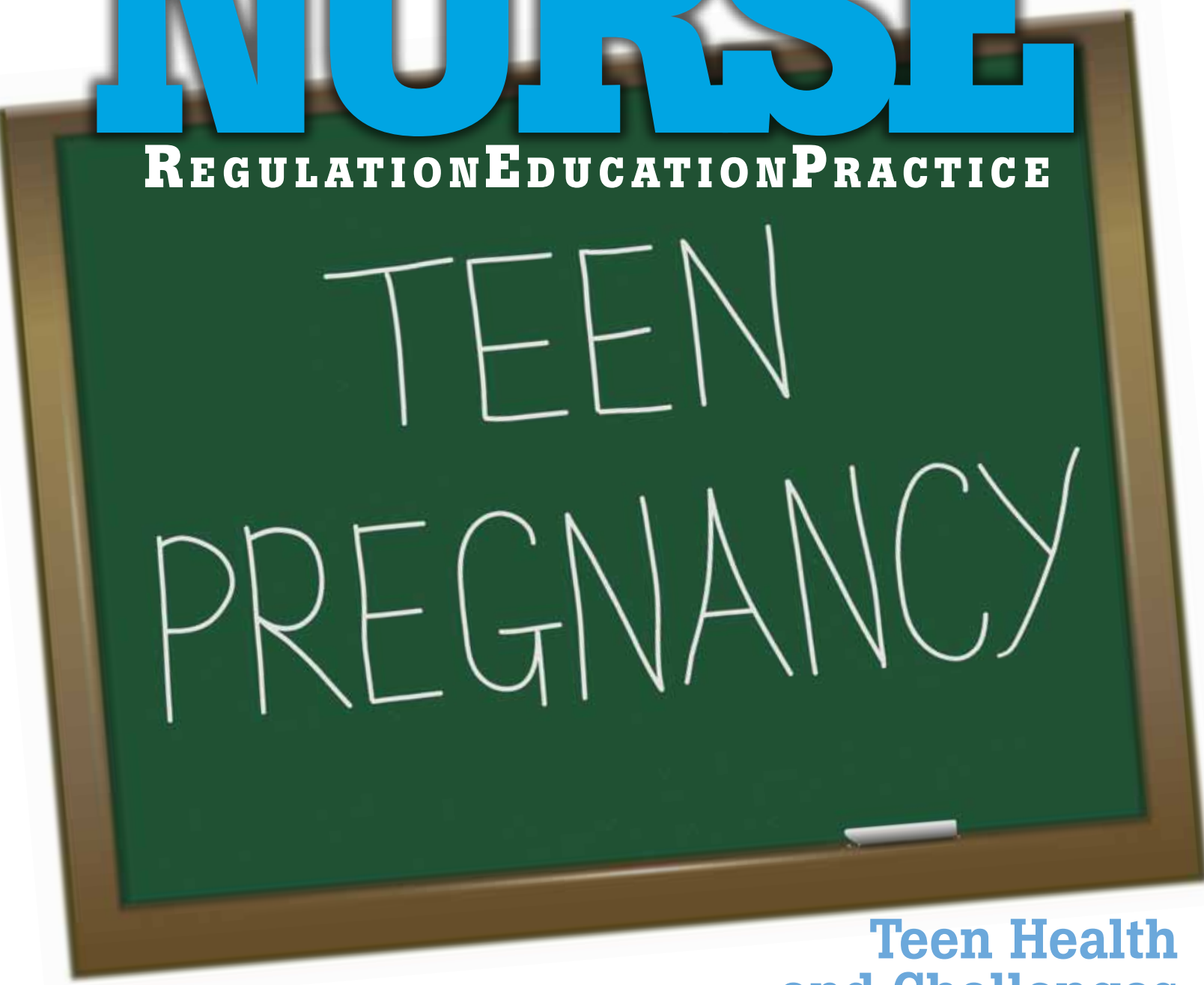
DISTRICT OF COLUMBIA

VOLUME 10 NUMBER 1
FEBRUARY 2013

# NURSE

## REGULATION EDUCATION PRACTICE

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*OFFICIAL PUBLICATION* **of the DISTRICT OF COLUMBIA BOARD OF NURSING**

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# DISTRICT of COLUMBIA NURSE

Edition 36





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

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

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

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

# Message from the Chair

Happy New Year to our nurses, educators, schools, and facilities in the District. I hope it is finding you happy and healthy. It is at this time of year that many choose to look back on their accomplishments and set new goals for the year ahead. As we all are aware, nurses can be their own worst critics, always aiming for success and rarely stopping to celebrate the work achieved. Let us break from tradition and take a moment to appreciate the hard work of the DC Board of Nursing and staff.

In 2010, we launched a strategic plan to streamline our efforts as a board. Each month since, as part of our process, we continue to update our strategic plan and use it as a guideline for staying on course. Thanks to this plan, we were able to accomplish a new discipline process so we can reply to inquires and concerns faster, keeping our residents of the District safer. We launched the FBI criminal background checks with our RN renewal process and began Criminal Background Checks with all of our initial licensees and endorsements. Most gratifying was the Implementation of the Home Health Aide regulations in July 2012 and the Board's completion of the draft Nursing Assistive Personnel Omnibus regulations (Certified Nursing Assistant/ Patient Care Tech, Medication Aide-Certified, and Dialysis Tech). Due to the amount of time spent on our new Nursing Assistive Personnel regulations, we are now getting back to the business of updating our RN and LPN regulations, and revision of our Nursing Program Regulations immediately following.

We have had a very successful year and could not have accomplished it all without the help of the community and our former board members. At our December board luncheon, we honored Rachael Mitzner, RN, Chairperson; Margaret Green, LPN, Board Member; Mary Rockefeller, RN, Board Member; and Selena Howell, Consumer Member. We are so grateful for their countless hours and expertise working to accomplish our goals these past few years, and we look forward to their continued involvement in the future.

As we said goodbye to our former members, we welcomed five new RN Board Members and had a closed meeting to hold an abbreviated orientation in November, with a full day orientation in January. Our new board members have varied backgrounds and I am excited for the wealth of knowledge they are already bringing to the Board. I am eager for you to meet them. New members include Toni Eason, Cathy Boris Hale, Chioma Nwachukwu, Sukhjit Randhawa, and Winslow Woodland. You will learn more about each of them over the course of the next few editions of DC NURSE.

We have our work cut out for us this year, with an even larger responsibility, as schools are opening to offer Nursing Assistive Personnel programs and agencies work to comply with our new regulations. This means another group of health care providers to educate, license, and monitor. It will take a great deal of teamwork and collaboration.

As we move forward in 2013,

Mary Ellen R. Husted, RN, BSN, OCN

I would like you to join me in welcoming our new board members, and I urge you to attend our open sessions at 9:30 a.m. on the first Wednesday of the month. During this time, we discuss regulation revisions, new practice and education trends and the public has time to voice questions and concerns. It is a valuable time for us to listen and to ask questions of the public to better serve our residents. As always, please explore our website for updated information and our DC NURSE editions to get the latest news of the Board.

I appreciate your support these past few years first as a board member, then as your vice chairperson, and I look forward to doing my best to serve you as your new Chairperson. ■

Mary Ellen R Husted, RN, BSN, OCN
Interim Chairperson
DC Board of Nursing

# Farewell to Outgoing Board Members and Welcome New Board Members

In November we welcomed five new board members RN board members Cathy A. Borris-Hale; Dr. Toni A. Eason; Chioma Nwachukwu; Dr. Sukhjit "Simmy" Randhawa; Winslow B. Woodland, RN member and bid farewell to four board members: Rachael Mitzner, RN member and Board Chair; Margaret Green, LPN member; Mary Rockefeller, RN member and Selena Howell, Consumer member.

Mary Rockefeller with Interim Board Chair Mary Ellen Husted.

Outgoing Chair Rachael Mitzner with outgoing LPN Member Margaret Green.

# LPN RENEWALS TO BEGIN IN APRIL 2013

**Renew your LPN license beginning APRIL 1, 2013**
**Your license will expire on JUNE 30, 2013**

To renew, go to the Board of Nursing web page at http://doh.dc.gov/bon.

- Enter your Social Security number and your last name. Then, on the next screen, enter a new User ID and Password.
- Once in the renewal section of the website, the screen will display your address and other personal information. Follow the step-by-step instructions.
- To pay fee, enter the credit card information for your Visa or MasterCard number.
- Printout the confirmation screen (to use until your license arrives in the mail).
- After 24 hours, verify renewal at: www.hpla.doh.dc.gov/weblookup/

**CONTINUING EDUCATION:**

- LPNs must complete 18 CEs in the applicant's current area of practice.
- Please note—only CEs obtained in the two (2) years immediately preceding the application date will be accepted.
- Do not send in CE documents to the Board unless asked to do so by the Board.
- First time renewal applicants: Continuing Education is not required for those who are first-time renewal applicants. ■

# RN Workforce Survey Results

## *District of Columbia Nursing Workforce Report*

The workforce data was collected from registered nurses during the 2012 renewal period. There were 15, 675 registered nurses who renewed nursing licenses in 2012. The information presented is data taken from those surveys completed or partially completed.

The racial/ethnic makeup of nurses working in the District of Columbia is approximately 45% Caucasian, 36% African-American, 11% Asian, 5% Other, 2% Latino/Hispanic and ½% each of American Indian/Alaska Native and Pacific Islander/Native Hawaiian.

**ETHNIC INFORMATION (n = 11,004)**

| ETHNICITY | FREQUENCY | PERCENT |
|---|---|---|
| American Indian or Alaska Native | 51 | 0.46 |
| Asian | 1228 | 11.16 |
| Black/African American | 3975 | 36.12 |
| Hispanic/Latino | 233 | 2.12 |
| Native Hawaiian or Other Pacific Islander | 53 | 0.48 |
| Other | 501 | 4.55 |
| White/Caucasian | 4963 | 45.10 |

The majority of nurses working in the District of Columbia, 62%, have baccalaureate or higher degrees in nursing; 45% have baccalaureate, 16% have master's degree, and 1% have doctoral degree. Sixteen percent have associate degree.

**EDUCATIONAL ATTAINMENT (n = 11,205)**

| EDUCATIONAL ATTAINMENT | FREQUENCY | PERCENT |
|---|---|---|
| Diploma-nursing | 558 | 4.98 |
| Associate degree-other field | 65 | 0.58 |
| Associate degree-nursing | 1837 | 16.39 |
| Baccalaureate degree-other field | 681 | 6.08 |
| Baccalaureate degree-nursing | 5080 | 45.34 |
| Masters degree-other field | 874 | 7.80 |
| Masters degree-nursing | 1812 | 16.17 |
| Doctoral degree-nursing | 144 | 1.29 |
| Doctoral degree-other field | 152 | 1.36 |

Ninety percent of nurses who renewed their license in 2012 work in a permanent nursing position fulltime or part-time. Of the 160 nurses (0.01%) indicating unemployment at the time of renewal, 22 or (14%) indicated that they were unemployed due to difficulty finding a position.

**CURRENT EMPLOYMENT STATUS (n = 8,653)**

| EMPLOYMENT STATUS | FREQUENCY | PERCENT |
|---|---|---|
| Actively employed in nursing or a position that requires a nurse license – Full-time | 7087 | 81.90 |
| Actively employed in nursing or a position that requires a nurse license – Part-time | 786 | 9.08 |
| Actively employed in nursing or a position that requires a nurse license – Per diem | 313 | 3.62 |
| Actively employed in a field other than nursing – Full-time | 155 | 1.79 |
| Actively employed in a field other than nursing – Part-time | 17 | 0.20 |
| Actively employed in a field other than nursing – Per diem | 3 | 0.03 |
| Working in nursing only as a volunteer | 57 | 0.66 |
| Unemployed – Seeking work as a nurse | 107 | 1.24 |
| Unemployed – Not seeking work as a nurse | 53 | 0.61 |
| Retired | 75 | 0.87 |

Most nurses working in the District n = 10,994 have one position (80%). Few nurses, 17%, have two positions and even fewer (2.5%) have three or more position. Seventy nine percent of the nurses work 30 – 50 hours per week. Approximately 13% work less than 30 hours per week and 7% work greater than 50 hours per week.

**AVERAGE NUMBER OF HOURS WORKED AS A NURSE IN A TYPICAL WEEK (n = 10,993)**

| HOURS | FREQUENCY | PERCENT |
|---|---|---|
| 0 – 10 | 409 | 3.72 |
| 10 – 20 | 340 | 3.09 |
| 20 – 30 | 752 | 6.84 |
| 30 – 40 | 5012 | 45.59 |
| 40 – 50 | 3683 | 33.50 |
| 50+ | 797 | 7.25 |

Work settings for nurses include hospitals, which employ the largest number (67%), and an undefined category of "other" having the second largest, 10%, while 6.7% work in ambulatory

settings. The remainder work settings (16.4%) are spread among nursing homes, home health, academic, school health and other non-traditional healthcare settings.

**PRIMARY EMPLOYMENT SETTING (n = 10,726)**

| PRIMARY SETTING | FREQUENCY | PERCENT |
|---|---|---|
| Academic Setting | 271 | 2.53 |
| Ambulatory Care Setting | 725 | 6.76 |
| Home Health | 366 | 3.41 |
| Hospital | 7162 | 66.77 |
| Nursing Home/Extended Care/ Assisted Living Facility | 378 | 3.52 |
| Other | 1078 | 10.05 |
| Non-Traditional Setting: Correctional, Insurance, Occupational, Public Health, School Health | 746 | 6.96 |

Sixty three percent of the nurses identified themselves as staff nurses. Nurse Managers and other health related positions accounted for 10.5% and 10%, respectively. Approximately 7.8% are advanced practice nurses. The remaining 7.8% are nurse executives, faculty and consultant/researchers.

**PRIMARY POSITION DESCRIPTION (n = 11,062)**

| PRIMARY POSITION | FREQUENCY | PERCENT |
|---|---|---|
| Advanced Practice Nurse | 860 | 7.77 |
| Nurse Manager | 1163 | 10.51 |
| Other – Health Related | 1106 | 10.00 |
| Staff Nurse | 7022 | 63.48 |
| Nurse Executive | 245 | 2.21 |
| Nurse Faculty | 287 | 2.59 |
| Consultant/Nurse Researcher | 313 | 2.83 |

**PRIMARY EMPLOYMENT SPECIALTY (n = 11,056)**

| PRIMARY SPECIALTY | FREQUENCY | PERCENT |
|---|---|---|
| Acute Care/Critical Care | 2497 | 22.59 |
| Adult Health/Family Health | 434 | 3.93 |
| Anesthesia | 192 | 1.74 |
| Community | 157 | 1.42 |
| Geriatric/Gerontology | 333 | 3.01 |
| Home Health | 281 | 2.54 |
| Maternal-Child Health | 481 | 4.35 |
| Medical Surgical | 1288 | 11.65 |
| Occupational Health | 185 | 1.67 |
| Oncology | 368 | 3.33 |
| Palliative Care | 74 | 0.67 |
| Pediatrics/Neonatal | 1249 | 11.30 |
| Public Health | 174 | 1.57 |
| Psychiatric/Mental Health/ Substance Abuse | 468 | 4.23 |
| Rehabilitation | 174 | 1.57 |
| School Health | 216 | 1.95 |
| Trauma | 179 | 1.62 |
| Women's Health | 215 | 1.94 |
| Other | 2091 | 18.91 |

Approximately 42% of the nurses (4428) reported secondary employment. Of those reporting secondary employment, the majority (24%) are in hospitals and staff nurse positions.

**SECONDARY EMPLOYMENT SETTING (n = 10,480)**

| SECONDARY SETTING | FREQUENCY | PERCENT |
|---|---|---|
| Academic Setting | 194 | 1.85 |
| Ambulatory Care Setting | 308 | 2.94 |
| Correctional Facility | 50 | 0.48 |
| Home Health | 313 | 2.99 |
| Hospital | 2553 | 24.36 |
| Insurance Claims/Benefits | 48 | 0.46 |
| Nursing Home/Extended Care/ Assisted Living Facility | 253 | 2.41 |
| Occupational Health | 69 | 0.66 |
| Other | 482 | 4.60 |
| Public Health | 71 | 0.68 |
| School Health Service | 87 | 0.83 |
| No Secondary Practice Position | 6052 | 57.75 |

**SECONDARY POSITION DESCRIPTION (n = 10.588)**

| SECONDARY POSITION | FREQUENCY | PERCENT |
|---|---|---|
| Advanced Practice Nurse | 333 | 3.15 |
| Nurse Executive | 57 | 0.54 |
| Nurse Faculty | 173 | 1.63 |
| Nurse Manager | 293 | 2.77 |
| Consultant/Nurse Researcher | 162 | 1.53 |
| Other – Health Related | 384 | 3.63 |
| Other – Not Health Related | 49 | 0.46 |
| Staff Nurse | 2774 | 26.20 |
| No Secondary Practice Position | 6363 | 60.10 |

# HHA Certification and the National Background Check Program

After March 15, 2013, Home Health Aides (HHAs) will only be permitted to work as direct patient access employees after they have been made eligible by the DC Department of Health (DOH). DOH will make a determination as to whether the prospective HHA is eligible to work as a direct patient access employee.

In accordance with the National Background Check Program, all prospective direct patient access employees of Home Health Agencies are **required to undergo background checks**.

**Home Health Agencies should take note of the following:**

- **Board Certification:** HHA Agencies should make sure that each Home Health Aide is certified by the Board of Nursing. No person shall practice as a Home Health Aide in the District of Columbia without first being certified by the Board of Nursing.
- **Background Check:** HHA Agencies should conduct a background check on each Home Health Aide using the Automated Background Check Management System via L1/MorphoTrust (their website is www.L1enrollment.com and phone number is 1 (877) 783-4187. However, Home Health Aides who have had a background check within six months will not be required to do another background check.
- **Fees:** Please be advised that HHA applicants or their agencies will be responsible for paying the fees associated with Board of Nursing certification and background checks.

HHAs or HHA Agencies with questions about certification or fees should contact the Board of Nursing staff at (202) 672-2174 or (202) 724-4900, or send an email to hpla.doh@dc.gov. For questions about background checks, contact the Criminal Background Check Unit at (202) 442-5888 or by email at doh.cbcu@dc.gov.

# HOME HEALTH AIDE Frequently Asked Questions:

**Q: I have been told that I can't submit my application to the Board; I have to have my employer submit it. Why?**

A: We have asked employers to submit applications on behalf of their employees because we were receiving fraudulent applications. Applications were submitted with signed attestation forms, but the applicant did not work for the agency. Attestation forms were allegedly signed by the supervising nurse but the nurse did not know the applicant. Therefore, we are asking agencies to submit applications to assure the legitimacy of the applicant and be able to contact the employer if we find discrepancies.

**Q: Complaint: Telephone Call from Home Health Aide: It is a shame that the DC Government is so poor that it has to charge Home Health Aides $50 for a certificate and $50 for a background check so that they can work.**

A: **Response:** While we appreciate the financial burden placed on Home Health Aides, they are not being regulated to make money for the District; they are being regulated to assure that they are safe to provide care to the District's citizens.

**Q: I am currently a licensed nurse but want to work as a Home Health Aide. I am being told that I have to be certified as a HHA. Why?**

A: For purposes of Medicaid reimbursement, persons working as Personal Care Assistants/HHAs have to be certified as such. The Board will not require that you be trained as an HHA. Your education as a licensed nurse will be accepted but you will have to be certified as a HHA.

**Q: Our first 125 hour Health Home Aide class ended yesterday. We are now preparing for the HHA certification exam and background checks. We contacted PSI for clarification about registering for the exam. We checked out the website, but found nothing there for DC HHA certification exam. Supposedly, there is a sample test on the website, but it does not appear to be there. We called PSI and the person mentioned that there are several new state exams that will be ready in January 2013 but she didn't know if DC was among them. The cost for the entire process is also confusing. The best we can determine is that the criminal background check will cost $50 for DC and Maryland residents, and $65 for Virginia residents. The test registration costs $90 for the first testing, and $60 if you have to re-test. The application to the Board of Nursing for certification costs $50; and the cost of two photos is approximately $10. So, best case scenario, it will cost approximately $200 to test and become certified. Does this sound correct?**

A: You are correct regarding the cost. Applicants will apply to the Board of Nursing first. After the application is processed, the applicant will be contacted so that they can register with PSI to take the exam. We anticipate the PSI website to be active January 2013. ■

## Home Health Aide (HHA) Certification Fees

**Certification by Endorsement:**
**$50 Payable to: DC Treasurer**

**Certification by Examination:**
**$50 Payable to: DC Treasurer**

**Examination Fee:**
**$90 Payable to: PSI Services**

**Re-Examination Fee:**
**$60 Payable to: PSI Services**

**Criminal Background Check:**
**$50 (An additional $15 fee is charged by some jurisdictions, including Virginia)**
**Payable to: MorphoTrust**

# HOME HEALTH AIDE Examination Now Available!

### WHO IS ALLOWED TO TAKE THE HHA EXAMINATION?

Persons completing HHA training (including Certified Nursing Assistant to HHA bridge course) within the last 24 months are eligible to take the HHA examination.

### HOW DO I APPLY?

You must apply to the District of Columbia Board of Nursing by submitting an application along with evidence of having completed an approved HHA training program.

Applications may be found at: http://doh.dc.gov/node/323082 or you can call customer service at 877-672-2174 to ask that an application be mailed to you.

If you submit an application that is incomplete or otherwise deficient, the DC Board of Nursing processing staff will return the application. If the Board has questions or concerns, you will also be notified.

Your application will be closed ninety days after submission if you have not completed the application process.

### HOW WILL I KNOW THAT I HAVE BEEN APPROVED TO TAKE THE HHA EXAMINATION?

Upon approval of your application, you will receive an **Authorization Letter** with instructions on how to schedule your examination.

### WHO IS RESPONSIBLE FOR SCHEDULING MY EXAMINATION?

Once you have been approved by the Board, **you are** responsible for contacting PSI to pay for and schedule your examination.

**Examination Fee, Payable to: PSI**
**Examination Fee—Initial $90**
**Examination Fee—Retake $60**

**NOTE: EXAMINATION FEES ARE NOT REFUNDABLE OR TRANSFERABLE**

### WHAT WILL HAPPEN IF I CANNOT TAKE THE EXAMINATION IMMEDIATELY?

We strongly advise you take the examination as soon as you complete your program. The longer you wait, the more information you forget and your ability to pass the examination decreases. But you have six (6) months, from the date on the Authorization Letter, to take the HHA exam and pass. After six (6) months, your application will be closed. You will be required to submit another application to the Board of Nursing.

### IF I FAIL THE EXAMINATION, CAN I TAKE IT AGAIN?

You are allowed to take the examination 3 times. If you do not pass the exam after your 3rd attempt, you must retake the HHA course and submit another application to the Board of Nursing.

### IS A CRIMINAL BACKGROUND CHECK REQUIRED TO BECOME CERTIFIED AS AN HHA?

Yes, prior to becoming certified you must also complete fingerprint scanning for the **Criminal Background Check.** (Information regarding completing your live scan background checks can be found on your application or at http://doh.dc.gov/node/120532. Please note:

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Only background checks completed for the purpose of certification by the Board of Nursing by L1/MorphoTrust will be accepted.)

## ONCE I AM APPROVED TO TAKE THE EXAMINATION WHAT DO I DO?

### REGISTRATION OPTIONS

When you receive the Authorization to Test Letter from the Board you must contact PSI to schedule a time convenient to you to take the examination. To register you have the following options:

#### INTERNET REGISTRATION

For the fastest and most convenient test scheduling process, PSI recommends that candidates register for their exams using the Internet. In order to register over the Internet, candidates will need to have a valid MasterCard or Visa. Candidates register online by accessing PSI's registration website at www.psiexams.com. Internet registration is available 24 hours a day. In order to register by Internet, complete the steps below.

#### TELEPHONE REGISTRATION

For telephone registration, you will need a valid Visa or MasterCard. To schedule an examination, please call (800) 211-2754.

The times of operation for live operators are Monday thru Friday: 8:00am – 8:00pm, and Saturday: 9:00am - 5:30pm.

#### STANDARD MAIL REGISTRATION

For those desiring to make payment for their examination using, company check, cashier's check or money order or for those that simply do not wish to provide credit card information over the phone or Internet, you must use the Standard Mail Registration. In order to register, please follow the steps below.

Complete the PSI Registration Form, and appropriate examination fee to PSI. Payment of fees can be made by company check, money order or cashier's made payable to PSI. Print your name on the check to ensure that your fees are properly assigned. **CASH AND PERSONAL CHECKS ARE NOT ACCEPTED.**

**Please allow 2 weeks to process your Registration. After 2 weeks, you may call PSI to schedule the examination after 7:30 a.m.**

#### SPECIAL EXAMINATION ARRANGEMENTS

All examination centers are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990, and every reasonable accommodation will be made in meeting a candidate's needs.

#### EXAMINATION SITE

Department of Consumer and Regulatory Affairs
Occupational and Professional Licensing Administration
1100 4th Street, SW
Suite E 500
Washington DC 20024
*Metro: Waterfront – Green Line*

#### COMPUTER EXAMINATION

Taking the examination by computer is simple. You do not need any computer experience or typing skills. You will use fewer keys than you use on a touch-tone telephone. All response keys are color coded and have prominent characters.

#### TUTORIAL

Before you start your examination, an introductory tutorial to the computer and keyboard is provided on the computer screen. The time you spend on this tutorial, up to 15 minutes, DOES NOT count as part of your examination time. Sample questions are included following the tutorial so that you may practice using the keys, answering questions, and reviewing your answers.

One question appears on the screen at a time. During the examination, minutes remaining will be displayed at the top of the screen and updated as you record your answers.

#### SCORE REPORTING

Your score report will be given to you immediately following completion of the examination.

#### EXAMINATION

**The eight subject areas and the percentage of questions in each test are:**

1. Understanding the Role of the Home Health Aide 18%
2. Ethics and Integrity 12%
3. Judgment and Interpersonal 23%
4. Personal Care Knowledge 11%
5. Health Related Knowledge 6%
6. In-Home and Nutritional Support 8%
7. Safety and Emergencies 14%
8. Knowledge of Consumer Specific Needs 8% ■

# The Board Welcomes New Board Members

Winslow B. Woodland, RN, MSN

Ottamissiah Moore, BS, LPN, WCC, CLN, GC, CHPLN

Mary Ellen R. Husted, RN, BSN, OCN

Toni A. Eason, DNP, MS, APHN-BC, COHN-S

Chioma Nwachukwu, DNP, PHNCNS-BC, RN

"Simmy" Randhawa DNP, MBA, MS, RN, NE-BC, CPN

Cathy A. Borris-Hale, RN, MHA, BSN

## TONI A. EASON, DNP, MS, APHN-BC, COHN-S

**Why and how did you get involved with the Board? What sparked your interest in service as a Board member?**

I self-nominated as an RN Board member because of a belief that public service to one's discipline is not only a privilege but a responsibility. Involvement also stemmed from a desire to contribute to the delivery of nursing care in the District.

**Can you tell us about your background?**

I have my Doctorate of Nursing Practice with certification in advanced public health nursing, informatics nursing and certification as a certified occupational health nurse specialist. Employment experiences have been diverse but have focused on community and public health nursing.

**What unique perspective do you bring to the Board?**

Experience in occupational and environmental health nursing with the federal work force and diverse community and public health experiences.

**What Board-related issues interest you the most?**

The Committee for Impaired Nurses (COIN) and continuing education.

**Is there any aspect of your service as a Board member thus far that has surprised you (or has the experience been what you expected it to be)?**

*Continued on page 12*

*Continued from page 11*

The experience has been what I expected and more. Extensive insight into health regulation and nursing practice in the District is afforded.

**What would you tell someone thinking about applying to serve on the Board?**

It's a rewarding and challenging opportunity that allows for self-enrichment and additional insight into nursing and healthcare practice, regulation, and education in the District of Columbia.

**Any message you would like to convey to licensees?**

The District of Columbia Board of Nursing has high standards and expectations for nurses.

## CHIOMA NWACHUKWU, DNP, PHNCNS-BC, RN

**Why and how did you get involved with the Board? What sparked your interest in service as a Board member?**

While I was completing my Master's in Community/Public Health, Clinical Nurse Specialist (CNS) at Catholic University, I had a wonderful clinical experience at DC Developing Families Center with an excellent preceptor named Amy Nassar. At the time Ms. Nassar was a current DC Board of Nursing member and always shared with me the wonderful learning experience she was having as a member of the board. I subsequently began attending some of the board meetings and found that it would be a valuable way to serve and to positively affect the profession of nursing. I later met another board staff member, Concheeta Wright, who is so passionate about the work she does for the board that it is infectious. So having positive role models and my desire to help strengthen nursing programs in the District, thus strengthening the future of our profession, are the main reasons for my desire to serve on the DC Board of Nursing.

**Can you tell us about your background?**

I first obtained my BS in Biology from George Washington University. Shortly after I decided to pursue nursing because of its versatility and received my BSN from Catholic University of America. Upon graduation, I first worked on the surgical oncology unit for a few years at Washington Hospital Center where I developed a firm foundation in nursing. I then moved on to the Post Anesthesia Care Unit (PACU), where I fell in love. I had found my niche. The dynamics with the constant change in pace and patient acuity was so much fun. To gain more critical care experience I worked for a brief time in the Cardiovascular recovery room before returning to the PACU as an Assistant Nursing Director. It was during this time that I completed a number of medical missions to Nigeria and thus pursed and obtained my MSN in Community/Public Health, CNS, and subsequently my Doctor of Nursing Practice (DNP) and Adult Nurse Practitioner Certificate. Currently, I am serving as the Interim Nursing Director for Third Floor Operating Room/Pre & Post/Endoscopy Suite and as an adjunct professor at Washington Adventist University.

**What unique perspective do you bring to the Board?**

As per the "adjudication" of licenses, my management experience is useful in analyzing cases and determining the proper course of action to assist nurses to get re-aligned with responsible nursing judgment and duties. However, with regards to developing robust nursing programs, my teaching experience is valuable to help discern the factors that contribute to high or low NCLEX (National Council Licensure Examination) scores in the District. It also affords me the ability to understand the needs and elements necessary for a good nursing curriculum and program.

**What Board-related issues interest you the most?**

I am most interested in issues related to strengthening nursing programs, as it affects the quality of the future nurses that are produced.

**Is there any aspect of your service as a Board member thus far that has surprised you (or has the experience been what you expected it to be)?**

I am surprised at the number of cases where nurses used poor judgment that resulted in harm to a patient. At the same time, I am surprised and pleased that there are such caring and thoughtful people also on the Board, who all desire to do the right thing.

**What would you tell someone thinking about applying to serve on the Board?**

Already, my Board experience has been great. If you desire a challenge and are committed to the betterment of our nursing work force, I would strongly encourage you to apply to serve on the Board.

**Any message you would like to convey to licensees?**

Hospital or agency policies and procedures are there to guide and protect us. So it is important to follow them and document your care accordingly. More importantly, the Board is here to help and support you. So please do not underestimate what the Board can do.

## SIMMY RANDHAWA DNP, MBA, MS, RN, NE-BC, CPN

**Why and how did you get involved with the Board? What sparked your interest in service as a Board member?**

I chose to apply for a position with the Board because I felt that it would be an excellent opportunity to understand the processes involved in establishing and governing the practice of nursing. As the profession continues to grow and achieve greater status in the health care arena it will be essential for nursing practice policies to be clearly defined, aligned with the changes in health care and governed with integrity so that the profession maintains its well-deserved trustworthy status.

**Can you tell us about your background?**

I was born in India, but grew up in Canada. I received my Bachelor of Science from the University of Toronto and within a year of graduation made the decision to move to the US. I have been in the DC area for 15 years. I am a passionate pediatric nurse, having worked in acute and critical care and now in nursing education and professional development. I feel very fortunate to work at Children's National Medical Center; a Magnet® designated free-standing pediatric hospital here in Washington, DC. In the last 10 years I have returned to school to obtain my Master's in Healthcare Administration and Business Administration and my Doctor of Nursing Practice. I am also an adjunct associate professor at the George Washington University, which is where I received my DNP.

**What unique perspective do you bring to the Board?**

I believe that I bring several unique perspectives to the Board. Being a pediatric nurse I can speak to the complexity of pediatric nursing practice and the value of recognizing the critical role nurses play in caring for individuals through their life span. My business background allows me to provide the Board with a more global point of view, preventing us from being narrow in our focus and thinking. Also, since working in a clinical setting and in academia I am able to recognize the gaps in preparation to practice and share my insight into this very important issue.

**What Board-related issues interest you the most?**

The most interesting issue to me is the opportunity to review the scope of nursing practice, the achievements of our schools of nursing and the opportunity to continually assist our schools to meet the demands of developing and preparing our future nursing workforce.

**Is there any aspect of your service as a Board member thus far that has surprised you (or has the experience been what you expected it to be)?**

Not yet, but I am not easily surprised. I am impressed however with sheer volume of issues that need to be addressed by the Board.

**What would you tell someone thinking about applying to serve on the Board?**

Absolutely, go for it! It is an excellent opportunity to gain insight into our professional practice and to network with esteemed colleagues from across the area.

**Any message you would like to convey to licensees?**

*"Nursing encompasses an art, a humanistic orientation, a feeling for the value of the individual, and an intuitive sense of ethics, and of the appropriateness of action taken."*
– Myrtle Aydelotte, PhD, RN, FAAN

■

# IN THE KNOW

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

### DC LICENSE REQUIRED?

Q: We are in the process of converting to an electronic medical record (MedConnect). During the upcoming phase of the implementation, we have scheduled informatics nurses (NI) from MedStar's Maryland locations to support the conversion. During this conversion these informatics nurses will educate, train and then troubleshoot problems during go-live for nurses. Troubleshooting may occur in the clinical areas of documenting care plans and orders. Must these nurse members of the NI team from Maryland secure a DC RN license in order to assist with our MedConnect implementation?

A: The Board allows nurses to come into DC without requiring licensure if they are coming for a brief period of time to provide training or consultation. If these nurses will be in DC for more than 6 weeks and are providing patient care, I recommend that they apply for licensure. Another guideline is that if they will be signing charts using their RN, they will need to be licensed.

### STUDENTS NOT REQUIRED TO OBTAIN CRIMINAL BACKGROUND CHECK

Currently, health care schools in the District of Columbia are not required to have their students undergo criminal background checks under the National Background Check Program (NBCP). Health care schools may apply their current internal policy regarding this matter. Accordingly, until such a time that the schools are phased in to comply with the NBCP program, you can continue to apply your **internal policy** when accepting students who request to work at your facility for training or other purposes. The same applies to organizations not required, at present, to implement the NBCP but have dealings with your facility. ■

### CORRECTIONS FROM SINGAPORE

Greetings from Singapore. Thank you for sharing the write-up with us. I would like to make a small correction:

The study trip was not funded by NCSBN but rather they facilitated our visits. Our study trip was funded by the Singapore Nursing Board. Also, please note that we are Singapore Nursing Board Staff Members and **not** Board Members. Thanks.

# COIN CONSULT A Resource for Impaired Nurses

## DISTRICT OF COLUMBIA BOARD OF NURSING COMMITTEE ON IMPAIRED NURSES

As we begin a new year we would like to remind the DC nursing community about the Board's program for nurses whose practice is unsafe due to **substance abuse** or **mental illness**.

In 2000 the "Nurses Rehabilitation Program Act of 2000" was passed establishing a Committee On Impaired Nurses to supervise the operation of a rehabilitation program for nurses licensed in the District of Columbia. The purpose of the Committee is to provide an alternative to the Board's disciplinary process for nurses who are impaired due to drug or alcohol dependence or mental illness.

The Committee monitors the recovery of nurses and their practice to assure that they practice within acceptable standards of nursing care. All information about the participants in the program is confidential.

**Admission to the program is voluntary.** Impaired nurses may be referred to the program through self-reports, formal complaints and/or the Board of Nursing. A nurse requesting admission to the program may not have caused patient injury or have been arrested and/or convicted for diversion of controlled substances for sale or distribution.

**Once a nurse is admitted to the program, the nurse and Committee enter into an agreement that outlines the conditions that must be met by the nurse.** The conditions include such requirements as continued treatment with progress reports to the Committee, urine screens, employer reports and self-reports. The conditions may also limit where the nurse can work, hours of work, and administration of controlled substances. Failure to comply with the conditions in the agreement shall result in a report to the Board for disciplinary action. All records are purged and destroyed two years following the nurse's discharge from the program.

For referrals or additional information contact:

**(202) 724-8870**

## BOARD OF NURSING MEETINGS *Members of the public are invited to attend...*

**Date:** First Wednesday of the month.

**Time:**
9:30 a.m – 11:30 a.m.

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

**Transportation:**
Closest Metro station is Union Station.

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

**March 6, 2013**
**April 3, 2013**
**May 1, 2013**
**June 5, 2013**

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# I Received a Consent Agreement

## *What Is It?*

Many nurses in the District of Columbia believe when a complaint is filed against them, their nursing career is over. This is not the case. All complaints are subject to an investigative process. People who file complaints could be your employer, a patient, your spouse, your children, your soon to be ex-spouse, your soon to be ex-mother-in-law, or even an from a survey report. Sources of complaints are limitless.

It has to be determined if the complaint alleges a violation of the *Nurse Practice Act* and *Regulations*. And you don't always have to come before the Board for a formal board hearing once a complaint is filed. If the complaint is substantiated—depending on the nature of the violation—a nurse may be disciplined. Disciplinary actions include a Letter of Reprimand, Probation, Suspension, Revocation and Voluntary Surrender.

The Board has approved guidelines to offer a nurse an informal settlement known as a Consent Agreement. Board staff members offer a Consent Agreement to a nurse for violations of the *Nurse Practice Act* and *Regulations*. If the nurse elects to enter into the agreement, the nurse will not have to appear for a formal hearing before the Board.

A Consent Agreement is essentially a contract between the Board of Nursing and the nurse. The Order has stipulations that are required to be met. Stipulations may include courses, performance evaluations, employment restrictions, and a fine.

There are a number of issues the nurse may need to consider prior to signing the consent order.

If ordered to take courses, the nurse may need to have access to a computer. Or the nurse may be required to identify a face-to-face course that meets the Board's requirements.

There are quarterly reports due to the Board staff as part of most agreement orders. Is the nurse willing to comply with submission of these reports? Will the nurse manage the paperwork involved? Will the nurse be able to assure that, if required, their supervisor will submit reports to the Board? The requirements are not difficult but to a stressed nurse, these requirements can be overwhelming.

The ***financial*** obligation is an important component of the commitment. There may be a fine assessed against the nurse. Will the nurse be able to pay the fine in the time period required by the consent order?

***NONCOMPLIANCE*** with the stipulations of the Consent Agreement may lead to additional discipline. Discipline may involve extended probation through a new Consent Agreement. The stipulations may become more involved. Licensure suspension is a risk the nurse faces with noncompliance of the Consent Agreement. While a license is suspended, the nurse is still required to be compliant with any stipulations in the Order. Once a nursing license is suspended, the nurse loses the option of voluntary surrender.

**THERE HAS TO BE AN UNDERSTANDING OF THE RESPONSIBILITY BEING ACCEPTED AND A FIRM COMMITMENT BY THE NURSE WHEN ENTERING INTO THE CONSENT AGREEMENT.**

Before entering into a Consent Agreement, the nurse needs to understand the commitment required to be successful in complying with the stipulations of the agreement. Nurses have many excuses as to why compliance is not always possible with a Consent Agreement. Ultimately, the nurse has to accept responsibility for the actions that led to discipline and embrace the personal commitment necessary to maintain or reinstate licensure.

This article has been adapted from the publication ASBN Update, with the permission of the **Arkansas State Board of Nursing** (ASBN) and author ASBN Attorney Specialist **Mary Trentham, MNSc, MBA, APB-BC**. Some modifications have been made to the article to reflect District of Columbia Board of Nursing regulations.

# NCSBN Launches Nursys e-Notify:

## *Employers Emailed Discipline Data as It's Entered*

The National Council of State Boards of Nursing (NCSBN) has launched Nursys e-Notify, the national nurse licensure notification system that **automatically delivers licensure and publicly-available discipline data directly to employers** as the data is entered into the Nursys database by U.S. boards of nursing. The e-Notify system:

- Alerts subscribers when changes are made to a nurse's record, including changes to license status, license expirations, pending license renewals, and public disciplinary action/resolutions and alerts. If a nurse's license is about to expire, employers have the option to receive a notification about the expiration date.
- Employers can also immediately learn about new disciplinary actions issued by a board of nursing for their employed nurse, including receiving access to available public discipline documents.
- Nursys e-Notify eliminates the need for employers to proactively search for nurse data. They are notified when changes occur.

Nursys is the only national database for verification of nurse licensure, discipline and practice privileges for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs). It is comprised of data obtained directly from the licensure systems of U.S. boards of nursing through frequent, secured updates.

Nurse employers are able to subscribe to this service to track licensure and discipline information for little or no charge (cost is dependent on the number of nurses enrolled in the system). The first 100 nurses in a facility registered with Nursys e-Notify are free of charge. After that, each nurse is $1 per year. If an employer has 99 nurses, they pay nothing; if they have 200 nurses, the cost per year is $100.

Employers can customize how often they receive notifications and when they want to run reports. Another valuable option is the ability to enter nurse contact information so the employer may send licensure renewal reminders to the nurses directly from the e-Notify system.

To view a video about the new e-Notify system, please go to the Nursys website at www.nursys.com or **https://www.ncsbn.org/2725.htm**.

Promotional Brochure: **www.nursys.com.** ■

## PROFESSIONAL NURSING SCHOOLS

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# NCLEX Pass Rates: July–September 2012

NCLEX-RN and NCLEX-PN testing volume and pass rate information is updated quarterly throughout the year. For July-September 2012, the pass rates were as follows:

- NCLEX-RN pass rate for first-time, U.S.-educated candidates was 88.78%.
- NCLEX-RN pass rate for all candidates was 80.66%.
- NCLEX-PN pass rate for first-time, U.S.-educated candidates was 87.20%
- NCLEX-PN pass rate for all candidates was 79.00%.

Detailed NCLEX pass rate and volume data since 1983 can be found online. In addition to domestic candidate volume, NCSBN also updates testing volume information for the top five countries where first-time, international candidates are educated. ■

# PROGRAM STATUS: Annual NCLEX Performance

## *October 1, 2011 – September 30, 2012*

Nursing program approval/accreditation status is determined annually by the DC Board of Nursing and is based on the performance of the graduates of nursing programs on their first attempt taking the NCLEX as set forth in the regulatory requirements in "17 DCMR Chapter 56."

5603.3 The Board may grant full accreditation to a program after the graduation of its first class if:

(a) The percentage of the program's first time NCLEX test takers passing the exam is not more than five percent (5%) below the national norm. The passing percentage shall be based on the cumulative results of the first two (2) quarters following graduation of the first class; and

(b) The program has demonstrated continued ability to meet the standards and requirements of this chapter.

5603.7 In order to maintain full accreditation status, a program with full accreditation shall maintain:

(a) All the standards and requirements of this chapter, as they may be amended or republished from time to time;

(b) A minimum pass rate, for first time test takers on the NCLEX, or not more than five percent (5%) below the national norm, based on the cumulative results of the four (4) quarters in each year.

5605.1 The Board may place a nursing program that has failed to meet or maintain the requirements and standards of this chapter on conditional accreditation status 5605.2 Conditional accreditation status denotes that certain conditions must be met within a designated time period for the program to be granted or restored to full accreditation. ■

| Practical Nursing Programs | NCLEX Pass Rate | Approval Status |
|---|---|---|
| Comprehensive Health Academy | 84.09 | Full Approval |
| Radians College | 78.57 | Full Approval |
| University of District of Columbia Community College | 67.05 | Conditional |
| **National Average Pass rate:** | **84.93** | |
| **District of Columbia Required Pass rate:** | | |
| **(95% of National Average) Practical Nursing** | **80.68** | |
| **Registered Nursing Programs** | **NCLEX Pass Rate** | **Approval Status** |
| Catholic University of America | 83.05 | Conditional |
| Georgetown University | 99.20 | Full Approval |
| Howard University | 83.64 | Conditional |
| Trinity Washington University | 56.86 | Conditional |
| **National Average: Baccalaureate Programs** | **91.47** | |
| **District of Columbia Required Pass rate:** | | |
| **(95 % of National Average) Baccalaureate Programs** | **86.90** | |
| Radians College | 100 | Full Approval |
| University of District of Columbia Community College | 63.64 | Conditional |
| **National Average: Associate Degree Programs** | **89.26** | |
| **District of Columbia Required Pass rate:** | | |
| **(95% of National Average) Associate Degree Programs** | **84.80** | |

## *Continuing Education Update*

# Teen Health & the Challenges of Teen Parenthood

*Article and Photos by Nancy Kofie*

**Many thanks to our high school student panel participants!**

At a seminar entitled "Key Issues Impacting Youth," speakers addressed the health challenges facing young people in the District, including issues related to teen sexuality, pregnancy and parenthood. The program was held at United Medical Center and sponsored by the Howard University Local Performance Site for the Pennsylvania/MidAtlantic AIDS Education and Training Center (PAMAAETC).

Although nurses serve as vital link for disseminating healthcare information, program organizer Marilyn Johnson noted that "school nurses can only talk about sex if the child brings the topic up first." Knowledge is lacking, but sometimes the barriers are very challenging. Some parents seek to remain the primary source of information about sexual education and medical treatment, but many teens feel uncomfortable discussing such matters at home.

### NEW HEIGHTS PROGRAM

The DC Public Schools Office of Youth Engagement New Heights Teen Parents Program at Anacostia High School seeks to offer support to adolescents who have become parents during their high school years. Program Coordinator M. Victoria Bellard informed seminar attendees about the need for positive role models and nonjudgmental forums within which teenagers can discuss their frustrations and concerns.

The New Heights program provides an educational component and case management. Inclusive in the program are meetings held during lunch, which is provided for participants. Day care and housing are also provisions of the program: "The goal is to prevent second pregnancy, and to guide participants toward college or a career. Since August 2012, there have been 44 participants: pregnant students, including six secondary pregnancies."

### Peers, Adults, and the Media

- "It is very difficult when adults are not good role models," Ms. Bellard said. "I would like to see adults—the 'average Joe'—act as a role model. Often I see adults—rich and poor, black and white, gay and straight—acting inappropriately. Engaging in road rage, for instance."

- Typically, she said, the father of a teen mom's baby is an older man, not a teen.

- Teens tend to do what their peers are doing and what their parents have done.

- It is not easy for teens to remain abstinent because marketers use sex to sell everything. "Even the Pine Sol lady is in satin sheets," Ms. Bellard said.

"Some students give up on trying to go to school after a long period of absence," she said. It is also difficult for teens to find jobs. Teen parenthood often leads to children going into the foster care system."

In the New Heights program, Ms. Bellard uses positive modes of communication to collaborate with student parents.

### Lecturing vs. Conversation

- Don't just repeat the phrase "Don't have sex." Have a conversation.

- Allow teens to express their opinions.

- Educate teens on how to avoid pregnancy.

- Explain how to use contraceptives correctly.

- Help them develop their communication skills, so that pregnancy or multiple pregnancies don't "just happen."

- Talk about the consequences of having a child—or more than one child.

*New Heights Program Coordinator M. Victoria Bellard*

"If we just regurgitate statistics about STDs and HIV, that is not going to change anything," Ms. Bellard said. "There is an emotional aspect to human sexuality. Discuss what it means to share one's body," she said. Allow them to express every aspect and detail. **The more you are open to listen, the more the teens will feel comfortable sharing information.**

"Victoria listens to me," one student said of Ms. Bellard. "She helps me understand. She breaks things down for me. She is the perfect role model."

"Every single human being must take responsibility. Let that spark a conversation. We don't want them dropping out or thinking their life is over because they got pregnant."

Ms. Bellard noted that we should not write off certain behaviors as "cultural." Mental health issues are rampant in our schools; people think it is normal or cultural and it's not, she said. Rude public behavior, cursing and disrespect are not acceptable or "normal."

Although the program does not have guaranteed funding from year to year, Ms. Bellard clearly finds joy in her work and expressed her faith in her teen parent participants. "I put my pride in these kids here," she said.

## TEEN PARENT ASSESSMENT PROGRAM

Speaker Delores Junious, MSW, LCSW-C, LCSW, Case Manager, Teen Parent Assessment Program, provided more insight into guiding teen behavior: "A teen girl needs to have some expectations for the man she begins a relationship with," Ms. Junious said. "Many of the babies' fathers are over 18 and undereducated or incarcerated." A

***Continued on page 20***

*Delores Junious, MSW, LCSW-C, LCSW, Case Manager, Teen Parent Assessment Program*

***Continued from page 19***

teen girl needs to be reminded that any man she chooses to engage in sexual relations with should possess the qualities she is looking for in the father of her future children. Is this the type of man you want for the father of your child?' you may ask her."

According to Ms. Junious, teen pregnancy poses risks for both mother and child:

- There is an increased risk for complications such as premature labor.

- Most of her program's clients are not in school, she said. Teen parents are more likely to drop out of school. One-third of teen parents obtain a high school diploma.

- 80% of teen parents depend on TANF (Temporary Assistance to Needy Families Program). The District assesses recipients to see if they are work-ready or assigned to a vendor to get them ready, she said. Checks will be reduced if recipients are not in a program.

- 25% of teen moms have another child within two years. Teen parents can get free child care, however, they must first submit proof that they have been accepted into, or are participating in, a program or school for a minimum of 20 hours to be eligible to receive a child care voucher.

- The children of teen moms are 22% more likely to become teen moms themselves.

Ms. Junious noted the importance of helping teen parents earn their diploma or GED: "We work with teens receiving TANF benefits who are pregnant or have a child. They must be in school or get into a GED program. We link them to other resources."

## PEDIATRIC CARE

Pediatrician Marilyn Corder, MD, an adolescence specialist for PAMAAETC, told attendees she often gives a talk she entitles "Is Sex Worth Dying For?" Dr. Corder has been featured on National Public Radio, Oprah and the Rachael Ray show. She has a radio program on WOL 1450 AM (3:00 -4:00 pm Saturdays), and she is willing to come to address a group for free.

"A teen will know whether or not you are for real, if you really care," she said. "Don't judge them on the number of sex partners they have had. Just listen. Allow them to discuss what is going on, behavior-wise. They tell me everything. 90% of adolescent health is behavior driven." The top three dangers for teens are STDs, auto accidents, and drugs.

Dr. Corder spoke about the three stages of teenage development:

- Young teens seem to change overnight—one minute little girls are "playing with dolls, the next day they are in heels and fishnet stockings."

- "The middle teen years," Dr. Corder said,"are the equivalent of the Terrible Twos. Their friends are the Gospel. Parents are stupid." Teens are seeking risky behavior. The "cinnamon challenge," for example (to see this stunt, do a search at www.youtube.com).

- In the late teen years, teens have the power to make decisions that can kill them. They may begin to mature, at this point and reflect on all the good guidance that has been provided to them during their teen years.

### Bullying

"Social-Media bullying can lead to suicide attempts or suicide," Dr. Corder said. "Social-media bullying bothers teens because that is their world. It doesn't matter if what is being said about them is true or not." She also noted the suicide of Rutgers University student Tyler Clementi. Although girls attempt

suicide more often, boys more often succeed, she said. Grownups have support systems, she said, but teens feel alone and devastated.

### Be Aware and Listen

Ask follow-up questions. If a teen says, "I don't smoke cigarettes," follow up with: "Do you smoke something other than cigarettes? Marijuana or other substances?"

### Sexual Behavior

If a teen is sexually active, try to counsel them and get them in care. A 13 year old, by law, can get an abortion, birth control pills, and treatment for STDs in confidentiality. It is critical to address the STD/HIV crisis, she said. "Fifty percent of admissions to nursing homes are 35 years old dying of HIV/AIDS." Many teens begin being sexually active due to peer pressure when they are told myths such as: "Your stuff is going to get backed up" if they don't have sex. Sexual activity can take place in a car, in the movies, in stairwells of schools, or in back of buildings.

### Middle-Age Diseases

There are many more Type II Diabetes diagnoses amongst adolescents than any time in the past. "With some teens, their bodies are like a 30- or 40-year old," Dr. Corder said. Diseases formerly associated with middle age—diabetes, high blood pressure, hypertension are being diagnosed in children, and 50% of persons with diabetes don't know they have it. These conditions are usually found in 50 or 60 year olds. Obesity contributes to poor teen health and it interferes with fertility and sexual function. The effort to attain lower levels of obesity has recently been hindered by budget cuts which force schools to lessen or totally opt out of offering Physical Education courses.

*Pediatrician Marilyn Corder, MD, an adolescence specialist for PAMAAETC*

### Depression

Young people with depression may only emerge from their rooms to eat. They may give away their possessions, or there may be a change in hygiene habits.

***Continued on page 22***

## QUOTES FROM STUDENT PANELISTS

- "I can't communicate with my parents. They don't listen."
- "I am 17 and got pregnant at 13. I didn't plan on getting pregnant. I always hung around an older crowd. I didn't think that I would get pregnant. I was never into school. After I got pregnant, I started to see that education is important. My baby's dad was 16 when I got pregnant. My mother had me when she was 16. She was disappointed I got pregnant, but not mad. My Dad dealt with it. Mom doesn't believe in abortion. My mom is my backbone."
- "I am 17 and was 15 when I got pregnant. The baby's dad and I are still together. I had sex because I was curious."
- "I am 16 and got pregnant at 14. Unprotected sex is not okay. The birth of my daughter made me realize I need to get my act together to provide for my child."
- "My aunt told me that, with a new baby, I would not get sleep for the first year—but it has gone on longer than that."
- "I don't want to struggle like my mother."
- "I want to make sure I go to college and have a stable career."
- "Students take education for granted. But the school makes it difficult when they won't let a student in without a tie or a uniform shirt, but then complain about low attendance."
- "When you have a baby, you miss days of school, but teachers don't understand why you have missed school. With a baby, you will miss some days."
- "Some of my friends buy expensive clothes for their kids. He's a *baby*—why spend all that money?"
- "One teacher, he told me I was going to hell because I had a baby."
- "We have many good teachers despite our reputation."
- "I had sex at age 10. It was the most easy form of love. My baby's mother got pregnant when I was 18. When it got later in the pregnancy, I knew my life got to change."
- "We have a teen fathers' workshop. I'm a guy that likes to vent. I want to vent all the time. To find a way to let it out."

***Continued from page 21***

There are also symptoms you may not suspect; if a teen has anger-management issues and is cursing everyone out—that can be a sign of depression.

### Detecting Depression

- Listen: Sometimes they will say something that indicates they are depressed.
- Room check: Know what's in your son's room—guns? Bomb-making instructions?

***Continued on page 24***

*Dr. Bruce Furness*

Bi-polar disorder starts in childhood or the teen years, Dr. Corder said.

### Triggers to Depression

- Unmet basic needs: Some teens wake up in the morning and don't know if they will eat that day.
- Trauma: Some teens experience post traumatic stress disorder; they have witnessed or been a victim of domestic violence. They have seen people die.

## TEEN PARENT ASSESSMENT PROGRAM

Teen Parent Assessment Program, known as TPAP, provides services to teen parents in the District of Columbia with an ultimate goal of moving the teen parent towards self sufficiency. The TPAP program is located within the Family Services Administration of the Department of Human Services in Washington, DC. This program was created in 1997 in response to The Personal Responsibility and Work Reconciliation Act of 1996 (P.L. 104-193), which mandated that teen parents under the age of 18 years reside with a parent, legal guardian or other adult relative, who provide support and supervision, except in cases when a teen claims an exception for good cause, and resides outside of the home. The Public Assistance Temporary Act of 1997 DC Law12-7, DCR 4639 authorized and developed emergency rules which provide the framework and authority of the Teen Parent Assessment Program to investigate and conduct an assessment of the living arrangement of teen parents and expectant teen parents who apply for Temporary Assistance for Needy Families (TANF) benefits and who are under age 18 and are not residing with a parent, guardian or other adult relative.

The TPAP staff collaborates with the Department of Human Services Economic Security Administration, DC Public Schools, Social Services Caseworkers, and a number of community based organizations to work with parenting teens to provide assistance, referrals, and supportive services to ensure compliance with the new rules and regulations for public assistance eligibility and attaining self sufficiency. Our clientele are TANF eligible or recipients, who are referred through a computer generated data report received from Economic Security Administration. However, TPAP will provide services to all who are in need of assistance if they are a parenting or pregnant teen.

The purpose of the TPAP program is to provide support to teen parents and their children in the form of educational support, assistance with referrals for health care and daycare, as well as working with the teens to assist them in improving their self esteem and parenting skills if needed, and certifying their living arrangements as appropriate and best suited for the teen parent and her child.

Specifically, TPAP provides case management and encouraging services as needed to meet its mission and three objectives of 1.) certifying living arrangements for teen parents who are residing outside of the home to ensure their alternate living arrangements is in the best interest of the teen parent and her child; 2.) Helping teen parents develop goals and achieve self sufficiency; and, 3.) Focusing on reducing teenage pregnancy in the District of Columbia. TPAP also provides Pregnancy prevention initiatives and motivational workshops on goal setting, listening skills, and self-esteem, dating and relationships and workshops for the teen fathers and Realty Store workshops to engage the teens and provide information and hands on activities that encourage goal settings, informed decision making and choices, relationships and risks, and understanding personal responsibility. TPAP also develops and distribute flyers and information for teenagers that focus on postponing pregnancy and avoiding violence in dating relationships.

*– Information provided by Delores Junious*

*Continued from page 21*

- Faked Illness: A Sunday-night stomach ache may indicate the student does not want to face bullying on Monday morning.
- Their friends: Teens' peers can tell if suicidal or depressed.

### Opening Doors of Communication

- Be positive.
- Let them know they are going to have ups and downs. They must make decisions that can save their lives or cause their death.
- Don't Demand an Immediate Answer. If you ask "What's wrong?" and the teen says "Nothing," say "Okay, you don't have to tell me right now."

## STD TESTING IN THE SCHOOLS

Dr. Bruce Furness spoke about the DC high school based screening program to identify teens with the STDs chlamydia and gonorrhea. Dr. Furness told attendees that he gives students a talk about STDs, then offers an opportunity for students to provide a urine sample. "Gonorrhea is huge epidemic for ages 15-19," he said.

According to Dr. Furness:

### Barriers to Care

- A large percentage of children are not seeing any doctor. If

their parents don't bring them to the doctor, they have no medical home.

- Most parents don't want to admit that their kids are having sex, and they are upset that they don't know how to have a conversation with them about that issue.

- It was a political battle to get STD screening into the high schools. "We would love to get into middle schools," Dr. Furness said, "because we know that is the age of some students' sexual debut."

### Communication and Consent

- Text messaging is an adolescent-friendly method of communication. We use texting to provide test results, to get partners treated; and to remind teens to get rescreened after three months.

- Parental consent not mandatory, in any of the 50 states, for STD treatment, family planning, or mental health services. In DC, Unity Healthcare can serve as a confidential medical home. Teens can be screened and treated with nothing going back home to parents. ■

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### *School of Nursing Recieves National Award*

The Catholic University of America School of Nursing was recently awarded a three year, nearly $800,000 grant from the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services, to focus on the urgent health care needs of the growing elderly population.

# ATTENTION RNs: PLEASE NOTE LOAN REPAYMENT OPPORTUNITY!

The DC Department of Health (DOH) offers a citywide Health Professional Loan Repayment Program (HPLRP), which provides loan repayment services to eligible District providers practicing in HPLRP-certified Service Obligation Sites.

The Spring cycle is anticipated to open in April and is closing on May 31. The number of contracts awarded will be based on availability of funding.

Please note that the amounts have changed for RNs and APRNs. Repayment amounts are adjusted every fiscal year to reflect changes in inflation. For FY13, the District will provide loan repayment benefits of up to $76,536 for eligible providers. Rates for repayment are as follows:

- 18% of the total eligible debt in year one
- 26% in year two and
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For more information, visit www.doh.dc.gov (select Health Professionals). You may also contact the loan repayment program directly at HPLRP@dc.gov or 202-442-9168. ■

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# Board Disciplinary Actions

| NAME | LICENSE # | ACTION |
|---|---|---|
| Tina Orji | LPN1006418 | Revoked |
| Fatoumata Doumbia | RN967404 | Revoked |
| Jimmy Bello | RN67109 | Probation |
| Jasline Jesson | RN1023884 | Summarily Suspended |

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

## Non-Public Disciplinary Actions:

| | |
|---|---|
| *Notices of Intent to Discipline* | *5* |
| *Referrals to COIN* | *2* |
| *Consent Orders* | *4* |
| *Requests to Withdraw Application* | *4* |
| *Requests to Surrender License* | *1* |
| *Letters of Concern* | *0* |
| *Licensure Denied* | *0* |

## Public vs. Non-Public Discipline

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

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

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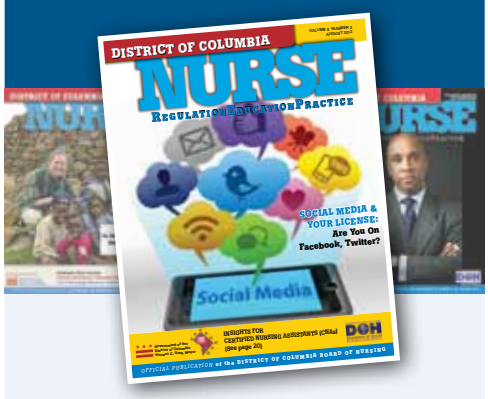


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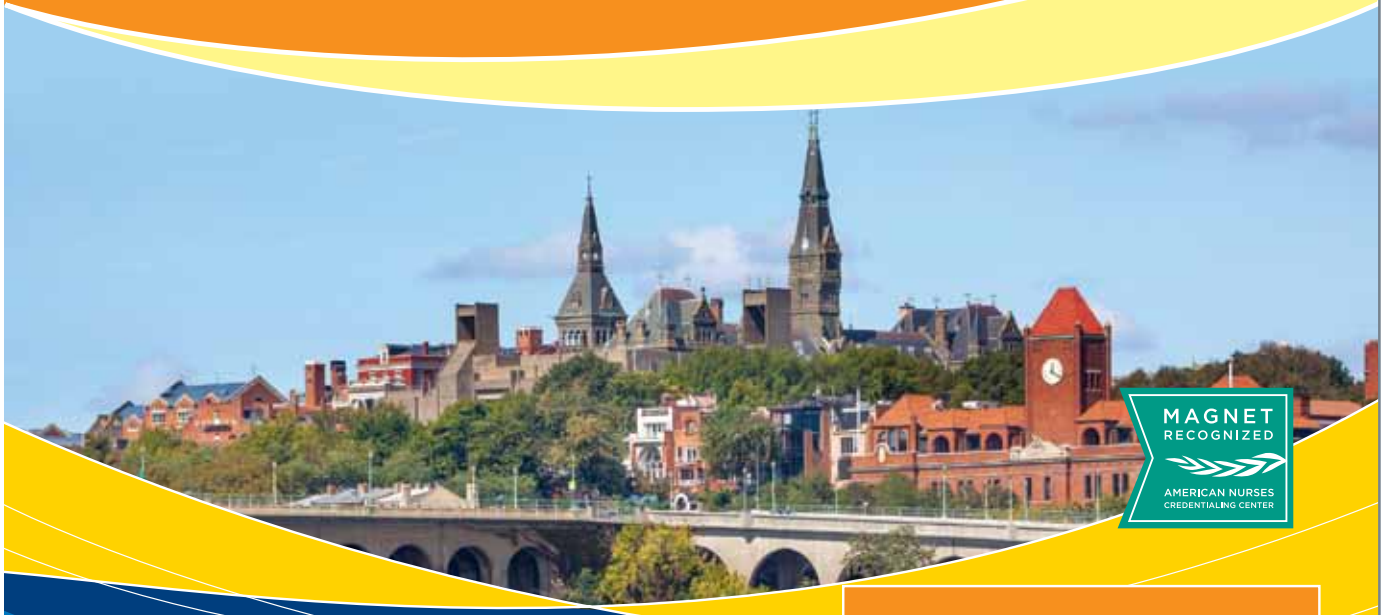


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