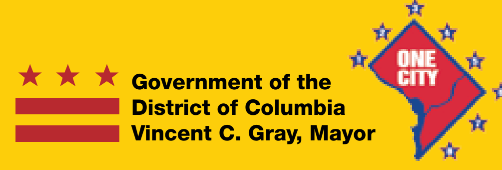
VOLUME 9 NUMBER 4
NOVEMBER 2012

DISTRICT OF COLUMBIA NURSE

REGULATION EDUCATION PRACTICE

Men's Health: Talking to Male Patients



Home Health Aide Certification
(See pages 7–12)

OFFICIAL PUBLICATION of the DISTRICT OF COLUMBIA BOARD OF NURSING

FULL-TIME, PART-TIME & PER DIEM NURSES

"I am listened to and respected by the physicians here…such rewarding collaboration within a nationally-recognized academic medical center helps me become a stronger nurse every day."

What will ***you*** *do today?*

As one of Washington, DC's leading academic medical centers, The George Washington University Hospital has a lot to offer experienced nurses. Here, our multidisciplinary teams come together to treat, care for and communicate with a broad range of patients and their families, in a wide variety of care settings.

We are now seeking experienced nurses with a current DC RN license (or eligibility to obtain one) and 1-2 years of current acute care hospital experience in the following areas:

- Medical/Surgical
- Labor and Delivery
- Neonatal Intensive Care Unit
- Perioperative Services
- Emergency Department
- Critical Care Unit

We're driven to help you excel and advance, and we provide the resources and support that make this possible. This includes:

- Virtually limitless opportunities to expand your knowledge every day
- Attainable advancement opportunities
- Flexible scheduling/self-scheduling including Weekend Alternative
- Excellent compensation and benefits, including on-site concierge, an $80 monthly commuting subsidy ($40 for part-time employees) and 100 percent tuition allowance at GW University (for full-time employees only)

The George Washington University Hospital is conveniently located along the Orange and Blue lines at the Foggy Bottom Metro stop.

To apply, please visit our website today:
www.gwhospital.com/careers

We are an equal opportunity employer.

UHS

The George Washington University Hospital is owned and operated by a subsidiary of Universal Health Services, Inc. (UHS), a King of Prussia, PA-based company, that is one of the largest healthcare management companies in the nation.

The George Washington University Hospital
900 23rd St., NW • Washington, DC 20037
(202) 715-4406

DISTRICT of COLUMBIA NURSE

Edition 35

INTERIM DIRECTOR, DEPARTMENT OF HEALTH
SAUL M. LEVIN, MD, MPA

BOARD MEMBERS
E. Rachael Mitzner, BSN, MS, RN
Chairperson
Mary Ellen R. Husted, RN, BSN, OCN
Vice Chairperson
Margaret Green, LPN
Selena Howell
Rev. Mary E. Ivey, D-Min
Ottamissiah Moore, LPN
Mary Rockefeller, BSN, RN

OFFICE LOCATION
TELEPHONE NUMBER
DC Board of Nursing
899 North Capitol St. NE
Washington, D.C. 20002
E-mail: hpla.doh@dc.gov
Phone: (877) 672-2174
Phone: (202) 724-4900
Fax: (202) 724-8677
Web site: www.hpla.doh.dc.gov

OFFICE HOURS
Monday thru Friday:
8:15 a.m.-4:45 p.m.

BOARD STAFF
Karen Scipio-Skinner, MSN, RN
Executive Director
Concheeta Wright, BSN, RN
Nurse Consultant/Practice/COIN
Bonita Jenkins, EdD, RN, CNE
Nurse Specialist/Education
Felicia Stokes, BSN, JD
Nurse Consultant/Discipline
Donna Harris
Health Licensing Specialist
Melondy Scott
Health Licensing Specialist
Gwyn Jackson
Health Licensing Specialist
Nicole Scott
Health Licensing Specialist
Tanee Atwell
Health Licensing Assistant
Angela Braxton
Health Licensing Assistant
Nancy Kofie
DC NURSE: REP Managing Editor

pcipublishing.com

Created by Publishing Concepts, Inc.
David Brown, President • dbrown@pcipublishing.com
For Advertising info contact
Tom Kennedy • 1-800-561-4686
tkennedy@pcipublishing.com

ThinkNurse.com

contents

Welcome DOH Interim Director 4
Message from the Chair 5

REGULATION

Board of Nursing Update 6
Home Health Aide Regulations 7
Home Health Aide Skills Assessment 8
Home Health Aide Certification 9
Home Health Aide Certification Questions 10
Home Health Aide Application Checklist 12
COIN CONSULT 14
FSMB, NABP and NCSBN Issue Joint Statement 15
IN THE KNOW 16
A Visit from Singapore Nursing Board Members 18
RN/APRN 2012 Continuing Education Compliance Audit 19

EDUCATION

DC Health Professional Loan Repayment Program 20
NCLEX NEWS 21

PRACTICE

Continuing Education Update 22
All Prescribers Must Disclose NPI on Prescriptions 28
Kudos! 29

Address Change? Name Change? Question?
In order to continue uninterrupted delivery of this magazine, please notify the Board of any change to your name or address. Thank you.

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

Circulation includes over 22,000 licensed nurses, nursing home administrators, and nurse staffing agencies in the District of Columbia.

Feel free to e-mail your "Letters to the Editor" for our quarterly column: IN THE KNOW: Your opinion on the issues, and our answers to your questions. E-mail your letters to hpla.doh@dc.gov. (Lengthy letters may be excerpted.)

Welcome DOH Interim Director

Saul M. Levin, MD, MPA

The DC Board of Nursing welcomes the new Interim Director of the DC Department of Health (DOH), Dr. Saul M. Levin.

Before assuming the position as Interim Director of DOH, Dr. Levin served as the Senior Deputy Director of the Addiction Prevention and Recovery Administration (APRA) in the Department from March 27, 2012 to July 17, 2012. During his tenure at APRA, Dr. Levin promoted substance abuse prevention efforts in all eight wards of the city through the work of the Prevention and Access to Recovery teams, assessed and referred an increasing number of individuals into treatment services, as well as connected more clients to recovery support services.

Prior to joining DOH, Dr. Levin served as Vice President of the American Medical Association for Science, Medicine and Public Health, oversaw programs consistent with the needs of evolving health delivery systems, from prevention to science policy to health care disparities. He also led efforts to improve the interface between clinical medicine and public health.

Dr. Levin's professional career also includes: serving as a special expert appointee in the Substance Abuse and Mental Health Services Administration, a division of the United States Department of Health and Human Services, where he led the initiative to integrate primary care, substance abuse, mental health and HIV/AIDS. When serving as President for Access Consulting International, Inc., Dr. Levin worked with federal, state, local governments and private companies to provide health and human service policy, program, and research and evaluation services. He also served as President and CEO of Medical Education for South African Blacks, which was an anti-apartheid education trust that provided scholarships to South African black students in the health care arena. In this capacity, Dr. Levin helped award more than 11,000 scholarships to students studying to become doctors, nurses, substance abuse counselors and other health care professionals.

In 1982, Dr. Levin received his MBBch (MD) in Medicine from the University Witwatersrand in Johannesburg, South Africa, and completed his residency in Psychiatry at the University of California Davis Medical Center. In 1994, he received his Master's in Public Administration from Harvard University Kennedy School of Government. ■

Message from the Chair

E. Rachael Mitzner, BSN, MS, RN

Please read this publication of DC Nurse carefully; it will help Nurses, Agencies and Home Health Aides (HHAs) to understand the new HHA regulations recently published in the District.

The task facing the Board of Nursing is bringing all Nursing Assistive Personnel (NAPs) under the auspices of the Board from Nursing. The goal (objective) is to protect our citizens from unsafe caregivers and improve health care. This effort began several years ago and culminated in the revision of the Health Occupations Revision Act (HORA) in 2009, giving the Board the authority to regulate NAPs.

The Board of Nursing has been working diligently with the community healthcare providers and education programs over the last three years to complete Regulations for Nursing Assistive Personnel in the District of Columbia. The Task is in its final stages with the HHA regulations completed and passed and the omnibus regulations for all other categories of Nursing Assistive Personnel (Certified Nursing Assistants/Patient Care Technicians, Medication Aides, Dialysis Technicians) in the Attorney General's office, being reviewed for legal sufficiency.

This was a tremendous undertaking. No other board of nursing in the United States has all Nursing Assistive Personnel under their jurisdiction. Without the support of our staff, Dr. Woldu, and the healthcare community, we would not yet have been able to complete this task. Thank you, for your contributions and support.

The Board feels we have regulations which will protect our vulnerable clients and assist our healthcare providers with maintaining a high level of competency. The regulations will make it easier for Nursing Assistive Personnel to transition from one area of care to another without replicating education. Model curriculum for each category will be approved by the Board of Nursing and any program training NAPs will be required to use it. In addition, Dr. Jenkins, our educational consultant has established a rubric for bridging from one program to another, which allows better education and mobility for our caregivers. The Board feels that standardizing the education will ensure better quality of care for the public.

A former long time consumer Board member, Vera Mayer, has advocated for better regulation of Nursing Assistive Personnel for many years. Thank you Vera for your contributions and role in getting the process started by advocating for the changes in HORA.

We were quite pleased to receive the following letter:

August 26, 2012

Dear Board of Nursing:

I want to express my deep appreciation and gratitude for your intelligent and hard work over many years that led to the issuance of the innovative regulations on Nursing Assistive Personnel and the development of rules for the medication training of Home Health Aides. These rules are guided by the Board's vital mission of improving health care in the District of Columbia.

The regulations are probably unique in the nation in their integration of the training and roles of nursing assistant personnel in a wide range of home and institutional settings. This new structure will improve the health care received by District patients through the enhanced training of Nursing Assistive Personnel who provide vital hands-on care to DC residents. In addition, the new structure offers nursing assistive personnel a method to increase their skills and employment opportunities which will benefit their careers and the community's health care.

The open process, characteristic of the Board's approach to writing regulations, enabled the Board to gather information on the special needs of a wide range of consumers, community organizations, health care professionals and settings. This difficult and detailed process has resulted in practical regulations which will further quality care.

However, the Board's work is not finished. The Board now faces the enormous task of administering the regulations with its small but dedicated professional staff and volunteer Board members. This task will be assisted by the continuation of the trusting relationship which the Board has with the community.

Thank you for all your hard work in the past and the future.

Sincerely,
Vera Waltman Mayer
Former DC Board of Nursing Consumer Member

E. Rachael Mitzner, BSN, MS, RN
Chairperson
DC Board of Nursing

Board Update

JULY, SEPTEMBER

Beginning November 2012, the Board of Nursing will begin its Continuing Education audit for RN/APRNs renewing in 2012.

CONTINUING EDUCATION NON-COMPLIANCE

Persons selected for CE Audit are persons indicating on their renewal application that they have or will have met their continuing education obligation by June 30, 2012. The following disciplinary action will be taken when the applicant does not provide evidence that they have complied with this requirement.

Due to falsification of an application and non-compliance with regulatory requirement the following disciplinary action will be taken. The licensee will be required to:

- Submit required CEs to include an Ethics Course
- Pay $500 fine

PROPOSED NURSING ASSISTIVE PERSONNEL OMNIBUS REGULATIONS

Nursing Assistive Personnel Omnibus Regulations have been drafted by the Board and submitted for legal sufficiency. They include the following:

- Medication Aides — Certified
- Certified Nursing Assistant/Patient Care Technicians
- Dialysis Technicians

JANUARY 2, 2013 MEETING

The January 2, 2013 Board of Nursing meeting will be cancelled. Board member training will be held in January.

PROPOSED REGISTERED NURSE AND LICENSED PRACTICAL NURSE REGULATIONS

Revised RN/LPN Regulations will include provisions for the following:

- Criminal Background Check
- Volunteer Nurse Status
- Additional Continuing Education Options such as:
  - National Certification
  - Other continuing education activities approved by the Board
- Temporary Licensure Status
- Delegation of Nursing Interventions ■

Home Health Aide Regulations

On July 13, 2012, the HHA regulations were promulgated. These regulations allow the Board of Nursing to regulate the practice of HHAs. Once certified by the Board, the HHA regulations will allow HHAs to perform the following tasks under the supervision of a licensed nurse or health professional.

HOME HEALTH AIDE TASKS (HHA REGS ARE AVAILABLE ONLINE AT HTTP://DOH.DC.GOV/NODE/323082

(a) Perform personal care including assistance with activities of daily living such as bathing, personal hygiene, toileting, transferring from the wheelchair, and instrumental activities such as meal preparation, laundry, grocery shopping, telephone use, and money management;
(b) Change urinary drainage bags;
(c) Assist the client with transfer, ambulation, and exercise as prescribed;
(d) Assist the client with self-administration of medication;
(e) Measure and record temperature, pulse, respiration, and blood pressure;
(f) Measure and record height and weight;
(g) Observe, record, and report the client's physical condition, behavior, or appearance;
(h) Prepare meals in accordance with dietary guidelines;
(i) Assist with eating;
(j) Implement universal precautions to ensure infection control;
(k) Perform tasks related to keeping the client's living area in a condition that promotes the client's health and comfort;
(l) Change simple dressings that do not require the skills of a licensed nurse;
(m) Assist the client with activities that are directly supportive of skilled therapy services;
(n) Assist with routine care of prosthetic and orthotic devices;
(o) *Empty and change colostomy bags and perform care of the stoma;
(p) *Clean around a g-tube site;
(q) *Administer an enema;
(r) *Administer oxygen therapy; and
(s) **Administer medications, provided that the HHA has received the medication administration training and obtained certification as a medication aide.

* New tasks. Licensed nurses delegating these or any tasks to an HHA must either train the HHA to perform task or verify that they are competent to perform the task prior to delegation. HHAs shall not accept assignment of tasks they are not competent to perform.

** Must be certified as a medication aide. Medication aide regulations have not been issued.

ASSIGNMENT AND DELEGATION OF NURSING CARE TASKS TO HOME HEALTH AIDES

A licensed nurse or health care professional may assign tasks to HHAs that are among the authorized tasks of the HHA listed above.

HHAs shall not practice independently but shall work under the immediate supervision of a licensed nurse or other licensed health care professional if the supervisor determines that immediate supervision is necessary, or work under general supervision.

A registered nurse may delegate tasks to HHAs. The delegating registered nurse shall comply with the standards for delegation. Nursing care tasks that may be delegated shall be determined by:

(a) The knowledge and skills of the HHA;
(b) Verification of the clinical competence of the HHA by the employing agency;
(c) The stability of the client's condition, including factors such as predictability, absence of risk of complication, and rate of change in health status; and
(d) The variables in each health care setting which include, but are not limited to:
    (1) The accessible resources and established policies, procedures, practices, and channels of communication that lend support to the type of nursing tasks being delegated to the home health aide;
    (2) The complexity and frequency of care needed by a given client population; and
    (3) The accessibility of a licensed nurse or other licensed health professionals.

Nursing tasks that inherently involve on-going assessment, interpretation, or decision making that cannot be logically separated from one or more procedures shall not be delegated to the HHA. ■

HOME HEALTH AIDE SKILLS ASSESSMENT

2004 SKILLS
Hand washing
Appropriate use of clean gloves
Demonstrate use of personal protective equipment
Measure and record oral temperature
Measure and record axillary temperature
Measuring tympanic temperature
Counting radial pulse 60 sec
Counting respirations 60 sec
Measure and record weight: Standing
Demonstrate complete bed bath
Demonstrate shower with shower chair
Demonstrate skin and foot care
Demonstrate shampooing hair
Demonstrate combing and styling hair
Demonstrate shaving
Demonstrate dressing client with affected side
Demonstrate assistance with bedpan
Demonstrate assistance to bathroom
Demonstrate assistance with bedside commode
Demonstrate care of dentures ,hearing aid glasses
Demonstrate feeding of client with swallowing difficulties
Demonstrate bedmaking: occupied
Demonstrate bedmaking: unoccupied
Demonstrate assistance with ambulation
Demonstrate transfer from bed to wheelchair
Demonstrate passive range of motion exercises
Demonstrate correct use of cane
Demonstrate assistance with self- medication administration
Demonstrate non-sterile dressing change
Demonstrate application and care of: prosthetic orthotic devices
Document changes in behavior on form
Demonstrate adherence to privacy policies

2012 ADDITIONAL SKILLS
Measure and record blood pressure 2-step
Measure and record weight: Wheelchair
Complete Intake and Output form
Demonstrate applying knee-hi elastic stocking
Demonstrate use of lifts: chair, pad
Demonstrate correct use of crutches
Demonstrate use of restraints – Posey vest
Demonstrate administration of enema
Demonstrate care of ostomy and surrounding skin
Administration of oxygen by nasal cannula, mask
Communicate effectively w/ Cognitively Impaired Client
Communicate effectively w/ Client with Sensory Deficits
Communicate effectively w/Client with Communication limitations
Communicate effectively w/Client with Altered Consciousness
Communicate effectively w/Client when Agitated

Home Health Aide Certification

BOARD URGES EACH HHA CURRENTLY WORKING FOR A FACILITY OR AGENCY TO APPLY FOR CERTIFICATION

The Board of Nursing is currently accepting applications for persons currently working as HHAs. If you meet all of the following qualifications, you can apply to the Board to become certified as a HHA.

Employed by an agency/facility

- Persons working in the home of a client and not for an agency or facility will not meet this requirement. This will not prohibit you from continuing to work private duty.

Completed a Home Health Aide Training Program

- Your employer will be asked to confirm that they have verified your HHA training

***Working as an HHA under the supervision of a licensed nurse [a minimum 500 hours]**

- You must have worked a minimum of 500 hours for a facility or agency under the supervision of a RN or LPN

Competence to perform HHA tasks safely

- Your employer and supervising nurse must attest to your ability to provide safe patient care.

"Clean Hands" before licensure/certification

- Do you owe more than one hundred dollars ($100.00) to the District of Columbia Government as a result of any of the following?
  1. Fines, penalties, or interest assessed for littering;
  2. Fines or interest assessed for Illegal Dumping;
  3. Fines, penalties, or interest assessed for a Civil Infractions;
  4. Past due taxes;
  5. Past due District of Columbia Water and Sewer Authority service fees; or
  6. Fines or penalties assessed for Traffic Adjudication?

If you answer "yes" to this question, please submit proof of the arrangements you have made to pay the outstanding debt. If you do not have an approved payment schedule to pay the amount you owe or if no appeal is pending, the law requires that your application be denied.

ALL HOME HEALTH AIDE APPLICANTS MUST:

- Submit an application and attach the Attestation Form signed by your employee and supervising nurse attesting to the fact you have completed HHA training and that are safe to practice.
- Complete a Criminal Background Check.
- Pay fees associated certification
  - Application fee: $50.00
  - CBC fee (payable to Morpho Trust) $50.00 [an additional $15.00 fee for Virginia Residents]

Deadline for applying: March 13, 2013

PLEASE NOTE: If you are currently working in the home of a client but not under the supervision of a licensed nurse, you are not eligible to apply for certification as an HHA in DC. You may continue to provide care independently but cannot be certified as an HHA. If you are working for an agency/facility in DC, you must be certified as an HHA. ■

Home Health Aide Certification

Frequently Asked Questions

Please note that HHA applicants must submit an attestation form signed by their employer and their supervising nurse. We cannot accept applications for persons working only private duty.

Q: What is the effective date for the regulations?

A: The HHA regulations were published as final on Friday, July 13, 2010.

Q: How is the Criminal Background Check performed? Is this done by the aide with the Board or is this something completed by the employer?

A: The HHA has to complete their CBC behalf of the Board. The vendor that we use for CBC is MorphoTrust (L-1 Enrollment).

Q: Is there a specific Board Competency Checklist form, or can employers continue to use their own?

A: There is a Competancy Checklist used by the training programs. We will be pleased to provide it to employees (see page 8).

Q: In section 9305.2 the waiver of training and examination, the letter from the employer certifying the applicants ability to perform skills as listed in section 9327.2: Does a letter listing the skills acceptable, or is other documentation required?

A: We have developed an attestation form that the employer will be required to sign indicating that the employee is competent.

Q: How can I access the forms, i.e., employer attestation and competency checklist? Are they available online?

A: The Attestation form is online. It is part of the HHA application. Go to http://doh.dc.gov/bon, then click on Home Health Aides.

Q: I am an HHA. How can I become certified?

A: Are you employed with a home health agency? If the answer is "yes," download the application from the DC Board of Nursing webpage. Go to http://doh.dc.gov/bon, then click on Home Health Aides.

Q: Do I need to go back to school for additional training?

A: No. You do not have to go back to school to be certified. If your employer wants you to learn more skills, they should arrange for that training.

Q: Regarding the Attestation Form: Will the employer and supervising nursing be signing to attest that the applicant is competent in the new HHA tasks, or that they are competent right now in their current role as an HHA?

A: They are attesting that the HHA is competent now. We know that a number of HHAs only provide Personal Care Assistant services so they will not be required to perform the new tasks.

Q: I want to be an HHA. Where can I find Home Health Aide training programs?

A: Below is the list of programs. This list is online also. On DC Board of Nursing's webpage at http://doh.dc.gov/bon, scroll down until you see Certified Nurse Aide, click on it, then look for "List of Approved DC Nursing Assistant Programs." The HHA programs have an asterisk (*) by the name.

Please note: During this "grandfathering" period of HHAs, persons applying from another jurisdiction must meet the same requirements as persons working in DC. They must submit the application, attestation form, CBC and any other required documents.

Approved Home Health Aide Programs

Allied Health Institute of DC**
2010 Rhode Island Avenue,
NE 2nd Fl
Washington, DC 20018
202 526-3535
Fax: 202 526-3939
fuzoma@hotmail.com

Bethel Training Institute*
824 Upshur Street, NW
Washington, DC 20011
202 723-0755 or 0304
Fax: 202 723-0367
idealnursing@aol.com

CAPTEC Med Care**
3925 Georgia Avenue, NW
Washington, DC 20011
202 291-7744
Fax: 202 560-5119
ukaoba@yahoo.com

HealthWrite Training Center **
2025 Martin Luther King Jr. Avenue, SE.
Washington, DC. 20020
202 678-7279
Fax: (202) 678-7279
www.healthwrite.org

Home Care Partners, Inc*
Marie Muller
1234 Massachusetts Avenue, NW
Suite C-1002
Washington, DC 20005
202 638-2382
MMuller@homecarepartners.org

Opportunities Industrialization Center of Washington DC (OIC DC)*
3016 Martin Luther King Avenue S.E
Washington, DC 20032
202 373-0330
202 373-0336
dlittle@oicdc.org

Total Healthcare Innovations**
1805 Montana Avenue NE
Washington, DC 20002
202-747-3453
Fax: 202 747-3481

University of the District of Columbia-Community College **
Bertie Backus Campus Certificate Programs
5171 South Dakota Avenue, NE
Washington, DC 20017
Phone: 202-274-6950

VMT Education Center **
901 First Street NW
Washington, DC 20001
LPattammady@vmtltc.com
PH: (202) 282-3143
FAX: (202) 282-0012

Washington Training Institute *
1901 9th Street, NW
Washington, DC 20001
240 460-7060 (primary number)
202 319-0045
Fax: 202 319-0048
BHailemeskel@howard.edu

* Offers HHA Programs only
** Offers HHA Programs ■

Members of the public are invited to attend...

BOARD OF NURSING MEETINGS

Date: First Wednesday of the month.

Time:
9:30 a.m – 11:30 a.m.

Location:
2nd Floor Board Room
899 North Capitol St NE
Washington, D.C. 20002

Transportation:
Closest Metro station is Union Station.

To confirm meeting date and time, call (202) 724-8800.

November 7, 2012

December 5, 2012

No January meeting

February 6, 2013

March 6, 2013

April 3, 2013

May 1, 2013

Home Health Aide Applicants:
Incomplete Applications Will Not Be Accepted

You must submit:

HOME HEALTH AIDE CERTIFICATION APPLICATION
Completed and signed by you

HOME HEALTH AIDE CERTIFICATION FEE:
$50.00 Check or Money Order, Payable to DC Treasurer

Passport-Type Photos
Two recent and identical passport-type photos of the applicant's face (approx. 2"x2") with applicant's name printed on the back. The photos must be original photos and cannot be computer-generated copies or paper copies.

Home Health Aide Attestation Form
Must be signed and completed by your employer and supervising nurse.
Original attestation form must be submitted. Copies will not be accepted.

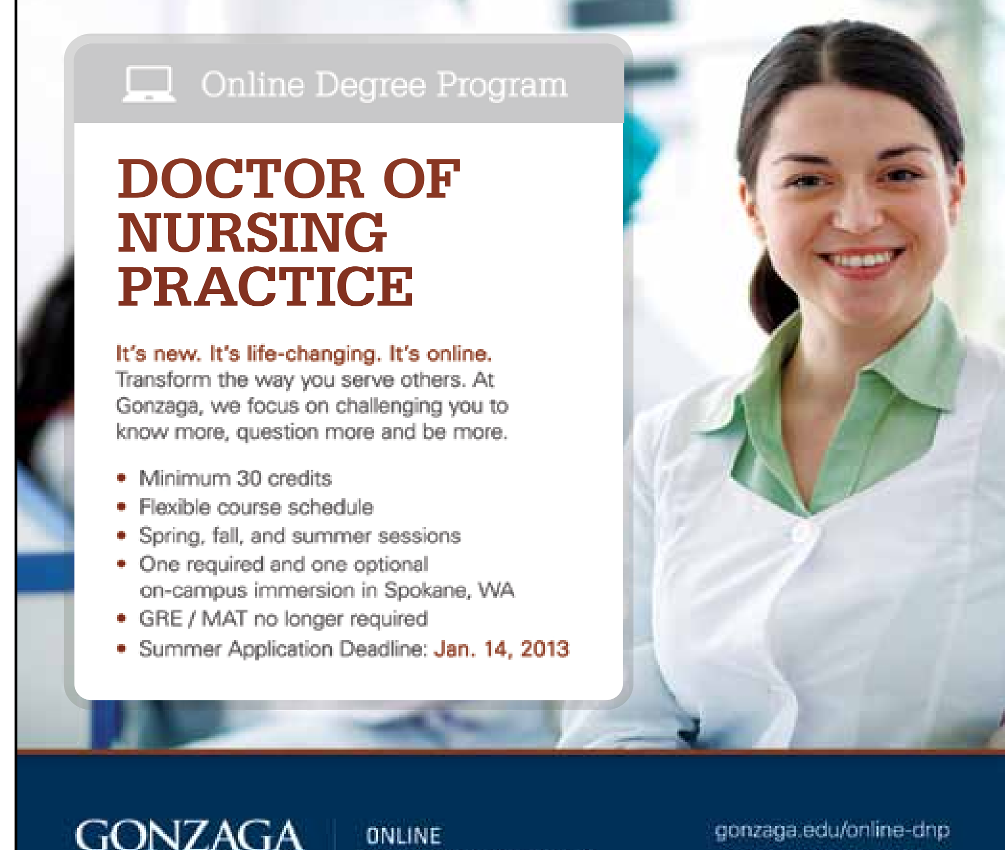
The following may be required:

If you don't have a Social Security Number submit:
Social Security Number Affidavit Form

If your name is not the same on all of the documents you submitted. Submit evidence of a legal name change:
Copy of legal document supporting name change
Acceptable documents are marriage certificate, divorce decree, court order or spouse's death certificate.

If you answered "Yes" to any of the questions in Section 5
Provide a detailed explanation along with the following:
If you owe Fines or Tax Payment to the District Government: Provide evidence of an agreed upon payment plan with DC Agency
If you have been terminated from a job: Submit copies of personnel action
If you have had actions taken against your license/certification in another jurisdiction/state: Provide evidence of status of case

Evidence of a completed Criminal Background Check must be received prior to certification
CRIMINAL BACKGROUND CHECK (CBC): To schedule your live scan fingerprints visit, www.L1enrollment.com or call 1-877-783-4187. For questions contact the CBC unit at 202-442-5888. Please Note: You must submit your application and obtain your certification number prior to registering for your fingerprint live scan. ■



You'll ask him about the side dish.

But you won't ask him about the side effects.

We ask questions everywhere we go, yet at the doctor's office, we clam up.
Ask questions. For a list of 10 everyone should know, go to **AHRQ.gov.**

COIN CONSULT A Resource for Impaired Nurses

Research Opportunity for Nurse Supervisors

Take part in the "Fit to Perform: Supervisor Training" and earn up to $220 and 2.5 CEUs.

What is the Supervisor Training Project about?

ORCAS, a healthcare technology company in Eugene, Oregon, received funding from the National Institute on Drug Abuse to create a program to help supervisors manage alcohol and drug problems in the workplace. Alcohol and drug abuse by employees causes many costly problems for business and industry including: absenteeism, injuries, excess healthcare costs, loss of productivity, lower employee morale, theft, and fatalities.

Who is eligible to participate?

- Nurse supervisors.

What will participants do?

- Complete a 2.5 hour online training course which consists of 8 (20 minute) modules that can be viewed over a period of 2 weeks.
- Answer 3 surveys over 6 weeks.

What will participants receive?

- The training program at no cost.
- Up to $220 over 6 weeks.
- 2.5 CEUs upon completion of the training program.

Interested in participating in the study? Go to:

http://bit.ly/JxzjLo

Do you have questions?

Please contact ORCAS project staff by phone at 866-730-3211, ext 4 or via email at fit2perform@orcasinc.com

FSMB, NABP and NCSBN Issue Joint Statement Supporting Analysis of Health Care Workforce Data

The Federation of State Medical Boards (FSMB), National Association of Boards of Pharmacy (NABP), and National Council of State Boards of Nursing (NCSBN) have jointly issued a statement that supports state and federal health care regulators, agencies and other key stakeholders in the collective effort to compile an evidence-based, comprehensive analysis of the nation's health care workforce. As organizations representing the health care professional licensing and regulatory boards in the U.S., FSMB, NABP and NCSBN recognize the inherent value of collecting workforce data in order to better ensure the quality and safety of the nation's health care system. "The FSMB and its member boards have undertaken several initiatives to provide better information to workforce policymakers and physician education and training programs as they seek to address the growing challenge of access to health care," said Humayun Chaudhry, DO, president and CEO of the FSMB. "These include the first-ever comprehensive national census of actively licensed physicians in the U.S., and the collection of essential physician demographic and practice characteristics that will help us better understand where physicians are working and what is the focus of their practices." Over the next decade, the U.S. faces health care workforce challenges that have the potential to impact patient access to quality and affordable care. It is imperative that strategies that not only document, but also address, future challenges and the maldistribution of the health care workforce are developed and implemented now. "The National Association of Boards of Pharmacy is working closely with the Pharmacy Workforce Center to establish a uniform and ongoing system of data collection and analysis. The introduction of NABP's Continuing Pharmacy Education Monitor will provide real time workforce data on all pharmacists and technicians licensed or registered by U.S. Boards of Pharmacy," noted NABP Executive Director Carmen Catizone. The member licensing boards of FSMB, NABP and NCSBN, which regulate a combined five million health care practitioners, stand ready and willing to assist state and federal health officials with understanding and addressing the nation's health care workforce because it is their firm conviction that this data will be instrumental in ensuring their ability to continue to meet the growing needs of patients across the nation. "Because of the vital nature of this data, NCSBN is working with its member boards to become the national repository for data about the supply of nurses in the U.S. NCSBN aims to create a standardized national public use database for federal, state and local nursing workforce planning efforts, " commented Kathy Apple, MS, RN, FAAN, NCSBN CEO. ■

It's a New Day for Agency Nursing!

13-26 week contracts available now!

It's All About...

- Plenty of RN and CNA Opportunities!
- Knowing who you work for:
  Progressive is one of the only staffing companies that have been in business (and under the same ownership) for over 25 years!
- Getting the best pay rate!
- Getting paid how you want: Daily pay/Direct Deposit/Cash Card!
- Earning extra money for the holidays...There are less than 60 days until Christmas!

Virginia (Northern, Richmond and Hampton Roads):

RNs: PRN and Contract positions for MED/SURG, TELE, ICU, OR, and ER assignments.

CNAs: PRN positions for hospitals, private duty and home care.

DC Metro Area:

RNs: PRN and Contract positions for ICU, Tele, L&D, OR, ER and NICU

CNAs: PRN positions for hospitals, private duty and companion work

National Travel contracts available in Virginia, Maryland and DC and throughout the country!

Progressive Nursing Staffers® THE Nursing OFFICE

CELEBRATING 25 YEARS

Virginia/DC Areas: 703-750-1012 • Baltimore Area: 410-337-5200

www.progressivenursing.com
EOE

You belong here.

IN THE KNOW

The Board of Nursing has established the "In The Know" column in response to the many phone calls and e-mails the Board receives regarding licensure and other issues. The Board often receives multiple inquiries regarding the same topic. Please share this column with your colleagues and urge them to read it. The more nurses are aware of the answers to these frequently asked questions, the less our resources will have to be used to address duplicate questions.

APRNs

Q: What are the age parameters for a pediatric nurse practitioner?

A: The Board has not set specific age parameters, consistent with the guiding principles of the Consensus Model for APRN Regulation. (See below.)

LACE Statement on Age Parameters for APRNs-- The *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (2008)* states that APRNs will be educated, certified and licensed in one of the four roles and at least one of the six population foci. The model also advocates for services and care to be defined by patient needs. Therefore, a rigid establishment of population age parameters is not in the best interest of patients. The definition of a population identified by specific age ranges may create barriers and limit access to care for patients with specific needs or health conditions. Circumstances exist in which a patient, by virtue of age, could fall outside the traditionally defined population focus of an APRN but, by virtue of special need, is best served by that APRN. Such patients may be identified as non-traditional patients for that APRN. In these circumstances, the APRN may manage the patient or provide expert consultation to assure the provision of evidence-based care to these patients. This statement is to provide guiding principles for state boards of nursing, employers and other entities implementing the Consensus Model. (*Approved April 24, 2012*)

CRIMINAL BACKGROUND CHECK

Q: I am writing to request the report on my background check you carried out.

A: The Criminal Background Check information received by the Board is for licensure purposes and is not provided to licensees. [Contact Morpho Trust]

BOARD VACANCIES

Q: I have received inquiries from the National Nurses United about RN Board of Nursing vacancies. Are there RN openings and what are the requirements?

A: New appointments are being made to the Board but, if interested, please feel free to submit an application to Boards and Commissions. The requirements are that the nurse must be licensed, have an unencumbered license, and live in DC. Persons interested in serving on the Board can go to the Office of Boards and Commissions website www.obc.dc.gov to find the application. We do have an LPN position that needs to be filled.

Letter to the Board

Comment: Hello Nurse Manager, I would like to comment on the New Additional LPN functions and skills to consider. I would like to say it is a good idea to learn new skills, but the RNs will leave all the work load on the LPN and sit around doing nothing. The best thing to do is, the LPN should be thought to have IV Therapy knowledge…use it when it is needed. and the rest should be done by the RN. I also suggest that the District of Columbia become compact with Maryland, because of the shortage of LPN jobs in DC. This suggestion is my biggest concern. Working together as a team, nobody is an island. DC needs to team up. Times are hard, people with a DC license should be able to work in MD and be limited. Thanks.

Board Response: Thank you for taking the time to submit your comments to the Board. In looking at expanding the skill set of LPNs, the Board researched the practice of LPNs in other jurisdictions as well as considered input from the DC nursing community. Expanding their skill set will allow patients to have increased access to LPNs in a variety of settings including nursing homes, assistive living residences and the patient's home. Regarding DC becoming a compact state, we get this question a lot. The requirement of licensure in a compact state is that nurses are required to live in the state in which they are licensed. Over 90% of our nurses live outside of DC. This would mean that we would lose over 90% of our revenue but we would still be required to carry out the same functions. Compact licensure will not work for DC. But this does not mean that you can't apply for licensure by endorsement and work in another state.

Again, thanks for taking the time to provide your comments to the Board. ■

Eighth Annual

Nursing Continuing Education CRUISE

April 14-21, 2013

on our largest ship Ever!

Carnival. The Fun Ships.

ThinkNurse.com CE NURSING CRUISE ThinkNurse.com

Cruise your way to Nursing CE Credits in the Eastern Caribbean aboard Carnival's Magic!

One of the newest and largest Fun Ships

Day	Port	Arrive	Depart
Sun	Galveston, TX		4:00 PM
Mon	Fun Day At Sea		
Tue	Key West, FL	10:00 AM	6:00 PM
Wed	Freeport, The Bahamas	8:00 AM	5:00 PM
Thu	Nassau, The Bahamas	7:00 AM	5:00 PM
Fri	Fun Day At Sea		
Sat	Fun Day At Sea		
Sun	Galveston, TX	8:00 AM	

Who says Continuing Education can't be fun?

Join ThinkNurse and Poe Travel for our 8th Annual CE Cruise. Cruise the Caribbean on Carnival's Magic while you earn your annual CE credits and write the trip off on your taxes! Prices for this cruise and conference are based on double occupancy (bring your spouse, significant other, or friend) and start at only $1088 per person (not including airfare to Galveston) A $250 non-refundable per-person deposit is required to secure your reservations. Please ask about our Cruise LayAway Plan!

Conquer the High Seas with the Carnival Magic. It's one of their newest and largest "Dream Class" ships. With so much to do onboard you may not want to go ashore! Dining, live music, Seaside outdoor theatre, resort pools, stage shows and Karaoke, bars, pubs and clubs, Casino and gaming, spa and fitness center—even the first-ever ropes course at sea! And that's only scratching the surface! Do try to work in a little shore time to visit the unique and beautiful Key West. You'll be intrigued by the Bahamas. It's all the more enjoyable knowing you are coming back to Magic!

For more information about the cruise and the curriculum, please log on to our Web site at ThinkNurse.com or call Teresa Grace at Poe Travel Toll-free at 800.727.1960.

World-Class Nursing: A Visit from Singapore Board Members

DC Board of Nursing Executive Director Karen Scipio-Skinner recently welcomed three members of the Singapore Nursing Board (SNB) to our offices for a study visit focusing on mutual concerns such as regulation, licensing, criminal background checks, impaired practitioners, and continuing education requirements.

The Republic of Singapore is a city-state in southeast Asia, with a population of 4.8 million with 33,000 nurses. The nurses from the SNB discussed, with Ms. Skinner, regulatory issues regarding delegation and supervision between NAPs, LPNs, and RNs, as well as the DC Board's assessment and approval process for nursing education programs.

Left to right: Singapore Nursing Board (SNB) Senior Manager Ow Jee Hia, DC BON Exec Karen Scipio-Skinner, SNB Executive Secretary Kwek Puay Ee, and SNB Manager of Professional Nursing Education Rita Gan, RN, RM, MN. The Singapore board's vision statement is "World-Class Nursing for a Healthy Nation."

Ms. Skinner shared information about the COIN program (Committee on Impaired Nurses). SNB members told Board staff that Singapore has not had many cases of impaired nurses as of yet—just one case so far. Substance abuse is not as common in Singapore. Drug abusers are sent to rehab, but drug traffickers can be subject to the death penalty (there are over 20 nations that have capital punishment for drug trafficking, globally).

The SNB visitors learned about the structure of the Health Regulation and Licensing Administration during a chat with Senior Deputy Director Feseha Woldu, PhD. Citing the importance of regulating agencies, Dr. Woldu noted that, like Singapore, the District of Columbia is a jurisdiction that has municipal, county, and state-level functions. He also confirmed the importance of regulation: "If you are not regulating the practitioner, you have no power to weed out the incompetent. We have a lot of things in common. You are a highly developed city-state; you have a lot more population than we do."

Unlike the DC Board, which meets monthly, SNB meets three or four times a year but has many subcommittees, each of which is headed by a board member. Traditionally in Singapore, only physicians, nurses, dentists and pharmacists were licensed. But as there has been an increase in the numbers of other health professionals, such as physical therapists and occupational therapists, more health care professionals will be licensed in future years.

The Singapore nurses study trip was funded by the National Council of State Boards of Nursing (NCSBN). They also visited the offices of the American Nurses Association's credentialing arm, the American Nurses Credentialing Center; the American Association of Colleges of Nursing's Commission on Collegiate Nursing Education; and the offices of the National Council of State Boards of Nursing. They also attended the NCSBN's Scientific Conference. NCSBN has 60 member boards, and the Singapore Nursing Board (www.snb.gov.sg) is one of its nine associate member boards. ■

Registered Nurse/Advanced Practice Registered Nurse 2012 Continuing Education Compliance Audit

RNs/APRNs applying for renewal are required to complete (24) contact hours of continuing education (CE). RNs must complete twenty-four (24) contact hours of CE in the applicant's current area of practice. APRNs (nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, certified clinical nurse specialists) must complete a minimum of fifteen (15) of the (24) twenty-four contact hours in an educational offering(s) that includes a pharmacology component. Only contact hours obtained in the two (2) years immediately preceding the application date will be accepted.

Registered Nurses: Twenty-four (24) contact hours of continuing education in the applicant's current area of practice.

Advanced Practice Registered Nurses: Fifteen (15) of the (24) twenty-four contact hours in course(s) that includes a pharmacology component.

ANY OF THE FOLLOWING METHODS OF COMPLIANCE MAY BE UTILIZED

❑ **CONTACT HOUR OPTION**

May be used if you have completed continuing education offerings

DOCUMENTATION NEEDED

Original verification forms or certificates from accredited continuing education

❑ **ACADEMIC OPTION**

May be used when you have completed a course leading towards a degree in nursing or any academic course relevant to the practice of nursing.

DOCUMENTATION NEEDED (any one of the following):

Original transcript mailed or submitted by licensee

❑ **PRESENTER OR AUTHOR OF CONTINUING EDUCATION**

May be used if you have developed and taught a course or educational offering approved by a Board approved accrediting body. Four (4) Contact Hours for each approved contact hour.

Please note: ***This is not an option for nurses required to develop and teach continuing education courses as a condition of employment.***

DOCUMENATION NEEDED (any of the following): Verification form indicating your name, the name of the accrediting body and the number of contact hours; or

Letter from an accrediting body acknowledging their approval of your course

❑ **AUTHOR OR EDITOR OPTION**

Author of a book chapter or peer reviewed article (if the manuscript has been published or accepted for publication during the period for which credit is claimed) or editor of a book during the renewal period. Twenty-four (24) Contact Hours Awarded

DOCUMENTATION NEEDED (any one of the following):

- **Letter of acceptance; or**
- **Copy of title page of book or article (for articles, include name of journal, if not indicated on the title page); or**
- **Copy of page listing you as editor**

All About CE Broker

Your Continuing Education (CE) Portfolio

THE BOARD OF NURSING'S CE TRACKING SYSTEM

The DC Board of Nursing uses a system called CE Broker to track and administer continuing education requirements. As a nurse licensed in the District of Columbia, you should become acquainted with CEBroker.com.

WHAT DOES CE BROKER DO?

CE Broker is the official continuing education tracking system for the D.C. Board of Nursing. Every nurse in the District of Columbia can log into CE Broker to report continuing education hours and manage continuing education requirements. You can view official CE Compliance Transcripts, access a chronological course history, download the free iPhone app, receive email notifications, and most importantly, you can make sure all of your renewal requirements have been fulfilled.

HOW DOES THE DC BOARD OF NURSING USE CE BROKER?

The Board views the records in CE Broker to determine CE compliance for each nurse. If you are selected for an audit, you may respond to the audit at CEBroker.com and post CE hours to your records. Board staff can then view all of your continuing education and certify that you are 100% compliant. CE Broker is an electronic portal to connect the Board with licensees. It allows the Board to communicate renewal requirements and the licensees to demonstrate CE compliance.

MULTIPLE LEVELS OF SERVICE:

You can create an account and report your courses at no-charge, but you should also be aware of CE Broker's professional paid services. Nurses are not required, but are encouraged to try CE Broker's Professional Account.

The Board of Nursing does not pay for the use of CE Broker, but allows the site to charge for value-added services that help nurses understand, manage, and fulfill renewal requirements. There is a 7-Day Free Trial to a $29 annual subscription, offering clarity and peace of mind that your requirements have all been met and you will pass the CE audit. Visit CEBroker.com to learn more. ■

DC Health Professional Loan Repayment Program:

RNs and APRNs Eligible to Apply in Spring 2013

Please Note: The cycle will open around April and close on May 31, 2013.

- DC's Health Professional Loan Repayment Program (HPLRP) provides loan repayment to eligible District providers practicing in HPLRP-certified Service Obligation Sites for contract periods of two to four years.
- Applicants must be already employed or have a signed employment contract with a certified Service Obligation Site at the time of application.
- In exchange for a commitment to practice full-time at a facility located at a certified Service Obligation Site (SOS), the District will provide loan repayment benefits of up to $136,440 over four years for MD and DDS providers and $75,042 for all other eligible providers. Rates for repayment are as follows: 18% of the total eligible debt in year one, 26% in year two, and 28% each in years three and four.
- Both participants and sites must complete applications to participate in the HPLRP. Applications for sites are accepted on a rolling basis, but all sites must recertify for the Program at the start of each fiscal year (October).
- Provider applications are accepted during two application cycles: one in the early fall and one in the early spring.
- The application review process takes approximately 60 days, and awards are made based on program requirements and availability of funds.

HPLRP Contact Information:

Webpage : http://doh.dc.gov/node/133412
Email: HPLRP@dc.gov
Phone: (202) 442-9168
Fax: (202) 442-4947
TTY: 711
Address: 899 North Capitol Street NE, 3rd Floor, Washington DC 20002
Office Hours: Monday through Friday 8:15 am – 4:45 pm

PROFESSIONAL NURSING SCHOOLS

Patricia McMullen, PhD, JD, CNS, CRNP, Dean, Catholic University School of Nursing
620 Michigan Avenue, N.E.
Washington, DC 20017
mcmullep@cua.edu
PH: (202) 319-5400
FAX: (202) 319-6485
CONDITIONAL

Jeanne Matthews, PhD, RN, Chair, Department of Nursing, Associate Professor & Program Director for Nursing Education, Georgetown University School of Nursing & Health Studies
3700 Reservoir Road N.W.
Washington, DC 20007
MATTHEJE@georgetown.edu
PH: (202)687-0754
FULL APPROVAL

Mary H. Hill, DSN, RN, Associate Dean, Howard University College of Nursing
2400 6th St. N.W.
Washington, DC 20059
MarHill@Howard.edu
PH: (202) 806-7456
FAX: (202) 806-5958
CONDITIONAL

India M. Medley, MSN, RN, CPNP, Dean of School of Nursing, Radians College
1025 Vermont Avenue, NW; Suite 200
Washington, DC 20005
imedley@radianscollege.com
PH: (202) 291-9020
FAX: (202) 829-9192
FULL APPROVAL

Teresa L. Panniers, PhD, RN
Associate Dean for Nursing and Health Professions
Chief Nursing Officer
Trinity Washington University
125 Michigan Avenue, N.E.
Washington, D.C. 20017
PanniersT@trinitydc.edu
PH: (202) 884-9207 X9672
PH: (202) 884-9245
FAX: (202) 884-9308
CONDITIONAL

Susie Cato MSN, MASS, RN, Director of Associate Degree Nursing Program, University of District of Columbia Community College Associate Degree Nursing Program
801 North Capitol Street NE Room 812
Washington, DC 20002
scato@udc.edu
PH: (202) 274-5914
FAX: (202) 274-5952
CONDITIONAL

Stephanie Wright Ph.D., CRNP, Senior Associate Dean for Academic Affairs, The George Washington University School of Nursing
900 23rd St. NW, Suite 6167 B
Washington, DC 20037
sonemd@gwumc.edu
PH: (202) 994-5192
FAX: (202) 994-2777
FULL APPROVAL

PRACTICAL NURSE PROGRAMS

Michael Adedokun, PhD, MSN, RN, Director of Nursing, Comprehensive Health Academy
School of Practice Nursing
1106 Bladensburg Road, N.E.
Washington, DC 20002-2512
MAdedokun@comcast.net
PH: (202) 388-5500
FAX: (202) 388-9588
FULL APPROVAL

India M. Medley, MSN, RN, CPNP, Dean of School of Nursing, Radians College
1025 Vermont Avenue, NW; Suite 200
Washington, DC 20005
imedley@radianscollege.com
PH: (202) 291-9020
FAX: (202) 829-9192
FULL APPROVAL

Eveline Wanneh, RN, BSc, MSN, MHA Interim Director
University of the District of Columbia Community College
Nursing Certificate Programs
5171 South Dakota Avenue NE
Washington, DC. 20017
eveline.wanneh@udc.edu
PH: (202) 274-6950
FAX: (202) 274-6509
CONDITIONAL

NCLEX NEWS

WORD CAFÉ EDUCATION MEETING

In December 2011, NCSBN hosted the NCSBN World Café Education Meeting to create a dialogue among nursing educators, accreditors and regulators who explored the question: **What could nursing be when education, approval and accreditation were aligned?** Qualitative research was conducted on the meeting's discussions and several themes emerged, which will serve as the foundation for ongoing work. Many of the outcomes of the World Café meeting coincide with the Institute of Medicine Future of Nursing Report recommendations and reinforce the activities suggested in the report.

SECURITY

To ensure public safety and that all candidate results represent a fair and accurate measurement, NCSBN administers the NCLEX under controlled supervision and security measures. Our standards and procedures for administering the NCLEX have two related goals: **giving test takers comparable opportunities to demonstrate their abilities and preventing any test takers from gaining an unfair advantage over others.** To promote these objectives, NCSBN reserves the right to cancel and/or withhold any test results when, in its judgment:

- A test taker engages in misconduct, irregular behavior, falsifies his/her identification, violates the NCLEX Candidate Rules or otherwise breaches his/her Confidentiality Agreement; or
- A testing irregularity occurs (e.g., unusual answer patterns or unusual score increases from one exam to another).

Prior to beginning their exam, every candidate must read and agree to the NCLEX Candidate Rules and Confidentiality Agreement. For additional information on the test security, rules and invalid results, please reference the NCLEX Candidate Bulletin and/or contact your board of nursing.

NCSBN FINALIZES AGREEMENT WITH CANADIAN NURSE REGULATORS

NCSBN has finalized agreements to provide its computerized adaptive test, the NCLEX-RN Examination, in Canada beginning in 2015. In partnership with 10 Canadian registered nurse (RN) regulatory bodies, NCSBN will develop and deliver the exam that will be used as a licensure requirement in Canada.

The NCLEX-RN Examination is currently offered in 10 countries around the world for the purpose of domestic licensure in the U.S., but this partnership marks the first time that the test will be used for the purpose of licensure in another country. ■

BECOME AN EXAMINATION VOLUNTEER

Development of the NCLEX-RN and NCLEX-PN examinations utilizes contributions from hundreds of nurse educators, clinicians and managers who work with entry-level nurses. Volunteers are selected for three types of panels:

- **Item Writing:** Item writers create the items that are used for the NCLEX examination.
- **Item Review:** Item reviewers examine the items that are created by item writers.
- **Panel of Judges:** The panel of judges recommends potential NCLEX passing standards to the NCSBN Board of Directors.

Benefits of Participation

- Earn continuing education contact hours
- Contribute to continued excellence in the nursing profession
- Have an opportunity to network on a national level
- Build new skills that are useful professionally, as well as for personal growth

It's easy to participate

Visit the NCSBN Examinations website to review the nurse qualifications and submit an online application.

Continuing Education Update

Men's Health: Talking to Male Patients

Article and Photos by Nancy Kofie

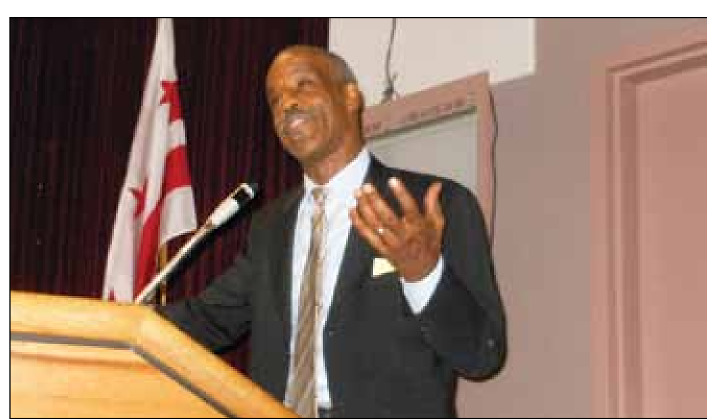
At a seminar entitled "Key Issues Impacting Men" held at United Medical Center last spring, program organizer Marilyn Johnson of the Howard University Local Performance Site for the Pennsylvania/MidAtlantic AIDS Education and Training Center noted that there were noticeably fewer participants signed up to attend the men's health program than the number who came to attend the previous program on women's health.

Are men's issues getting scant attention from health care practitioners? Are men themselves less interested in their own health issues? Following are some highlights from the program and suggestions for communicating with male patients, friends and family members when addressing men's health concerns.

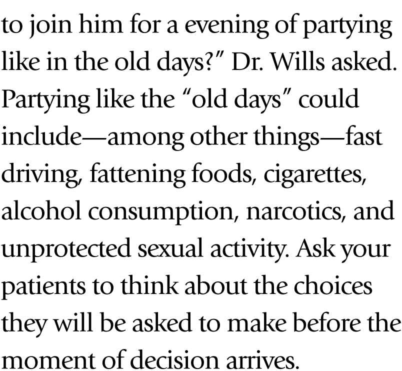
HEART DISEASE

Heart disease is the #1 cause of death for all men of all races nationwide. (It is the #1 cause of death for women, also.) When you speak to a male patient about heart disease, help him prepare for life's moments of decision.

- **Choices:** Speaker and physician Dr. Reginald Wills said we must prepare patients for "The Moment." The Moment is that five seconds it takes to make a decision. Prepare ahead of time. Will your patient reach for the candy in the kitchen drawer or a piece of fruit in the refrigerator? In a restaurant, will he have a calorie-filled super-gulp soda or a glass of water? Will he get a basket of fried chicken and fries, or the broiled fish and vegetables? And what about family and friends who can lead us down the wrong path? "What will he say when his favorite buddy at the high school reunion asks him to join him for a evening of partying like in the old days?" Dr. Wills asked. Partying like the "old days" could include—among other things—fast driving, fattening foods, cigarettes, alcohol consumption, narcotics, and unprotected sexual activity. Ask your patients to think about the choices they will be asked to make before the moment of decision arrives.
- **Causes:** The main causes of heart disease are smoking, physical inactivity, and an unhealthy diet. Dr. Wills advocated that patients eliminate sugar from their diet, and avoid heavy intake of alcohol because alcohol is a direct toxin to the heart.
- **Smoking:** Smoking causes heart damage and a decreased lung capacity. With smoking, your arteries constrict. Dr. Wills offered the good news, that if an individual quits smoking, within a year that individual will be at the same level as someone who never smoked. Dr. Wills told of his own difficulties in quitting smoking and the challenge of remaining a nonsmoker.



Dr. Reginald Wills



OBESITY: "For more than 30 years, excess weight, lack of physical activity, and an unhealthy diet have been considered second only to tobacco use as preventable causes of disease and death in the United States. Since the 1960s, tobacco use has decreased by a third while obesity rates have doubled." (Source: www.cdc.gov)

CANCER

Suppose you were sitting in a meeting and someone from an outside organization barged in and began passing out sign-up lists and brochures and was lobbying people for his opposing cause? Then picture this: our visitor pulls out a gun and begins shooting meeting attendees.

"This is who cancer is," Dr. Wills said. "Cancer multiplies and divides, and always kills its host. But for many, getting a cancer diagnosis is not a priority." A patient may be more concerned with immediate issues—getting to work on time, taking care of financial responsibilities and the duties of daily living. So nurses and other healthcare professionals may need to work overtime to convince some people of the importance of cancer screenings. However, screening makes

early cancer diagnosis and survival more likely.

LUNG CANCER: "More men in the United States die from lung cancer than any other kind of cancer, and cigarette smoking causes most cases. Smoking also causes cancers of the esophagus, larynx, mouth, throat, kidney, bladder, pancreas, stomach, and acute myeloid leukemia." (Source: www.cdc.gov)

PROSTATE CANCER

- **Importance of Screening:** "The only way to prevent death from prostate cancer is screening," speaker and physician Dr. Chiledum Ahaghotu, a Professor of Urology at Howard University, told attendees. Men should see a health care practitioner to be educated about the pros and cons of PSA test and digital rectal investigation, he said.
- **Age for Screening:**
  - Family history of prostate cancer and/or African American—begin PSA testing at 45.
  - No family history of prostate cancer and not an African American—begin PSA testing at 50.
- **African American Men:** Prostate cancer is the #1 cancer of men in the US. Higher death rates occur when the cancer is not caught early. Twenty percent of prostate cancer patients will die from the disease. It can metastasize to bone cancer if gone unchecked. "African American men are 60% more likely to get diagnosed with prostate cancer, and 2-to-3 times more likely to die from it," Dr. Ahaghotu said.
- **Smoking:** African American men who smoke are more likely to get the more aggressive forms of prostate cancer.
- **Digital Rectal Exam (DRE):** The physician places a finger (digit) into a lubricated glove and the physician feels for cancer in the rectal vault, Dr. Ahaghotu said. Normally it feels fleshy, he said, with cancer present, however, it starts to feel hard. During the digital exam the physician also feels for cancer masses in the rectal vault.
- **Benign (not cancerous):** Men can also experience benign prostate issues. A slowing of the stream and change in frequency of urination can signal that the prostate is enlarged, and this enlargement pinches off drainage from the bladder and can damage the kidney.
- **Clinical Trials:** Dr. Ahaghotu noted that he and his urology colleagues have visited lawmakers on Capitol Hill to lobby for the inclusion of African American men in clinical trials.

WHAT IS THE PSA TEST? Prostate-specific antigen, or PSA, is a protein produced by cells of the prostate gland. The PSA test measures the level of PSA in a man's blood. For this test, a blood sample is sent to a laboratory for analysis. The results are usually reported as nanograms of PSA per milliliter (ng/mL) of blood. The blood level of PSA is often elevated in men with prostate cancer, and the PSA test was originally approved by the FDA in 1986 to monitor the progression of prostate cancer in men who had already been diagnosed with the disease. **In 1994, the FDA approved the use of the PSA test in conjunction with a digital rectal exam (DRE) to test asymptomatic men for prostate cancer.** Men who report prostate symptoms often undergo PSA testing (along with a DRE) to help doctors determine the nature of the problem. In addition to prostate cancer, a number of benign (not cancerous) conditions can cause a man's PSA level to rise. (Source: www.cancer.gov)

Dr. Chiledum Ahaghotu

GETTING PSA TEST RESULTS:

- Is the PSA number elevated?
- Did it rise since last year?
- If warranted, the next step is a prostate biopsy.
- If cancer is present, surgery is the most common form of treatment, and the temporary side effects (Erectile Dysfunction and leakage) will occur.
- Nonsurgical treatment (radioactive seeds or pellets placed into the prostate to kill the cancer) only works in early stages of the disease.

COLORECTAL (COLON) CANCER: The third leading cause of cancer deaths in American men is colorectal cancer. Screening tests for colorectal cancer can find precancerous polyps so they can be removed before they turn into cancer. Screening tests also can find colorectal cancer early, when treatment works best. Everyone should be tested for colorectal cancer regularly starting at age 50. (Source: www.cdc.gov)

ERECTILE DISFUNCTION

- **Talk about it:** According to Dr. Ahaghotu, men simply do not like to talk about their Erectile Dysfunction (ED) symptoms. Most will not raise this topic unless the healthcare professional asks if he

Continued on page 22

Continued from page 21

has any concerns about his body's functioning. Please open up a dialog on ED, and let your patients know that **it is important to let their health care provider know about their ED because it can be an indicator of undiagnosed problems related to cardiovascular disease, metabolic problems, diabetes and impending stroke.** Dr. Ahaghotu said he diagnoses diabetes once a month among the men who come to see him for ED treatment.

FRUSTRATION & LACK OF COMMUNICATION

Many African American men refuse to go to the doctor because they feel that the physician will not understand them.

HIV /AIDS

Patients averse to discussing wellness will almost certainly not be interested in talking about their sex life as it relates to the presence of HIV/AIDS in the Washington metropolitan area. Dr. Wills provided some insights into the male psyche and some tools for talking about the subject.

- HIV Analogy: Need a tip speaking to the men in your nursing practice? Here is Dr. Wills' analogy on the character of the HIV virus (paraphrased): "You wake up one morning and your city has been invaded by a band of robbers. These robbers are highly organized, and the first thing they do is begin killing police officers. Without a police force, there is no chance for law and order to rein. The robbers then go to the bank, take out all the money, and then stop and wave to the security camera. Totally unfettered and secure in their mission, they walk in a leisurely manner, from house to house, stealing what they like, killing people at random. These robbers are HIV." This is how HIV operates in the body of a person who has no interested in knowing his HIV status or in getting treatment. His city—*his body*—is under attack.
- Reinstating The Body's Police Force: The police force (white blood cells) is under attack. The HIV will completely take over the city (the body) if treatment is not sought to get the HIV under control. **Taking medication is like calling for back up.** Are you going to just let these robbers freely travel throughout your body causing opportunistic infection—robbing your bank—or are you going to fight back? After the bank, the robbers will go after the homes, the schools, the food supply, and the houses of worship. **Urge your patients to fortify the city:** get tested, take medication, and use condoms.
- Condom shopping: Dr. Wills told attendees that we must inform men to seek a proper fitting condom. "Your condom is like your shoes. Try different sizes, so it is not too large or too small. You wouldn't wear a shoe that is the wrong size."
- Young Men and Sexuality: "Biology overrides intellect," Dr. Wills said of young men. "Young men are biologically driven to procreate. In addition, may not place much importance on the topic of HIV. The young man you are talking to may have a weakened immune system from sleeping on a couch every night and eating fast food every day. He may feel that the risk of getting HIV is 'the least of his worries' in life."
- The Consequences of Now: Young people cannot see the consequences of what might happen five years from today, he said. Talk to them about things in the here and now: Dr. Wills advises that "You are going to have sores and have to explain what they are."
- Snow on the Roof/Fire in the Furnace: Please note that in the District, HIV affects sexually-active individuals in all age groups, so health care providers should engage men of all ages in a discussion of HIV/AIDS.

NARCOTICS / ALCOHOL

Brain damage and the loss of employment and family ties are some of the effects of drug addiction. Drugs can affect patient health in other ways, also: "Narcotics lower your immune system functioning," Dr. Wills told attendees. Dr. Wills offered a colorful scenario to illustrate the lack of hygiene in the drug trade: "Imagine you go to your doctor's office and he wipes his hand with his nose, then goes down onto a floor in the corner, picks some pills off the floor with his bare hands, then he places them in your bare hand and you put them in your pocket." By the time the user receives his drug of choice, 20 hands have touched the substance.

SUBSTANCE ABUSE

- Alcohol
- Club Drugs
- Cocaine
- Fentanyl
- Heroin
- Inhalants
- LSD (Acid)
- Marijuana
- MDMA (Ecstasy)
- Methamphetamine
- PCP/Phencyclidine
- Prescription Drugs (Opioids, Central nervous system depressants, and Stimulants)
- Steroids (Anabolic)
- Tobacco Addiction (Nicotine)

For an overview of each drug grouping, along with the street/clinical names and effects on the of the brain and body, visit the NIDA website, www.drugabuse.gov.

VITAMIN D: There is a Vitamin D Deficiency in the African American community. African Americans must be very mindful that supplemental vitamin D is needed throughout life, infancy through senior years, not just for strong bones but specifically to insure a strong immune system. Because of lactose intolerance and efforts to avoid high cholesterol and dairy products and because melanin in their skin blocks the sun rays conversion of vitamin D precursors to the active form, many medical authorities believe chronic low vitamin D in African Americans is major factor in why this demographic group has a higher proportion of cancer. More importantly, once African Americans get cancer they do not fare as well as other demographic groups. Dr. Wills recommends that adults start taking a multivitamin at 40.

DENTAL CARE

- **Portal to Health:** According to speaker and dentist Dr. Frederick Clark: "The Oral cavity is the portal to health. Every six months you should go to the dentist."
- **Smoking:** Cigarette smoking brings gum disease, bone loss and periodontal disease, he said. Cigarettes cause a vascular chain to all parts of the body. "I would be derelict in my duty if I overlook your use of tobacco products."
- **Disease and Tooth Loss:** Diabetes causes higher tooth loss, he said, and he also asked: "How many teeth do you want to lose before you get colorectal cancer? Everything is connected."
- **Self-Care:** "Most of us are operating on autopilot, without taking one minute to assess how we are doing. Look at what is on your plate. Recognize that you have to take care of yourself. Obesity is not an insult, it is a diagnosis."
- We Must Work As a Team: "As healthcare providers, we must work as a team," he told attendees. A lot of practitioners put the tongue depressor in and look right past some of these manifestations. Oral problems are very prevalent in HIV. If patient doesn't take his or her medications, oral legions can begin to occur.

Dr. Frederick Clark

DEVELOPING A RAPPORT WITH PATIENTS

Dr. Clark provided some tips for developing a rapport with patients:

- Respect the patient.
- The patient should know that you have his or her best interest at heart.
- Think about the clinical setting from the patient's point of view. (In the dental office, they hear the water, see the drill and the needle). Getting into the dental chair may feel the same as taking a seat onboard an airplane.
- Build a relationship of mutual trust, so the patient doesn't rush towards the quick fix (pulling a tooth vs. extended treatment which could provide a more desired outcome, like tooth restoration).
- Pain management is paramount.

SUICIDE

Men at High Risk for Suicide

- Have a gun
- Are Disconnected – have no church, family, or social affiliations
- Have no support system

DC DEPARTMENT OF MENTAL HEALTH:

- **Mental Health Services:** Adult residents can choose from a number of community-based providers certified by the DC Department of Mental Health. Call the Access Helpline at 1-888-793-4357 to talk with a mental health professional.
- **Same Day Urgent Care:** Services include assessment, counseling, psychiatric evaluation and medication management. The clinic is located at 35 K Street, NE. Please call (202) 442-4202 for more information.
- **Pharmacy Services:** Uninsured enrollees can get prescribed medication at the pharmacy at 35 K Street NE. Call (202) 442-4954 if you need assistance.
- **Emergency Services:** Persons experiencing a psychiatric or emotional crisis can go to the emergency psychiatric facility located on the grounds of the old DC General Hospital for immediate treatment. Crisis beds are available for up to a 14-day stay as an alternative to psychiatric inpatient hospitalization. In addition, a mobile crisis team of clinicians will go to a home or into the community to treat individuals who are unable or unwilling to go to the emergency psychiatric facility. The mobile crisis service can be reached by calling **(202) 673-9300** or the 24/7 Access Helpline at **1-888-793-4357.** ■

Advertisement

THE CATHOLIC UNIVERSITY OF AMERICA

The Catholic University of America School of Nursing was recently awarded a three year, nearly $800,000 grant from the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services, to focus on the urgent health care needs of the growing elderly population. CUA's new Adult-Gerontology Nurse Practitioner program offers a technology enhanced interprofessional curriculum for advanced practice nurses and graduate students in other health occupations by utilizing distance education strategies, according to Project Director, Janet Selway, DNSc, CRNP.

WHO WILL TAKE CARE OF OUR AGING POPULATION?

The mismatch between the health care needs of the growing elderly population and the shortage of primary health care providers with geriatric expertise is both a local and national concern. The CUA School of Nursing seeks to assist new and current adult and family nurse practitioners to become eligible for the new adult-gerontology nurse practitioner certification exams. The first course to be offered in January 2013, "Interprofessional Approaches to Geriatric Care" is open to graduate students from multiple disciplines, such as nursing, social work and clinical psychology.

"Today the movement towards interdisciplinary collaboration is expanding not only in academia but in the larger community, where health care is embracing the medical home care model. Commencing interprofessional teamwork throughout student's early course work will foster work among the healthcare disciplines both in academic and health care settings," Patricia McMullen, PhD, JD, CRNP, FAANP, Dean of the School of Nursing added.

PROGRAM HIGHLIGHTS

- Interprofessional teaching and learning
- Graduate students from Nursing, Social Work, Clinical Psychology and others
- ANPs/FNPs: earn a Post-master's Adult-Gerontology Nurse Practitioner certificate
- 7 to 9 credits over 2 semesters
- Online didactic + practicum in your hometown
- Start in JANUARY 2013!

THE CATHOLIC UNIVERSITY OF AMERICA
NURSING.CUA.EDU
(202) 319-6462

Advertisement

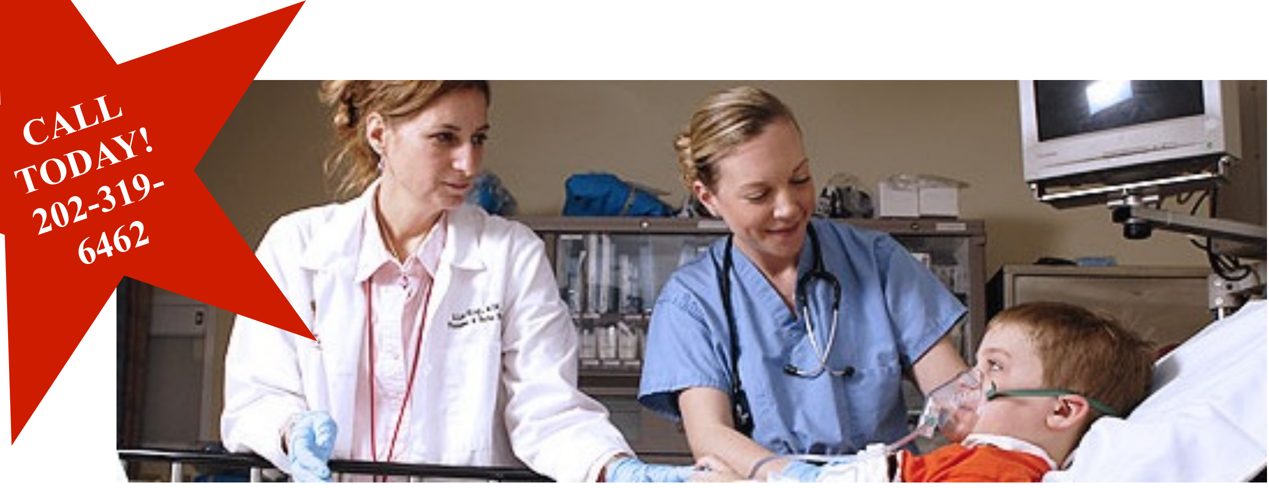
THE CATHOLIC UNIVERSITY OF AMERICA

CUA NURSING

The Catholic University of America School of Nursing has a long tradition and is nationally recognized for providing outstanding programs that emphasize the role of ethics, values and spirituality in health care since its establishment in 1935. Doctorally prepared faculty are national leaders who remain active in clinical practice and research. CCNE Accreditation through 2022.

GRADUATE PROGRAMS

- Adult-Gerontology Nurse Practitioner
- Family Nurse Practitioner
- Pediatric Nurse Practitioner (Acute Care, Primary Care or dual Acute and Primary Care)
- Community Public Health Specialist
- Advanced Public Health Nurse Program
- Doctor of Philosophy in Nursing
- Doctor of Nursing Practice



THE CATHOLIC UNIVERSITY OF AMERICA
NURSING.CUA.EDU
(202) 319-6462

Kudos!

Congratulations to **Jonas Nguh, PhD, MSN, MHSA, RN**, who has been selected as one of six National Nurse of the Year award winners by the Nurse.com 2012 Nursing Excellence Program.

Congratulations to **Felicia Stokes, BSN, JD**, who has been appointed to the FY 2013 NCLEX Item Review Subcommittee of the National Council of State Boards of Nursing.

Congratulations to **Ottamissiah Moore, LPN, BS, WCC, CLNI, CHPLN, GC, CSD-LTC**, who has been honored with the Nurse of Year Award for Community Outreach by the National Black Nurses Association.

Congratulations to Former Board Member Who is Now a Fulbright Scholar

College of Theology classroom

Deaf students and Art project

Congratulations to our former Board member, **R. KEVIN MALLINSON, PHD, RN, AACRN, FAAN**, on being selected to be a Fulbright Scholar for 2012-2013. Dr. Mallinson has been awarded the Fulbright Scholarship to be in the Kingdom of Swaziland for at least a year as a Director of Research at the Southern Africa Nazarene University in Manzini. He will be teaching and conducting research.

Dr. Mallinson is currently teaching students a course entitled "Introduction to Study and Research" at the university's College of Theology (see building in photo). "It is in a very rural area of the country," Dr. Mallinson told DC Nurse. He will later be teaching a more advanced research course at the College of Nursing in Manzini.

Dr. Mallinson has also been interacting with other young people in the community (see students in photo).

"These high school students are deaf students who are engaged in an art project with a local gallery with the support of the U.S. Embassy," he said. "The sign languages are not the same, but I could communicate better than all the artists or the embassy folks. The deaf, and all other persons with disabilities, are generally ignored totally in this culture," he said. "I will be consulting with their faculty and administration soon."

The Fulbright Program is the flagship international educational exchange program sponsored by the U.S. government and is designed to "increase mutual understanding between the people of the United States and the people of other countries." Participants are chosen for their academic merit and leadership potential; their research contributes to finding solutions to shared international concerns. ■

ATTN: ALL PRESCRIBERS

By May 6, 2013, every individual health care provider who prescribes medications under the auspices of an organization must have a national provider identifier and disclose it when a pharmacy needs that information to file a claim. According to the Centers for Medicare and Medicaid Services, this new federal regulation applies to hospital-based providers who staff clinics and emergency departments, medical interns and residents who provide onsite medical services, and prescribers in group practices. http://www.gpo.gov/fdsys/pkg/FR-2012-09-05/pdf/2012-21238.pdf ■

August 14, 2012

Dear Medicaid Provider,

Effective September 1, 2012, all District of Columbia Medicaid fee-for-beneficiaries must obtain their antiretroviral medications from a pharmacy that has enrolled in the new AIDS Drug Assistance Program (ADAP) Pharmacy Network. There are currently 15 pharmacies in the network. Pharmacies will continue to be added to the network on an on-going basis. You may access the most up-to-date listing of ADAP pharmacies at http://haadirectory.doh.dc.gov/.

Please be reminded that all DC Medicaid FFS beneficiaries may continue to fill prescriptions for other than antiretroviral medications at any pharmacy that participates in the DC Medicaid program. Feel free to contact Charlene Fairfax, RPH, CDE, Senior Pharmacist at 202-442-9076 or charlene.fairfax@dc.gov, if you have questions or require more information about this important change in the way antiretroviral medication are dispensed.

Thank you.
Linda Elam, PhD, MPH
Medicaid Director
DC Department of Health Care Finance ■

Saint Michael College of Allied Health

Currently accepting applications for RN (ADN)

For morning and evening classes. Call! **703 746 8708**

8305 Richmond Highway, Suite 10A, Alexandria, VA 22309

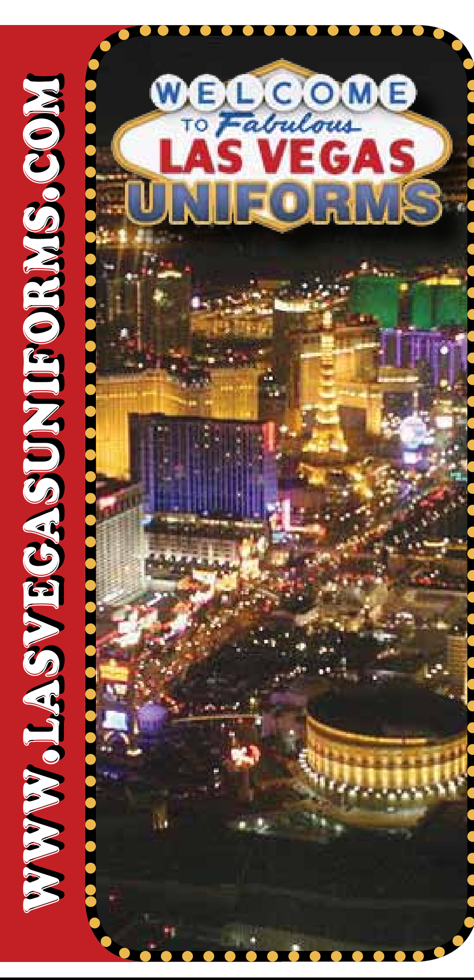
www.stmichaelcollegeva.us

SMACH is approved by the Virginia Board of Nursing and certified to operate by the State Council of Higher Education for Virginia (SCHEV).

Board Disciplinary Actions

NAME	LICENSE #	ACTION
Rosaline Carter	RN66684	Suspended
Janie Herring-Long	RN50722	Suspended
Uline Atongnong	LPN1005891	Suspended
Jennifer Reed	RN1026065	Summarily Suspended
Andrea Feeney	RN1013670	Suspended

Names and license numbers are published as a means of protecting the public safety, health and welfare. Only Final Decisions are published. Final Orders and the Certified Nurse Aide Abuse Registry can be assessed by going to www.hpla.doh.gov.



Non-Public Disciplinary Actions:

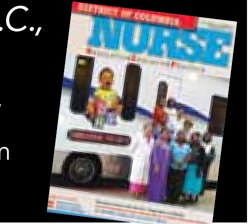
Notices of Intent to Discipline	*6*
Referrals to COIN	*5*
Consent Orders	*6*
Requests to Withdraw Application	*1*
Requests to Surrender License	*3*
Letters of Concern	*0*
Licensure Denied	*0*

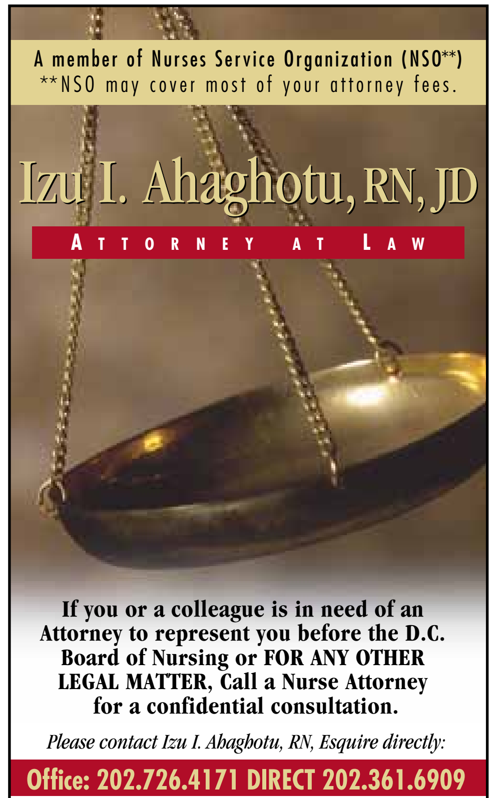
Public vs. Non-Public Discipline

Public Discipline: *Disciplinary actions that are reported to Nursys, National Practitioner's Data Bank and viewed in DC NURSE and at http://app.hpla.doh.dc.gov/weblookup/.*

Non-Public Discipline: *Disciplinary actions that constitute an agreement between the Board and the licensee and, if complied, are not made public.*

Targeted Networking
The "NEW" Classifieds (1.5" wide x 1" high)
Reach every nurse in Washington, D.C., for as little as $225.
RESERVE YOUR SPACE NOW!
Contact Tom Kennedy
tkennedy@pcipublishing.com
1-800-561-4686





CLASSIFIED ADS FOR AS LOW AS $225

Reach Recruit Retain

Mailed to every nurse in Washington, D.C. – over 25,000.

The Washington, D.C. Board of Nursing JOURNAL

to reserve advertising space, contact

Tom Kennedy at

tkennedy@pcipublishing.com

1-800-561-4686 ext. 104

Our nursing journals are direct mailed to over 1.5 million nurses, healthcare professionals and educators nationwide.

Arizona	North Carolina
Arkansas	North Dakota
The District of Columbia	Ohio
Indiana	Oregon
Kentucky	South Carolina
Mississippi	South Dakota
Montana	StuNurse/Nationwide
Nebraska	Tennessee
Nevada	Washington
New Mexico	West Virginia
	Wyoming

Free Subscription to StuNurse magazine!

Do you know someone who is a student nurse, or someone considering a nursing career? Then let them know about the StuNurse magazine. A subscription to the StuNurse digital magazine is FREE and can be reserved by visiting www.StuNurse.com and clicking on the Subscribe button at the upper right corner.

Educators…let your students know they can subscribe free of charge!

I focus ON THE POSITIVE

I know that a feeling is sometimes more than just a feeling. Know when to trust my instincts. And believe when it comes to caring, we can all learn something from mom. At Kaiser Permanente, I put these beliefs into practice. We are a team of health advocates. Not just helping those who need help, but caring for our patients proactively. I focus my knowledge and attention on guiding my patients towards better health and well-being. This is a mission I share with Kaiser Permanente. If you're ready to practice health care the way you've always intended, this is the place to put your beliefs into practice.

The nation's leading not-for-profit integrated health plan, Kaiser Permanente is a recognized health advocate in the communities in which it resides. Here, in the Mid-Atlantic, we provide quality health care to our more than 500,000 members in Maryland, the District of Columbia, and Northern Virginia. Ready to advance your skills with us? Consider the following opportunities.

- **Advice RNs – Fairfax, VA**
- **Clinical RNs – Various Specialties – MD, VA, DC**
- **Clinical RNs, Urgent Care – Capitol Hill, DC and Gaithersburg, MD**
- **Clinical Operations Manager, Gastroenterology – Shady Grove, MD**
- **Clinical Operations Manager, Perioperative Services – Capitol Hill, DC**
- **Perioperative RNs – Kensington and Largo, MD**
- **Psychiatric Advanced Practice Nurse – Suitland, MD**
- **Coming Soon: Perioperative RNs (OR, PACU, PEEC) – Baltimore, MD**

For more information about these and other opportunities, and to view complete qualifications and job submission details, please visit our website

jobs.kp.org

KAISER PERMANENTE®

© 2012 KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC. PRINCIPALS ONLY. DRUG-FREE WORKPLACE. EEO/AA EMPLOYER.

DC Board of Nursing
899 North Capitol Street NE
First Floor
Washington, DC 20002

Presorted Standard
U.S. Postage Paid
Little Rock, AR
Permit No. 1884

MedStar Georgetown University Hospital

A season for change.

For many of us, winter represents a time of reflection. As we head into spring, are you ready for a change? We invite you to consider MedStar Georgetown University Hospital.

Our reputation as one of the nation's foremost academic and teaching hospitals is built on a foundation of exceptional nursing. Our nationally-recognized nursing education and professional development programs provide our nurses with the knowledge and confidence to achieve their career goals.

As Washington, DC's first Magnet® hospital and one of the few hospitals to receive Magnet re-designation, MedStar Georgetown University Hospital offers a unique environment in which to develop your nursing career.

If you are looking to move your career forward, please contact us for more information at 202-444-1215 or to apply online, visit our website:

www.medstargeorgetown.org/nursing

Knowledge and Compassion
Focused on You

EOE