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"Law and Order: Nursing Issues for the New Millennium"*

* Contact hours for this continuing nursing education activity have been submitted to the Washington State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Please contact Nikki Austin at the Idaho Nurses Association for more information about contact hours.



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From The President

By Tracy Flynn RN, MSN

Associate Professor, Lewis-Clark State College

Welcome! I've been thinking lately about resolutions—those commitments that normally go into effect on New Year's Day and remain until either fulfilled or abandoned. It's that second possibility that keeps many of us from even considering making resolutions, but there are plenty of people who continue to dream big year after year.

According to a survey of over 300,000 respondents, the following were the top ten New Year's Resolutions last year (The Goal's Guy, 2008) and likely placed in the top ten list for this year:

1. Lose weight and get in better physical shape
2. Stick to a budget
3. Reduce your debt
4. Enjoy more quality time with family & friends
5. Find a soul mate
6. Quit smoking
7. Find a better job
8. Learn something new
9. Volunteer and help others
10. Get organized

Anything sound familiar? Me too! But I'm pretty certain my personal resolutions never lasted beyond February. My resolutions this year included going to bed every night before falling asleep (lasted 3 days), preparing a dinner other than peanut butter toast at least once a week (lasted 2 weeks), and figuring out how the price of gas could go from \$5 a gallon to \$2 a gallon overnight (still working on it). Some resolutions are definitely easier to keep than others.

So I've decided it's not too late to suggest one more resolution this year that is easily kept and immensely rewarding: Nursing Resolution 2009-- Improve Career Satisfaction

1. Get better connected with other nurses in the region
2. Professional Development through INA Conference & CE offerings
3. Take advantage of INA website resources
4. Choose one nursing issue and keep abreast of it

And the way to keep these resolutions, of course, is easy: maintain your membership in or join the INA (yes, you knew that was coming). For less than \$25 per month, your membership in the ANA and INA provides the resources necessary to get a new lease on your professional life. So why not take the plunge? Simply go to the ANA website at <http://nursingworld.org/joinana.aspx> and join today. Your membership will make it easy to maintain these resolutions throughout the year, increasing your career satisfaction and adding your voice to that of scores of other Idaho nurses working toward change.

May each of you have a most satisfying and peaceful year.

With warm regards,
Tracy

The Goal's Guy. (2008). Top ten New Year's resolutions. Available at http://www.goalsguy.com/Events/n_top-ten-resolutions.html. Accessed December 12, 2008.





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From The Executive Director

By Lynne Weil

Since the launch of the Idaho Nurses Association (INA) Web site last summer, many members have been active in developing and contributing content that is informative, educational and of interest to nurses in Idaho. I encourage you to visit the site often and take advantage of the information that is available to you.

Recent additions to the Web site include:

INA Career Center - Job seekers now have an easy way to explore new employment opportunities. Through this site you can post your resume, access premier job postings and receive job alerts via e-mail all at no cost to you! The INA Career Center also provides employers with the opportunity to post job openings, sign-up for resume alerts and target the best candidates in the nursing profession in Idaho.

Greener Idaho - This new section provides information and news regarding environmental health in our state. Each month we will have an interesting topic, which will educate and help us advocate for improved environmental health. We encourage you to send news, information and feedback regarding Greener Idaho to Dr. Ingrid Brudenell at ibruden@boisestate.edu.

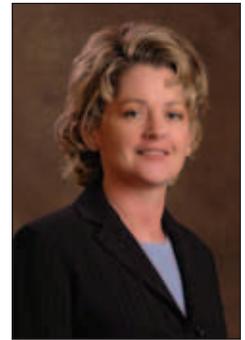
Human Connection - Human Connection is an interactive section with information and ideas to help you to choose and develop a balanced lifestyle. Take steps that will increase career satisfaction while contributing to your own personal health and well-being. Caring for oneself first as a human being is how a "professional nurse" is born. Your input and ideas for this section are welcome! Please send information to Marie Hawkins at hawkins.marie@gmail.com.

We would love to hear your ideas, suggestions and feedback regarding additional ways to make the INA Web site a valuable resource for nurses in Idaho. Better yet, volunteer with INA and have direct involvement in advancing the nursing profession in Idaho. Please contact me via phone at 888-721-8904, or email at ed@idahonurses.org, with your input or volunteer interest.

In closing, I would like to encourage each of you to attend the **INA Centennial Celebration Dinner and Spring Conference, April 2-3, 2009, in Meridian, Idaho**. This is sure to be a great event, with the opportunity to celebrate 100 years of nursing in Idaho and gain valuable education regarding legal and legislative issues affecting nurses and healthcare. Please see additional information and details in this publication or visit the Web site at www.idahonurses.org.

Please feel free to contact me if I can be of service and I look forward to meeting many of you in April!

Best regards, Lynne Weil



Idaho Nurses Association – 2009 Centennial Dinner Celebration & Spring Conference St. Luke's Meridian April 2-3, 2009

INA Centennial Celebration Dinner / Thursday evening, April 2

INA has served professional nurses in Idaho for one hundred years! To celebrate this event, register now for the INA Centennial Celebration Dinner. Nurses, students and other guests plan to make this event one to remember. Our celebration will kick-off with a networking reception including hors d'oeuvres, beer, wine, and soft drinks. You may also want to view the INA video produced for this event. Dinner and a presentation on the history of nursing in Idaho will follow. Don't miss this once-in-a-lifetime opportunity to celebrate our 100 years of Idaho nursing history.

"Law and Order: Nursing Issues for the New Millennium" / Friday, April 3 - a full-day of education

Professional nurses are frequently confronted with complex legal and policy issues and are being held increasingly accountable for their actions. The 2009 INA Spring Conference "Law and Order: Nursing Issues for the New Millennium" will provide a comprehensive survey of legal issues encountered in professional nursing practice designed to be of interest to practicing nurses from a variety of professional backgrounds.

The conference will be led by respected guest speakers. "Hot" legal topics to be presented include issues involving documentation, lawsuits, informed consent, scope of practice, mandatory reporting obligations, legal pitfalls, and current healthcare legislation impacting the practice of nursing. Participants will learn about statutes, administrative rules, and case law to enable them to identify and analyze legal rights and responsibilities of nursing professionals. Additionally, participants will learn valuable legislative advocacy skills and have the opportunity to speak with former and current Idaho legislators. (*See cover page regarding continuing education contact hours.)

Visit the INA Web site at <http://www.idahonurses.org> for more details and to register. If you are interested in sponsorships or exhibitor opportunities, contact Pat Kubicki at patkubicki@clearwire.net, or Lynne Weil at ed@idahonurses.org.

Complaint and Investigation Processes

By Sandy Evans MAEd, RN, Executive Director

The Idaho Board of Nursing, like the other 59 boards of nursing in the United States, is charged by state law to protect public safety, health and welfare by regulating nursing practice and education. In order to accomplish this charge, the Board is authorized to perform a number of critical functions that include the following:

- Regulating certified medication assistants
- Licensing qualified persons for nursing practice
- Establishing requirements for licensure, determining eligibility and administering licensure examinations
- Establishing standards of conduct and practice and regulating the use of titles
- Establishing requirements for and approving nursing education programs
- Evaluating the continued competence of licensed nurses
- Receiving and collecting fees
- Entering into interstate compacts or agreements to facilitate nursing regulation
- Adopting rules necessary to carry out the provisions of the law

Most nurses know that the Board issues initial licenses that must be renewed every two years. Most nurses also know that the Board will verify the status of a license to an employer or to another state board of nursing. Many nurses know that the Board responds to questions related to nursing scope of practice. Some nurses know that the Board conducts on-site surveys of nursing education programs and either approves or sanctions these same programs. Some nurses also know that the Board investigates complaints alleging violations of the Nursing Practice Act and disciplines the licenses of those nurses who have violated provisions of the Act. Few nurses, however, seem to understand the processes used by the Board to receive and investigate complaints and to initiate disciplinary action against the license of a nurse who has violated the law.

In 2008, the Idaho Board received 86 written complaints alleging violations of the Idaho Nursing Practice Act. Over half of the complaints were filed by employers. Forty percent of these complaints alleged concerns related to chemical impairment. In addition to allegations of substance abuse and/or chemical impairment; complaints were filed related to patient abuse, patient abandonment, exceeding scope of practice, criminal conviction, incompetence, and other reasons. Besides employers, the Board received complaints from the courts, Boards of Nursing in other states, other Idaho agencies (e.g. Board of Pharmacy, Department of Health and Welfare), and others, including nurses who self-report. In 2008, six complaints were filed anonymously.

By Board policy, all complaints alleging violations of the Nursing Practice Act must be in writing, to include electronic correspondence. A form for this purpose is available on request from the Board office or through download from the Board's website at www2.idaho.gov/ibn. The form is made available to assist individuals in filing complaints. However,

any written narrative of the allegations against a nurse is acceptable to the Board. In filing a complaint, the complainant (person filing the complaint) should include the name and other identifying information about the nurse(s) against whom the complaint is filed, the nature of the incident(s), the date/timeframe of the incident, where the incident occurred, contact information for any witnesses to the incident, and any other information that might be helpful in the investigation by the Idaho State Board of Nursing.

The Idaho Nursing Practice Act does not require nurses to report violations, other than in those circumstances where other laws impose a duty to report (e.g. child abuse, elder abuse). However, the Act does require any licensed nurse to report "criminal conduct or other conduct by a licensee that endangers patients" (see Idaho Code 54-1413(1) (h)). The Board appreciates the nurse who is willing to advocate on behalf of patients by reporting suspected violations of the Act in order that the Board can investigate the allegations and take appropriate measures to assure that the public is protected against risky and dangerous behavior and practices on the part of nurses.

When a complaint is received by the Board, it is reviewed to assure that the allegations are within the jurisdiction of the Board. If not within the jurisdiction of the Board, then the complaint is forwarded to the appropriate agency for their consideration. The complaint is processed and assigned a case number and prioritization rating, and is then referred to the Board's staff investigator. Complaints are considered on a priority basis with those posing the greatest potential for public harm considered first and foremost.

The complaint investigation may include interviews with the complainant; witnesses, including patients, family members, colleagues; the respondent; and others. The investigation may also involve a review of medical records, including nurses' notes, the MAR, narcotic sign-out sheets and medication distribution records. The investigator may request a tour of a facility in order to determine floor lay-out, patient accessibility, call-light systems, etc. Police and court records may be reviewed. Previous case records may be recalled from the Board's archives for review. Whatever information is involved, the investigative process is designed to provide for consistency in Board procedures, thoroughness, and efficiency. The Board's goal is a response to each complaint that is prompt, fair and appropriate to protect the public.

Throughout the investigative and disciplinary process, the subject of a complaint is provided with all substantive and procedural due process requirements of the Idaho Nursing Practice Act, the Idaho Administrative Procedures Act and the administrative rules promulgated in accordance with these statutes. During investigation and pre-disposition proceedings; the licensee is assured a statement of the allegations, the opportunity to appear and to respond to the allegations, the opportunity to be represented by counsel, and the opportunity to request a hearing before the Board. If the case

continued on page 10

Rural Nurse Residency Program Beginning at ISU

By Deana Molinari, PhD, RN, CNEr

Recognizing that practicing nursing in rural Idaho communities is not the same as practicing in urban areas, faculty at Idaho State University developed a twelve-month rural nurse residency program. The focus of the program is to assist rural nurses in learning skills they may not use often, but need to improve patient health and assure patient safety. The U.S. Health and Resources and Services Administration (HERSA) funded a three-year grant to prepare nurses in a five-state region. The program is a region-wide telemedicine, Web-based nursing residency for all rural nurses designed to help new graduates, re-entering nurses, and nurses transitioning from urban to rural environments.

The rural nurse is a generalist, with specialist knowledge in crisis assessment and management. A rural nurse may have to treat obstetric, pediatric, medical-surgical, psychiatric, geriatric, and trauma emergency patients all in one day. Furthermore, rural nurses often practice as the only nurse in a given unit, work on inter-professional health care teams, and use less technology than their urban counterparts.

Often persons living in rural areas tend to delay going to see health care providers until they can no longer work, or they experience a crisis. New graduate nurses or those transitioning from an urban setting are not prepared for what they encounter in a rural setting. A residency will serve to prepare nurses with the advanced skills needed by rural employers.

Because the contrast between practicing nursing in an urban and rural setting is extreme, the turnover rate is high and retention rate is low. This turnover rate is between 25 and 65 percent during the first year of practice. The cost of replacing a new nurse is considered to be one-and-one-half times their yearly salary. The Rural Nurse Residency Program is an attempt to decrease turnover and increase retention for rural nurses in Idaho.

States collaborating with the ISU Rural Nurse Residency Program include Alaska, Idaho, Montana, Washington and Wyoming. The grant's partners are the Idaho State

University Institute of Rural Health, The Hospital Cooperative, The Wyoming and Montana Offices of Rural Health, Western Washington Area Health Education Center, and the Alaska Hospital and Nursing Home Association.

One unique aspect of this residency is that nurses can "stay home" and participate in these courses. Thus hospitals will not incur the cost of replacing a nurse to accommodate participation.

The program is four months long and includes: 1) 64 hours of distance-learning seminars with seven core curriculum sessions and seven electives; 2) 104 hours of supervised clinical experience; 3) A simulation workshop for skills-competency testing and; 4) competency measurement evaluations in all aspects of the rural nurse role.

The project also trains and supports rural nurse preceptors by providing standardized assessment tools and competency measures. Support for preceptors includes 16 hours of education courses. A mentor will be provided to preceptors for their first assignment. Preceptors will be certified as rural nurse preceptors upon passing a test and finishing their first rural nurse preceptor experience. Preceptors will also receive an honorarium, and regional recognition.

For more information on this program, contact the ISU Office of Professional Development at nurseopd@isu.edu or (208) 282-2982.

References:

- Molinari, D. L., Monserud, M. & Hudzinski, D. 2008. The rural nurse internship: A new type of nurse residency. *Journal of Continuing Education in Nursing*, 39 (1).42-46.
- Molinari, D. L. & Monserud, M. 2008. Rural nurse job satisfaction. *Journal of Rural and Remote Health*.
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Going to high altitude? Now what...

By Renae L. Dougal, MSN, RN, CLNC, CCRP, Nurse Educator Specialist,
Saint Alphonsus Regional Medical Center, Boise, Idaho

Are you one of those individuals that enjoys hiking during the fall season to take in the beauty of the Seven Devils terrain or plans on skiing this winter at Bogus Basin, Bald Mountain, or Brundage? Well, most likely you will be one of thousands of people who flock to the mountains to enjoy the outdoor activities that we are fortunate to have in our own Idaho wilderness. Outdoor activities require some preparation, specifically when going to higher altitude. Whether you are hiking, camping, or skiing, part of the preparation is being aware of the signs and symptoms that one can experience while enjoying the nature of outdoor Idaho as well as other mountainous areas.

First, review the elevation of the area where you are going. For example, if you find yourself hiking in the Seven Devils area you will be climbing to elevations that can take you over 9,300 ft. So why is this really important? Acute Mountain Sickness (AMS) or high altitude illness (HAI) is the most common discomfort individuals experience when they go to high altitude. High altitude is usually defined as: high – 5,000 to 12,000 ft; very high – 12,000 to 18,000 ft; and extremely high – over 18,000 ft (Dougal, 2007). Therefore, if you are hiking or skiing in areas like these, you are already at high altitude and can be vulnerable for HAI or AMS! Yes, it can happen to anyone; therefore, you will need to heighten your awareness regarding these conditions when attempting activities at higher altitude.

The common symptoms of AMS are nausea, fatigue, lightheadedness, shortness of breath, headache, anorexia, and insomnia. Symptoms of AMS will typically start 2 or 3 hours after ascent to higher altitude, are self-limiting, and usually abate within 2 to 3 days. Most of these symptoms reverse if the individual descends to a lower altitude. The symptoms of AMS seem to be flu-like and are actually experienced by many at high altitude (Dougal, 2007). Often an individual will not associate the change in altitude with symptoms of AMS, but tend to think they are just out of shape. In actuality, they could be experiencing the symptoms of AMS or HAI. The safest thing you can do is to recognize these symptoms do exist, admit that you have the symptoms of AMS, and then descend to an altitude that your symptoms go away. Most people going to altitude can ascend up to 8,000 ft with minimal effect. However, remember there are no specific factors, such as age, gender, or physical condition that correlate with an individual's susceptibility to altitude sickness; having been at higher altitude once before does not prevent you from AMS. The body needs to acclimate when ascending to higher altitudes, and gradual ascent is the best way to minimize these symptoms. If you remain on the hill at high altitude to cross-country ski, hike, or just enjoy the beauty of Idaho, please keep in mind your altitude level, the possible AMS symptoms, descend to an altitude that your symptoms abate, and most of all rehydrate.

Reference

Dougal, R.L. (2007). Traveler's adaptation to high altitude. Unpublished Master's Thesis.

Forecasting Idaho's Future Health

By Sandra G. Nadelson RN, MSN, MEd, PhD
Associate Professor, Boise State University

Each year the United Health Foundation (UHF) has gathered various national health indicators and used the data to examine the health of the nation. The most current report was released on December 3rd and had some interesting findings. According to UHF, indicators suggested that the nation's health did not improve in 2008 or the previous three years. Key factors that were detrimental to the country's wellbeing included an increase in obesity, more uninsured individuals, and a continuation of unhealthy behaviors, such as cigarette smoking.

Not all of the UHF findings were alarming. Some encouraging findings were reported about Idaho. Indicators suggested that in 2008 Idaho was healthier than the previous year. In fact, the "Gem State" ranked higher than most other states in 2008; moving Idaho's national ranking from fifteenth in 2007 to seventh in 2008. In addition, indicators suggested that the overall future health of Idaho should continue to improve due to the current favorable health policies. Some of the positive forces identified by UHF included a lower incidence of infections, preventable hospitalizations, violent crime, and air pollution than most U.S. states. Another plus for Idaho was public health funding levels which ranked eighth in the nation.

According to UHF, there were several health indicators that reduced the overall Idaho score including a lack of child immunization coverage and a lower percentage of persons with health insurance. Another issue was smoking. Cigarette smoking has increased in this state from 16 to 19 percent in one year. In addition, a shortage of Idaho primary physicians was a serious problem identified in the annual report. Nationally, the Gem State ranked last in terms of physicians per capita. This means that no state had fewer doctors per 100,000 citizens than did Idaho.

In 2008 not only were physicians in short supply, but so were nurses. According to the Kaiser Foundation in 2007, Idaho had only 640 registered nurses for every 100,000 citizens. This number is considerably lower than the national average of 824 RNs per 100,000 persons. Seeing these statistics causes one to wonder what Idaho's ranking might have been if the number of per capita nurses and physicians was equal to the national average.

The UHF report provides information about the current health of Idaho, but how will this state rank next year? With future healthcare budget cuts likely, it is possible that the state's health will decline over the next year. To protect against this, nurses need vigilant attention and direction to Idaho healthcare policy changes.

Nurses can take action on individual and professional levels in many ways. Individually, citizens can send emails to politicians about health issues, write letters to local newspapers bringing awareness to possible health care budget cuts, and volunteer to assist with the drafting of legislation. As a profession, annual dues to nursing organizations can help us be represented on the local, state, and national levels. Nurses can also become officers in professional organizations.

By doing these activities, nurses can assure that spending is not reduced for services such as immunizations, nursing education, and Medicaid. This will protect the Idaho's health to assure that the gains made in this state over the last year are not lost.

For more information about the UHF state rankings, go to: <http://www.americashealthrankings.org/2008/>

The Beginnings of Idaho Nursing History – The 1800's

By Verlene D. Kaiser RN, FNP

The Idaho Nurses Association will celebrate its Centennial in 2009. The Centennial provides an opportunity to search the Association's roots and chronicle its history. To find the beginning of organized nursing in Idaho, one first must look at Idaho's history to know the what, when, where, why and how organized nursing service began.

While there is some documentation that the Spanish traveled as far north as Idaho and the French traveled south into Idaho in the late 1700's, the most accurate information comes from the account of the Lewis and Clark Expedition across northern Idaho in 1805. From their account we know of medical care given and treatments learned on the trek across the West. Accounts of the 1836 journey of missionaries, Dr. Marcus and Narcissa Whitman and Henry and Eliza Spaulding, through Northern Idaho provide information about the living conditions and care of the ill at their missions, particularly for the first time with a woman's perspective.

The Oregon Trail migration, beginning in 1841, projected the picture of frontier life even more clearly as a tough, rough and primitive existence. During the early 1800's most individuals sought to recover from an illness or injury at "home" in the care of family and friends. The health care practices during this time were restricted to first aid, herbal use, birthing assistance, psychological support and spiritual care. Even aspirin was not formulated until 1899. As more and more people rushed to Idaho in the second half of the 1800s for the furs, gold, and land concern for the care of the ill, infirmed and injured grew. In June 1863 Fort Boise Hospital, "No. 5052" opened as Idaho's first hospital to generally serve the military. At the same time, Bannock City, later to become Idaho City, opened a county hospital. Bannock City in 1863 was the largest city in Idaho due to the gold mining activities located in that region. The next year, 1864, House Bill #22 incorporated Bannock City Hospital for those infected with contagious diseases. The care given in these facilities under the direction of a physician was provided by the men in the military, or by males living in the area. The population of women was very small and no trained nurses were available. Twenty two years later in 1885, Custer County Hospital was opened. Around this same time the State Hospital South "Insane Asylum", in Blackfoot was opened also. Inmates in this facility capable of providing care to others did so. At this time there is still no record of trained nurses providing care in Idaho.

When the Sisters of Charity of Providence opened Providence Hospital in 1891, at the urging of the miners living in Wallace, nursing care was initially provided to the citizens of Idaho by Catholic Sisters truly trained in nursing care. While training programs for nurses existed in Europe, it was not until 1798 that Dr. Valentine Seaman initiated instruction for nurses in the New York Hospital. However, a program set up by the Nurse Society of Philadelphia under Quaker influence opened a Home and School in 1850 and is often referred to as the first school to train women as nurses. Still many others recognize the Woman's Hospital of

Philadelphia training school opened in 1861 as the first nursing program in America. While the early nursing programs were influenced by Florence Nightingale's model, they soon were forced to deviate. So as one can see, the nursing program development in the eastern part of the United States was far removed from the same activities in early and mid 1800s in Idaho.

Soon following the founding of the "modern" hospital in northern Idaho, Saint Alphonsus Hospital was opened in Boise in 1894 by the Sisters of the Holy Cross. Next to open in Boise was the Wesleyan Deaconess Hospital in 1896, operated by the Methodist Church. In both the northern and southern Idaho Catholic hospitals, nursing care was provided by the Sisters. However, not to be outdone by the Catholics, in 1902 St. Luke's Hospital was founded by Episcopalian Bishop James B. Funsten. He hired a graduate nurse, Miss (Della) Lillian Long from Oregon as Superintendent of the hospital and the new hospital's school for training nurses. St Luke's hospital program holds the distinction of being the first nurse training program in Idaho. However, it soon became apparent that the growing number of hospitals needed more trained nursing staff to provide the quality of care being touted. Saint Alphonsus opened its hospital school of nursing on September 16, 1906.

Nursing has been said to be the oldest of the arts but the youngest of the health professions. The head, hand and heart becomes truly united to provide the strong foundation for modern day nursing. Nursing in Idaho became involved in the existing culture, was shaped by it, and yet helped to develop it. As nursing became more complex, it became apparent that more than just caring was needed. The interest in nursing along with science, skills and practice involving the theoretical and moral/ethical framework shapes the nursing profession today. The Idaho State Association of Graduate Nurses was formed on March 29, 1909 with 15 charter members who elected Lillian Long as its first president. The Association's first task was to work for state licensure of graduate nurses as the national nursing organization was supporting. From this beginning, 2009 finds Idaho nurses celebrating 100 years of organized nursing. While the comment here about Idaho's Nursing History is abbreviated, the nursing history in Idaho will be detailed in a book to be published, hopefully, in 2009.

For additional information regarding the history of nursing in Idaho, the author suggests the following resources:

Idaho, an Illustrated History by The Idaho State Historical Society

Women's Voices from the Oregon Trail by Susan G. Buttrille
Idaho by F. Ross Peterson

Idaho's Place in the Sun by Helen M. Newell

Idaho 100 – Stories from Idaho Century Citizens by Jon O' Hara Kirk

Idaho, Gem of the Mountains by Merle Wells and Arthur A. Hart

Florence Whipple Scholarship Fund

By Grace Jacobson, PhD, RN

Florence Whipple, RN, was the Director of Public Health Nursing of the Idaho Board of Health from 1946 to 1955. She graduated from Massachusetts General Hospital Training School of Nurses in 1919, and then obtained BS degrees from Mt. Holyoke College and the University of Minnesota. Active in the Idaho Nurses Association, she often served as 'devil's advocate' in professional discussions. Her other interests included carpentry, miniature dolls, and sewing.

The Florence Whipple Scholarship and Loan Fund was established at the request of her family, as a fitting memorial. Provisions of the 1956 official document included a Board of Trustees to manage loans to "enable nurses to be prepared for positions of leadership in nursing, through higher education...and to assist with continuing education of Idaho nurses." The original sum was greatly expanded by the 1982 bequest from Marie Wiggins of Blackfoot, followed by those of Kenneth Wiggins, Idaho nurses, medical auxiliaries, INA Districts and Conventions.

The first loan, in records available to the current Board, was given in 1978. Loans given to 124 nursing students from 1982 through 2003 totaled approximately \$95,000. The majority of the recipients paid back their loans, albeit some slowly! Combined with the variable stock market, loss of principal and inability to collect the debts (approximately \$12,000) the Foundation Board formally decided to discontinue loans in 2004.

In 1986 the Idaho Nurses Foundation was established to meet state tax requirements, to fit the definition of the IRS for charitable organizations, and to provide for philanthropic activities. An Education Fund and a Research Fund were initiated and the Florence Whipple Fund included under the Foundation umbrella. Since 1990, the Whipple Fund has

provided 5% annually of its asset value in the form of scholarships to nursing students, with one student from each of the then existing nursing programs in Idaho eligible to receive a scholarship. Basic BS or AD students are generally given preference.

There are currently nine nursing programs in seven educational settings in Idaho. Students must meet the eligibility requirements: full time student in good standing; in an AD or higher program; active in INSA; and nomination for the award by their faculty. A total of \$50,310.00 has been given in scholarships to date. Students each receiving a scholarship in the amount of \$560.00 in November 2008 included:

Sarah Silva	Boise State University
Jessica Nelson	Boise State University
Janessa Hubbard	Brigham Young University-Idaho
Jessica Stradley	College of Southern Idaho
Mia Carr	Idaho State University
Rachelle Peterson	Idaho State University
Andrea Laursen	Lewis-Clark State College
Julie Jordan	North Idaho College
Tabitha Simpson	Northwest Nazarene University

For more information about the Florence Whipple Fund please contact Grace Jacobson via email at ISU or cell (208)339-4420.

Florence Whipple has had a lasting impact on the education of Idaho nurses. If you'd like to contribute to the Fund, or for more information about The Florence Whipple Scholarship, please contact Grace Jacobson via email at jacogracc@isu.edu or phone (208) 282-2437 or (208) 233-7363.

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Complaint and Investigation cont. from p. 4

proceeds to formal disciplinary proceedings the licensee is assured of a statement of the time, place and general nature of the hearing; a statement of the legal authority under which the hearing is to be held; a statement of the allegations against him/her; the opportunity to be represented by counsel; the opportunity to hear and cross-examine witnesses who testify against him/her; the opportunity to produce witnesses on his/her behalf; full consideration and fair determination of the controversy by the properly authorized body based on evidence presented; access to judicial review and notice of the right to review; and a record of the proceedings in the event of appeal.

The Board's responses to substantiated violations of the Nursing Practice Act and Rules of the Board fall within a

continuum of disciplinary action from informal to formal as well as from moderate to severe. The Board considers remedial measures or informal corrective action when appropriate and in cases where the public's protection is not compromised. The Board considers denial, suspension or revocation of licensure when there is evidence that there is real or potential danger to the public or when no purpose would be served by remediation, informal monitoring and/or practice limitation.

Not every complaint filed with the Board will result in disciplinary action. However, the Idaho State Board of Nursing promises that every complaint will be thoroughly investigated and appropriately managed.

Success of Idaho Nurses Returning to Practice After Years Away from the Nursing Profession

By Susan K. Odom PhD, RN, CCRN

Professor, Division of Nursing and Health Sciences,
Lewis-Clark State College, Chair, Idaho Board of Nursing

Nursing Shortage Statistics

According to The US Department of Health and Human Services, there are 603-750 RN's per 100,000 people in Idaho. The United States average is 848 RN's per 100,000 people. A 20% shortage of RN's by 2015 is predicted nationally (U.S. Department of Health and Human Services, Health Resources and Services Administration.). The Idaho Alliance of Leaders in Nursing (IALN) reports that nurses are caring for increasingly more patients in 50% of the Idaho hospitals surveyed, and 20% of the hospitals surveyed have had to restrict admissions due to lack of qualified nursing staff (IALN, n.d.). Current healthcare trends including an aging population, high quality nursing care required, nurses nearing retirement age, and difficulty recruiting and retaining nurses will make the nursing shortage even more profound.

These alarming statistics and the current nursing shortage may compel some healthcare facilities to try to attract more out of practice nurses back to the profession. Nurses who have been away from clinical practice can be a valuable resource during the nursing shortage, as well as during times of sufficient staffing. They can bring tremendous experience and maturity to the clinical setting.

The success of nurses returning to practice after completion of requirements for licensure reinstatement can include a nurse refresher program and is an issue of interest to the Idaho Board of Nursing (IBON). One of the IBON's strategic plan goals is to determine, communicate, and enforce standards of conduct along with standards of nursing practice. One of the specific objectives of this goal is to determine competency of individuals seeking to re-enter practice. To that end, the Board is committed to learning how best to support nurses wishing to return to practice after years of being absent from the workforce to assure that the public is adequately protected.

Why Nurses Leave Practice and Successful Return to Practice

Nurses leave practice for a variety of reasons. Since most nurses are female, family responsibilities and childcare frequently play a role in the nurse's career choices. Health, stress, retirement, and physical and emotional demands also affect nursing practice for female nurses (McLean & Anema, 2004). Disciplinary constraints on a nursing license may limit practice. Men in nursing may leave practice for similar reasons, including domestic responsibilities (Mark & Gupta, 2002). Additionally, nurses may be staying away from clinical practice because of other career opportunities for both women and men. Finally, interest in the profession may be lessened due to the image of nursing and the overall stress of the nursing profession (Griffiths & Czekanski, 2003).

Why do nurses wish to return to practice after being absent for several years? Porta & Pearson (1997) found that nurses

taking a nurse refresher course had several reasons for returning to practice. They wanted to update their skills, had a financial need to work, felt work would enhance their self-esteem, wanted to change practice settings, or had a need to work due to divorce or empty nest syndrome. In Idaho the reasons nurses wish to return to practice may be similar.

Previous research has described factors that may contribute to a nurse's success in returning to practice. One of the most important considerations for successful return to the workforce is the availability of a mentor and a strong support system. Not only is assistance needed with skill competency, but the political environment, social environment and cultural environment in the healthcare facility may be changed for a nurse who has been out of practice (Ho, 2006).

Yancy & Handley (2004) found that the number of children the returning nurse has could be a factor in successful re-entry into practice. Nurses with more than two children may have difficulty continuing employment after a refresher program. Also, nurses over age 40 who have taken a refresher course and return to practice may not remain in practice. The high acuity and stressful, high technology environment can hinder re-entry. Yancy and Handley (2004) also found that nursing practice in an acute care environment prior to leaving nursing originally may be a factor that enhances the success of a returning nurse. Surprisingly, the authors determined that neither initial practice after nursing school graduation nor the number of years away from nursing practice were predictors of success or failure in returning to practice. Nurses with previous experience and years of practice before leaving nursing were the most successful in returning to practice.

IBON Policy for Re-licensure following Extended Absence from Nursing Practice

To guide the re-licensure of the returning nurse, the IBON implemented a policy describing requirements that must be completed before a renewable license is issued to nurses applying for reinstatement of an expired Idaho license or for issuance of an initial Idaho license. Currently, nurses applying for licensure in Idaho who have not practiced during the preceding three years are required to complete a content update or nurse refresher program recognized by the Board. Courses vary, but most include a combination of theoretical coursework and clinical practicum with a nurse preceptor. The number of years away from practice determines requirements for licensure.

IBON Research Study

The returning nurse must feel secure in his or her ability to perform in the workplace, including managing the intellectual, physical and emotional stresses. Even though the IBON has a policy regarding nurses who wish to be re-licensed after being out of practice for three years or longer, it is

unknown whether the nurses completing a refresher program successfully re-enter the workplace or continue to work in nursing after being re-licensed. Nor is it known what contributed most to a successful return to practice. The IBON wishes to know what returning nurses feel helps them succeed when returning to practice.

The Board's database includes nurses who have been re-licensed or are in the process of meeting requirements for re-licensure, including participating in a refresher course. Nurses currently taking a refresher course, or nurses who have recently completed a refresher course, are being surveyed about their success in returning to nursing practice. The survey, developed by Dr. Susan Odom, IBON member, and Ms. Sandra Evans, IBON Executive Director, includes questions about nursing practice before leaving the profession, number of years away from nursing, and nursing practice after re-licensure. Study participants are asked to identify factors that contributed to their success in returning to nursing.

The National Council of State Boards of Nursing Institute of Regulatory Excellence is sponsoring this project. The results will help determine if and how the Idaho State Board of Nursing can support the returning nurses to be most successful in nursing practice. Ultimately, changes to the policy related to issuance of licensure following extended absence from practice could result. This study is being conducted with the overall goal of supporting the Mission of the Idaho Board of Nursing: to regulate nursing practice and education for the purpose of safeguarding the public health, safety and welfare.

For more information about this study contact: Dr. Susan Odom at sodom@lscs.edu or 208-883-0677, or Ms. Sandra Evans, Executive Director of the Idaho Board of Nursing at sevans@ibn.idaho.gov.

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