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KSBN PRESIDENT'S MESSAGE

WOW! What a year we have navigated through. When I look back over the past year I wonder in amazement "How did we do it?" It is with great pride I answer that question with loud "Of Course, we did it we are nurses!" I was given the opportunity to start my work at the Kansas State Board of Nursing with an appointment to the



Patricia Zeller

Education Committee in 2012, and I have not looked back since that first day I helped make decisions that were helping shape the next generation of nurses that would follow.

I have helped in many capacities with duties as part of the Kansas State Board of Nursing to include Chairperson for the Education Committee as well as board member since 2014 and President since 2019. All the experience that I have accumulated from bedside nursing and education of students at the Associate Degree level, has

helped prepare me to speak with boldness regarding the love I have for the profession of nursing. I would not change my journey in anyway, as within any struggle I have never met more dedicated, compassionate, selfless people than those that have answered a call to become a nurse.

Even before "COVID-19" we as nurses always knew we would take on any challenge and use "Nursing process" to assess the problems we faced and plan with proper interventions to make the situation better, while assessing the outcomes and adjusting for continued service. I have never worked harder in my career than in the past few years helping with the KSBN duties and responsibilities, but with great pride, I do it because I want to help make a difference.

With all this refection, I must say loud and clear that I appreciate the impact all nurses have had on the state of Kansas. I could not be prouder or more honored to have been given the opportunity to serve on the KSBN board but also to share an occupation with a group of professionals that I look up to everyday. From the bottom of my very grateful heart, THANK YOU FOR ALL YOU DO!

Patricia (Patsy) Zeller

Thoughts from the Executive Administrator...

Hello everyone,

Presort Standard

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This year has been unlike any other year. It has been a year of many challenges for everyone and a year of much sadness for many people. Nurses have been on the

frontlines of this pandemic caring for the citizens of Kansas and we are so proud of everything you



Carol Moreland

have done. Thank you from the bottom of our hearts! You are our heroes.

Challenges often bring change and growth, sometimes even when we are not ready for it. The pandemic has forced our agency to work differently than ever before – we had to take most of our staff remotely to work for their safety. We had to conduct our committee

and Board meetings via Zoom for the safety of our committee and Board members. Because of these big changes, our Board and agency has continued to work throughout the pandemic carrying out our mission, which is public protection.

Two other changes we are starting are changes to our newsletter and annual report. Our quarterly newsletter is available for viewing on our website. Our goal with the newsletter to is provide information that will be helpful to the licensees in their practice. We have some exciting ideas for improving the newsletter and you will start to see the beginning of some of the changes in this newsletter. We need help from you to let us know what you think would make the newsletter more beneficial to licensees. If you have ideas, please email them to me at carol.moreland@ks.gov.

Thank you for all your continued support during this challenging time and for everything you do to protect and care for the public.

Carol Moreland, MSN, RN

NURSE STATISTICS

License Type	Total
Clinical Nurse Specialist	465
Licensed Mental Health Technician	70
Licensed Practical Nurse - Multi-State	880
Licensed Practical Nurse - Single-State	9,963
Nurse Midwife	100
Nurse Practitioner	5,726
Registered Nurse - Multi-State	8,216
Registered Nurse - Single-State	51,287
Registered Nurse Anesthetist	1,237

CONGRATULATIONS & HAPPY RETIREMENT

...to KSBN Investigators, Mickie Walker BSN, RN & Beth Peters MSN, RN!! They both have served with the highest level of service, integrity and dedication to the mission of the board of nursing. Each doing their part to assure the citizens of Kansas safe and competent practice by nurses and mental health technicians. It is our honor to extend our deep appreciation for your years of loyal & dedicated service!



Board Member Openings

The mission of the Board of Nursing is to assure the citizens of Kansas safe and competent practice by nurses and mental health technicians. The Board is composed of eleven members appointed by the Governor and meets quarterly in Topeka. There are quarterly committee meetings that occur during the same week as the Board meeting. Six members shall be registered nurses, two shall be licensed practical nurses and three shall be members of the general public. Each appointment as a Board member is a four-year term.

Each member shall be a citizen of the United States and a resident of the state of Kansas. The LPN Board members shall be licensed to practice practical nursing with at least five years' experience in practical nursing and shall be actively engaged in practical nursing in Kansas at the time of appointment.

Currently we have one opening on the Board for an LPN Board member. We have two RN Board members whose terms end on June 30, 2021. If you meet the qualifications listed above and are interested in serving as a Board member, you will find more information and the application at: https://governor.kansas.gov/serving-kansans/office-of-appointments/

Po You Have A Question?

Is there a question you would like answered in an upcoming newsletter? If so, please email the question to: carol.moreland@ks.gov and state the question is to be answered in an upcoming newsletter. Based on the date we receive it, will determine which newsletter the answer appears in.

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2021 KSBN Committee Openings

Are you interested in serving as a KSBN Committee member? There are several committees that meet quarterly during Board week. Appointments for the KSBN committees are made after the September board meeting. Each member of the committee serves a two-year term. The committees with vacancies and a description of the committee follow:

<u>Continuing Nursing Education Committee</u> - 3 positions

Qualifications: CNE Provider

Purpose of the committee: to review continuing nursing and mental health technician education; to review and recommend revisions to CNE statutes and regulations; to monitor and approve CNE providers for both initial and renewal status and to review statistical information regarding providers of CNE.

<u>Advanced Practice Registered Nurse Committee</u> - 5 positions

Qualifications: Licensed as an APRN in the category of:

Position 1: NP

Position 2: CNS

Position 3: CNM

Position 4: CRNA

Position 5: APRN to serve on the K-Tracs Advisory Committee

Purpose of the committee: to review and recommend revisions in statutes and regulations for approval of APRN and RNA programs in collaboration with the Education Committee.

Education Committee -2 positions

Qualifications:

Position 1: Represent Advanced Practice Program Position 2: Represent ADN Program

Purpose of the committee: to review and recommend revisions in educational statutes and regulations for nursing, APRN, RNA and LMHT programs; to review educational policies for nursing and LMHT programs and to review all reports, evaluations, and site visits of schools of nursing, APRJ, RNA and LMHT programs.

Practice/IV Therapy Committee - 5 positions

Qualifications: RN or LPN engaged in practice and/or IV Therapy

Purpose of the committee: to review and recommend revisions in APRN and RNA statues and regulations. To provide nonbinding guidance on the scope of nursing and LMHT practice in response to written inquiries. To make recommendations to amend the practice act that reflect current nursing and mental health technician practice. To review and recommend revisions in educational statutes and regulations for IV therapy programs. To review educational policies for IV therapy programs; to review all reports and evaluations of IV therapy programs.

The Committee applications have been posted on the KSBN website. If interested, you can complete and submit an application.

BOARD MEETING SCHEDULE

Board Meetings

- June 14, 15 & 16
- September 13, 14 & 15
- December 13, 14 & 15

ADDRESS CHANGE

You can use your user ID and password to change your address online OR send us the change of address in writing. Please submit within 30 days of address change. You may mail your address change to Kansas State Board of Nursing; 900 SW Jackson St, Ste 1051; Topeka, KS 66612-1230. The Address Change form is available at https://ksbn.kansas.gov/forms/.

If you do not have access to a computer please include the following information in your written request:

First and Last Name (please print complete names)

Kansas Nursing License Number(s)

Social Security Number

(complete Street Address with Apt #, City, State, and Zip)		
Home phone number and Work Phone number		
Date the New Address is in Effect		
Sign and date your request		
We are unable to accept your request to change your address from information delivered over the phone or via an email. All requests must be		

COMMITTEE INFORMATION

We will no longer be publishing an overview of the KSBN Committee minutes, however they can be found on our website via this link:

received in writing and include a signature.

https://ksbn.kansas.gov/2020-agenda-and-minutes/

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Post-BSN Entry: Advanced Practice Registered Nurse (APRN) Earn specialization in:

- Family Nurse Practitioner
- Adult Gerontology Acute Care Nurse Practitioner
- Other specializations may be available

Next class begins in fall

DNP Post Master (APRN) (fully online)

Next class begins in spring

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K-TRACS resources emphasize safe medication practices

SAFETY WITH OPIOIDS

IS IT AN OPIOID?

Even when prescribed by your doctor, opioids (prescription pain relievers) can pose a risk to your health, including addiction and overdose.

Over-the-counter pain relievers are NOT opioids. These include aspirin, ibuprofen, naproxen and acetaminophen. These medications are generally safe for most patients.

PRESCRIPTION OPIOID PAIN RELIEVERS

- Percocet (oxycodone/acetaminophen)
- Vicodin and Lortab (hydrocodone/acetaminophen)
- OxyContin (Oxycodone)
 Morphine
- Tramadol
- Codeine
- Demerol (meperidine)

BENZODIAZEPINES

- Xanax (alprazolam)
- Ativan (lorazepam)
- Klonopin (clonazepam)
- Valium (diazepam)
- Librium (chlordiazepoxide)
- Clorazepate

DANGEROUS DRUG COMBINATIONS

Combining prescription opioids with benzodiazepines increases your risk for unintentional overdose.

Benzodiazepines are most commonly used to treat anxiety, insomnia and muscle spasms. Both drug types work as depressants — impairing your cognitive function, causing sedation and suppressing your ability to breathe. These effects can cause overdose and death.

TIP: Always disclose all medications you are taking with each of your healthcare providers to ensure your safety.

CONSIDER NALOXONE

Naloxone is an opioid overdose reversal medication. You should consider asking your healthcare provider or pharmacist about carrying it with you and training a loved one how to use it if you are on long-term opioid

Naloxone can reverse the effects of an opioid overdose and increase the chances of survival.

These medication safety tips brought to you by your healthcare team and K-TRACS



Learn more at: ktracs.ks.gov/consumers



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GET WELL, STAY WELL, BOTHWELL,

Proper medication storage and disposal can reduce the risk for unintentional drug poisoning and prescription drug misuse, abuse and diversion.

The K-TRACS Provider Toolkit, available on the K-TRACS website, contains resources to help guide patient conversations and reinforce in-person interactions about safe medication practices.



Safe medication storage and disposal is critical to the safety of Kansas families. According to the <u>2020 Kansas Communities That Care Survey</u>, 74% of teens who reported using a prescription drug not prescribed to them said they gained access to the drug through friends and family.





Up to 40% of prescription medications are not completely used and are likely to remain inside the home with or without secure storage options in place (<u>National Community Pharmacists Association</u>). Those secure storage options include a locked kitchen cabinet, lockbox or safe

Nightstands, kitchen counters or tables, bathrooms, the top of the refrigerator, and any unlocked cabinet or drawer are not recommended for medication storage due to a lack of security and/or lack of temperature and humidity control.

Medication take-back programs are commonly used to provide safe medication disposal options. In Kansas, more than 100 pharmacies are part of the Kansas Medication Collection and Disposal Program, offering a convenient, safe and environmentally responsible option for patients to dispose of unwanted medications. Other pharmacies and law enforcement agencies are registered with the DEA to take back medications in a similar manner.

- <u>Find a Kansas Medication Collection and Disposal site near you</u>
- Find a DEA Drug Take-Back site near you

A <u>2019 study</u> identified consumer motivations for disposing of unused opioid medications. Among the top five motivations was the response, "I was instructed by a health care practitioner whom I trust."

To help healthcare providers engage with patients about the importance of safe medication practices, K-TRACS offers a Provider Toolkit containing print and digital materials in English and Spanish that can be shared with patients.

The toolkit also provides downloadable pocket guides for healthcare providers to use as checklists and conversation starters with patients.

The free downloads are available at http://ktracs.ks.gov/using-k-tracs/provider-toolkit.



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In honor of National Nurses Week (May 6-12) and National Hospital Week (May 9-15), Centura Health wishes to thank every caregiver for their passion for providing whole person care every day. As our caregivers have worked harder than ever before in the face of the COVID-19 pandemic, we want to acknowledge them for their incredible care and hard work. We celebrate all of our incredible hospital caregivers and volunteers who make our mission to create flourishing communities a reality.

 $\label{lem:continuous} \textbf{Centura Health is an Equal Opportunity Employer, including disability/vet.}$

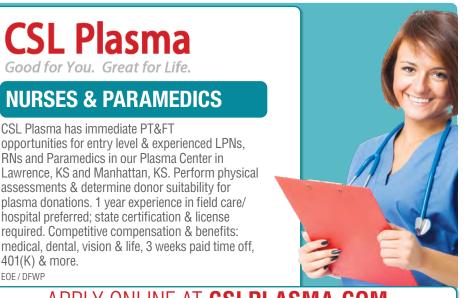


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Vacant

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Adri Gouldsmith, LPN 07/01/2019-06/30/2023

Stay up to date on matters related to COVID-19, such as Executive Orders, KSBN Monthly Updates and FAQs on KSBN's COVID-19 Information Center: https://ksbn.kansas.gov/covid-19/

NOW HIRIGA YOUR FUTURE STARTS TODAY FACULTY AND ADJUNCTS FOR PN AND SHORT TERM HEALTH WSUTECH.EDU/JOBS

Advanced Practice Reminders

- According to K.S.A. 65-1130 an APRN may prescribe drugs pursuant to a written
 protocol as authorized by a responsible physician. Each written protocol shall contain
 a precise and detailed medical plan of care for each classification of disease or injury
 in which the APRN is authorized to prescribe and shall specify all drugs which may be
 prescribed by the APRN.
- According to K.S.A. 65-1130 in order to prescribe controlled substances, the APRN shall (1) register with the federal drug enforcement administration; and (2) notify the board of the name and address of the responsible physician or physicians.
- Each APRN that is authorized to prescribe controlled substances via the written agreement with the responsible physician or physicians must submit a Controlled Substance Verification Form to the Board of Nursing. An updated one needs to be submitted if there are changes from the prior one submitted.
- The Controlled Substance Verification Form is submitted electronically after completion. Here is a link to the form on our website: https://ksbn.kansas.gov/controlled_substance_verification/
- You <u>cannot</u> prescribe controlled substances in Kansas until you have obtained a DEA number and submitted a Controlled Substance Verification Form to the Board of Nursing
- National certification is only required for CRNAs in Kansas, not for the other APRN roles. If you are a NP, CNS, or Midwife, do not send verification of certification to us as it is not required for licensure or renewal of your license.
- Remember that your national certification and Kansas license renewal dates are not the same. **These dates will not coincide!** Only renewing your APRN license in our system will change the expiration date.
- RN licensure is only required with APRN licensure if you do not hold a current compact license and you are moving to Kansas. If you are not moving to Kansas and have a compact license in the state which you live in, you only need to apply for the advanced practice license.
- If you are applying for a first-time advanced practice license in Kansas, a new background
 check is required! It does not matter that you previously submitted fingerprints for your
 RN license. Fingerprints may not change; however background checks can change any
 time. A new background check is needed.
- Advanced practice licenses are not tied to the RN license in our licensure system, so if the only license you need to renew is the advanced practice, just choose that license! You can renew anytime 90 days prior to your licensure expiration date.



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- RN-MSN
- MSN/MBA
- MSN
 - Healthcare Administration
 - Nursing Education
 - Healthcare Quality Management
- MSN-NP (AGP(NP))











Crossword - The Kansas Nurse Practice Act

- 1. Month in 2019 Kansas joined the Nurse Licensure
- 2. ODD or EVEN; The renewal year for a licensee if year of birth is EVEN (KAR 60-3-108)
- Submitted with Application that is used to generate a state and national criminal history record (KSA 74-1112(a)0
- KSBN has authority to license and regulate nurses (abbrev) (KSA 65-5216)
- This Executive Branch position appoints KSBN Board Members (KSA 74-1106(a)(1))
- Number of years in one term, a KSBN Board member shall be appointed to serve. (KSA 74-1106(a)(4))
- This board member represents the interest of the general public (KSA 74-1106(b))
- The KNPA is comprised of laws, known as
- This is used to compel attendance of witnesses and production of documentary evidence (KSA 74-1106(d))
- 10. Learning experiences intended to build upon the educational and experiential bases of the nurse (abbrev) (KSA 65-1113(h))
- 11. Exam taken following graduation from school of nursing (abbrev)
- 12. Course taken when licensed lapsed for five years (KSA 65-1115(c)(3); KAR 60-3-105(b)(3); KAR 603-114; KAR 60-17-111; KSA 65-4203)
- 13. This action occurs to request permission to retake licensure examination (KSA 65-1115((c)(5)(B))

- 14. Type of license issued to licensee who is not regularly engaged in practice of professional nursing (KSA 65-1115(f))
- 15. Term (in years) a license is valid (KSA 65-1117)
- 16. Type of license application when licensee fails to renew timely (KSA 65-1117(b))
- 17. Number of days within which licensee is to notify board of name or address change (KSA 65-1117(c); KAR 60-3-103; KSA 65-4205)
- 18. Type of conduct the board can take action on (KSA 65-1120(a)(7); KAR 60-3-110)
- 19. Nursing assistance in the case of an ___ prohibited. (KSA 65-1124(d))
- 20. Complaints are maintained in this fashion and not disclosed unless exceptions apply as determined by KSA 65-1135
- 21. A revocation or suspension of, or any limitation on, the full and unrestricted practice of nursing imposed by a licensing board (KSA 65-1166 Aritcle II (f))
- 22. The party state that is the nurse's primary state of residence (two words) (KSA 65-1166 Aritcle II (g))
- 23. The process by which a nurse or mental health technician enrolled in an education program is given credit for previous education (KAR 60-1-104©)
- 24. Course at end of school that demonstrates integration of knowedge and professional nursing (KAR 60-1-
- 25. Type of unprofessional conduct defined as any act or failure to act performed intentionally or carelessly that causes or is likely to cause harm to a patient. (KAR 60-3-110)

- 26. Licensee is to report this within 30 days the conviction becomes final. (KSA 65-1117; KAR 60-
- 27. Document that is proof of completion of an offering consisting of one or more contact hours (KAR 60-9-
- 28. Self paced learning activity, includes self-study program, distance learning, and authorship (two words) (KAR 60-9-105(I))
- 29. Type of approval for an education offering meeting the definition of CNE (abbrev) (KAR 60-9-105(m))
- 30. Type of contact hours required at time of license renewal (KAR 60-9-106; KAR 60-11-113; KAR 60-
- 31. A nurse may serve as a health _ for students receving nursing care in a school setting (KAR 60-15-101(b)(1))
- 32. The authorization for an unlicensed person to perform selected nursing tasks or procedures in a school setting under the direction of a registered professional nurse (KAR 60-15-101(e))
- 33. Timeframe that the APRN and physician shall jointly review the authorization for collaborative practice (KAR 60-11-101)
- 34. A type of misdemeanor conviction reported by the licensee to the Board (KAR 60-3-113; KAR 60-7-
- 35. Board approved impaired provider program, (abbrev)





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Registered Nurse, RN | Days | 12 hour shifts Registered Nurse, RN | Nights | 12 hour shifts Registered Nurse, RN | Part-Time | 32 hours Registered Nurse, RN | PRN

Out-Patient:

Registered Nurse RN | Days | 8 hour shifts Registered Nurse, RN | Nights |8 hour shifts Registered Nurse, RN | PRN

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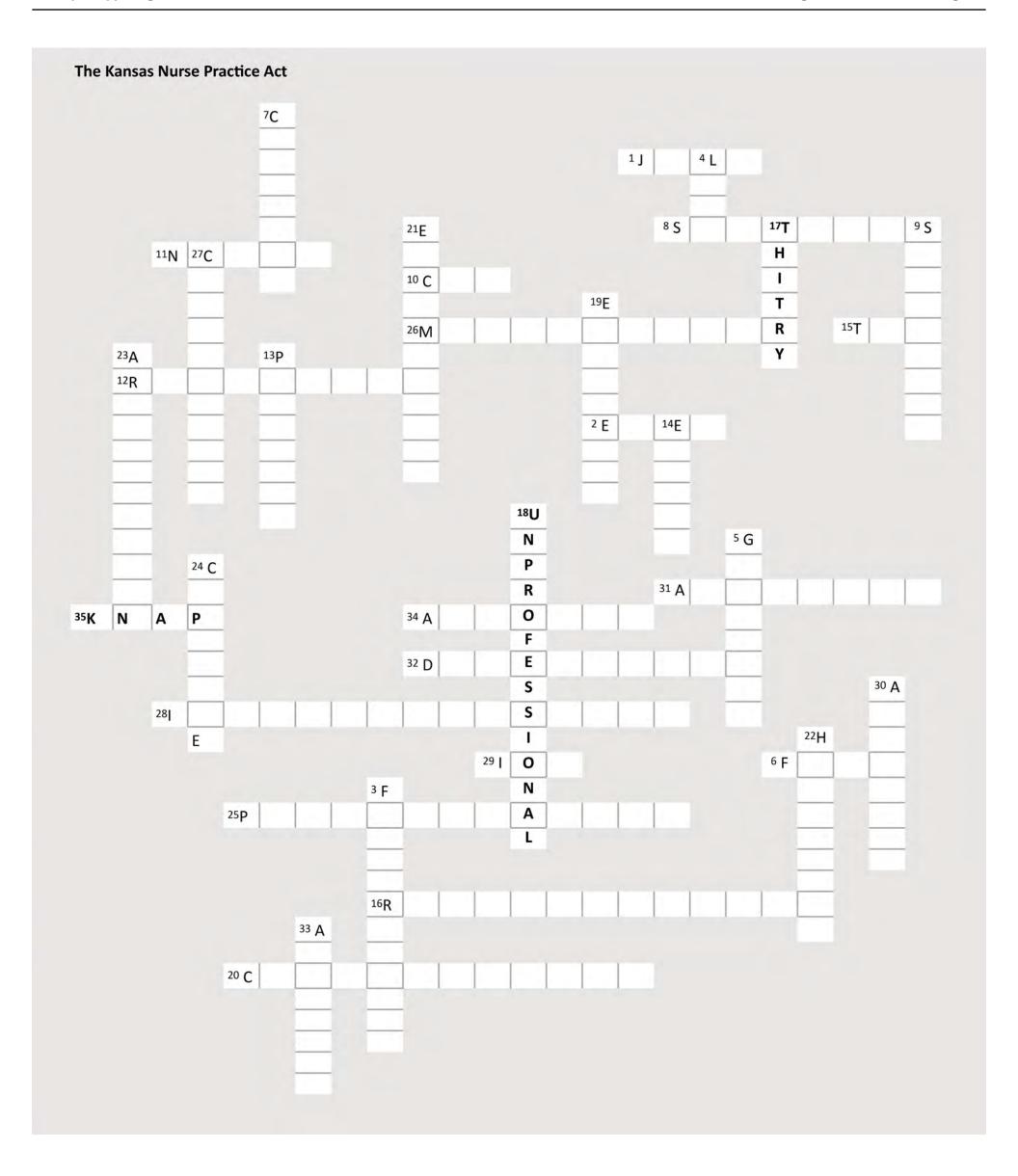


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How Pandemic Has Changed the Face of Nursing

Essays submitted by 2020 Arthur L. Davis Publishing Agency Nursing Scholarship Award Recipients

Amanda Coatney, BSN student - KU SON-Salina

not new to facing pandemics. Influenza caused many worldwide outbreaks of disease throughout the past, all of which brought changes to society. For global communities as a whole, the current pandemic we are confronting seems as though it will be one of the most transformational.



crucial component of these communities that is being impacted at an exponential rate is the healthcare system. COVID-19 has implemented seemingly permanent changes for nurses and other healthcare workers across the industry. From highlighting areas that are in the need for advancement, creating challenges in education, to proving the resilience and commitment of the nursing field, the pandemic has irrevocably changed the face of nursing.

The healthcare setting fundamentally relies on the pillars of safety and sterility. Having proper reservoirs of personal protective equipment, and education of the proper way to use them, is essential to the safety of all patients. With the rise in cases of COVID-19, there

comes a decrease in the availability of adequate resources. Health care facilities have faced a lack of space, shortage of equipment, deficiency of funds to support financial obligations and salaries, and an unavailability of staffing. This has forced many nurses to improvise; from reusing personal protective equipment to picking up countless shifts to cover the lack of staffing. While these measures are not the most secure in practice, many do not have any other choice. Despite the challenges this pandemic brings, patient safety remains the number one goal. The way healthcare teams think about and provide safe patient care has changed and will continue to be changed due to the pandemic. While nurses and healthcare workers are needed at an ever growing rate, nursing programs and educational opportunities are facing challenges.

Obtaining an education in the nursing field carries numerous obstacles without factoring in the current pandemic, but with the pandemic, nursing education has become even more challenging. The privilege to take part in clinical opportunities has in many cases been reduced or canceled, often being moved to virtual simulations. Many classes have also been moved to virtual learning. While having the opportunity to continue classes in a safer manner is appreciable, it also brings on many hardships due to technical difficulties. Also, in some ways, virtual learning is not able to be replicated the same way that in person learning is done. The lack of opportunities for students to have hands on experiential learning will most likely affect their preparedness and their ability to perform in their future occupations. Once the healthcare community has

a better handle on their technological resources, the use of telehealth will most likely continue to expand and help the healthcare system, as well as improve the education system as well.

This pandemic has brought many difficulties for nurses, but it has also shown the resilience, commitment, and capabilities of the nursing profession. The nursing profession is known for being respected and trustworthy. The dedication that nurses have shown in order to provide care for their patients during this pandemic has only added to their reputation. Continuing to further improve the respected reputation of the nursing field will promote its advancement as well as recruit new nurses to the occupation.

Though the pandemic seems as though it has already lasted a lifetime, it is still plaguing society and will continue to in the near future. Many aspects of nursing have been changed including the highlighting of unsafe practices currently being used, the forceful advancement of technological based education, and the continuing exhibition of nursing dedication. One main change that has been brought to life by this pandemic is the fact that the previous practices being used need to be improved. Healthcare society as a whole has to put more prevalence in preventing pandemics rather than maintaining them after they have already become a problem. This, along with current changes and advancements nurses are implementing, will work to improve the health and safety of the world in the future.

Essays continued on page 12

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How Pandemic Has Changed the Face of Nursing

Essays submitted by 2020 Arthur L. Davis Publishing Agency Nursing Scholarship Award Recipients

Emily Domke, PN student - WSU Tech



If someone were to ask you two years ago, "How do you think a pandemic would alter your life?" How do you think would have responded? Would your idea of a pandemic line up with the experience the whole nation has endured this year? Your idea of a pandemic would probably have been much different and much more petrifying if you were a nurse. This is the reality healthcare workers are facing right now. Coming from a nursing student who works PRN in a Kansas COVID-19 ICU, I see my fellow nurses face burdens and tensions now more than I ever have. I have witnessed first-hand how nursing has changed from a pandemic.

Some patients have had to die without their family next to them. As nurses, being present for our patients right now is absolutely critical. Sometimes, the only sense of normalcy and human interaction a patient experiences, is with their nurse. While this could have been true in some cases before the pandemic, it is much more prevalent today. Although we are dressed head to toe in our personal protective equipment with no chance of touching our patient's skin without a barrier, we are closer with them than ever. While we are sometimes all they have; we sometimes feel the same way about them. Our patients are what push us to wake up every day at the crack of dawn and skip our morning coffee so we don't have to use the bathroom for hours.

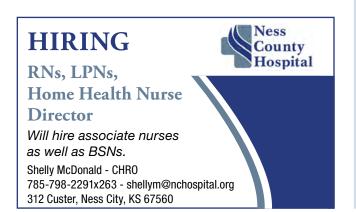
We cannot forget who we do this for. This is why I believe the pandemic changes the face of nursing by giving nurses a newfound passion for their careers and an extra boost of love and appreciation for their patients.

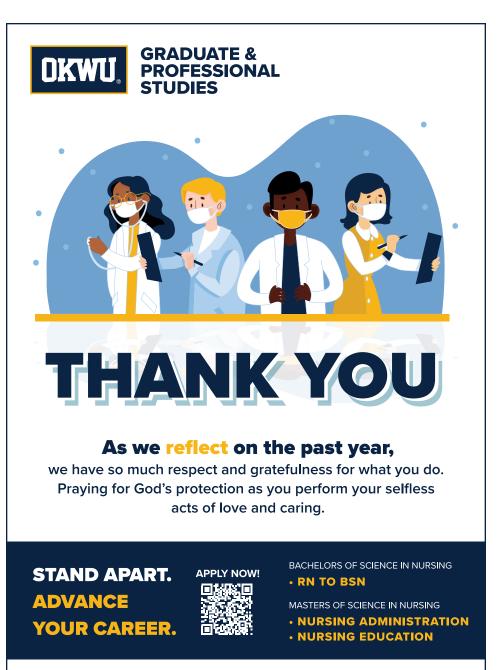
Aside from the relationship nurses have with their patients, we can look at the relationship nurses have with

the public. If you are a nurse, how much free or discounted food or clothing did you get before the month of April? Now, how much free or discounted food or clothing have you gotten after the pandemic hit? How many social media posts have you seen thanking healthcare workers? A pandemic can sure make the public realize how crucial nurses are to our world. Although nursing is said to be the most trusted profession, COVID-19 has put nurses on a pedestal. As nurses we know we will not always be appreciated or recognized, so this can be a little new to us.

On the other side of things, the pandemic has made nurses more susceptible to burn out. It can be extremely exhausting to witness so many patients die in one shift. My heart goes out to our new grads on the unit who are being thrown into this without much time to prepare. Being in the COVID-19 unit, we are unable to drink water or use the bathroom for hours. There are some days we have been hit so hard by staffing shortages. We are putting patients in body bags left and right. It is not pretty for anyone to talk about or hear about, but it is real and raw. This is the reality of being a healthcare worker during a pandemic; it makes nurses more vulnerable.

In conclusion, the pandemic has changed nursing in many different ways. It has changed the way we interact with our patients, the public, and ourselves as nurses. To have the strength to fight burn-out and keep showing up to these grueling 12-hour shifts, nurses must reach within and remind themselves why they do it; and while admiration from the public is definitely not the reason, it is sure nice to feel appreciated.





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Aimee Riffel, ADN student - Salina Area Technical College

The duty of a nurse is to provide competent, professional, compassionate care to any person who has a need. The coronavirus pandemic has changed the face of nursing by creating an unprecedented need across age demographics, societal classes, and nationalities. This need exists not just in those who become critically ill, but also, in those who are vulnerable. The face of



nursing was changed by the public's outpouring of support following the broadcasting of overwhelmed hospitals, the need for nurses to care for the social and emotional needs of the vulnerable who have become distanced from their families, and the impression left on the next generation of nurses in training about what it means to be a nurse. This universal need has brought the nursing profession into the world's spotlight for all to see.

Images and descriptions of the literal warzone that hospitals have become in cities across the world have flooded news outlets and social media. Millions of people witnessed heroic nurses and doctors donning personal protective equipment for long shifts caring for dozens more patients than their facilities had capacity for. As both protective and medical equipment began to run scarce, ordinary people that had felt little influence from the virus banded together their resources to help. Both large corporations and individual citizens provided what they could in the form of cloth masks, homemade face shields, and creatively manufactured sanitizers. From New York City to Milan, Italy nurses showed up for work despite the danger and difficulty to meet the overwhelming needs of their patients. The pandemic created a mentality across the world that everyone including ordinary citizens, health care professionals, corporations, governments, and those who became critically ill were all fighting together.

The pandemic has left vulnerable people isolated from their family members. Elders residing both In and out of care facilities as well as people with preexisting conditions have not been able to rely on the support of family to meet their needs. The necessity of keeping the virus away has halted the visits of family, support personnel, therapists, and even some doctors. Physical activity has become much more limited and the outside world has become more and more distant. Nurses across a multitude of specialties have become much more involved in the daily lives of those who are vulnerable. Nurses in elderly care facilities have found themselves caring for the social needs of their patients by providing a link with loved ones. Whereas family members may have previously only known these nurses as a caretaker who checked vital signs and administered medicine, now it is obvious that the care these nurses provide is worth much more than simple life support.

As a nursing student I have rotated through clinical shifts across all facets of the nursing profession including most notably an emergency room with an intensive care unit. My experiences at each location were affected by the coronavirus pandemic and each experience taught me important lessons about what is expected of a nurse. The emergency room nurses were incredibly professional in their care of the multiple critical coronavirus disease patients in intensive care. Protective equipment was donned with careful precision, disinfecting procedures were followed with diligence, and I came to a deeper understanding of the value of extreme competence in the nursing profession. N95 masks were worn by all for the entirety of the twelve-hour shift, causing physical discomfort among every nurse, but garnering not a single vocal complaint. I witnessed doctors and nurses placing the needs of their patients above their own personal safety and gained a greater appreciation for the sacrifices that I would soon be expected to make for those who need my care. Above all, I was forced to stare down

difficult and dangerous circumstances and reaffirm to myself that I will train hard enough to be capable of upholding my oath when it is my time to be a nurse.

The effects of the coronavirus pandemic have been felt by the nurses on the frontline of the fight against the virus whom the public has rallied support for, those families and nurses who care for people vulnerable to the virus, and impressionable nursing students training to one day assume a nurse's duty of care. Nurses of all specialties serving in all types of environments from rural elderly care facilities to overwhelmed intensive care units have risen to meet the challenges presented by the pandemic and have called upon all the competence, professionalism, and compassion that they developed during their training. Their sacrifices witnessed by the world have imparted a feeling of hope for the future; a shared feeling that through the competence and care of nurses and those who support them we will all emerge from this dark night into the light of a new day happy, healthy, and together once again.

> "Hope is a thing with feathers that perches in the soul" — Emily Dickinson

> > Essays continued on page 14







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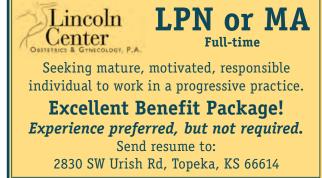
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How Pandemic Has Changed the Face of Nursing

Essays submitted by 2020 Arthur L. Davis Publishing Agency Nursing Scholarship Award Recipients

Amber-Dawn Liebau, PN student - WSU Tech

No Photo Submitted

Raise your hand if you started the year 2020 off with a list of goals and expectations for yourself.

I know I did. This year was a big year for me because at the age of 40 I decided to go back to school to become a nurse. That's not a small task with a husband and three kids that are used to having me home for the past 13 years. So, I applied to some programs, was accepted, overly excited, and proud I started the not- so-easy journey. Then, COVID-19 hit. Out of nowhere, our nation was facing a Pandemic and we were all left scrambling for answers to how, when, where, and what are we supposed to do. How do we still make things work? How do we still attend school and graduate on time and what will our future jobs look like now, surely different than what they were going to look like.

First I want to focus on the positives of the Pandemic we are facing. Yes, I said the positives. Job growth and the need for nurses everywhere is certainly a thing to be happy about. Rapid testing clinics are popping up

and are in dire need of nurses to help facilitate their services. As workers are quarantined at clinics and hospitals, new staff members are needed to assure adequate medical services continue to those that are ill. One of the positives I have not been able to see firsthand yet is how these nurses are now becoming the patient's friends and family. This is important, and not something I learned in nursing school. So many patients are left alone, without visitors, uncertain if they will ever see their families again. It's something straight out of the movies. What an important role these nurses are signing up for, that they never knew would be expected of them at this level. I can't wait to be the support for someone in need during this trying time. What an honor that must be.

Clearly, there are going to be some negatives with a pandemic. The most important thing about negatives is finding a solution to fix them or make them better. Obviously, we are losing not only patients but healthcare workers to COVID-19. This is causing fear for many nurses and those in school to become nurses. Most chose this career path before the Pandemic. The

impressive thing I have seen at my school is that no one is second-guessing their decision to become a nurse, they are ready to get out there and help where they can. They want to help be part of the solution and the only way we survive a Pandemic is by coming together and becoming better than we were before. As nurses, we are learning just how valuable of a role we play in this big medical world. How each day we might be asked to perform at a level we never knew we were capable of. Long hours, or longer than before, the amount of PPE we will need just to do normal patient care, the multiple levels of fear they must see in their co workers and their patients but hold themselves together to provide hope, to hold the hand of our patient when they pass because their family member is not able, and then move right along to care for someone else that needs you in the next room.

Just like most diseases, the United States will learn and grow from this experience. Our nurses will be even more equipped than the ones before them. Nurses adapt, they conquer, and they bring assistance in ways most don't recognize. Although the face of nursing has changed from this Pandemic, I hope that we learn important medical knowledge from all of the loss and heart break. I also hope that more people are led to becoming a nurse after seeing what good they bring and how important they are to the solution.



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Nurse Licensure Compact (NLC) Updates & Reminders

- Kansas implemented the NLC on July 1, 2019. We are one of 34 states and Guam who are members of the NLC.
- Here is a link to a map that shows the member states: https://www.ncsbn.org/ <u>nurse-licensure-compact.htm</u>
- As a member state, we can issue multistate licenses to RNs and LPNs who qualify for the multistate license. The NLC does not impact APRN licensure – we cannot issue multistate licenses to APRNs.
- There are 11 uniform licensure requirements that must be met by ANY nurse applying for a multistate license. It does not matter if you have a single state nursing license in Kansas, if you are applying for a multistate license you will still have to meet all the 11 uniform licensure requirements.
- The eleven uniform licensure requirements are:
 - o Meets the requirements for licensure in the home state (state of residency)
 - Has graduated from a board-approved education program; or has graduated from an international education program verified by an independent credentials review agency
 - Has passed an English proficiency exam (applies to graduates of an international education program not taught in English or if English is not the individual's native language)
 - Has passed the NCLEX RN® or NCLEX-PN® exam (or state board test pool exam)
 - Is eligible for or holds an active, unencumbered license (i.e., without active
 - o Has submitted to state/federal fingerprint-based criminal background check - all applicants applying for a multistate license must submit fingerprints and waivers)
 - Has no state or federal felony convictions
 - Has no misdemeanor convictions related to the practice of nursing (determined on a case-by-case basis)
 - Is not currently a participant in an alternative program
 - Is required to self-disclose current participation in an alternative program;

- o Has a valid United States Social Security number
- Nurses seeking licensure in Kansas have the option to apply for a single state license or multistate license. A single state license allows the nurse to practice nursing only in Kansas. A multistate license allows the nurse to practice nursing in any of the member states of the NLC.
- The application and directions to submitting an application to convert from a single state license to a multistate license are available in this link: https://ksbn. kansas.gov/conversion-application/







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One college hour is equal to 15 CNE contact hours. You must upload your official transcript as a part of the

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Definition of CNE:

K.S.A 65-1117 (a) Continuing nursing education means learning experiences intended to build upon the educational and experiential bases of the registered professional and licensed practical nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public.

Until next time, Chelsey Stephenson Public Service Executive, C.N.E.

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Devin Foster

Olathe, KS 66062 License # 14-120529-032 Case # 2020-494-7 1 – Suspended 1/27/21

Janet Hollands

Kansas City, MO 64131 License # 13-78797-112 Case # 18-686-0 4 – Denied 1/27/21

Andrea Anderson

Topeka, KS 66605 License # 23-50025-091 Case # 18-456-8 1 – Suspended 2/3/21

Amanda Tyszko

Topeka, KS 66604 License # 13-121991-091 Case # 18-663-8 4 – Denied 2/16/21

Adam Miller

Marysville, KS 66508 License # 23-34167-082 Case # 11-587-9 4 – Denied 2/26/21

Lisa Matthes

Lees Summit, MO 64082 License # 14-83067-102 Case # 18-1808-7 6 – Revoked 3/5/21

Kent McElroy

Leavenworth, KS 66048 License # 24-52218-062 Case # 19-1146-0 4 – Limited 3/25/21

Melissa Kozlowski

Wichita, KS 67207 License # 14-126865-021 Case # 19-1703-6 & 19-1464-5 1 – Suspended 3/29/21

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Spon: Professional Continuing Education, Inc., www.healthcare-pce.com. Contact: Ruthanne Schroeder at Ruthanne@ healthcare-pce.com, 913-341-5627. Fac: Judy Zinn, L.M.S.W., C.H.W.C. Aud: All Levels of Nursing. Time is our most precious resource, this course will provide strategies needed to manage your time effectively and wisely. Fee: \$45.00 Contact Hours: 4.0. Professional Continuing Education, Inc., is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN or LPN relicensure. Kansas State Board of Nursing provider number LT0053-0949.

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Spon: Professional Continuing Education, Inc., www. healthcare-pce.com. Contact: Ruthanne Schroeder at Ruthanne@healthcare-pce.com, 913-341-5627. Fac: Jody Gyulay, Ph.D., L.C.S.W., R.N. Aud: All Levels of Nursing. This course will identify the normal grief process from diagnosis through bereavement for the patient, family and caregivers. You will see the dying process as a complex journey for both the patient and the family, and you will learn ways to allay their pain and suffering while bringing calm to the dying patient and family. Fee: \$100.00 Contact Hours: 10.0. Professional Continuing Education, Inc., is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN or LPN relicensure. Kansas State Board of Nursing provider number LT0053-0949.

SUPERACHIEVERS AND COPING STRATEGIES

Spon: Professional Continuing Education, Inc., www.healthcare-pce.com. Contact: Ruthanne Schroeder at Ruthanne@healthcare-pce.com, 913-341-5627. Fac: Judy Zinn, L.M.S.W., C.H.W.C. Aud: All Levels of Nursing. This course will provide strategies needed to manage professional responsibilities without suffering the debilitating effects of perfectionism. Fee: \$35.00. Contact Hours: 2.4. Professional Continuing Education, Inc., is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN or LPN relicensure. Kansas State Board of Nursing provider number LT0053-0949.

CONFLICT MANAGEMENT: SKILLS FOR UNCERTAIN TIMES

Spon: Professional Continuing Education, Inc., <u>www.healthcare-pce.com</u>. Contact: Ruthanne Schroeder at <u>Ruthanne@healthcare-pce.com</u>, 913-341-5627. Fac: Judy Zinn, L.M.S.W., C.H.W.C. Aud: All Levels of Nursing.

This course will provide skills needed to manage conflict with patients, physicians and allied health professionals. Fee: \$65.00. Contact Hours: 5.5 Professional Continuing Education, Inc., is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN or LPN relicensure. Kansas State Board of Nursing provider number LT0053-0949.

THE ART OF SELF-HEALTH

Spon: Professional Continuing Education, Inc., www. healthcare-pce.com. Contact: Ruthanne Schroeder at Ruthanne@healthcare-pce.com, 913-341-5627. Fac: Carol LaRue, OTR/L. Aud: All Levels of Nursing. This unique course will help you expand personally and professionally, you will increase your knowledge and awareness of the imbalances of illness and disease while learning practical applications and activities to nurture the seven dimensions of well being and recognize the connection between mind, body and spirit. This course available on-line or by text book. Fee: \$65.00 Contact Hours: 6.0. Professional Continuing Education, Inc., is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN or LPN relicensure. Kansas State Board of Nursing provider number LT0053-0949.





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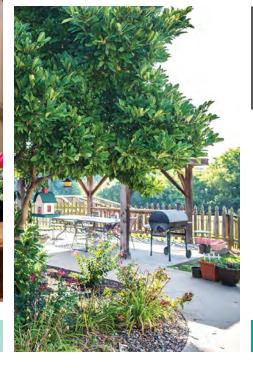




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