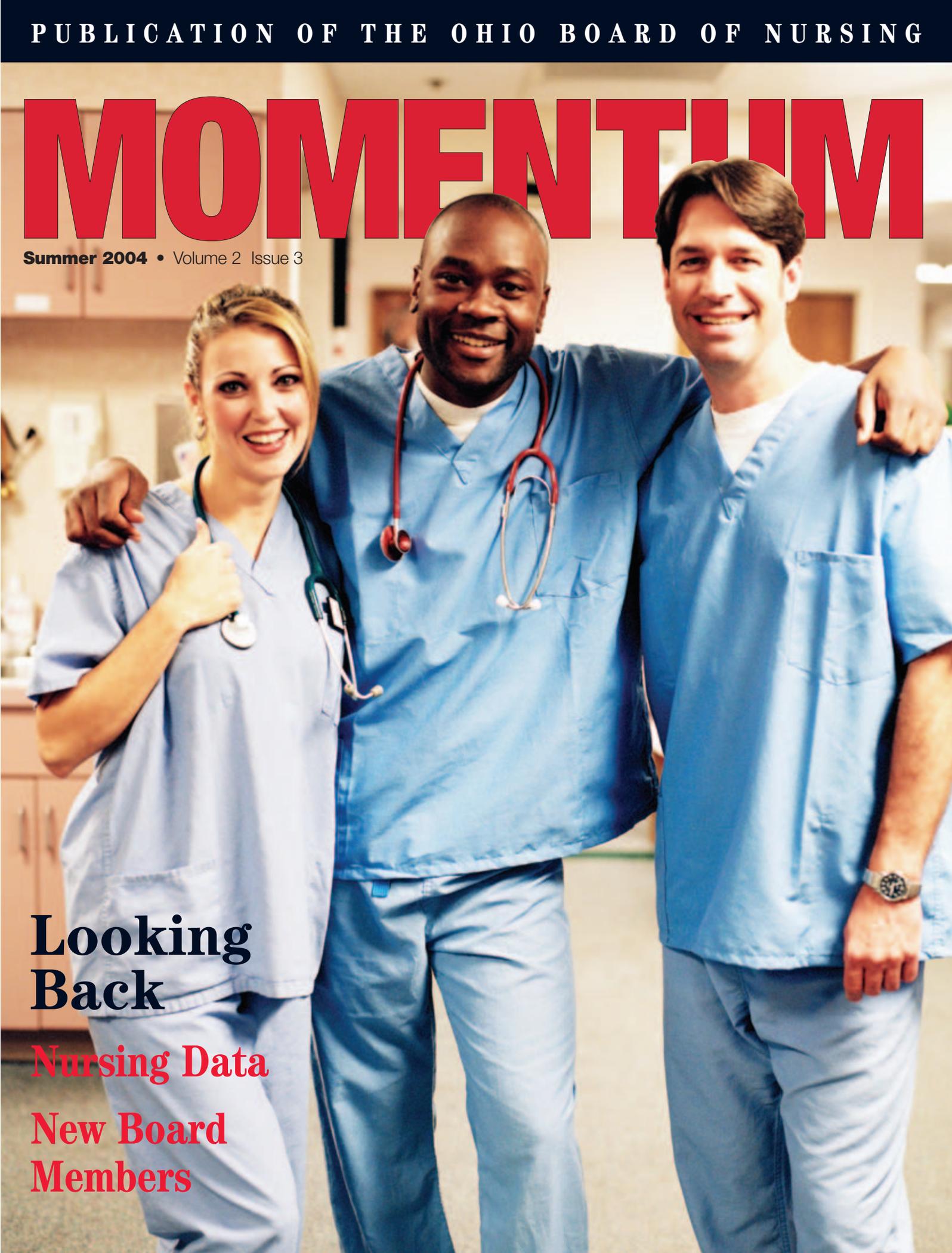


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Summer 2004 • Volume 2 Issue 3



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Back**

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Members**

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Momentum reaches every Nurse and Dialysis Technician, every Hospital and Nursing School Administrator in the State of Ohio. Over 192,000 copies are addressed and mailed statewide. Estimated readership is well over 540,000 with each issue.

Ohio Board Of Nursing Mission Statement Revised

At the May 2004 Board meeting, the Board voted unanimously to revise its' Mission Statement as follows:

The Mission Of The Ohio Board Of Nursing Is To Actively Safeguard The Health Of The Public Through The Effective Regulation Of Nursing Care.

from the president

The state budget legislation enacted last year [**House Bill 95, Calvert R-Medina**] contains the budget for the Board of Nursing and other state agencies for fiscal years 2004 and 2005 (July 1, 2003 through June 30, 2005). During my time with the Board, I have come to understand that budget bills are viewed by both agencies and the legislature as an opportunity to advance new programs and initiatives. Sometimes these initiatives are proposed by the board or agency to which they relate, and other times they represent projects sought by a legislator, group of legislators, or constituent group.



Yvonne M. Smith
MSN, RN, CNS
President

The current budget bill contains two such new initiatives to be implemented by the Board of Nursing over the coming year. One of these new initiatives requires that the Board establish and implement a program for the certification of “community health workers” (CHWs). The language creating this program directs that the structure of the program “reflect the Board’s recognition of individuals who, as community representatives, advocate for individuals and groups in the community by assisting them in accessing community health and supportive resources through the provision of such services as education, role modeling, outreach, home visits, and referrals, any of which may be targeted toward an individual, family, or entire community.” One of the principal goals of this program is to integrate access to health care services with social service outreach, and to provide the necessary services in a manner that is culturally sensitive and appropriate to the target population. The proponents of this program seek to recruit participants from within various communities and educate them to provide underserved populations with linkages to community resources that are available to assist them in achieving financial stability, optimum health, and positive environments for children and families.

The language to create the community health worker certification program was added to the budget bill by Senate Finance Committee Chairman **Bill Harris (R-Ashland)**. During the course of the budget

deliberations, Senator Harris became convinced of the merits of the program through discussions with the dedicated individuals who created and run the Community Health Access Project, Inc. in Mansfield, Ohio. This program, developed by **Mark Redding MD, FAAP, Sarah Redding, MD, MPH, and Janet Boeckman, RN, NP**, among others, has as its mission statement: “[t]o support community advocates in eliminating the health and social disparities of their neighborhoods.” Since this program became operational in 2000, the proponents have been rewarded with some exciting empirical evidence of its success. For example, program participants utilizing available prenatal care, reduced significantly the numbers and percentage of low birth weight babies among the target population. So compelling were these outcomes in Mansfield, and so enthusiastic is Dr. Redding to replicate this program for other underserved populations, that Senator Harris agreed to place language in the budget bill. The responsibility for establishing and implementing this program was assigned to the Board of Nursing because, among the services to be provided by community health workers, are certain nursing tasks or activities delegated to them by a supervising registered nurse.

A drafting group consisting initially of Dr. Mark Redding, Janet Boeckman, and **Deborah Chapman PhD, RN** of the Columbus CHAP program, has been working with the Board for several months to develop draft rules for implementation of the community health worker certification program. These draft rules were proposed for public dissemination at the Board’s May meeting. As always, the Board welcomes public feedback and comment. The Board is charting new territory with these rules since the Ohio program may become a national model.

A copy of the draft community health worker rules is available from the OBN website: www.nursing.ohio.gov. Once the rules enter the formal rulemaking process, notice of public hearings and opportunities to testify will also be found on the web. As we move forward to implement this creative, proactive approach to providing health and social services to underserved populations, public input is needed. If you have thoughts or concerns, please let us hear from you.

Yvonne M. Smith MSN RN CNS

from the executive director

If you are like most nurses, chances are that you were drawn to our profession in large part because of a desire to help others. Altruism, the selfless regard or concern for the well-being of others, has long been a hallmark of the nursing profession. I am fairly comfortable saying that without this quality a person would find it difficult, at best, to remain in nursing for very long. Without a certain amount of genuine concern for the welfare of others, one could not continue to provide the quality and quantity of care required by patients in today's healthcare settings. Nor could one tolerate the stressors associated with working in any capacity in today's ever changing healthcare industry.

Most of us came to nursing because of a firm and deeply held belief in the worth and dignity of human life and with a desire to live out that belief by caring for others. While this motivation is most noble it can frequently lead nurses down a path that results in **martyrdom** rather than **altruism**. The line between these two states is a fine but important one. Unlike the altruist, the martyr suffers much to advance a cause or principle. Suffering is most often defined as feeling, experiencing, or enduring pain. While nursing frequently requires personal sacrifices like working week-end and night shifts, witnessing pain and anguish of others, or experiencing the misdirected anger of patients or co-workers, suffering has no place in nursing.

Pain, as any nurse knows, is the body's way of communicating that something is

amiss. If we are suffering, we are in pain and something is wrong. This pain, if untreated, can worsen and lead to additional conditions like exhaustion, depression, substance abuse, rage, etc. Unlike the altruistic nurse, who is strengthened by concern for others, the martyr nurse is on a path that threatens to destroy his or her ability to care for others. Frequently such a nurse will have difficulty caring for him or herself and loved ones. I believe that this has been popularly referred to as "burnout", and results in a nurse who is neither personally healthy nor professionally functional.

As a nurse in the current healthcare climate, you must recognize the need to be treated well both by others and by yourself. You may acknowledge that you have chosen a profession that allows you to care for others but you should not suffer in your role as a caregiver. Be mindful of the needs of others while also practicing good self-care by attending to your own needs. Begin by asking yourself "What physical, emotional, or spiritual steps have I taken today to address the unique and special needs of my whole person"?

If you have trouble identifying ways you have practiced holistic self-care you might want to think about identifying some things you can do to nurture yourself as you care for others. It is time to recognize that self-care is not a selfish act, but is essential to your continued ability to maintain regard or concern for the well-being of others. Take care of yourself today, your patients will benefit and you deserve it!



John M. Brion
RN, MS
Executive Director

A handwritten signature in black ink that reads "John M. Brion, RN, MS". The signature is stylized and written in a cursive-like font.

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At its meeting in March, the Board of Nursing was pleased to welcome three new members to the Board. Just prior to the March meeting, the office of Governor Bob Taft announced three new appointments, as well as one re-appointment to the Board.

For one of two LPN vacancies on the Board, Governor Taft appointed **Elizabeth Buschmann, LPN**. She replaces former member Richard Nowowiejski, LPN, BARS who



Elizabeth Buschmann, LPN

resigned prior to the end of his four year term. Ms. Buschmann is from Oregon, in the north-west part of the state, and has been an LPN for 30 years. She

received her practical nursing degree from the Muskingum School of Practical Nursing and her IV therapy certificate from Owens Community College Center for Development and Training. As an LPN, Ms. Buschmann has worked with all manner of patients ranging in age from newborn to geriatric. Since 1975 she has practiced at St. Charles Mercy Hospital in Oregon, and currently works with patients on the Step-down Coronary Care Unit. Ms. Buschmann is an active member of the Licensed Practical Nurses Association of Ohio, and has long been a strong advocate for both quality nursing and patient care. In her free time, Ms. Buschmann has served as a volunteer with the Girl Scouts and the American Red Cross.

Due to the fact that Ms. Buschmann was appointed to a seat that was vacated midterm, her current appointment runs through the end of this year. She

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New Board Members

has been asked by the Board to serve on the Board Task Force on Mission Statement.

Also appointed by the Governor to fill an LPN seat on the Board is **Teresa L. Williams, LPN** of Bentonville in southeast Ohio. Ms. Williams received her practical nursing degree in 1994 from Southern State Community College where she graduated magna cum laude. She has been a home health nurse since 1996 and prior to that she provided the full range of practical nursing services in a long term care facility. In her nursing practice she has enjoyed working with adult patients but



Teresa L. Williams, LPN

also has a particular affinity for medically fragile pediatric patients who benefit from her care and attention as a home health nurse. In providing nursing care within the LPN guidelines, Ms. Williams seeks to incorporate appropriate holistic methods of treatment including reflexology, healing-touch, homeopathics and vitamin supplements. Ms. Williams is an active member of the Licensed Practical Nurses Association of Ohio and brings to the Board a unique perspective on the needs of patients in rural and underserved areas of the state.

Ms. Williams' term on the Board runs through December 2007.

In addition to the LPN appointments, Governor Taft selected **Cynthia A. Krueger, RN, MSN** to fill the RN seat being vacated by past President Mary Kay Sturbois, RN, BSN, CDE. Ms. Krueger resides in Napoleon, Ohio and received an AD from Michael J. Owens Technical

College, a BSN from Bowling Green State University, and her MSN from Medical College of Ohio. She holds a Certificate of Authority as a clinical nurse specialist in the area of Adult Health. Ms. Krueger has worked in nursing education at Northwest State Community College since 1989 and currently serves as the Dean of Allied Health and Public Service. Prior to her appointment to the Board, Ms. Krueger served on several Board committees and advisory groups including the Approver Committee, the Continuing Nursing Education Advisory Group, and the Nursing Education Advisory



Cynthia A. Krueger, RN, MSN

Group. She is member of the Ohio Nurses Association, the Ohio League of Nursing, and is the current chair of the Ohio Council of Associate Degree Nursing Education Administrators. Ms. Krueger's community service includes the board of the United Way of Henry County, the Bryan Allied Health Education Council, and the Defiance College Social Work Advisory Board. In 1998, Ms. Krueger was presented with the "Woman Making a Difference Award" by the Ohio Department of Health.

Ms. Krueger's appointment to the Board extends through December 2007.

The final Board of Nursing appointment approved by Governor Taft was the re-appointment of **Judith Y. Brachman** as the consumer representative on the Board. In addition to her first four year term on the Board, Ms. Brachman has extensive experience in both state and federal government.

From 1991 to 1999 she served as the Director of the Ohio Department of Aging being first appointed to this post by Governor George Voinovich and continuing under Governors Nancy Hollister and Bob Taft. Prior to that, she was appointed by both President Reagan and President Bush to the position of Assistant Secretary for Fair Housing and Equal Opportunity within the U.S. Department of Housing and Urban Development (HUD). From 1983 to 1986 Ms. Brachman was the Administrator/Regional Housing Commissioner of HUD's six state Midwest Region and the Ohio HUD



Judith Y. Brachman

Director. In addition, Ms. Brachman has served on a number of government and non-profit boards and commissions including the National Association of State

Units on Aging (President 1997-1999), Columbus Jewish Federation, Ohio Women's Advisory Commission within the Ohio Bureau of Employment Services, and the Columbus School for Girls. Ms. Brachman is an honors graduate of Radcliffe College (now Harvard) and received a Masters Degree from the Ohio State University.

Ms. Brachman has been a dedicated and valuable member of the Board during her first term. Last year she served as chair of the Advisory Group on Nursing Practice and Education. This year she brings her expertise to the Center for Nursing Excellence and Workforce Planning Task Force. Her current term on the Board expires at the end of 2007.

Those who read the last edition of *Momentum* will remember that the Board of Nursing conducted an extensive survey of Ohio nurses in 2003. Of the 185,000 nurses to whom the survey was mailed, 96,000 or 52 percent completed and returned the survey document. From this data, the Board is able to obtain up-to-date information about the nursing workforce in Ohio. This information will be especially helpful to the Board and other entities seeking to address the critical nursing shortage in Ohio and elsewhere. In the last *Momentum*, we presented generalized information gleaned from the survey. This edition focuses on male and African-American respondents.

The Men Among Us

Men accounted for just 4.2 percent of all respondents in the 2003 Ohio nursing workforce survey. Most male respondents are RNs (87.5%) with an additional 12.5 percent being LPNs. Ninety one (91) percent of male respondents identify as white, 5.2 percent identify as African-American, 1.6 percent identify as being of Hispanic origin. Slightly more than half of all male respondents (53.4%) are over the age of 45 while only 17 percent are under the age of 35.

About half (50.6%) of male respondents report having graduated from their first nursing education program after 1990. Only 9 percent of male respondents (compared to 29.4% of females) report having graduated from their first nursing education program before 1975.

Nineteen point three (19.3) percent of male respondents report the LPN as their first level of nursing education while 12 percent report the LPN as their highest level of nursing education. For 37 percent of male respondents the ADN is the highest level of nursing education; 14.4 percent hold a diploma; 28 percent have a BSN; 7 percent have a masters in nursing; and .4 per-

cent hold a doctoral degree in nursing.

Male respondents were more likely than females to hold a non-nursing degree with 9.5 percent reporting a non-nursing associates degree (compared to 4.5% of females), 19.1 percent having a non-nursing bachelors degree (compared with 7.1% of females), 7.7 percent holding a non-nursing masters (compared with 3.3% of females), and 1 percent holding a doctoral degree in a non-nursing field (compared with .4% of females).

Male respondents report being certified for advanced practice in rates similar to their female counterparts in the category of nurse practitioner (2% for both groups) and nurse midwives (.2% for both groups). Females were twice as likely to report being a clinical nurse specialist (1.5%) as were men (.8%). On the other hand, male respondents were more likely to be nurse anesthetists; 7 percent compared to .6 percent for females.

Most (83%) of the male respondents report that they are currently working in a full-time position. Seventy four (74) percent of male respondents who are currently employed report that direct patient care is the primary responsibility of their primary job; 15.8 percent identify administration as their primary job; and 2.5 percent are in education. More than half (52.5%) of the male respondents report having worked in their current job fewer than 5 years while 17.8 percent report being in their current position for more than 15 years. Nine point seven (9.7) percent of the male respondents have been in the same position for more than 20 years.

The largest percentage of male respondents (58.8%) report working in a hospital, while another 10.9 percent report working in long term care, and 6.3 percent work in governmental, consulting or legal positions. Five point eight (5.8) percent of male respondents work in outpatient or ambulatory care settings and 4.6 percent work in home health care.



About 17 percent of employed male respondents report having a second job. This compares to 11.4 percent for female respondents.

A great majority (75.4%) of all male respondents report being either satisfied (51.0%) or very satisfied (24.3%) with their choice of nursing as a career. Only 3 percent of all male respondents indicate that they are very dissatisfied with having chosen nursing as a career.

When asked how satisfied they are with their primary job 75.6 percent of male respondents were either satisfied (51.1%) or very satisfied (24.5%), while 2.3 percent indicated that they were very dissatisfied with their current job.

Of male respondents currently employed in nursing, 42.9 percent plan to leave the field within 10 years and 17.5 percent within the next five years. Of those males who plan to leave within the next five years, 30.6 percent plan to retire while 62.8 percent plan to find a non-nursing job. However, 37 percent of responding males indicated that they plan to continue to work in nursing for at least 15 more years.

African-American Nurses

While ethnic minorities account for 5299 or 5.6 percent of all respondents in the Ohio nursing workforce survey, the focus of this discussion will be on those minority respondents identifying as African-American. Numbering 3995, African-Americans made up the largest ethnic minority group and represented 75.4 percent of all minority respondents. The remaining ethnic minorities responding to the survey include 663 Asians (12.5%), 104 who identify as Native American (2.0%), and 63 Pacific Islanders (1.0%). An additional 474 respondents (8.9%) identified themselves as "other".

Of the African-American respondents 2412 are RNs (60%) with an additional 1543 (37%) being LPNs. Two hundred thirteen (213) or 5.4 percent of African-American respondents identified as male. More than half of all African-American respondents (66%) are over the age of 45 while only 11 percent are under the age of 35.

About a third (31%) of African-American respondents report having grad-

Executive Director

uated from their first nursing education program after 1990. Similarly, 36 percent report having graduated from their first nursing education program before 1975.

Forty eight (48) percent of African-American respondents report the LPN as their first nursing education and 36 percent report the LPN as their highest level of nursing education. For 26 percent of African-American respondents the ADN is the highest level of nursing education; 12.2 percent hold a diploma; 20 percent have a BSN; 5 percent have a nursing masters, and .2 percent hold a doctoral degree in nursing.

African-American respondents were more likely than the average survey respondent to hold a non-nursing degree with 11 percent reporting a non-nursing associates degree (compared to 5% of the sample), 9 percent having a non-nursing bachelors degree (compared with 8% of the sample), 4 percent holding a non-nursing masters (compared with 3% of the sample) and .8 percent holding a doctoral degree in a non-nursing field (compared with .5% of the sample).

African-American respondents report being certified for advanced practice in rates similar to the sample average in all categories: nurse practitioner, 1.6 percent versus a sample average of 2 percent; nurse midwives, .1 percent versus .2 percent for sample average; clinical nurse specialist, 1 percent versus a sample average of 1.5 percent; and nurse anesthetists, .6 percent compared to .9 percent for the sample.

Most (78%) of the African-American respondents report that they are currently working in a full-time position. Seventy point five (70.5) percent of African-American respondents who are currently employed report that direct patient care is the primary responsibility of their primary job, 12 percent identify administration as their primary job, and 6.2 percent are in education. More than half (55.3%) of the African-American respondents report having worked in their current job fewer than 5 years, while 19.6 percent report being in

their current position for more than 15 years, and 12.7 percent have been in the same position for more than 20 years.

The largest percentage of African-American respondents (32.4%) report working in a hospital, another 21.5 percent report working in long term care, and 4.7 percent work in governmental, consulting or legal positions. Six point seven (6.7) percent of African-American respondents work in outpatient or ambulatory care settings, and 5.7 percent work in home health care. About 22 percent of employed

African-American respondents report having a second job. Of all survey respondents, 12.4 percent work at a second job.

A great majority (78%) of all African-American respondents report being either

satisfied (43.6%) or very satisfied (26.1%) with their choice of nursing as a career. Only 3 percent of all African-American respondents indicate that they are very dissatisfied with having chosen nursing as a career.

When asked how satisfied they are with their primary job 72.2 percent of African-American respondents were either satisfied (52.1%) or very satisfied (20.1%), while 3.1 percent indicated that they were very dissatisfied with their current job.

Fifty six point four (56.4) percent of currently employed African-American respondents plan to leave the nursing field within 10 years, and 26 percent within the next five years. Of those African-American respondents who plan to leave within five years, 28.4 percent plan to retire while 21.3 percent plan to find a non-nursing job. However, 25 percent of African-American respondents indicated that they plan to continue to work in nursing for at least 15 more years.



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Looking Back... by Sara Larson, former OBN Licensure Manager

On April 27, 1915, the Ohio General Assembly passed the Nurse Practice Act and established the Nurses' Examining Committee of the State Medical Board. This committee was the predecessor of today's Board of Nursing. The Nurses'

Examining Committee members were appointed by the State Medical Board, and consisted of a secretary, entrance examiner, three nurses, and the secretary of the State Medical Board. The Committee met, for the first time, on September 14, 1915.

The first order of business was establishing the minimum requirements for training schools and hospitals. The Secretary, George Matson, was directed to prepare "outlines following those used by the Illinois Board and the recommendations of the Educational Committee of the National League for Nursing Education." Nursing curriculum was also a priority, and the Secretary was directed to follow the New York and Illinois model.

The second meeting of the Committee on October 18, 1915 was for the purpose of considering the minimum requirements for recognition of training schools and hospitals.

The State Medical Board adopted recommendations that required: a daily average of fifteen patients; all school personnel were graduates of recognized training schools; training was provided in medical, surgical, obstetrical, and pediatric nursing; and a three-year period of instruction totaling 357 hours. In addition, the training schools and hospitals must meet the requirements after January 1, 1916 to receive recognition by the Committee and the State Medical Board.

At that same meeting, the Committee "resolved, that it be the sense of the Committee, that certificates be issued to graduates of training schools and hospitals located in Ohio, which prior to this date issued a curriculum and followed an established course of instruction in practical and theoretical nursing, and that the same recognition be granted graduates of Ohio Training Schools now defunct presenting similar credentials." At the December 30, 1915 meeting, the Secretary presented a list of Ohio Training Schools and the Committee divided the list in three parts:

1. Schools entirely eligible and worthy of recognition
2. Schools probably eligible and worthy of recognition
3. Schools about which little information was known or for whom there was doubt about their eligibility for recognition

The Committee also decided the issue of recognizing diplomas granted prior to the passage of the Nurse Practice Act.



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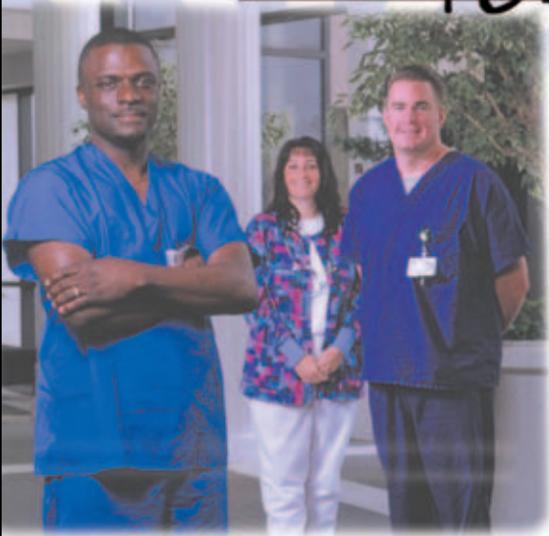
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- Psychiatric Clinical Nurse Specialist – Part time (20 hrs per week). The chosen candidate will provide Psych Nursing Consultation to patients on the Medical/Surgical units, formal and informal educational programs to nursing staff, and collaboration with the Inpatient Psych management team. Must have MSN in Psych/Mental Health Nursing and experience working in a hospital setting.

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- Nursing Supervisor – Full-Time & Part-Time, Nights
- Licensed Practical Nurses
- Clinical Assistants
- Registered Nurses
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INPATIENT RNs

- Burn Unit
- Emergency Department – experience only
- Medical Intensive Care Unit – experience only
- Med/Surg/Oncology Nursing
- PRN – Med/Surg & Critical Care
- Telemetry

INPATIENT LPNs

- Rehabilitation – PRN. Must have rehab/LTC experience.

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- Obstetrics – Part-Time Weekends/12-Hour Shift/Days
- OB/GYN – PRN – Days

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- Spinal Cord Injury

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Nurses who had diplomas from an Ohio training school or hospital prior to January 1, 1916 would be permitted to apply to register. Schools were required to furnish evidence of adequate instruction in the theory and practice of nursing. On January 11, 1916 Harriet Friend, a committee member, was issued the first certificate. A total of 3,347 certificates were issued.

The Committee had a great deal of work to accomplish including the questions of examination and reciprocity (recognition of licensure in another state, and granting licensure in Ohio—now referred to as endorsement). The question of reciprocity first appears in the Committee minutes of June 20 and 21, 1916. The Nurse Registration Boards of Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Pennsylvania, and Virginia asked for reciprocity. The Committee instructed the Secretary to prepare a formal letter and agreement along with a copy of the law and the requirements of the Ohio Medical Board to those states “whose laws and requirements are equivalent to those of Ohio.” However, the process of reciprocity was cumbersome, and it would soon be recognized that a national endorsement process was more appropriate. The establishment of a national council of nurse examiners was proposed that would “establish a standard examination of such character that the certificate awarded the successful candidate could safely be accepted by all boards of nurse licensure.”

By July 5, 1916 the Committee reported the following:

- 3,855 applications filed
- 3,669 certificates granted
- 28 applications withdrawn
- 32 applications rejected
- 28 applications pending

On November 8, 1916, the Committee adopted rules to govern examinations. The Committee recommended that the examination be approved by the Nurses' Examining Committee and be held twice each year. Procedures and subjects that were to be covered in the examination were also adopted. The recommended date for the first test was December 13 and



14, 1916. The passing standard was 75 percent for the entire test with no less than 60 percent in any subject.

Twenty-six years would pass before the Ohio legislature would approve the bill that established the State Nurses Board as a separate entity from the State Medical Board:

There is hereby created a state nurses' board, hereinafter referred to as the board, which shall assume and exercise all the powers and perform all the duties now conferred and imposed by law upon the state medical board concerning nurses and nursing and the regulation thereof.

Governor John W. Bricker signed the bill on May 13, 1941. On January 9, 1942 the newly appointed board met with Governor Bricker, and then proceeded to meet to conduct the business of the board.

The 1940's and 1950's witnessed many changes for the nursing profession in Ohio. According to the National League of Nursing Education Report, “State-Accredited Schools of Nursing” published in 1946, Ohio had 65 state accredited schools of registered nursing. A review of the Board minutes in 1948 revealed that only 13 schools in Ohio admitted Blacks (41 Black students were enrolled at seven schools); 26

schools eliminated students who married; and men were enrolled only at Good Samaritan Hospital, and at St. Rita's. Mercy and Hamilton Hospitals were considering admitting males.

After years of debate and study, the Board voted in 1948 to cooperate with the Practical Nurse Association of Ohio to develop amendments to the nurse practice act that would provide for permissive licensure of qualified practical nurses. The Board agreed that the need for the practical nurse was real, however it did not approve of having two practical nurses sit on the State Nurses Board. In addition, the Board agreed that mandatory licensure would not protect the public or assure good nursing. They did believe that a permissive law would improve practical nurse preparation and allow for the licensure of those properly prepared.

It would not be until 1955 that the Ohio General Assembly approved a bill to license the practical nurse. It would be another twelve years before mandatory licensure for registered and practical nurses became a reality. Registered nurses were required to be licensed by January 1, 1968 and practical nurses by April 1, 1971. By 1982, the national examination, NCLEX® replaced the state board test. Ohio was moving into the age of technology.

The Nurse Practice Act of 1988 was the Board's effort to modernize Ohio's law. A coalition of thirty-two nursing organizations representatives was formed. The task was to recommend the changes needed to recognize the changing role nurses play in health care delivery.

As the Ohio Board of Nursing has grown and evolved into one of the largest and busiest regulatory agencies in Ohio, the challenges and issues facing the Board remain much the same: establishing educational standards to insure competent nurses and protecting the public's health and safety.

End Note: Information for this article came exclusively from Ohio Board of Nursing Board Minutes Volume I and Volume III and the pamphlet “Celebrating 75 Years of Regulating the Practice of Nursing 1916-1991” published by the Ohio Board of Nursing in 1991.

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PROFILE

This issue of *Momentum* marks the start of a new feature for the Board's quarterly communication with our licensees and certificate holders. Commencing with this issue, each *Momentum* will feature one Ohio Board of Nursing staff member by identifying his or her role with the Board, background, education and training. It seems appropriate to begin this new feature by introducing the Board's new Associate Executive Director, **Betsy Houchen, RN, MS, JD**. Betsy assumed this position with the Board on June 1, 2004.

The Associate Executive Director position assists the Executive Director and acts on his behalf in his absence from the office. In addition, Betsy will oversee the Compliance, Monitoring, and Education, Licensure and Nursing Practice Units of the Board.

Prior to assuming this new position,

Betsy has served as an Adjudication Coordinator for the Board since August 2002. In this role she worked as part of the Compliance Unit, and was involved in the Board's investigatory and disciplinary functions. Her professional experience before joining the



Betsy Houchen

Board includes Of-Counsel Attorney positions with law firms Kegler, Brown, Hill & Ritter, LPA, and Buckingham, Doolittle and Burroughs, LLP. Betsy also worked as the Director of Public Affairs for the Ohio Council of Home Care and provided extensive consulting services to the National Association for Home Care. Before this she worked in the public health arena as Bureau Chief at the Ohio Department of Health, Bureau of Adult Care and Community Services, and as Assistant Health Commissioner for the Columbus Health Department. She has a number of publications to her credit and has spoken on HIPAA and other topics at meetings and conferences around the country.

Ms. Houchen's strong background in nursing and law makes her the perfect candidate for the Board's Associate Executive Director position previously held by Theresa Stir, JD, RN. Betsy may be reached at the Board offices by phone: (614) 995-3684, or by email: bhouchen@nursing.ohio.gov.

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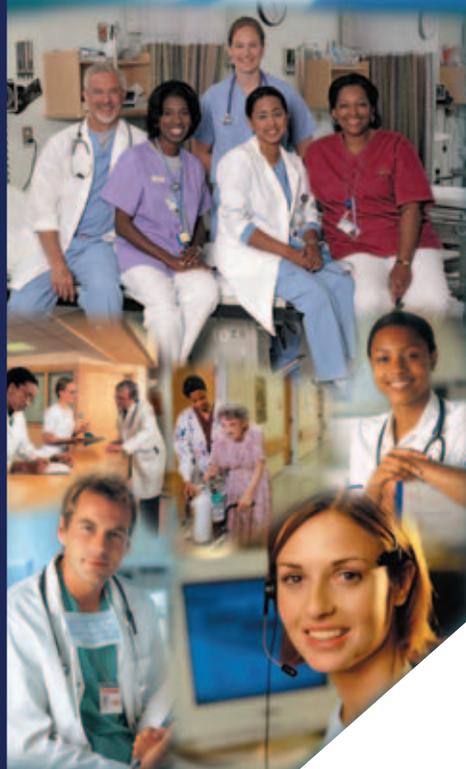
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“As an academic medical center affiliated with a world-class college of nursing and the fourth largest medical school in the nation, OSU Medical Center emphasizes three major areas: teaching, research and patient care,” said Cheryl Hoying, PhD, RN, patient

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836,000 outpatients each year, OSU Medical Center has continually captured national and international headlines. The center was the first in the world to use robotics surgery for distal pancreatectomy and to test interoperative computer-assisted surgery for total knee replacements. OSU Medical Center was the first in North America to implement da Vinci robotics technology for heart bypass and the first in the U.S. to implant the ventricular assist device, the AB-180 Heart Pump. Patients come from around the world for treatment at OSU Medical Center's Madden/NPS Center of Excellence for Parkinson's Disease and the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute. In addition, OSU Medical Center is recognized for its minimally invasive surgical techniques and its osteoporosis research.

"Nurses at OSU Medical Center are setting the standard for patient care by using tomorrow's technologies and practices today," said Hoying. "No matter what their interests, these professionals have many opportunities to utilize their talents and input their ideas to generate new clinical knowledge."

Peg Ripley, a Staff Nurse IV in the OSU Cardiac Intensive Care Unit, said this type of environment has kept her mind stimulated throughout her 16-year career. "I like the fact that I get to implement techniques and technologies that have never been used by nurses at any other hospital," she said. "It is gratifying to see how these innovations are improving

the quality of life for my patients and speeding their recovery."

An environment that fosters continued learning is another benefit of an AMC. "During my years with OSU, I have had many opportunities to educate and mentor others," Ripley said. "Often, these opportunities are part of a 'train the trainer' approach, with several nurses learning about a new procedure or a new medicine so they can educate others."

Ripley is presently learning about a new temporary ventricular assist device that has been beneficial to patients in early clinical trials. Ripley is not only working with primary investigators to help identify patients who meet the criteria for the device, but she works with patients when they are admitted to the study to collect data and report their progress.

Hoying reminded that all nurses at OSU Medical Center are eligible for an attractive benefits package that includes tuition assistance and flexible hours that will enable them to attend academic classes. Educational opportunities are also available within the various departments to assist them in earning the continuing education units (CEUs) required for certification.

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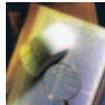
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notify current and potential employers and to reach the individual when other avenues have failed.

There are many reasons a personal check may not properly 'clear' during bank processing. It is for this reason that each person listed here has been notified by certified mail, using the last known address of record, and given 30 days (or more) to render proper payment to the Board. These applications, certificates or licenses, will not be con-

sidered complete until proper payment has been rendered. Once that grace period has expired (and if applicable the renewal cycle has ended) licensee information is turned over to the Compliance Unit and recommended for investigation on charges of working without a license. Individuals found to be working on a lapsed license will be subject to the penalties defined in ORC Section 4723.99 (B).

Below is a list of those nurses and dialysis technicians whose renewal applications, certificates, or duplicate licenses are incomplete due to payment failure related to insufficient funds. The licensee and certificate holders listed below failed to render payment by the date this publication went to press.

Registered Nurses

RN 284031	Conner, Deborah
RN 229036	Sweetland, Dundee
RN 231846	Farrish, Cordelia
RN 258556	Rine, Duane
RN 081572	Hartmann, Mary
RN 179628	Balogh, Cheryl
RN 254146	Jarven, Ann
RN 225176	Dooley, Deborah
RN 213908	Driscoll, Pamela
RN 256289	McDaniel, Linda
RN 099852	McCutcheon, Jane

Licensed Practical Nurses

PN 026851	Lauinger, Eugenia
PN 076801	Harper, Wanda
PN 109961	Carter, Sandra
PN 109807	Townsend, Stacey
PN 016998	Majors, Mary
PN 105124	Groves, Lisa
PN 027403	Allgower, Barbara

If your name is listed here, please contact the Board at 614-466-9976 to arrange for proper payment of your fees. Because the name of a licensee may be the same as another, **please do not assume from the name alone** that a particular individual has a payment failure. You may verify the license number on the Board's web site at www.nursing.ohio.gov by clicking on Verification.

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- Beverly Health & Rehab Center**
1425 Yorkland Rd., Columbus, OH 43232
- Western Reserve Extended**
9679-9685 Chillicothe Rd., Kirtland, OH 44094
- Valley View Nursing & Rehab Center**
721 Hickory St., Akron, OH 44303
- Evergreen Rehab & Specialty Care Center**
555 Springbrook Dr., Medina, OH 44256
- Longmeadow Care & Rehab Center**
565 Bryn Mawr St., Ravenna, OH 44266
- Beverly Healthcare Magnolia**
365 Johnson Rd., Wadsworth, OH 44281
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Dates and Location of Scheduled Board Meetings

The Ohio Board of Nursing meets six times per year with the meetings beginning on Thursday and continuing until business is completed the following Friday. The Board may also meet on Wednesdays prior to the Board meeting as a whole or in small groups to discuss specific items or issues, to participate in

continuing education activities, or to conduct a public rules hearing (generally in November). Watch for formal notification of the date, time and location of rules hearings. Summaries of these meetings or hearings are presented to the full Board during a regularly scheduled Board meeting for information and

possible action by the Board. The Thursday meeting begins promptly at 9:00 AM. The public is invited to attend, however, potential attendees should contact the Board office at 614/466-6940 prior to the scheduled meeting to determine if there have been any changes in the location of the session.

January 15-16, 2004	January 20-21, 2005	January 19-20, 2006
March 18-19, 2004	March 17-18, 2005	March 16-17, 2006
April 15-16 (retreat)	(retreat - T.B.A)	(retreat - T.B.A)
May 20-21, 2004	May 19-20, 2005	May 18-19, 2006
July 15-16, 2004	July 21-22, 2005	July 20-21, 2006
September 9-10, 2004*	September 15-16, 2005	September 20-21, 2006
November 17-18-19, 2004	November 16-17-18, 2005	November 15-16-17, 2006

**Note: The September 2004 Board Meeting will be held at the Dayton VA Medical Center in Dayton, Ohio. Watch the Ohio Board of Nursing website for more details.*

Advisory Groups/Committees

All meetings of the advisory groups begin at 10:00 AM (unless otherwise noted) and are held in the Board office. Because space is limited, if you have an identified need to attend one of these meetings, please contact the Board office at 614/466-9970 to determine space availability, as well as any change in the location, date or times from those listed.

The Advisory Group on Nursing Practice and Education Issues will meet February 12; April 22; June 10; August 12; October 14; and December 9, 2004.

Chair: Kathleen Driscoll

The Advisory Group on Dialysis will meet February 17; April 20; June 15; August 17; and October 19, 2004.

Chair: Debra Broadnax

The Advisory Group on Continuing Education will meet February 20; June 18; and October 15, 2004.

Chair: Lisa Klenke

The Committee on Prescriptive Governance will meet February 23; June 14; and October 18, 2004.

Chair: Joanne Navin

2004 Members Ohio Board of Nursing	Term Expires
Yvonne M. Smith, MSN, RN, CNS / Canton, President	2005
Mary Jean Flossie, LPN, LNHA / Massillon, Vice President	2005
Debra Broadnax MSN, RN, CNS / Columbus	2004
Elizabeth Buschmann, LPN / Oregon	2004
Patricia Schlecht, RN, MSN / Loveland	2004
T. Diann Caudill, LPN / Newark	2005
Kathleen Driscoll, JD, MS, RN / West Chester	2005
Lisa Klenke, MBA, RN, CNAA / Coldwater	2005
Anne Barnett, BSN, RNC / Junction City	2006
Bertha Lovelace, RN, BA, CRNA / Cleveland, Supervising Member for Disciplinary Matters	2006
Judith Brachman, Consumer Member / Columbus	2007
Cynthia Krueger, RN, MSN / Napoleon	2007
Teresa L. Williams, LPN / West Union	2007

Available for Purchase:

- Current Law (dated June 26, 2003) and Rules (dated February 1, 2004), \$7 if shipped; \$4 if picked up at the Board office. Single copies only are available.
- Combined Board Publications, \$12.50-Includes the current law and rules of the Board and a copy of all Board brochures including; Facts About the Ohio Board of Nursing brochure and Continuing Education Requirements for RN's, LPN's and Dialysis Technicians in Ohio. Single copies only are available.

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Drafts of Rules Proposed



The Ohio Board of Nursing has posted on its website (www.ohio.nursing.gov) two preliminary drafts of rules the Board will propose for formal adoption later this year. These rules relate to 2 different Board initiatives: the certification of Community Health Workers, and the establishment of a Nurse Education Grant Program to be administered by the Board. The proposed rules on the website represent **first drafts only** and are made available for the purpose of preliminary public review and comment. The Board is seeking constituent input prior to approval of a formal draft to be filed later this year with the Joint Committee on Agency Rule Review. In addition to this, there will be other opportunities for input once the rules are formally filed and the administrative hearing process commences.

The Board will keep the public and interested parties advised as these rules are developed further. Public and constituent input and response are welcomed.

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RN-200077 BENKE, LINDA
RN-303342 BINNS, KAREN
RN-260053 CHANG, JILL

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RN-289810 CONAWAY, CRYSTAL
RN-237394 COOPER, JOYCE
RN-195279 CULP, PEGGY
RN-293151 DASO, MICHAEL
RN-290170 DOGOVA, OLGA
RN-219365 DONATELLI DENISE
RN-143122 EWERS, GEORGIA
RN-155673 FEW, HATTIE
RN-169252 FLANICK, BARBARA
RN-204199 FRANKS, SUSAN

RN-281493 GLUCK, JEFFEREY
RN-302859 GONZALES, LISA
RN-299989 HAAS, SHARON
RN-248258 HAMAN, AMY
RN-272430 HATFIELD, CATHERINE
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RN-198054 JOHNSON, ROBERT
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RN-231144 KELLEY, MARY

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RN-158049 LAYNE, RICHELLE
RN-107021 LINCKS, JUDITH
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RN-246226 MAERKER, MELISSA
RN-144270 MAHONE, LINDA
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RN-281336 TEWOLDE, CATHERINE
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RN-175069 TUCCI, RENEE
RN-214032 WARD, MARSHA
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Emerging Issues 2004

Ohio Board of Nursing Annual Offering
September 21, 2004

Mark your calendars: The Ohio Board of Nursing will be offering a three hour continuing education program for Category A which meets the requirements for your one mandatory hour of the Law and Rules regulating nursing practice in Ohio. The course will include an update of the Law and Rules, discussion about various scopes of practice and plenty of time for questions. It will be held in the Riffe Building at the corner of State and High in Downtown Columbus. Watch the Ohio Board of Nursing website for time and more details.



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PN-064235 HURST, JO ANN
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