

A: Patti Beverage
Tape 30

Q: What's your job?

A: I am what they refer to as the staff LPN in an ambulatory care clinic, and I work in pediatrics ambulatory care, and there I am mostly in charge of doing procedures on children such as phlebotomies, IVs, catheterizations for urinary tract infection collection specimens for that, we also do immunizations as well as give other medications in our clinic. So we right now have 7 providers in our clinic and by October we'll have 12. I don't know where we're gonna put them but that's what we're looking forward to, so it looks like we'll be open weekends come the Fall, which is pretty exciting, maybe I can get some time back from all this volunteer stuff. I've been doing it now at Navy Hospital, I have been working for them for 20 years and I've been 14 years in the pediatric clinic, and love it, love the kids.

Q: What do you like best about your job?

A: It is working with the kids and getting them to relax and sit still while something very painful is being done to them, to gain their cooperation and this morning I had a perfect case of a little boy who had chronic hepatitis who came in and needed some lab work done and he insisted on sitting in mom's lap, and letting him do that, he sat very still, barely moaned, we got the procedure done, drew the blood we needed, and he was happy and content. Other kids his age if you can't make them understand to sit still and it'll be over with real quick, you have to get the [word] division in there to hold them down and that's not how it should be, they should know that I'm there to help them and not to hurt them.

Q: ?

A: When I got out of high school, I knew I wanted to be a nurse, but I wasn't sure if nursing was for me. So I went to practical nursing school, and I was there, I didn't know the difference really in what one nurse did and what another one did, and practical nursing school helped me with that, I learned that the practical nurse was basically the bedside caregiver, and she took care of all of the patient's needs, not only their physical and medical needs, but their emotional needs, with such a simple thing as just holding their hands or talking to them, helping them understand what was being done to them and help them understand about their illness and how to live with their illness. And I knew that if I left the bedside to become a registered nurse that I would miss that,

I think most practical nurses are people-people, they wanna be with a group of people, talking to them and touching them and so many times the registered nurse's job doesn't allow that, or there are time constraints that she's not, he or she is not able to do that. But

I really love being with the patient, and don't wanna get involved in that administrative stuff.

Q: What's the distinction?

A: In our case, in Navy Hospital, most of our registered nurses do not center their nursing on direct patient care, and that's not to say that they don't do any patient care, they do do some, but because of the administrative and the advanced learning that so many of them have into administration and business, and coming up with, they actually can come up with a nursing diagnosis and then set a plan to meet the needs of the patient, and that's their job and that's their education. Once they set a plan in motion, or create what we call today a 'pathway', then it is my job to help them reinforce that with the clients that we serve, and to try to answer any questions that maybe the registered nurse didn't answer, or to support and reinforce what she has taught. So that's the biggest difference, she sets things in motion, and I'm like the oil man who goes in and keeps putting oil on the wheels to keep it spinning, and that's what I basically do over and above my procedures, I do some education.

Q: Where do LPNs find themselves?

A: Basically today, in the 21st Century, most LPNs you will find are in long-term care, nursing homes or rehabilitation centers. And even here in North Carolina, after 3:00 in the afternoon, that's the only nurse you are going to find in those facilities, registered nurses are available by phone and supervisors, but your nurses in facilities such as that are basically LPNs. So long-term care hires a lot of licensed practical nurses. There has been a slight increase over the past year in LPNs being put into physician's offices or into clinics to assist in doing jobs, which is what I do at Navy Hospital.

Q: Again?

A: Basically in the 21st Century, we are finding LPNs in long-term care facilities, that is where they're primarily hired. Even here in North Carolina, after 3:00 in the afternoon, most of the time, the only nurse you will find in long-term care or rehabilitation centers are licensed practical nurses. There are registered nurses available by phone, but it is mostly the LPN who is in charge. They are assisted in, by CNAs after hours, but basically that's where LPNs are. In the past 2 years we've seen an increase in LPNs being used in clinics and in physician's offices, and that includes clinics such as anything that has to do with public health, there's been a slight increase there. We've also seen a very minor increase, but it was still an increase in good, good piece for LPNs is in industrial health and occupational health, working with companies, doing physicals for work, clients who have to work with face masks and things like that, if they work in a certain chemical company or working in a pickle factory, taking care of injuries that way. Those are some other places. There has been a definite decrease in the LPNs in hospitals, and this is due, we believe as an organization, because of the insurance companies, the same thing with home health, you don't see as many LPNs in home health because Medicare and the other insurance companies don't pay for visits by licensed practical nurses or

assessments by licensed practical nurses, but they will pay for the registered nurse. But that doesn't deter us from trying to stay in those areas and fighting and being the best representative for nursing in those areas.

Q: Why are insurance companies reluctant to pay?

A: I agree that it is more cost effective for an LPN to do home visits or to do assessments in a hospital, and I'm not sure why the insurance companies don't accept that registered nurses must have awful good lobbyists, is the only thing I can come up with. But they say because of the advanced education as a registered nurse, and again the component that says that a registered nurse can, quote-unquote, make a nursing diagnosis during the assessment and then begin a plan of care and do an intervention without having to consult with anyone is probably the reason that the insurance company does that.

Q: Profile the average LPN?

A: The LPN today can actually be 2 different people, and we'll start off with the younger LPN, or the younger practical nursing student, we'll say, who is enrolled in the community college or in technical institutes, that young woman is someone who wants to become a registered nurse in reality, but because there is such a wait list in North Carolina in the associate degree programs, which is a 2-year registered nurse, they use the LPN program as a bridge into the associate degree program. And this happens quite often, I just returned from a visit to Elizabeth City and in a class of 19, one person was staying an LPN, and this is the other side of the coin, your average person who stays a licensed practical nurse is a woman how is older, a little more mature, like myself, who has raised her children and knows that nursing is something that she wants to do. Her children are old enough to take care of themselves or they're going off to college, so she enters into a practical nursing program because she knows what she wants to do is be at the bedside taking care of someone. So

you actually have 2 forms for the LPN today, some that are using it as a bridge to become a registered nurse, but the true LPN is a more mature woman who has sent her children off to school, who is looking to live her life's dream, and she becomes a practical nurse.

Q: You could have been an RN, frustrations?

A: At time frustrations as far as trying to initiate care for patients and being told, "Well, you're not the registered nurse so you cannot initiate this line of treatment or you can't make this suggestion it needs to be done by a registered nurse. I don't know if I really have any personal frustrations at this time, other than fighting the system in, how do I want to put this, the system seems to think that because an LPN only receives one year of education, that she is not capable of doing,

Q: Again?

A: The system seems to think that because LPNs only have one year of education that they are not fully knowledgeable to make an assessment and a determination of care without

another intervention. And that may be true of someone who's newly out of school and is facing a new situation, but to say that an LPN who has 10, 15, 20, 31 years' experience, that I cannot make the assessment that this person needs oxygen and put the oxygen on them without notifying someone else first, totally ridiculous. It's little things like that that become very frustrating. One of the issues that we're dealing with in my workplace is they've just come and said that LPNs cannot do nursing triage, they have to be done by a registered nurse. Well, we all were reading from the same book as far as advice for parents and stuff like that, and I can read just as well as the registered nurse, so I'm not understanding it and becomes very frustrating to me, personally. And I think a lot of other LPNs feel that way, in that they know what to do, but legally at times or because of their jobs they're not allowed to do it.

Q: What would you like to be done?

A: Well, I think we're working on it at the North Carolina Board of Nursing. One of the things we are looking at is the Scopes of Practice for Nurses in North Carolina. We've been very fortunate that we have a Nurse Practice Act in our state that has lasted over 20 years. The people who put that act together, that law for nursing regulations, were very visionary people that it has lasted this long with only minor verbiage changes. But this Board has realized that LPNs are capable of assessment and intervention without first having to call someone. That's not to say that we don't do the assessment, do the intervention, and then report it to someone, and that's the key component, is that once you do the nursing diagnosis, and you perform the intervention and assessment, then you must notify someone of what has been done to keep them up to date and current. And our Board is working at that very seriously, and in changing the law to help untie LPNs' hands a little bit.

Q: Again?

A: Here in North Carolina we've been very fortunate that our Nurse Practice Act, which was developed over 20 years ago, still meets the needs of the nursing, nurses in North Carolina as far as regulations today, so it's very, uplifting to know, and here comes another,

Q: Again.

A: At the Board of Nursing, we have had a Nurse Practice Act, which is the law regulating nursing in North Carolina for over 20 years, has been in place, and with very few verbiage changes, that the law itself remains intact, and that speaks to the vision of the people who developed that law so many years ago, that we are still able to apply it to our needs here in the 21st Century.

Q: ?

A: This is pretty interesting, because I do, as president of NCLPNA, I get a lot of letters from high school students that start with wanting to know about practical nursing and

registered nursing and things like that, so I have a little packet that I send them that tells them about us as a professional organization, and then I have a little description of what an LPN is and what an RN is, so that they will know the difference. And I tell them if they really wanna stay at the bedside and do bedside nursing, an LPN is the way to go. If they're not sure that nursing is for them, they need to become an LPN before looking at becoming an RN, that way they can also work as a nurse, gaining more experience and more knowledge on the job, as they are working to get their registered nurse degree. And in fact here recently, I have spoken to a group of certified nursing assistants who were looking at entering practical nursing school and letting them know, besides what they see me do on the job at our hospital, the other things that are involved in becoming a practical nurse. I do a lot of teaching as far as practical nursing goes, and trying to guide them as to "practical nurses, practical procedures." So that's where I think the big education piece comes in and letting them know that most of what we do is procedural.

Q: Where are LPN programs offered?

A: LPN programs across North Carolina are basically housed in community college systems, technical institutes. We do have one program for the Army that's run out of Duke University, but that's a separate entity. So basically, there are 29 practical nursing programs in North Carolina, and their curriculum now is becoming more and more based like a registered nurses as far as the prerequisites before coming into the course, the Englishs, the sciences, and things like that. When I wanted to become a practical nurse, I went straight out of high school, no prereques, and then right into the course and then we studied the, you know, quick review of anatomy, physiology and things like that, and then got into the clinical part of it. Today they not only get the basic 12-month education that I got as far as the basics of anatomy, physiology, pharmacology and all those different curriculums, as well as the clinical, but now they are required to have the English components and the chemistries and the other sciences and math that they would need if they were exiting a registered nurse program.

Q: Are there mechanisms in NC to deal with that?

A: There are definitely a lot of mechanisms in place for this. The North Carolina Council of Practical Nurse Educators is a great resource for me, as far as if I have an LPN who wants to bridge into an associate degree or BSN program, I know who is in their area as far as an educator who can help them meet the requirements of that system, to get into an associate degree or a BSN program. But we here in North Carolina, to meet our nursing shortage need, we have really stepped that up, the Center for Nursing has information on their website to help nurses advance. Our North Carolina's Nurses Association offers scholarships, the federation is looking at educational scholarships to help nurses, to help people become LPNs who may also want to advance, LPNs who want to advance to a higher degree. So there are a lot of ways for LPNs to advance their degrees out there if they so desire, there's scholarships available and there are even a lot of [word, Baylor?] such as down at New Hanover Memorial Hospital down in my area, you can work for them as an LPN while going to UNC-Wilmington to get your BSN or even get their

associate degree at Cape Fear and then sign on to work for them for so many years after graduating and becoming an RN. So there are ways for nurses to do that.

Q: How much additional education do you need to go from LPN to ADN?

A: Most of the LPN programs here in the community college system will take into account that 4 years that you have spent learning practical nursing. The only other requirement is that in order to bridge, you have to have 6 months on the job experience as a licensed practical nurse. So other than some of the courses, they do recognize in its entirety your practical nursing education, with the addition of the 6 months on the job, so it's fairly simple to become an ADN in North Carolina.

Q: How's NC compare with others in bridging this?

A: North Carolina itself as far as a nursing population is a leader, our boards of nursing here in North Carolina, we've worked very closely with National Council, we work in conjunction with other boards in enforcing things for the future. And sometimes you have to bring some of us along, pulling on a cord, to get us where we need to be in our futuristic thinking, but North Carolina does very well in its education of nurses as well as in its regulation of nurses. We are front-runners and we're proud of it.

Q: An example?

A: An LPN who works at our hospital, or was an LPN I should say, she is the mother of 3 children and her husband had recently left her, so she needed to support her kids as well as to provide for her own future, and she became an LPN and realized that she loved nursing so much she wanted to continue her education. So she became, she went on to RN school, but she thought that those of us as LPNs would resent the fact that she was abandoning us so to speak. But we realized that when you're a single parent trying to raise children, that financially as an LPN, that's probably not possible when you have no other support. So we highly encouraged her to continue her education, and I'm happy to say that I just watched her pass her RN NCLEX so she will be a registered nurse licensed in our state here shortly. And I'm very proud of her for that. But a lot of the LPNs that you will meet are women who have become single either by divorce or have become widows who have families to raise and chose practical nursing to do that, because a lot of the hours that practical nurses work can be done when they can have sitters for their children, which is not necessarily the school system.

Q: The Board of Nursing?

A: North Carolina is very unique in that it is the only state that elects its board of nursing members. And I'm very proud of that fact because I believe in voting.

I don't feel that anyone who doesn't vote should complain about the way things are. If you have a governor-appointed position, you don't feel as free to contact that person and

complain about the situation or to give your input into a regulation, as much as if you were an elected official, such as myself, who has to answer to the practical nurses in North Carolina on why I felt this was a good thing to vote on for practical nursing, or to tell them why I voted against it for practical nurses. But again, my whole feeling is, if you don't vote for your representatives, then you have no right to complain about the situation, and I encourage all nurses to vote for the representatives, you need to be telling me, and in fact the election's going on right now, June 15 through July 15, a little aside there.

Q: ?

A: Again, I go back to us being with the people who developed the first Nurse Practice Act being visionary, and I think we have a great effective director in Polly Johnson who keeps us visionary and futuristic, and I think we as a Board want to keep North Carolina #1 as far as our nursing goes. We have some major medical institutions here that people come and train in from all over the United States and the world to become physicians, and I think our nursing community supporting that is not only good for North Carolina but it's good for the world. And our Board supports the advancement of nursing practice to take us from doing minute work to doing the more intense treatments and procedures and education of patients. And at the Board of nursing we're in support of that as well.

Tape 31

Q: Job security issues?

A: Because of the movement towards, in hospitals and other facilities, of having what they call 'direct nursing care' which is from an RN to a patient, the LPNs are fairly, the insecurity of their positions, they are feeling the need to advance their education or to be pushed out of nursing. Fortunately, I work for a system right now that recognizes the importance of the LPN in her position, his or her position, in our hospital. But there are other facilities that the hospitals, who have let LPNs go to give, quote-unquote, more intense nursing care to their patients, and this only increased the workload for the registered nurse, I'm not so sure it increased the quality of care from what you hear from folks. So there are a lot of people, we'll take for example these same 19 students who I talked to recently in Elizabeth City. When I asked them 'why are you going on to become an associate degree nurse or registered nurse?' and their whole thing was that they wouldn't be able to get into nursing positions that they wanted, such as labor and delivery, or working in intensive care or cardiac care if they did not have that registered nurse, because LPNs are not allowed to work in those areas. And that's why I think here in North Carolina you find so many of them in long-term care, those of us who want to stay practical nurses.

Q: ?

A: We have been fighting, I know, for the last 20 years, and I have been actively fighting it for the last 12 years as a member of the Executive Board for NCLPNA, the move to change the entry levels into nursing to an associate degree nurse and the BSN nurse, it would eliminate your diploma nurses and your LPNs. There is one state in the United States that has successfully done that, but it was with the cooperation of their nursing community which is 7000, compared to the 100,000 that we have here in North Carolina. So there are also rumors going around of even that not being enough to satisfy some folks if they think that maybe the 2 entry levels into nursing need to be the associate degree and the masters-prepared nurse. But I think we're asking a lot in a time when we are looking at a nursing shortage to increase educational requirements with those delivering nursing care, and I'm not saying we shouldn't expect more educationally from our nurses because of the technology that, and the advances that have been made in nursing and in medicine, but to require them to spend more time in school in a formal situation, at a time when we need them at the bedside taking care of the clients, is a bit much.

Q: What are RN's attitudes toward LPNs?

A: Practical nursing programs are taught by registered nurses, nurses who have BSNs, and the program directors, most of them are, here shortly they will all be required to have MSNs, and there are a few with PhDs, but mostly it's a PhD in education as opposed to a PhD in nursing. The North Carolina Council of Practical Nurse Educators is their affiliated professional association, and as president of NCLPNA, I'm an ex officio member of that as well. And they are a great group of nurses. I meet with them 3 times a year, I discuss practical nursing issues from an association standpoint, and they enlighten me as to the educational process and what, and the practice processes that they are trying to teach their students, and we have a good working relationship in trying to keep practical nursing education current with what's going on in practice. But they are a great group of ladies, they really are.

Q: ?

A: I will say most of the practical nurse educators in the state of North Carolina, if they were to go into the hospital or into long-term care, they would want that LPN at their bedside, because they know not only would they get their medications, not only would they get their treatments, but if they needed their hair brushed, if they needed a washcloth to wipe their hands and face before they go down to dinner, or get their tray circled[?], they know those little things will be done by the LPNs, the water in the flower vase, the fresh water in their water pitcher every couple of hours, they know the little things would get done. If they needed to have their nightgown washed out in the sink and hung up to dry in the shower, the LPNs would do that. So they would want the LPN at the bedside.

Q: A general statement about how the 2 factions get along?

A: Practical nursing has always been taught by registered nurses, at least a BSN and now they are requiring program managers to be MSNs. The group we have here in North Carolina do such a great job of educating licensed practical nurses and have such a good

relationship with them, that those are the people that they want at the bedside taking care of them if the need should arise.

Q: ?

A: As I talk with my fellow colleagues who are on other boards of nursing, LPNs who are on other boards of nursing, who have the joint board that we have here in North Carolina, by joint I mean we have RN, LPN and public members. And we discuss issues that our boards go through, or our assignments as board members as far as committees and things like that. Seems here in North Carolina we tend to be tasked a little bit more than other states and their LPNs, and again I believe that's because we're such visionary people here in North Carolina that trying to make, we consider ourselves as board members to be on an equal plain, there is no title. I'm Patty Beverage, she's Cheryl Foster, she's Peggy Baker, we're all the same, our titles behind our names don't matter, we are all there to serve the public and in serving the public we serve the nursing community. There are states in the United States that have 2 registered, 2 nursing boards let me say. They have strictly an LPN board and they have a registered nurse board. The problem to me with their LPN board, I was gonna say something.

Q: Go ahead.

A: There are a few states in the United States that have dual boards, RN and LPN boards, and they have separate offices maybe in the same building. They seem to think that their LPNs can speak more legislatively for LPNs in their state, but I find that a little hard to believe when you have a registered nurse who serves as an executive director for your board and you're strictly representing LPNs, and that's why I think here in North Carolina it works for us, having 15 members who all have titles of some sort, who when we come together as a board, there are not titles and we look at, every issue we look at, if it protects the public, then it protects nursing, and if we're protecting nursing then we need to look at what level of protection is needed for what level of nurse.

Q: What's causing the shortage?

A: The current nursing shortage is believed to be caused by the age of nurses in nursing today. The mean age recently was moved from 45 to 47 for a nurse in practice today, which seems if you go out into a hospital or into any facility that is the age that you will see, it's not older. Most of your younger nurses are at big university systems like we have here in the Triangle area. Down where I live, we're an older group more mature group I should say. But they believe that the aging population of the United States, because we have all these preppies who are aging, well, most of us nurses were born as part of that generation, we are aging as well, and retirement looks so good that we don't want to stay in practice any longer than we have to, we want to enjoy life like everyone else. But today's population of women are not faced with the same restraints that even I faced 31 years ago, which was, when I wanted to become a professional, the big, 2 biggest choices for me were to either become a teacher or to become a nurse. Today, that's not their choice, they can become rocket scientists, they can become CEOs of companies, they can

become politicians, presidents, ambassadors, anything they want to be. The women don't feel the same restraints that even I felt 31 years ago. And I think because of the increase in pay and the poor image that some nurses have portrayed in this profession have led to the decline of the recruitment into nursing.

Q: What did your mom tell you?

A: Teacher or a nurse. Okay, that was my mother. My mother used to tell me that there are only 4 professions open to women: bookkeeper, teacher, nurse or nun. My grandmother would add a fifth, but we won't say that one, the oldest profession. Don't put that on there, my grandmother will haunt me for sure.

Q: What needs to be done?

A: One thing that needs to be done is to increase the salary of nurses across the board. In the United States we are so worried about the poor teacher, and I'm not saying that they don't deserve an increase in their salary as well, for the work that they do in educating people, but you have to look at nurses who are not paid an enormous amount either, and they hold people's lives in their hands. The hazardous duty, let's up it, as to what they're exposed to on a daily basis, the poor salary and the poor benefits for nurses that stand today are not going to attract anybody into this business. And that's why when I speak to students I tell them if they're coming into nursing for the money, they need to get out right now. This is a life calling, this is a vocation, this is not a 9 to 5 job where you can earn big bucks. You have, this is something you've got to want to do down deep in your heart, and that the money is something that you are given as a bonus for doing your life's vocation. Across the United States, all nurses will tell you that their salaries are very low compared to other professions, in fact recent studies have removed nurses from the white collar professions and put them in the blue collar profession. So that tells you a little bit about our salaries across the United States. In North Carolina we probably don't fare any better than the other nurses in the United States and there was a study done approximately 2 years ago, that the lowest paid nurses in the United States were in North Carolina, and in North Carolina the lowest paid nurses were in Onslow County. So I'm proud to say that I am one of the lowest paid nurses in the United States, and that's not something to be proud of. And I'm not sure what we can do to change that, but we need to change it for the sake of the people that we serve here in North Carolina.

Q: How's the shortage affecting nursing?

A: For some LPNs the nursing shortage is going to be an advantage, and that advantage being that as they find themselves not able to hire the registered nurses in hospitals or in other facilities to meet the patient-nurse ratio that the CEOs or the hospital administrators would like to see, they're going to have to start hiring LPNs, and this has already happened in some locations.

The biggest thing that the nursing shortage is doing for LPNs is increasing their workload and increasing their personal stress, which is another reason not to stay in the profession. One of the questions we get asked frequently at the board of nursing is, "When are you going to make a law about nurse-patient ratio?" They would like us to say that in a geriatric unit there has to be 1 LPN for every 10 patients or on a psychiatric unit 1 registered nurse for every 6 patients. And that's not something that we at the board of nursing will probably ever say, that's up to the hospital administrator and the division of facility services, to figure out the ratio. But all we can do to support nurses is to let them know that they need to be discussing this with their supervisors and try to come to a working relationship to protect the patients.

Q: ?

A: I think as we look at nursing into the 21st Century, we are probably going to see a need to advance LPN education. There have been so many changes in the technology and so many advancements made in the diagnosing and the treatment of folks, that I think for the LPN to keep up and to advance, she may have to consider becoming the associate degree nurse, and which would be a title change for some folks but I think it would require an associate degree in education for most LPNs to stay current and to stay marketable. I think in order to advance ourselves, it's something we may want to look at.

Q: ?

A: If I go talk to schools of practical nursing, if I do a pinning ceremony, or any group that I'm talking to, especially in relation to nursing, I tell them, "If you don't learn 1 new thing about nursing or health care every day, you need to get out of nursing or health care, because you will never keep up and you will have to give up if you don't continue your education."

Q: Why were practical nurses invented?

A: Well basically of course the practical nurse was formed or developed during a previous nursing shortage, to help the registered nurse meet the needs of the citizens of the United States, because so many other nurses had gone off to fight, or to take care of our soldiers during World War II. And it was shortly after that that the need for the education component was developed.

Q: ?

A: The creation of the LPN role also enabled a lot of women who were not financially able to go to a 4-year program or a 3-year program or whose family situations did not allow them to enter into a long-term commitment such as that, to again fulfill the dream of being a nurse, such as a licensed practical nurse, it's a 1-year commitment, or was a 1-year commitment without all the prerequisites that they require these days, so they were able to become educated and to do a life's work that they, that was necessary and that they needed themselves, personally.

Q: ?

A: I have a very good friend who has become the mother of 3 children, she was, okay hold on. A very good friend of mine who is a licensed practical nurse and she became a licensed practical nurse as the result of a divorce and becoming a single mom raising 3 children. She had always wanted to become a nurse and fulfilled that dream as a practical nurse, and realized that practical nurses don't make a whole lot of money. So she enrolled in an associate degree program, and through the support of other LPNs who would question her and test her in the hallways. She went on to gain her associate degree and has recently passed the NCLEX exam to become an RN, and we are all proud of her at Navy Hospital for her accomplishments.

Q: What's it all say about NC?

A: I think the nursing community in North Carolina can be very proud of the fact that we were the first state to create an act for self-regulation and licensure. It shows that we are interested in preserving our profession here in the state of North Carolina, and protecting our citizens. I think that makes us very visionary, very futuristic and very supportive of not only the nursing community but the citizens in the state that we serve.

Q: How's this legacy inspire you?

A: In the last few months since have just started developing the programs to celebrate nursing in North Carolina, and as I look over my 31 years and my 5.5 years with the board of nursing, I'm overwhelmed and humbled to think that I'm a part of this process in the state, but I'm also honored to have been selected to serve in that capacity. But I think we need to realize that the nursing community in North Carolina has always cared about the citizens that it takes care of. It didn't want people coming from outside the state of North Carolina, who didn't know us, who didn't know the way we lived, the things that were important to us in North Carolina, tell us how to run our business. And I applaud those nurses who developed the Nurse Practice Act and who developed the licensure and the education of the nurses in our state, for paying attention to what was important to the citizens of North Carolina and to me as a future nurse, practicing in this state.

[end of interview]