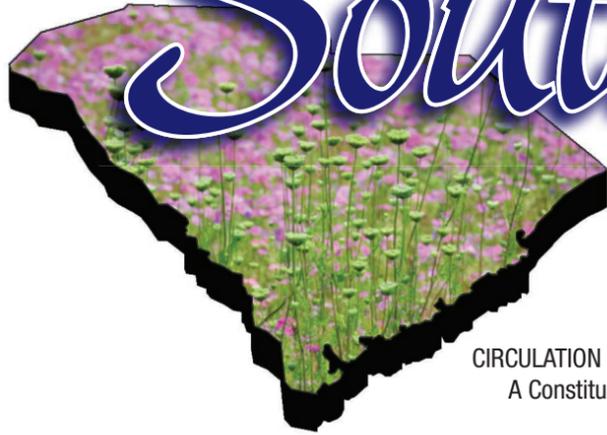


The South Carolina Nurse



Special Issue on Lateral Violence

CIRCULATION 61,000 TO ALL REGISTERED NURSES, LPNs, AND STUDENT NURSES IN SOUTH CAROLINA.
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Volume XVII Number 1

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January, February, March 2010

Guest Editorial

Lateral Violence: It's Time to Stop this Blight on our Profession

Peggy Dulaney RN, MSN, PMHCNS-BC
& Lydia Zager, MSN, RN, NEA-C

In this issue of the *SC Nurse*, we are providing a series of articles that address the problem of lateral violence and, more importantly, proposing strategies to assist nurses trying to grapple with this difficult issue. These articles are written by members of a statewide task force that has been working for a year building a coordinated effort to help nurses in SC implement effective programs and processes to create positive workplace environments.

Simultaneously throughout SC, several key groups were addressing lateral violence. The Center for Nursing Leadership (CNL) has had communication, conflict management and resolution as preventative strategies for workplace violence in its leadership development programs for 15 years with Dr. Phyllis Kritek, internationally known expert, as faculty. CNL collaborated with Dr. Rick Foster of the South Carolina Hospital Association in January 2008 to hold a statewide conference on conflict resolution with Dr. Kritek as the facilitator. One key attendee was Karen Stanley from MUSC, who had been doing research and training on lateral violence throughout the state for several years. The Upstate AHEC had received a 3 year HRSA grant to do training on lateral violence with a goal of reaching 3600 licensed nurses and senior nursing students in the upstate through audience specific classes. During this same time the ANA House of Delegates passed a resolution to systematically address lateral violence and the SC Psychiatric-Mental Health Chapter followed with a sponsored resolution at the SCNA Annual meeting that included a plan to convene a statewide task force on lateral violence.

In 2008, all the statewide forces converged. Author Malcolm Gladwell would say a, "Tipping Point occurred" (2002). This occurred when the CNL held a workshop for Nurse Executives and Academic Leaders on Creating a Safe Work Culture by Building Competencies in Managing Conflict and Disruptive Behavior featuring Dr. Phyllis Kritek. During the conference, Lydia Zager, Director of CNL, Dr. Phyllis Kritek and attendees Peggy Dulaney, Chair of the PMH Chapter and a curriculum consultant for Upstate AHEC, Dianne Jacobs, Upstate AHEC Project Director and Susan Kyzer, Curriculum

and Training Coordinator met, shared what each had been doing and developed plans to convene a SC task force.

The Task Force first met in January 2009 with broad representation from nurse leaders in practice and academia dedicated to address lateral violence in SC. One priority goal of the Task Force was to hold a statewide conference on lateral violence. We are privileged that Alpha Xi Chapter of Sigma Theta Tau and the CNL invited us to present much of our work at the Mary Ann Parsons Lecture on February 12, 2010 (see ad for conference on page 3).

We hope you will take the time to read the articles and please plan to attend the event on February 12, 2010 for more information. It is time to **Stop the Bullying and Create Positive Workplace Environments in South Carolina!**

Reference:

Gladwell, Malcolm. *The Tipping Point: How Little Things Can Make a Big Difference*. New York: Little, Brown & Co., 2002.

Task Force Members:

Board of Nursing

College of Nursing, University of South Carolina

DHEC

Long Term Care

Medical University of South Carolina

Office of Rural Health

Palmetto Health

Upstate AHEC

Ralph H. Johnson VA Medical Center Charleston

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South Carolina Nurses Association

South Carolina Organization of Nurse Leaders

Student Nurses Association of SC

Upstate AHEC Lateral Violence Among Nurses Project

Dianne Jacobs, MSN, RN-Project Director
Susan Kyzer, MSN, RN Curriculum & Training Coordinator

Nurses eat their young--this is something we have known for a long time but much like the 800lb gorilla in the room--we've chosen to ignore it. It now has a name--Lateral Violence. Over 2000 nurses in Upstate SC have been trained to recognize lateral violence and effectively address it.

We have learned the following about lateral violence among nurses in the Upstate through personal experience surveys and feedback in our classes:

- 85% have been victims of lateral violence
- 93% have witnessed lateral violence
- Nonverbal innuendo and backstabbing are the most common forms of lateral violence
- The experienced nurse is most often the perpetrator
- The novice nurse is most likely the victim
- Lateral violence is most often handled by ignoring it

What we also know is that lateral violence is toxic. (This behavior is also known as horizontal violence, workplace incivility, disruptive behavior and bullying--see the article by Karen Stanley elsewhere in this issue for a differentiation of terms) It negatively impacts nurse job satisfaction, retention and ultimately patient outcomes. The Joint Commission implemented a new standard on January 1, 2009 requiring hospitals to define all forms of disruptive behavior and have a process in place for dealing with it--not just in nursing but for all employees.

Upstate AHEC's Lateral Violence in Nursing Project provides a systemic, multi-level approach to addressing the problem. The project targets new graduates, staff nurses, managers and nurse leaders with the goal of establishing and sustaining healthy workplace environments without lateral violence. Three hour workshops were specifically designed for each target audience. We place special emphasis on nurse managers since they are essential to creating and sustaining positive changes in the workplace.

Upstate AHEC continued on page 3

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Why So Many Names for BAD BEHAVIOR?

by Karen M. Stanley, MS, PMHCNS-BC

There are a variety of terms being used to describe negative behaviors among coworkers: disruptive and inappropriate behaviors, workplace incivility, lateral violence, horizontal hostility, bullying and mobbing. In January 2009, the Joint Commission (TJC) set a leadership standard that applies to all health care providers. They mandated that agencies accredited by them address and correct “disruptive and inappropriate behaviors” in the work environment. The term “workplace incivility” has been used to describe an initial minor incident where there is no clear intent to harm. However, once the intent to cause harm is clear, the more specific terms described below apply (Hutton, 2002).

In her nursing study, Griffin (2004) used the term “lateral violence” to describe the 10 most common forms of negative behaviors occurring within nursing. Although these behaviors inflict psychological pain, they can lead to physical aggression if allowed to escalate (Stanley, et al, 2007). The word “lateral” in the definition implies that the individuals involved are at the same real or perceived power level, e.g., staff nurse-on-staff nurse aggression. Similar terms “horizontal violence” (Farrell, 1997; Freire, 1971; McCall, 1996; Skillings, 1992; McKenna et al., 2003), and “horizontal hostility” (Bartholomew, 2006; Thomas, 2003) have also been used extensively to describe this phenomenon.

Bullying is yet another term used by nurse researchers (Hutchinson et al., 2008; Johnson & Rea, 2009; Simons, 2008; Vessey et al., 2009) as well as many non-nurse researchers (Leymann, 1996; Mikkelsen & Einarsen, 2002; Namie, 2003; Dick & Rayner, 2004; Zapf, 1999) to describe the negative behaviors that occur between nurses where there is a power differential, e.g., nurse manager aggression toward a staff nurse. To meet the criteria for bullying, the behavior must occur at least 2-3 times a week for a period of 6 months or longer. However, some nurse researchers who use the term “bullying” (Hutchinson et al., 2006) report that nurses in their study described intense, painful aggressive episodes of a much shorter duration of time. Bullying has been used to describe both psychological and physical aggression. Finally, “mobbing,” a term used frequently in the general literature about workplace aggression, is sometimes applied to nursing. It describes the ‘ganging up’ behaviors (malicious, nonsexual, nonracial, general harassment) used by co-workers, subordinates or superiors, to force someone to leave the work group (Davenport, Schwartz & Elliott, 2005).

In their recent article, Roberts, DeMarco & Griffin (2009) suggested that “bullying” may be the “umbrella term” under which other specific terms reside.

DISRUPTIVE AND INAPPROPRIATE BEHAVIORS & WORKPLACE INCIVILITY: BULLYING



Lateral Violence
Horizontal Violence
Horizontal Hostility
Mobbing
©Stanley, K. (2009)

The number of terms being used, and the variations in descriptions of the terms, are no doubt causing confusion. The inclusion of the word ‘violence’ in some terms has caused concern for many nurses. However, no matter what term we use, the fact is that hostile behaviors inflict psychological pain on nurses and are damaging to our professional image. Each of us has an ethical obligation to find ways to end the behaviors.

We hope that you will join us on February 12, 2010, at the Mary Ann Parsons Conference, “Create a Cohesive Culture: Stop the Bullying” as a first step to becoming part of our South Carolina initiative to eliminate nurse-on-nurse aggression.

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Complete resource list available by email from karen.stanley1988@comcast.net.

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All manuscripts will go through the classic peer review process. Each manuscript will be acknowledged. Following review by the editorial board, the author will be notified of acceptance or rejection. The editorial board reserves the right to edit manuscripts, book reviews, and other materials for clarity or to fit available space. It is not the policy of the *South Carolina Nurse* to provide monetary payment for articles, however, a complimentary copy of the journal will be sent to authors on publication.

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Alpha Xi Chapter of Sigma Theta Tau
and
The Center for Nursing Leadership
In Partnership with the SC Lateral Violence Task Force
Invite you to **Register Now** for the



2010 Mary Ann Parsons Lectureship
“Create a Cohesive Culture: Stop the Bullying.”
February 12, 2010
8:30am - 4:00pm
Columbia Conference Center
169 Laurelhurst Avenue
Columbia, SC 29210

The conference will feature Dr. Judith Vessey, a nationally known expert on lateral violence and bullying, as the keynote speaker. Dr. Vessey will have a special session for Nurse Executives. The conference will offer several concurrent and poster sessions with contributors from across the state. This year there will be a special session just for student presentations. The conference will conclude with a presentation from Karen M. Stanley, MS, PMHCNS-BC, lateral violence expert and researcher from MUSC.

Registration fee: **Deadline for Registration February 5, 2010**

Sigma Theta Tau Members: \$85

Non Sigma Theta Tau Members: \$100

Full time Student Rate: \$35

Conference fee includes continental breakfast and lunch. Vendor tables are available.

For more details on the conference schedule and to register on line,
please visit the CNL website <http://www.sc.edu/nursing/cnl/cnlindex.html>

Upstate AHEC continued from page 1

Because some perpetrators are unaware of the nature and impact of their behavior, simply raising awareness can eliminate some of the behavior. This outcome is supported in research and has been substantiated in our experience.

One of the most powerful and unique tools we use is a board game designed to develop skills to confront a perpetrator of lateral violence. Responding to scenarios of lateral violence behavior, participants construct their responses and receive feedback from their peers in a non-threatening environment. Providing nurses this tool empowers them immediately to no longer be a victim.

The overall response to the project has been very positive. Nurses and students have many stories to tell—some very compelling and heart wrenching. Stories that go back years but are as vivid as if they happened yesterday. Other nurses have had major “aha moments”, confessing to be a perpetrator and vowing to change their behavior with the support of their co-workers. We have heard stories of nurses leaving jobs and sometimes the profession because of lateral violence. The trainings have not only given nurses the opportunity to tell their stories but the opportunity to build the skills for effectively addressing these dysfunctional behaviors.

Do you have a story you would like to share? If so, please visit our website at www.upstateahec.org and click on the link “My experience with Lateral Violence.” The site is anonymous so please do not use any real names or identifying information.

SCNA's CE Provider

SCNA's Continuing Education Provider Committee is pleased to announce that SCNA has once again been approved as a continuing nursing education provider by the Vermont State Nurses' Association, Inc. This approved provider status will be for the next three years.

Nurse Educators: Stop The Bullying!

by Sharon Beasley (MSN, RN, CNE)

Faculty initiated violence toward students: is this the reason the proverbial phrase, “Nurses eat their young” was coined? Much of the literature related to Lateral Violence defines this frequent phenomenon within the context of nurse/nurse interactions. The missing link is faculty violence toward students. Unfortunately, faculty perpetrated violence (bullying) may be the origin of Lateral Violence among nurses. Kolanko et al. (2006) describe this form of violence using a less threatening euphemism, “incivility” (pg. 8). The lack of attention faculty violence has received over the years speaks louder than any article on the subject. Are we avoiding this unsettling topic because we are the perpetrators?

Nursing education is a nurturing profession that models desired behaviors for our eager, and in some cases timid students. Behaviors such as tardiness for classes, unpreparedness, overlooking rude behavior among students, and the use of profanity are cited as forms of faculty incivility toward nursing students (Kolanko et al., 2006). Can we afford to allow these behaviors to continue? What about aggressive behaviors such as harsh words, condescending tones, and antisocial behaviors? Are we teaching our students to be violent nurses? The most common reasons of student anger toward faculty are faculty rigidity, unfair treatment, and overcritical teachers (Thomas, 2003). Faculty incivility creates a destructive culture that denies students the opportunity to learn, grow, and develop in a profession that is known for its compassion. Educators have swept this little secret under the rug too long. It is time to expose it and call it what it is, VIOLENCE. If allowed to continue, it will threaten the mere existence of our profession. Conclusion: nurse educators can be powerful role models for respectful, collegial behaviors instead of provoking violence among students. It is time to STOP the bullying!

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2. Thomas, S. (2003). Handling anger in the teacher-student relationship. *Nursing Education Perspectives*, 23(1), 17-24.

Leaders-Stopping Lateral Violence Begins with You: Lessons Learned

by Lydia R. Zager, MSN, RN, NEA-BC,
Peggy Dulaney, MSN, PMHCNS-BC, &
Dianne Jacobs, MSN, RN

Lateral violence and conflict resolution training are only as effective as there is buy in from leadership from practice or academia. Training to develop these competencies develops only over time and cannot be mastered by attending one class. Leadership commitment is essential for the long term investment to help achieve positive work cultures.

A key to effective conflict and lateral violence training programs is assisting participants to develop personal insight into their own behaviors. It also involves helping participants to change and develop new more effective behaviors. Core content includes development of effective communication, conflict management and resolution strategies to help counteract and minimize conflict and violence in the workplace. Participants need to practice new behaviors and strategies and master new skills through small groups or role play. Some examples include: “Can We Talk, the board game, developed by Upstate AHEC utilizing cognitive rehearsal that allows participants to practice new communication skills for confronting lateral violence behavior in non-threatening environment; and watching videos featuring scenarios defining lateral violence created by the 2007-2008 Amy V. Cockcroft nurse fellows (<http://www.youtube.com/watch?v=mBCRBaLHR1k&feature=related>).

Stop Cyber Bullying!”

by Daniel Gracie, RN-BSN,
Medical University of South Carolina

The internet has brought us many ways of communicating such as email, blogging, twittering, social networking and Facebook. While these have great potential for positive professional use, they also have the ability to cause harm to others and ourselves. Unlike talking to others, when we make comments online they are can be saved and are retrievable. Negative comments and dialogue in cyber space can have long-term consequences for our personal and professional lives.

When we speak in person, people see us and hear our comments in person. Online, individuals have the ability to create usernames and personas that can be very different from the individual behind the computer screen. This false sense of invisibility can lead one to make comments that would not ordinarily be made in person. Depending on the context of the remarks, they may even be interpreted as malicious or bullying. Words written on line can easily be retrieved and come back to haunt us in the future.

In 2008, [Careerbuilder.com](http://www.careerbuilder.com), the job search website, conducted a survey of hiring managers who had done online internet searches of potential job candidates. The hiring managers listed the following items of concern: inappropriate information on a candidate’s Facebook page, poor communication skills, bad mouthing former employers or employees, unprofessional screen names, and confidential information from previous employers. As healthcare professionals or students, we are held to a high standard and code of conduct. In addition, HIPAA regulations and employee policies restrict content that can be posted online.

Below are some helpful tips and websites for appropriate use of the internet:

- **Never post online comments when you are upset.** Save the posting and sleep on it. Once you hit the post or send button, you can’t take it back.
- **Review the Healthcare Blogger Code of Ethics** online at <http://medbloggercode.com/the-code/>
- **Review HIPAA standards** and become familiar with them. This will not only help you with your online presence, but also in the workplace. <http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>

The internet is a powerful and helpful communication tool. Let’s not make the internet another vehicle for lateral violence. Stop the “cyber bullying”!

The Center for Nursing Leadership (CNL) found personal mastery of conflict resolution and lateral violence preventive strategies is required if leaders are to be effective in their roles. Fifteen years of feedback from the Amy V. Cockcroft Executive Leadership Development Program and 5 years from the “Leading from the Middle” middle management leadership program clearly illustrated the need. The participants of both programs reported countless examples of conflict among staff members that occupied up to 90% of their work day and often resulted in some form of lateral violence. Upstate AHEC, doing training with their HRSA Grant, identified similar findings. The need is further validated by the IOM Studies, Patient Safety Movement, IHI Five million lives campaign, “Silence Kills” research and the 2009 Joint Commission Standards.

Long term commitment to Stopping Lateral Violence requires leadership. Leaders please help “Stop the Bullying and Create a Positive Work Culture. Join us at the Mary Ann Parsons Conference February 12, 2010. There will be a special session for the nurse leaders in practice and academia with Dr. Judith Vessey, the conference key note speaker. We hope to see you there.

The Cost of Lateral Violence: All Pain and No Gain

by Nydia Harter, MSN, RN, NE-A, BC
& Carol Moody, MSA, RN, NE-A, BC

Impact of Lateral Violence: Emotional, Physical and Financial

The economic impact of lateral violence is not only costly but directly impacts patient safety. According to Griffin (2004), of the new graduates who leave their first nursing positions, 60% leave because they have experienced some form of lateral violence. It is estimated to cost \$92,000 to recruit, hire, and orient a medical surgical nurse and the cost rises to \$145,000 to recruit, hire and orient a specialty nurse (Pendry, 2007). Current research identifies the average voluntary nurse turnover rate in hospitals to be around 8.4%, this average increases to 27.1% for first year nurses (Price, Waterhouse, Coopers, 2007). The impact of this turnover not only erodes an organizations budget, but it impacts the organization’s ability to recruit and hire new staff once they develop a reputation for tolerating lateral violence (Bartholomew, 2006). Additional costs come from the emotional and physical symptoms that result from lateral violence. This can cause an increased use of sick leave which impacts staffing patterns and places a strain on the unit. (Rowell, 2007).

Lateral violence behaviors interfere with effective health care communication and therefore impact patient safety. This is costly to health care organization as the rate of medical errors increase with communication failures (Wolf & McCaffrey, 2007).

The current healthcare environment, with nursing shortages looming and the uncertainty of national healthcare reform, demands that leadership in the organization must do everything possible stop the loss of nurses because of lateral violence. The answer is obvious... we must implement strategies that support a healthy work environment. If lateral violence is not addressed, for all involved it is “all pain and no gain”.

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Ethical and Legal Resources That Relate to Lateral Violence

by Peggy Dulaney, RN, MSN, PMHCNS-BC

In dealing with the issue of lateral violence, individual nurses, nursing leaders and nursing educators all need to be aware of the ethical and legal framework related to this important issue. Many of the nurses I have talked with are unaware of the strong backing for positive, respectful collegial behavior that exists within the documents that frame our practice. To help us be more aware, here are some resources that are quite instructive.

RESOURCE #1: American Nurses Association Code of Ethics for Nurses with Interpretive Statements, 2001.

Preface: There are 2 pertinent statements in the preface: "Individuals who become nurses are expected not only to adhere to the ideals and moral norms of the profession but also to embrace them as a part of what it means to be a nurse." (p. 5) Also: "The Code of Ethics for Nurses... is the profession's nonnegotiable ethical standard." (p.5)

Provision 1: The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

1.1 Respect for human dignity. Nurses take into account the needs and values of all persons in all professional relationships. (p. 7)

1.5 Relationships with colleagues and others. This standard of conduct precludes any and all prejudicial actions, any form of harassment or threatening behavior, or disregard for the effects of one's actions on others. (p. 9)

Provision 2: The nurse's primary commitment is to the patient, whether an individual, family, group or community.

2.2 Conflict of interest for nurses. Nurses strive to resolve ...conflicts in ways that ensure patient safety, guard the patient's best interests and preserve the professional integrity of the nurse. (p. 10)

2.3 Collaboration. Nurses in all roles share a responsibility for the outcomes of nursing care. (p. 11)

Provision 3: The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

3.4 Standards and review mechanisms. Nurse educators have a responsibility to ensure that basic competencies are achieved and to promote a commitment to professional practice prior to entry of an individual into practice. (p. 13)

3.5 Acting on questionable practice. As an advocate for the patient, the nurse must be alert to and take appropriate action regarding any instances of incompetent, unethical, illegal, or impaired practice by any member of the health care team... (p. 14)

Provision 5: The nurse owes the same duty to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

5.4 Preservation of integrity. Threats to integrity may include...verbal abuse from ...coworkers. (p. 19)

Provision 6: The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of

quality health care and consistent with the values of the profession through individual and collective action.

6.2 Influence of the environment on ethical obligations. All nurses, regardless of role, have a responsibility to create, maintain and contribute to environments of practice that support nurses in fulfilling their ethical obligations. Environments of practice include observable features, such as working conditions, and written policies and procedures setting out expectations for nurses, as well as less tangible characteristics such as informal peer norms. (p. 21)

6.3 Responsibility for the healthcare environment. The nurse is responsible for contributing to a moral environment that encourages respectful interactions with colleagues, support of peers, and identification of issues that need to be addressed... Acquiescing and accepting unsafe or inappropriate practices, even if the individual does not participate in the specific practice, is equivalent to condoning unsafe practice. (p. 21)

Before using this reference tool, the user is encouraged to read the Provisions and interpretive statements in their entirety.

RESOURCE #2:

Further explanation and case examples can be found in a companion document, **Fowler, M.D.M. (ed.) Guide to the Code of Ethics for Nurses: Interpretation and Application. American Nurses Association, 2008.** Some helpful examples from this document are:

1. Provision 1, case example 3, p. 8.
2. Provision 3.4, case example 1, pp. 33-34 and continuing on p. 36.
3. Provision 5.3, case example 1, pp. 61-63.
4. Provision 6, case example 2, pp. 81-2.

RESOURCE #3: American Nurses Association, Nursing: Scope and Standards of Practice, 2004.

Standard 10, page 37, Collegiality. This standard and the associated measurement criteria speak to the responsibility of the registered nurse to "...contribute(s) to a supportive and healthy work environment."

RESOURCE #4: South Carolina Nurse Practice Act Laws and Policies, Chapter 33

Section 40-33-20(62) "Unprofessional conduct" means acts or behavior that fail to meet the minimally acceptable standard expected of similarly situated professionals including, but not limited to, conduct that may be harmful to the health, safety, and welfare of the public, conduct that may reflect negatively on one's fitness to practice nursing, or conduct that may violate any provision of the code of ethics adopted by the board or a specialty.

Section 40-33-70. Code of ethics. Nurses shall conduct themselves in accordance with the code of ethics adopted by the board in regulation. (*Since the ANA Code of Ethics is THE code of ethics for nursing, it becomes the regulation in SC.*)

From Training Sessions to Changing a Culture

by Cynthia Rice MSN and Jo Vaughn MSN-BC
Spartanburg Regional Health System

Transforming the culture of nursing is a journey to which the leadership of Spartanburg Regional Health System is committed. Lateral violence awareness training was introduced several years ago by the Education Department and incorporated into Nursing Orientation Classes and New Grad, Preceptor and Charge Nurse Workshops.

It was recently decided that additional efforts were needed. Nursing management and staff received in-depth training by attending "Preventing Lateral Violence" Workshops through a grant by Upstate AHEC. The Human Resource Department also introduced (from the HR Investment Center Advisory Board) the On-boarding Toolkit. Using this evidenced based orientation program as framework, a new hire orientation roadmap was developed to guide the new nurse throughout their first year at SRHS.

The On-boarding Toolkit provides an avenue to merge lateral violence prevention into the nursing orientation structure and gives a solid approach to supporting new nurses (and new hires), preventing lateral violence and managing disruptive behaviors in the workplace. It also provides a consistent tracking tool to monitor new nurse progression during their first year and to quickly identify concerns that need to be addressed. Nurse Managers, clinical unit educators, preceptors, and the hospital educators are accountable for accomplishing critical tasks that focus on issues effecting adjustment of new staff to their role and job satisfaction.

Everyone plays a part. Nurse Managers' critical tasks include sending a welcome letter to the new hire, introducing the on-boarding concept and personal meetings with new nurses at designated times. Clinical unit educators have weekly, individualized "Coaching for Success" meetings with the new nurse. Preceptors receive extensive preceptor and lateral violence training. Hospital educators facilitate monthly confidential "Mentoring for Success" meetings with new hires that allow them to openly voice their feelings and experiences in a supportive environment. Each nurse also completes a Casey-Fink Graduate Nurse Experience Survey during months one, six, and twelve. This tool collects data to track the success of the program and the success and retention of the new nurse. The program has been received with enthusiasm by new nurses, leadership, and nursing staff. At the end of the day, the prevention and eradication of lateral violence in the workplace relies heavily upon all who are a part of the organizational culture.

Congratulations to All Registered Nurses in South Carolina who are Certified!



**March 19, 2010—
a day to celebrate
your professional
accomplishments.**

Executive Director's Report

**Judith Curfman Thompson, IOM
Executive Director and Lobbyist**

Happy New Year to all! My hope for you is that this will be the very best year that you have ever lived to date! This issue of the *SC NURSE* is a very special one. It is a highlight of much of the work that is being done in South Carolina, primarily in hospitals, to overcome a terrible condition that takes place in some of our workplaces: lateral violence. You will read in this issue about some superb work that is being done to try to alleviate this serious problem and to make workplaces in South Carolina better places to work. My thanks go to Peggy Dulaney and Lydia Zager for their tireless work on this topic and for facilitating the gathering of the articles that you find here. May this be the year that lateral violence disappears from the workplaces of our state.



**Judith Curfman
Thompson**

On another note, I would like to share a story with you that touched me deeply. The story was shared with me and with others at a recent gathering of an organization that I am a part of in South Carolina. This philanthropic and educational organization is an international one. Its chief work is to promote the education of women. In the past several years, we have found ourselves working with schools around South Carolina that educate nurses. This is the story of one nurse and her long road to become a nurse, with a "little help from her friends". The story began at a time that the nurse was about to begin the final semester of her education. She found herself pregnant with her third child and with a mother who was terminally ill. She had interviewed with my friend's chapter of our organization to see about whether she might qualify for one of the educational award programs that we sponsor. Unfortunately, at that time, there was not a good match of our programs and her needs. The interview, however, was really just beginning. The real need that this nurse-to-be had was for her car to be repaired so that she could meet all her commitments. The members of the committee that interviewed her were absolutely certain that given some assistance, this young woman would finish her education and be on her way to becoming a nurse. So, instead of one of the educational programs that are usually given, a group of members were able to fund the repair of her car. Thus began a wonderful chapter in her life and in the life of one of the members who was a part of the original committee that interviewed her.

My friend found herself critically ill and was admitted to the oncology ward at her local hospital. I am certain that you can guess who one of her nurses was! The young nurse shared not only her expertise, but also her caring spirit with my friend. After a six month hard-fought battle, my friend's cancer went into remission. The story does not however end here.

Several years later, my friend's husband was admitted to that same oncology ward. His outcome was not to be the same as the one for my friend. After nineteen days of lingering, her husband died. The main nurse assigned to the day shift for his care was that same young nurse. My friend's description of the care that she gave to her husband and to the whole family was a glowing tribute to the nurse's skill, expertise and compassion.

So, why do I share this heartwarming story with you who live the life of the nurse in this tale? First and foremost to remind you of those things that you do that bring care and compassion to those whom you serve. It was both the nurse's expertise and her compassion that were most mentioned by my friend. Second, it was the magic and joy of this story... sometimes we all need to be reminded of just how remarkable all nurses are for what they do and how they do it.

So, again, Happy New Year! May you continue to be remarkable in all that you do! ONWARD!

President's Column

Vicki Green, President

HAVE YOU EVER HAD A BOSS THAT WOULD NOT LET YOU DO YOUR JOB?

Arguably, a boss who micromanages is one of the worst experiences a nurse manager can have. Many administrators are very supportive of nurse management, allowing the latitude and space necessary to perform the job. Frequently, these administrators are unappreciated until that one administrator comes along that is the polar opposite!

In many health care structures, nurse managers are supervised by non-clinical, non-medical administrators—acknowledging nurse administrators can micro-manage, too.

Administrators who have not worked in a clinical setting and do not have an understanding of the processes and resource allocation required present a dilemma when exerting their authority and making day-to-day management decisions that should be the duty of the nurse manager. In addition, administrators who a. do not have good people- skills, b. are not perceptive enough to determine the effects of micromanaging and c. are ego-centered (more concerned with looking/sounding good than their integrity, providing a good work environment or good customer service), make the nurse manager's ability to carry out their duties even more impossible. This supervisory structure creates a hostile work environment and truly becomes a physical burden for the nurse manager.

So, what is the resolution? All good nurse managers *must* have problem-solving and conflict-negotiation skills. Every administration should have processes in place to



Vicki C. Green

protect workers who are compromised by their supervisors. Problem solving dictates, if you have a problem—go to the source of the problem. The nurse manager should confront the administrator, diplomatically—informing him/her of how the nurse manager feels about the current situation, and hopefully, efforts to address the issue can begin on the lowest level.

However, many administrators who induce micromanagement and are ego-centered cannot see/accept they are part of the problem when presented to them—they have a protection mechanism that blinds them from seeing the bigger picture. In this case, *do not* have high expectations that confrontation will resolve the issue or you most likely will be disappointed. At this point, the issue must be taken to a higher level—the supervisor of the administrator. Hopefully, successful mediation and intervention can take place with a third party involved.

It is truly a sad situation when the next level of administration does not intervene. This intervention doesn't happen for a variety of reasons. Some reasons are very political, cultural or bureaucratic. But there's also just plain old denial, "don't want to deal with it, too much trouble, hide the head in the sand" attitude. If there are no overarching personnel/ institutional policies to address resolution and disengage the micromanager, only "Devine Intervention" can help at this point.

When conflict resolution efforts reach this end, most times it is best for the nurse manager to separate from this unit/employer and move on. While I certainly encourage everyone to fight the fights—advocating for staff, at some point the individual must become selfish—protecting health and welfare of self—and move on. Knowing when to give up and when to continue fighting is something only experience can teach and the body can tell.

For those who continue to fight, best wishes for continued strength and ultimate success. For those who are beaten down by the fight, many accolades for your dedication and fortitude, but give yourselves permission to move on.

South Carolina Nurses Association Joins Nation in Mourning Loss of Nurses at Fort Hood

The South Carolina Nurses Association has communicated the love and prayers of SCNA to the families of those nurses who were slain at Fort Hood, Texas in November. The letter of condolence was sent to

Colonel John Murray who is the current President of the Federal Nurses Association of the

American Nurses Association.

FedNA is one of the Constituent

Member Associations of

ANA for those who serve in

the uniformed services of

the United States.



2010 Call for Nominations

Detailed information about the 2010 Call for Nominations, 2010 Call for Bylaw Amendments, and 2010 Call for Resolutions can be found on SCNA's website www.scnurses.org. Click on the **Preparations for SCNA Annual Meeting October 23, 2010** button on the right hand side of the page.



Chapters



SPRING TO CHARLESTON— Joint Workshop of Women's & Children's Chapter and South Carolina AWHONN

*Respectfully submitted,
Mary Wessinger, RN, MN, B.C.
Chair, WCH Chapter*

The joint workshop was held in Charleston, on Friday, March 27th, 2009 at the Hilton Gardens, in Charleston. We have been presenting together since 2000. We did not have as many participants as in previous years, due to the present economic situation, but we did have a wonderful line up of presenters. All were well received and evaluations positive. We did collect money, gift cards, personal hygiene items, cleaning supplies, baby care items, to be donated to the Florence Crittenton Home which provides shelter and support for single mothers, pregnant women who have no resources. A representative was there to accept these donations, much was given and was much appreciated. As always, we had many door prizes, which our members always enjoy. Following is some of the educational content which was presented. The presenters were wonderful and we felt we should share some of it with our nurses through the SC NURSE.



SCNA Women's and Children's Health Chapter Announces April 30th, 2010 Event

The SCNA Women's and Children's Health Chapter along with AWHONN will present a joint conference in Columbia at the Clarion Hotel Downtown on April 30th. Session will interest all nurses in OB, Neonatal, and Women's Health practice areas. More information will be announced on the SCNA website www.scnurses.org and the AWHONN website www.awhonn.org under the SC Section. Registration will be processed online via the SCNA website. Mark your calendar for 2010.

News from Piedmont District Chapter

Our Chapter had wonderful participation in our workshop, "Infection: Keep the Bugs Away" held in October. We have started planning for next year's workshop to be held on October 7, 2010. We haven't decided on the topic yet, however, we will be considering several suggestions that we received from the evaluations at the workshop.

Our Christmas project of sponsoring an elementary student and family is underway. At our December 10th meeting we will make our plans for next year's activities.

We invite any SCNA member to join the Piedmont District Chapter and take an active role in the activities of the Chapter. Please contact rosie@scnurse.org for more information.

SCNA APRN Chapter Announces 17th Annual Fall Pharmacology Conference

*Mark Your Calendars and
Inform Your Office Staff*

October 7-9, 2010
Marriott Charleston,
in Charleston, SC



Go to www.scnurses.org
for more information

**Patient
Safety**
NURSING
Quality

American Nurses Association

ANA Urges Members to Run for Office

Have you ever considered running for an ANA office and answering the call of your professional organization? ANA needs committed individuals (both new and seasoned) to help the organization grow.

The ANA Nominating Committee encourages each member of ANA to consider becoming part of the ANA leadership team. The newly revised ANA Elections Manual provides potential nominees with an easy, step-by-step process for becoming a nominee. In it, you will find a description of the duties, responsibilities, and terms of office for each position, as well as a section on the campaign and elections process.

By serving in an ANA leadership position, you will have direct opportunities to impact the organization and the profession. Ernest J. Grant, MSN, RN, President of the North Carolina Nurses Association and former member of the ANA board of directors, recounted the benefits of his service this way:

“If you consider yourself a professional nurse, then you need to belong... you need to have your voice heard... you need to have a say in how your profession is governed and practiced.” With those words, spoken to me as a new graduate nurse by a very dear friend and colleague who also was a great mentor to me, I began my 23-year membership in ANA and the North Carolina Nurses Association. It wasn’t long after that I was being asked to serve on committees or to help mentor a student in the local student nurses association.

“At first I began thinking, ‘I can’t do this... I’m not a leader,’” Grant said. “But others saw something in me that I did not see in myself... they saw leadership potential, they saw a person who was well organized, thoughtful, and a proactive thinker. After serving on a few committees, I begin to see what others saw first. I wanted to be able to do more for my association and profession. I began running for office at the state level, serving as chair of membership and marketing, nominations chair, legislative chair (district level), and vice president.”

Still, Grant wanted to make a difference at the national level. “I ran for and was elected to the ANA board of directors. I must admit, this was one of the most challenging opportunities I have ever done,” he said. “I got the opportunity to work with other colleagues across the United States on national health care issues, professional practice issues, and the politics that may affect the profession.”

Grant urged all nurses to take up the cause that he knows is so important. “Why am I telling you all of this? Because it is time for you, too, to pick up that mantra that was spoken to me. If you consider yourself a professional nurse, then you need to belong. You need to have your voice heard. You need to have a say in how your profession is governed and practiced,” Grant said.

To be considered for initial slate of candidates prepared by the Nominating Committee, submit your nomination packet by **February 1, 2010**. Please feel free to contact any member of the nominating committee if you have any questions. For committee names and more details go to: <http://nursingworld.org/MemberCenterCategories/ANAGovernance/Elections.aspx>.

ANA Publication

Teaching IOM: Implications of the Institute of Medicine Reports for Nursing Education, 2nd Edition

ISBN 9781558102699, List \$39.95 /Member \$29.95/ In-house \$19.98, 294 pages

ANA to Open Premier Nursing Performance Database to Top Researchers

SILVER SPRING, MD—The American Nurses Association (ANA) has established a review board to evaluate proposals from leading health care researchers and scientists who are seeking access to the nation’s richest database of nursing performance measures, ANA’s National Database of Nursing Quality Indicators® (NDNQi®).

The NDNQi Research Council has created a system for submitting research proposals online and for reviewing and scoring the proposals to determine if they meet the criteria for access to the data housed by NDNQi, a program of ANA’s National Center for Nursing Quality® (NCNQ®).

“The NDNQi data program is on the cutting edge of quality improvement in health care and nursing care. The future direction of health care is decision-making based on evidence of what works best, and to have the evidence, you need to collect, compare and report the nursing-sensitive data like NDNQi does,” said ANA President Rebecca M. Patton, MSN, RN, CNOR. “ANA is pleased to be able to open this valuable tool to highly-qualified researchers who will know how to identify and use the data they need to advance the profession of nursing and the quality of health care through their projects.”

The NDNQi program collects data quarterly from individual nursing units from 1,500 participating hospitals, and evaluates the connection between the quality of nursing care and patient outcomes on measures such as patient falls, infections and hospital-acquired pressure ulcers.

In any given quarter, more than 12,000 nursing units are reporting data. The NDNQi data also can be used to determine links between nurse staffing levels, nurse skill mix and patient outcomes, and to measure nurse satisfaction and the practice environment through surveys.

The 15-member council is comprised of nursing scientists, nursing practice experts, nursing administrators, and health information technology specialists, as well as ANA staff and leadership. It is co-chaired by Isis Montalvo, MBA, MS, RN, the NCNQ’s director, and Nancy Dunton, PhD, research professor at the University of Kansas’ School of Nursing and NDNQi’s director since its establishment in 1998. The University of Kansas manages the NDNQi program under a contract with ANA.

ANA is encouraging scientists and researchers to submit research proposals to the council for review through a submission process on the NCNQ Web site, www.ncnq.org. NCNQ advocates for nursing quality through quality measurement, novel research, and collaborative learning.

ANA CEO Named 2009 Recipient of “Deliver Award”

SILVER SPRING, MD—The American Nurses Association (ANA) is proud to announce that ANA CEO Marla J. Weston PhD, RN was named the 2009 recipient of the prestigious “Deliver Award” by Arizona State University’s (ASU) College of Nursing & Healthcare Innovation. Weston was presented with this special award at the annual “Dream.Discover.Deliver” awards luncheon held in Phoenix last week.

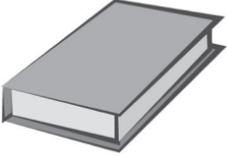
Every year ASU’s College of Nursing & Healthcare Innovation selects three individuals who embody ASU’s vision to deliver excellence in evidence based healthcare. In addition to Weston, Richard Carmona MD, MPH, FACS and 17th United States Surgeon General and Michelle King Robson, Founder and Chairman of EmpowHer.com received awards, as well.

“Throughout her career, Marla has been a tireless advocate for nursing and her exceptional work and contributions have made significant, lasting impacts in advancing and promoting the nursing profession,” said ANA President Rebecca M. Patton, MSN, RN, CNOR. “She is most deserving of this recognition, and this award is a tribute to her accomplishments, her leadership and her commitment to excellence in nursing practice.”



AMERICAN NURSES ASSOCIATION

ANA Launches New and Improved Online Bookstore on Nursingworld.org



Members



APPLICATION FOR MEMBERSHIP IN SOUTH CAROLINA NURSES ASSOCIATION, A CONSTITUENT MEMBER OF THE AMERICAN NURSES ASSOCIATION * as of January 2008 new ANA cost of living increase

Basic School of Nursing _____
 Name _____
 Graduation: Month and Year _____
 RN License Number and Date of Original Licensure _____
 State Licensed in _____

Last Name/First Name/Middle Initial _____
 Street or PO Box _____ Home Phone _____
 City, State and Zip Code _____ Work Phone _____
 Employer Name _____ Fax _____
 E-mail address _____

MEMBERSHIP DUES INFORMATION
Membership Category (Check One)

- Full Membership Dues (\$264.00)**
 Employed or Part-time
- Reduced Membership Dues (\$132.00)**
 *RNs not employed; *RNs in full time Study;
 * Graduates of basic nursing programs for a first year of membership within 6 months following graduation;
 *RNs 62 years of age or older who are not earning more than social security allows without a loss of social security payments
- Special Membership Dues (\$66.00)**
 *62 years of age or over and not employed;
 *Totally disabled
 *Past NSNA/SNA-SC Members within 6 months of licensure
 NSNA/SNA Member # _____
 Date of Original Licensure _____

Payment Plan:
(Check One)

- Full Annual Payment**
- Bank Card**
 Visa/Master Card Number _____
 Expiration Date _____
 Signature _____

Electronic Dues Payment Plan (EDPP)
 Read, sign the authorization and enclose a check for the first month's payment of \$22.50-Full, \$11.51-Reduced or \$6.01-Special. This amount will be drawn from your checking account each month. An annual service fee is included in the monthly payments. AUTHORIZATION: in order to provide for convenient monthly payments to American Nurses Assn. Inc (ANA): (1) This is to authorize ANA to withdraw 1/12 of my annual dues from my checking account each month on or after the 15th day of each month; (2) which is designated and maintained as shown by the enclosed check for the first months payment; (3) ANA is authorized to change the amount by giving the undersigned 30 days notice; (4) the undersigned may cancel this authorization upon receipt by ANA of written notification of termination 20 days prior to deduction date as designated above.
 Signature for EDPP Authorization _____

Make check payable to:
 American Nurses Association

Mail payment to:
 South Carolina Nurses Association
 1821 Gadsden Street
 Columbia, SC 29201

CONSENT TO SERVE FORM



MEMBER INFORMATION

Return To: SCNA, 1821 Gadsden Street, Columbia, South Carolina, 29201

NAME: _____
 CURRENT TITLE: _____ CREDENTIALS: _____
 RN LICENSE #: _____ US CONGRESS DISTRICT: _____
 GENDER: _____ ETHNICITY: _____ BIRTHDATE: _____
 HOME ADDRESS: _____
 CITY: _____ STATE: _____ ZIPCODE: _____
 HOME PHONE: _____ CELL: _____
 HOME EMAIL: _____
 EMPLOYER _____
 PRACTICE AREA: _____
 WORK ADDRESS: _____
 CITY: _____ STATE: _____ ZIPCODE: _____
 WORK PHONE: _____ FAX: _____
 WORK EMAIL: _____
 EDUCATION: (circle highest level attained) A.D., Diploma, B.S.N., M.S.N., Ph.D, Other Masters _____ Other Doctorate _____

GRADUATION YEAR: _____ SNA-SC NUMBER: _____
 LIST ANY PAST SCNA ACTIVITIES: _____
 LIST ANY PAST CHAPTER ACTIVITIES: _____

CONSENT TO PARTICIPATE

I would like to be an active member of the following structural unit(s) above. Please number in order of preference if more than one unit is checked as an area of practice. I understand that all chapters are open to membership, and all committees are either appointed or elected as per the SCNA bylaws.

IF APPOINTED, I CONSENT-TO-PARTICIPATE ON ANY OF THE COMMITTEES/CHAPTERS INDICATED ABOVE. I REALIZE MY CONSENT INCLUDED THE OBLIGATION TO ATTEND THE MEETINGS AND PARTICIPATE ACTIVELY AS A COMMITTEE MEMBER.

SIGNATURE _____ DATE _____

- ODD YEAR OFFICERS TO BE ELECTED**
- Vice President
 - Secretary
 - Commission Chair- Public Policy/Legislation
 - Commission Chair-Workforce Advocacy
 - Director Seat 2
 - Director Seat 3
- EVEN YEAR OFFICERS TO BE ELECTED**
- President
 - Treasurer
 - Commission Chair-SCNA Chapters
 - Director Seat 1
 - Director Seat 4
 - SCNA Nomination Committee
 - ANA Delegate
- COMMITTEES APPOINTED BY THE BOD**
- Awards Committee
 - Bylaws Committee
 - Convention Committee
 - Finance Committee
 - Reference Committee
 - SC Nurse Editorial Board
- COMMISSION ON PUBLIC POLICY/LEGISLATION**
- Legislative Committee
- COMMISSION ON WORKFORCE ADVOCACY**
- Continuing Education Approver Committee
 - Continuing Education Provider Committee
 - CE Offerings Committee
 - Environmental Health Committee
 - Professional Practice Advocacy Committee
 - Peer Assistance Program Committee
- COMMISSION ON CHAPTERS**
- Advanced Practice Registered Nurse Chapter
 - Appalachia (Greenville, Anderson, Pickens, and Oconee Counties)
 - Community and Public Health Chapter
 - Edisto (Clarendon, Calhoun, Orangeburg, and Bamberg Counties)
 - Nurse Educator Chapter
 - Piedmont (Spartanburg, Cherokee, Union, and York Counties)
 - Psychiatric/Mental Health Chapter
 - Women and Children's Health Chapter

Members

New and Returning SCNA Members

<u>First Name</u>	<u>Last Name</u>	<u>City</u>	<u>State</u>	<u>First Name</u>	<u>Last Name</u>	<u>City</u>	<u>State</u>	<u>First Name</u>	<u>Last Name</u>	<u>City</u>	<u>State</u>
Mary	DeWitt	Darlington	SC	Nicole	Christiansen	Aiken	SC	Jill	Garrison	Simpsonville	SC
Rosalinde	Rhynes	Rock Hill	SC	Carollee	Lively	Rock Hill	SC	Valencial	Samuels	Piedmont	SC
Carol	Royals	Myrtle beach	SC	Martha	Cole	Clover	SC	Carol	Hornbuckle	Inman	SC
Lisa	Spears	Easley	SC	Donna	Atkinson	Sumter	SC	Renea	Martin	Elgin	SC
Patricia	Kadow	West Columbia	SC	Sarah	Partridge	Honea Path	SC	Iona	Graham	Columbia	SC
Kari	Snyder	Cheraw	SC	Megha	Peeples	Lexington	SC	Ellen	Bouknight	Columbia	SC
Heather	Hyatt Dolan	Goose Creek	SC	Sally	LaValley	Surfside Beach	SC	Marianna	Pretulak	Columbia	SC
Denae	Lane	Fountain Inn	SC	Stephanie	DeBerry	Summerville	SC	Gina	McKelvey	Columbia	SC
Tracey	Burrell	Clover	SC	Margaret	Cely	Mount Pleasant	SC	Frances	Stockley	Spartanburg	SC
Nancy	Middleton	Greenwood	SC	Lyn-Marie	Kuball	Myrtle Beach	SC	Karen	Singleton	Beaufort	SC
Steve	Clemons	Lyman	SC	Charlene	Fulton	Kingstree	SC				
Susan	Roos	Beaufort	SC	Patricia	McCallister	Spartanburg	SC				
Cathy	Shepard	Spartanburg	SC	Barbara	Wilson	Florence	SC				
Kimberly	Hart	Aiea	HI	Dana	Bertoch	Virginia Beach	VA				
Adelfa	Turner	Mc Connells	SC	Terri	Harvey	Walterboro	SC				
Rhonda	Cooper	Charlotte	NC	Sandra	Brown	Mount Pleasant	SC				
Maegen	Jackson	Goose Creek	SC	Anna	Hite	Leesville	SC				
Niovia	Davis	Columbia	SC	Donna	Gause	Columbia	SC				
Sheena	Ellis-Prailleau	Irmo	SC	Barbara	Gozaloff	Charleston	SC				
Lois	Collier	Cross Hill	SC	Charita	Greene	Richburg	SC				
DeAndra	McDuffie	New Ellenton	SC	William	Reasonover	Walterboro	SC				
Margaret	Diamond	Hanahan	SC	Charlotte	Braselton	Pawleys Island	SC				
Paula	Smith	Greenwood	SC	Renee	Kennedy	Conway	SC				
Jeffrey	Smith	Bluffton	SC	Diane	Carper	Taylors	SC				
Karen	Warren	Saluda	SC	Betty	Durante	Bluffton	SC				
Mary	Cox	Columbia	SC	Stacey	Simpson	Charleston	SC				



South Carolina Board of Nursing



Official Information

MISSION OF THE BOARD OF NURSING

The mission of the State Board of Nursing for South Carolina is the protection of public health, safety, and welfare by assuring safe and competent practice of nursing.

This mission is accomplished by assuring safe initial practice as well as continuing competency in the practice of nursing and by promoting nursing excellence in the areas of education and practice. The Board licenses qualified individuals as licensed practical nurses, registered nurses or advanced practice registered nurses. Complaints against nurses are investigated and disciplinary action taken when necessary. Schools of nursing are surveyed and approved to ensure quality education for future nurses.

BOARD VACANCY

There are currently four vacancies on the Board of Nursing. Members serve terms of four years and until their successors are appointed and qualify. Board members must be appointed by the Governor with the advice and consent of the Senate.

When appointing members to the Board of Nursing, the Governor will give consideration to include a diverse representation of principal areas of nursing including, but not limited to, hospital, acute care, advanced practice, community health, and nursing education. Registered nurse and licensed practical nurse members must be licensed in South Carolina, must be employed in nursing, must have at least three years of practice in their respective professions immediately preceding their appointment, and shall reside in the district they represent.

The first vacancy on the Board is for the Registered Nurse (RN) representative from Congressional District 4. The second vacancies are for Licensed Practical Nurse (LPN) representatives for Regions I and II. Region I includes Congressional Districts 1, 2, and 3. Region II includes Congressional Districts 4, 5 and 6. There is also a vacancy for a Lay Member. Lay members represent the public at large as a consumer of nursing services and may not be licensed or employed as a health care provider. No board member may serve as an officer of a professional health-related state association.

An individual, group, or association may nominate qualified persons and submit them to the Governor's Office for consideration. If you or someone you know is interested in one of these Board of Nursing positions, they should submit a letter of request, along with a resume or curriculum vitae to Boards and Commissions, Governor's Office, Post Office Box 11829, Columbia, SC 29211. If you are not sure of your congressional district, you may check your district at http://www.scvotes.org/check_your_voter_registration.

FROM THE ADMINISTRATOR

Happy New Year to everyone from the South Carolina State Board of Nursing. What a great time to thank those who have supported the Board of Nursing throughout the years, a time to reflect on the future activities of the Board of Nursing and to start a new project.

In the last issue of the Palmetto Nurse the Board members and Committee members were listed. Now is the time to thank all those Board members who have been so invested in the Boards' mission over the years, faithful in preparing for Board meetings, and staying abreast of current trends and issues. To those Board members, past and present, thank you for all you have done. To those committee members who bring their expertise to the committee meetings and support the Board your time and effort does not go unnoticed. To you we extend heartfelt thanks on behalf of the Board members.

At a recent Board meeting the Board approved an updated legal aspects workshop entitled Teaching Regulation Through Education and Experience (T.R.E.E.). This new and updated program will count for two (2) contact hours for the renewal process at the Board. T.R.E.E. will be available through the use of web camera and video teleconferencing. If you are interested in participating in one of these methods of technology please send your request to nurseboard@llr.sc.gov. The Board will continue to offer the program, in person, at the Board approximately six (6) times a year. Dates are listed on the Board of Nursing web page. All of these efforts are to focus on communication of regulation to the nursing community and to other constituents in South Carolina.

On February 23, 2010 the South Carolina State Board of Nursing will celebrate 100 years of regulation. The history of this Centennial event was presented to the South Carolina Nurses Association Convention in September, 2009. The Board will also be recognized at

the annual delegate assembly by the National Council State Board of Nursing (NCSBN) in 2010. As you know, the crafting of these regulations and history did not just happen. Everyone made it happen, including nurses, non nurses, legislators and other disciplines all of whom were dedicated to promoting the safety to the citizens of South Carolina through regulation over the years. Thank you to the thousands of people for a job well done. You are very much appreciated and you should be proud of the Board of Nursing.

Starting with this year's renewal on February 1, 2010 through April 30, 2010, the Board of Nursing will move forward with a paperless renewal. How exciting utilizing the latest technology.

Take a moment to reflect forward for 2010. You are surrounded with great practitioners and colleagues, outstanding practices that you are proud of and a promising future. Don't let the year slip away without acknowledgements, new projects and a celebration. Again, Happy New Year.

RENEWAL TIME IS COMING!

Current South Carolina nursing licenses will expire at midnight on Friday, April 30, 2010. You should receive your biennial renewal notice in January 2010. If you do not receive your courtesy renewal notice, you may go to <https://renewals.llronline.com/> after February 1, 2010, to receive your ID and password to renew online.

Advantages of Renewing On-Line

(<https://renewals.llronline.com/>)

- **Faster**—It takes only a few minutes to complete your renewal online.
- **Convenient**—You can complete your renewal application 24 hours a day, seven days a week, at any location with Internet access.
- **No Lost Payments**—You can use your Visa, MasterCard credit card, electronic check or debit card with the Visa or MasterCard logo on the front of the card to renew your license and you will receive a receipt confirming you have completed the renewal process and that your payment has been accepted.
- **Quicker Turn Around**—Your license is renewed within 24 hours of your credit card / electronic check clearing.
- **License Renewal Confirmation**—Within 24 hours of processing your renewal, you or your employer may confirm your new expiration date on Licensee Lookup on the Board's Web site.

Frequently Asked Questions About Continuing Competency

Q. *What are my options for renewing my nursing license?*

A. There are four options available under the Nurse Practice Act to document continued competency for your renewal; however, not all of these options may be available for each nurse or available in every employment or practice setting. *Prior to choosing an option*, it is wise to verify that the option is available for you, such as your employer signing your competency verification form. One of these competency options must be *completed and documented* between May 1, 2008, and April 30, 2010, and prior to renewing your nursing license in 2010. The competency requirement can be found in §40-33-40 of the Nurse Practice Act under Laws/Policies on the Board's Web site www.llr.state.sc.us/pol/nursing/. Further explanation of the options shown below can be found in the Competency Requirement Criteria also under Licensure on the Web site.

- 1) Completion of 30 contact hours from a continuing education provider recognized by the Board. The list of recognized providers can be found on the Competency Requirement Criteria. At the November 2005 Board meeting, a decision was made to accept completion of academic courses with a NUR prefix for this option as long as a minimum grade of C is attained in an undergraduate course and a grade of B is attained in a graduate course. (Note: one semester hour = 15 contact hours / 1 academic quarter hour = 12.5 contact hours); **OR**
- 2) Maintenance of certification or re-certification by a national certifying body recognized by the Board. A list of the national certifying bodies can be found in the Competency Requirement Criteria; **OR**
- 3) Completion of an academic program of study in nursing or a related field recognized by the Board; **OR**
- 4) Verification of competency and number of hours practiced as evidenced by employer certification on a form approved by the Board. Further information

can be found on page four of the Competency Requirement Criteria. There are no set number of hours you must practice nursing to use this option. However, you must practice enough hours that your employer can verify your competency. The employer certification form is available on our Web site under Applications/Forms. Please verify that your employer can / will sign this form before choosing this option as your demonstration of continued competency. If your employer is unable to sign this form, you must choose one of the other options shown above.

Q: *Are Continuing Education hours now mandated by the Board of Nursing?*

A: No, the Board of Nursing does not mandate continuing education hours (30 contact hours in 2-year renewal period). It is only one of the four options for continued competency offered by the Board. The licensed nurse needs to select only one of these options.

Q: *Can I count taking one course in school as a nursing program under option (c) of Section 40-33-40?*

A: No. The key word in this option is "completion." You must complete all the coursework for the program before it can count toward this continued competency requirement. However, at the November 2005 Board meeting, a decision was made to accept completion of academic courses with a NUR prefix for the continuing education option as long as a minimum grade of C is attained in an undergraduate course and a grade of B is attained in a graduate course. (Note: one semester hour = 15 contact hours / 1 academic quarter hour = 12.5 contact hours)

Q: *What is the difference between CEU and Contact Hours?*

A: Continuing education hours, nursing credit hours and contact hours are all methods of measuring education hours. It is similar to quarts versus liters. Below is the breakdown provided to us by the American Nurse Credentialing Center (ANCC). Remember that continuing education hours must be approved by an organization on our Competency Requirement Criteria to be used for renewal. Continuing education is just one of the four options available to you.

- 1 CEU = 10 contact hours
- 1 contact hour = 0.1 CEU
- 1 contact hour = 60 minutes
- 1 CME = 60 minutes or 1.2 contact hours
- 1 AMA credit = 1.2 contact hours or 60 minutes (Reference ANCC)

Q: *Can Advanced Practice Registered Nurses (APRN) use their national certification in their specialty as proof of certification (Option b of Section 40-33-40)?*

A: Yes. To be an APRN in South Carolina you have to have a master's degree and be nationally certified in your specialty. Certification or re-certification must be current during the renewal period.

Q: *Does a nurse have to sign my employer verification form?*

A: We understand nurses have non-nursing employers or employers who have policies regarding who can sign this type of form. It is fine for someone other than a nurse to sign the form as long as they are able to verify nursing competency.

Q: *How many hours do I have to work to renew my license?*

A: There are no set number of hours a nurse must practice nursing to document continued competency for renewal. *However*, you must practice enough hours that your employer can verify your nursing competency. Not all employers will sign the Employer Certification form. *Prior* to choosing any continued competency option for renewal; it is wise to verify that the option is available for you.

Q: *Where do I get the Board-approved employer verification form?*

A: The Employer Certification form is located on the Board's Web site at www.llr.state.sc.us/pol/nursing/ under Applications/Forms. Nurses need to be sure that their employer can, by their policies, complete and sign the form required by the Board to document practice hours. If they cannot, nurses may choose one of the other options.



State Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Nursing Official Information

LLR Continued from page 12

Q: Do I have to send in all my paperwork with my renewal?

A: No. Do not send any continued competency paperwork with your renewal. Just mark one of the four options. The Board conducts an ongoing random audit of nurses in South Carolina. If your name is selected, you will receive a letter asking you to send the documentation in to verify competency. By law, you will have five days to provide the documents. A licensee must maintain all documented evidence of compliance for at least four years.

Q: Will my debit card work for online renewal payment?

A: If your debit card has the Visa/MasterCard logo on it, it will also work with our system. Be assured that we have state-of-the-art security on our system for renewals. Your credit card/debit card number cannot be seen by our office, only your bank.

Q: I am nervous about using my credit card to renew my license online. How safe is it?

A: Our agency utilizes state-of-the-art security systems to protect our nurses' information.

License Cards No Longer Issued

Starting with the 2010-2012 renewal cycle and licenses issued after November 13, 2009, the Board will no longer issue a paper license card. When a licensee obtains a new license or renews his/her license, a card will **not** be mailed.

Licensees renewing their licenses will be notified by e-mail or regular mail once the licensure fees have been posted to their records. Twenty four (24) hours after the fee is posted, they will then be able to check the Web site and print a copy of their license information. This information can also be viewed and printed by employers or the public. When a license number is assigned to a new licensee, an e-mail or letter will notify the individual of his/her license number and expiration date. Once a licensee is notified, he/she can check online and print a copy of the license information.

Online Licensure Verification (Fee Required) OR Confirmation (No Fee)

There are two ways to verify or confirm a South Carolina nursing license on-line.

For licensure verification purposes (Fee Required):

If your original state of licensure is *Alaska, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Florida, Idaho, Indiana, Iowa, Kentucky, Louisiana—(RN only), Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virgin Islands, Virginia, Washington, West Virginia—(PN ONLY), Wisconsin, or Wyoming* you will go to <https://www.nursys.com> and choose Nurse Licensure Verification which provides online verification to a nurse requesting to practice in another state. Only boards of nursing within the United States have access to Nursys. If you need verification of a license for a foreign country or to an agency other than a state board of nursing, please contact your state board of nursing for assistance.

- After you complete the online process and pay the required fee, verification is immediately available to the state(s) applied to. If your original state of licensure is not listed above, you will need to request verification from that state. Be sure to contact the state regarding any fees for this service.

For licensure confirmation by the public or employers (No Fee):

- You may utilize Licensee Lookup to confirm a permanent or temporary nursing license in South Carolina. The link to this service is located at the top of the Board's Web site. Go to www.llr.state.sc.us/pol/nursing, click on Licensee Lookup and choose Nursing. As you enter information, it is recommended that you enter a portion of the nurse's name only. You will be provided with the nurse's name, city and state, license number and type, date license was issued and when it expires, status of the license and whether it is multi-state or single state.
- QuickConfirm is a new service of the National Council of State Boards of Nursing (NSCBN). It is quick and easy, but will not confirm a temporary license. Go to <https://www.nursys.com/> and click on QuickConfirm and follow the instructions. You will be provided with the Nurse's Name, state of licensure, license type and number, license Status, license expiration date and discipline status.

- Currently the following states are participating QuickConfirm: *Alaska, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Florida, Idaho, Indiana, Iowa, Kentucky, Louisiana(RN only), Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virgin Islands, Virginia, Washington, West Virginia—(PN ONLY), Wisconsin, or Wyoming.*

As we move toward paperless licensure, we hope you will find these on-line services useful, quick and easy.

Committee Members Needed—Advanced Practice Committee (APC)

The Advanced Practice Committee (APC) assists the Board of Nursing with issues such as, but not limited to, advanced nursing practice, practice requirements and scope of practice. The APC meets quarterly on the first Friday in February, May, August and November of each year. There is currently a position open for Acute Care Nurse Practitioner and Medical Surgical Clinical Nurse Specialist representatives on the APC.

All APC members must be currently licensed in South Carolina, not under a current disciplinary order, certified and practicing in the area they represent. APC members are appointed for an initial term of two years with a *possibility* of reappointment by the Board for three years to provide for staggering of terms. Information from all interested parties is submitted to the Board for review and appointment/reappointment. Members' perspectives and participation are valued and necessary for continuity, so regular committee meeting attendance is very important. If you or someone you know is interested in serving as Medical Surgical Clinical Nurse Specialist representative on the Advanced Practice Committee, please submit your completed nomination form (available on our Web site) along with your curriculum vitae, to Advanced Practice Committee, LLR-Board of Nursing, PO Box 12367, Columbia, SC 29211.

CRIMINAL BACKGROUND CHECKS HAVE BEGUN

In May 2008, House bill 3631 was passed implementing criminal background checks for applicants and current licensees. This bill is another step toward meeting the Board of Nursing's goal and mission which is to provide health and safety to the citizens of South Carolina and to protect the public.

The Criminal Background Check process was implemented on March 2, 2009 by the Office of Licensure and Compliance. Anyone that submits an application after that date must have digital fingerprints taken at a nearby pre-approved facility. Information on obtaining your fingerprints is included in the licensure applications. There are approximately eight sites available in the state of South Carolina. The background check requirement applies to all initial licensure and reinstatement of licensed practical nurses, registered nurse, and advanced practice registered nurses.

The existing population of licensed nurses, approximately 60,000 licensees, will undergo a Criminal Background Check beginning immediately via random audit. Do not call the Board of Nursing or the Office of Licensure and Compliance to ask when or if you will be audited. You will receive the information you need to provide the background check if you are selected.

S.C. BOARD OF NURSING CONTACT INFORMATION:

(Questions prior to Submission of License Application as well as Education & Practice)

Main Telephone Line	(803) 896-4550
Fax Line	(803) 896-4515
General Email	Nurseboard@llr.sc.gov
Web site	www.llr.state.sc.us/pol/nursing/

The Board of Nursing is located at Synergy Business Park, Kingtree Building, 110 Centerview Drive, Suite 202, Columbia, SC 29210. Directions to our office can be found on our Web site—www.llronline

Our mailing address is LLR—S.C. Board of Nursing, Post Office Box 12367, Columbia, SC 29211-2367.

Our normal business hours are 8:30 a.m. to 5:00 p.m., Monday through Friday. Our offices are closed for holidays designated by the State.

Administration

Joan K. Bainer, Administrator	bainerj@llr.sc.gov
Dottie M. Buchanan, Assistant to Administrator	dbuchana@llr.sc.gov

Nursing Education

Nancy G. Murphy, Nurse Consultant	murphyn@llr.sc.gov
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Nursing Practice / Advanced Practice

Joan K. Bainer, Administrator-Interim	nurseboard@llr.sc.gov
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Office of General Counsel

Main Telephone Line	(803) 896-4470
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Office of Investigations and Enforcement

Main Telephone Line	(803) 896-4470
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OFFICE OF LICENSURE AND COMPLIANCE CONTACT INFORMATION:

(Questions on Compliance, Discipline, Monitoring, Submitted Licensure Applications)

Main Telephone Line	(803) 896-4550
Fax Line	(803) 896-4525

Walk-in applications [Advanced Practice, Endorsement & Reactivation/Reinstatement] are processed during normal business hours.

The mailing address for LLR—Office of Licensure & Compliance is Post Office Box 12517, Columbia, SC 29211.

VISIT US ON OUR WEB SITE:

www.llr.state.sc.us/pol/nursing/

The Board of Nursing Web site contains the Nurse Practice Act, Regulations, Compact Information, Advisory Opinions, Licensure applications, Continued Competency Requirements, Application Status, Licensee Lookup, Disciplinary Actions, and other information. All nurses are encouraged to visit the Web site at least monthly for up-to-date information.

Board of Nursing Meeting Calendar For 2010

(Agendas are posted at www.llr.state.sc.us/pol/nursing/ 24 hours prior to the meeting.)

Board of Nursing	January 28-29, 2010
Board of Nursing	March 25-26, 2010
Board of Nursing	May 20-21, 2010
Board of Nursing	July 29-30, 2010
Board of Nursing	September 30-October 1, 2010
Board of Nursing	November 18-19, 2010

Advanced Practice Committee	February 5, 2010
Advanced Practice Committee	May 7, 2010
Advanced Practice Committee	August 6, 2010
Advanced Practice Committee	November 5, 2010

Advisory Committee on Nursing	February 16, 2010
Advisory Committee on Nursing	April 20, 2010
Advisory Committee on Nursing	June 15, 2010
Advisory Committee on Nursing	August 31, 2010
Advisory Committee on Nursing	October 19, 2010
Advisory Committee on Nursing	December 7, 2010

Nursing Practice & Standards Committee	January 14, 2010
Nursing Practice & Standards Committee	April 8, 2010
Nursing Practice & Standards Committee	July 8, 2010
Nursing Practice & Standards Committee	October 14, 2010

Designated State Holidays For 2010

New Year's Day	January 1
Martin Luther King, Jr. Day	January 18
George Washington's Birthday/President's Day	February 15
Confederate Memorial Day	May 10
National Memorial Day	May 31
Independence Day	July 5
Labor Day	September 6
Veterans Day	November 11
Thanksgiving Day/ Day After Thanksgiving	November 25-26
Christmas Eve	December 24
Christmas Day	December 27 (Proposed observance)
Day After Christmas	December 28 (Proposed observance)

South Carolina Nurses Foundation, Inc.



New Annual Campaign

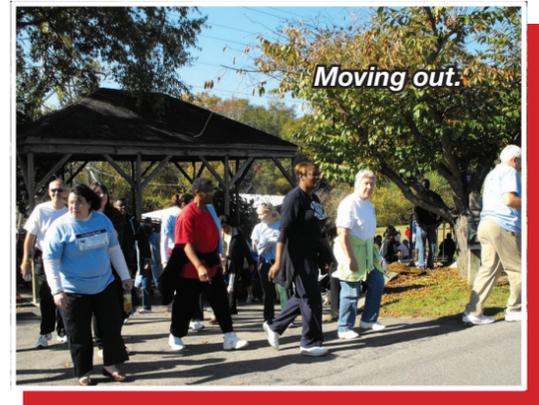
Congratulations to Christopher Crosby, a student at Trident Technical College, who designed this year's annual campaign for SCNF "Every Single Dollar You Donate Helps Someone Learn to Save a Life." This year's campaign targets every nurse in South Carolina, challenging everyone to donate at least a dollar to support the ongoing efforts of SCNF.

Nurses Care License Plate

Congratulations to Eileen Ford, a school nurse from Union County, who is this quarter's winner of the \$100 savings bond. This is the final quarter for this drawing. The purpose of this drawing was to increase interest in the *Nurses Care* license plate. SCNF is happy to announce that more *Nurses Care* license plates are on the road every day. Your participation in this program means that SCNF will award \$22,500 in scholarships to undergraduate and graduate nursing students in 2010.

First Annual Nurses Care Walk a Success!

The first Nurses Care Walk was held on November 7 in Columbia. Approximately 175 people participated as walkers and/or sponsors. Through the donations of sponsors and walkers, approximately \$9,000 was raised for the benefit of the South Carolina Nurses Foundation (SCNF). SCNF would like to recognize the generosity of our sponsors at all levels:



CARING—\$1250

Francis Marion University
Greenville Hospital System (\$1000)

HOPE—\$750

HopeHealth

INTEGRITY—\$250

The Alpha Xi Chapter of Sigma Theta Tau International
(which is out of USC)

ATI

BCBS of SC

CMC Steel

Delta Eta Chapter of Chi Eta Phi Sorority, Inc.

Family Legacy, Inc.

MUSC College School of Nursing

SC DHEC

Sumter Family Health Center

SC Council of Deans and Directors of Nursing Education

Pi Johnson

PATIENCE—\$100

Avery and Lorraine Hilton

William and Karen Brown

Dr. Julia and Mr. Anthony Ball

Dr. Gail Stuart

F. Michael Vasovski

OTHER

Cromer's

Parkway Realty

Mark your calendars now for next year's event, which will be held November 6, 2010 in both Columbia and Charleston. Please see the SCNF website at www.scnursesfoundation.org for details as they become available!