Probation 3 years	08/27/2007
Crabtree, Virginia	54533	Cross Junction, VA	Suspension	08/24/2007
Cushway, Kathy	44057	Independence, WV	Suspension	08/27/2007
Falls, Cassidy	68695	Huntington, WV	Probation 1 year	08/22/2007
Frazier, Rebecca	67862	Huntington, WV	Suspension 1 year	08/03/2007
Hackney, Arlin	62508	Oak Hill, WV	Probation 3 years	08/22/2007
Hall, Lorna	54627	Catlettsburg, KY	Suspension	08/24/2007
Jones, Michele	53009	Huntington, WV	Suspension	08/29/2007
Lobo, Patsy	12082	Huntington, WV	Full Reinstatement	08/30/2007
Moore, Jeri	32777	Grayson, KY	Suspension	08/15/2007
Mount, Amy	54517	Huntington, WV	Suspension	08/24/2007
Mullins, Timothy	45990	Beckley, WV	Suspension	08/17/2007
Shepherd, Winter	63616	Pennsboro, WV	Suspension	08/27/2007
Stewart, Kristina	49514	Orlando, FL	Suspension	08/27/2007
Wade, Robin	35330	Huntington, WV	Suspension	08/24/2007

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# CONSENT AGREEMENTS, REPRIMANDS, SUSPENSIONS, REINSTATEMENTS

End of FY '07 • FY '08 • APRIL '07 - OCTOBER '08 continued

Williamson, Kevin	47840	Lavalette, WV	Probation 3 years	08/03/2007
<b>SEPTEMBER '07</b>				
Bielli, Lorie	56032	Salisbury, MD	Probation	09/27/2007
Carter, Kristin	52824	Wheeling, WV	Suspension	09/19/2007
Everly, William	66479	Clarksburg, VA	Suspension	09/11/2007
Mount, Amy	54517	Huntington, WV	Reinstatement	09/28/2007
Porter, Monica	47741	Proctorville, OH	Suspension	09/10/2007
Shepherd, Winter	63616	Pennsboro, WV	Reinstatement	09/28/2007
Underwood, Ginny	62873	Beverly, WV	Probation 1 year	09/27/2007
Wood, Stephanie	68497	Lerona, WV	Probation 1 year	09/21/2007
<b>OCTOBER '07 '07</b>				
Adkins, Shawn	55676	Winifrede, WV	Suspension	10/03/2007
Banker, Peggy	51380	Martinsburg, WV	Suspension	10/03/2007
Batten, Cody	57493	Ripley, WV	Suspension	10/03/2007
Belue, Jerri	62956	Beckley, WV	Suspension	10/23/2007
Castleberry, Kerry	30254	S. Charleston	Suspension	10/03/2007
Cheshire, Hilary	61479	Ironton, OH	Full Reinstatement	10/26/2007
Cullison, Billie	54570	Madison, WV	Probation 1 year	10/04/2007
Dotson, Brandie	57317	Hurley, WV	Reprimand	10/15/2007
Gibson, Hollie	61420	Ellamore, WV	Suspension	10/03/2007
Greene, L Renee	29377	S. Charleston, WV	Probation 3 years	10/26/2007
Haley, Evelyn	111	Fayetteville, WV	Full Reinstatement	10/26/2007
		(Midwife(Midwife License) Number)		
Hamrick, Crystal	63068	Williamson, WV	Suspension	10/19/2007
Jarvis, Jennifer	62377	Walker, WV	Suspension	10/17/2007
Kent, Kimberly	45876	Huntington, WV	Suspension	10/01/2007
Kovach, Maryann	66823	Big Creek, WV	Probation 1 year	10/23/2007
McDonald, Sharyn	18497	Huntington, WV	Probation 1 year	10/26/2007
Phillips II, Rudolph	60507	Clarksburg, WV	Full Reinstatement	10/26/2007
Smith, Christopher	62192	Huntington, WV	Suspension	10/03/2007
Taylor, Stephanie	71438	Moorefield, WV	Suspension	10/01/2007
Wade, Cory	63607	New Mrtnsvile, WV	Suspension	10/03/2007

