



# ASBN Update

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June 2012 Volume 16 Number 3



The Art  
of Nursing:  
**Detecting  
Imposters**

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& 2012 Nurse Educator  
of the Year Award Ceremony  
SATURDAY, JUNE 9, 2012**

See page 21-23 for more information

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# ***The Centennial Is Fast Approaching***

As I get older, time seems to pass by faster and faster. When I was young, it seemed to take forever for school to be out for the summer so my days could be filled with sleeping late and hanging out at the swimming pool. It is June already, and 2012 is half way over. It seems like we celebrated Christmas just last week. However, I am looking forward to the upcoming year because 2013 marks the 100th Anniversary of the Arkansas State Board of Nursing. For the past 100 years, the Board of Nursing has worked hard to accomplish its mission of public protection.

On March 5, 1913, Act 128 was passed. The purpose of Act 128 was to "regulate the practice of professional nursing in the state of Arkansas; to create a Board of Nurse Examiners for Arkansas; to require the examination and registration of those desiring to practice in the State as registered nurses, and to provide for the punishment of offenders against this Act." The *Nurse Practice Act* still has the same basic functions — except with many additions and a broader scope. Two differences between the original act and what we function under today stand out to me. First, the name of the Board was the Board of Nurse Examiners, not the Board of Nursing. The name changed to the State Board of Nursing in 1967. The other major difference is the Board only regulated registered nurses in the beginning. The regulation of licensed practical nurses did not occur until 1947. It is fascinating to read how nursing practice has changed over the years. Before I entered the nursing world, nursing students lived in a dorm and could not be married, only physicians started IVs and nurses re-sharpened needles for multiple use. I believe change has been good.

The official kickoff for the ASBN centennial celebration will be December 1, 2012, at the Ninth Annual Nursing Expo. Plan on joining us that day and also put June 8, 2013, on your calendar. In June 2013, we will have a gala where we will recognize outstanding nurses in Arkansas. We are also planning regional events around the state, so look for us coming to your area of the state during 2013.

Articles related to nursing during the past 100 years will be in the ASBN Update the rest of this year and all of next year. Feel free to share any interesting information and stories you have about nursing. We are creating a display of nursing history and welcome any items (pictures, caps, pins, uniforms, etc.) that you would like to donate or loan to us for the display. Compiling the Board's history is an enormous task, and if you would like to volunteer to assist in digging through historical documents, give me a call. I know we can find plenty of fun for everyone who has time to volunteer.

2013 is a year to acknowledge the accomplishments of those who have gone before us, honor those who are making a difference today and welcome those whose path has yet to be determined.

A handwritten signature in black ink that reads "Sue A. Tedford". The signature is written in a cursive, flowing style.

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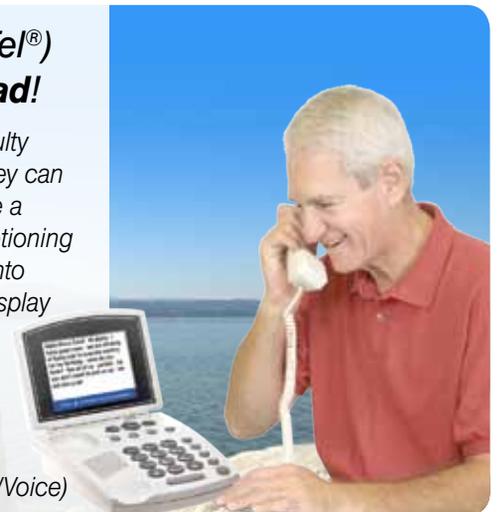
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## *Patty cake, patty cake, baker's man...*

Yes, I have a history of baking and decorating cakes with my creative friend Donna. A great tip when baking a cake from a mix: always add a teaspoon of vanilla to a boxed cake mix. What a great taste this will provide. Your friends will be amazed the cake was a boxed mix.

Another tip for stacked wedding cakes is to always have a firm foundation. The largest wedding cake Donna and I baked and decorated required a stepladder to place the top tier.

Was I worried that the cake would topple and fall then ruin this wonderful bride's wedding? No, because we had insured a firm foundation on which the remainder of the cake rested.

This same principle is exactly why continuing education hours are important to your nursing career and are required by the Arkansas State Board of Nursing for renewing your license.

The nursing school you attended provided a foundation on which your nursing career rests. The nursing schools in Arkansas provide a firm foundation, no doubt. However, when you attend nursing education, you are doing one of two things. First, you may be adding strength to your original nursing foundation because the continuing education may involve a review of patient assessment, insertion of a specific tube in a body cavity or a pharmacology education piece on drugs. Second, that education might build a second or third tier on your nursing knowledge by learning a new skill, a new slant on a disease process, a new assessment technique, or how to administer a new drug.

Are you having difficulty finding an approved nursing education course? Check the computer. Yes, these courses might not be free, but you only need 15 hours every two years to renew your license. What is the cost of not being able to renew your license and not being able to work as a nurse?

The requirements from the Board of Nursing are:

1. Fifteen (15) contact hours of appropriately accredited practice-focus activities OR
2. Hold a current nationally recognized certification/recertification OR
3. Complete a minimum of one college credit hours course in nursing with a grade of C or better during licensure period.

The Arkansas Board of Nursing website, under the "Education" tab, provides a list of ASBN approved certifications, accrediting organizations for continuing education and continuing education websites.

Some free education hours in rural Arkansas settings include AHEC sites and using the Tanberg line. Always check with your local hospitals because they might offer education hours. The Office of Long-Term Care provides education hours for nurses. Arkansas Saves provides hours for nurses who work in emergency rooms or with stroke patients.

Continuing education is important to your nursing career and to your patients. Use the required continuing education hours to build or add a new tier on your foundation of nursing knowledge. School nursing, community nursing, hospice, long-term care, quality assurance, risk management, infection control, HIPAA, EMTALA, and many more. Oh, how vast is our nursing opportunities!

Yes, get those continuing education hours as fast as you can. Every day is a unique opportunity to expand our knowledge in nursing.

## 2012 BOARD DATES

### June 13

Hearings

### June 14

Hearings

### July 11

Hearings

### July 12

Hearings

### August 8-10

NCSBN Annual Meeting,  
Dallas, TX

### September 12

Hearings

### September 13

Business Meeting

### September 26

Nursing: Kaleidoscope of  
Practice Continuing Education  
Workshop, Jonesboro

### October 10

Hearings

### October 11

Hearings

### November 8

Nursing: Kaleidoscope of  
Practice Continuing Education  
Workshop, Arkadelphia

### November 14

Hearings

### November 15

Hearings

### December 1

Ninth Annual Nursing Expo,  
Little Rock

## HIGHLIGHTS OF BOARD ACTIONS ARE AS FOLLOWS:

- Granted continued full approval to
  - Arkansas State University Baccalaureate Degree in Nursing Program until the year 2017
  - Arkansas State University Associate of Applied Science Degree in Nursing Program until the year 2017
  - Phillips Community College of the University of Arkansas Degree in Nursing Program until the year 2017
  - Southern Arkansas University Associate Degree in Nursing Program until the year 2017
  - National Park Community College Associate Degree in Nursing Program until the year 2017
  - National Park Community College Practical Nurse Program until the year 2017
  - Northwest Technical Institute Practical Nurse Program until the year 2016
  - University of Arkansas at Monticello Associate of Applied Science in Nursing Program until the year 2017
- Continued the conditional approval status for the Henderson State University Baccalaureate in Nursing Program with the following conditions and re-evaluate the program approval status following publication of the 2012 fiscal NCLEX®-RN pass rates:
  1. Conduct a thorough review of current program curriculum and complete a comparative analysis with the 2010 NCLEX-RN Detailed Test Plan to ensure course content is inclusive. Submit the analysis to the Board no later than August 3, 2012.
  2. Immediate submission to ASBN of any student complaints, grievances or appeals, including type and outcome.
  3. If 2012 fiscal NCLEX-RN pass rate is below 75 percent, submit a report analyzing all aspects of the program. The report shall identify and analyze areas of change addressed in previous low pass reports, as well as identify areas contributing to the current low pass rate. The report shall also include plans for resolution, which shall be implemented.
- Approved the South Arkansas Community College-El Dorado Practical Nursing Evening Program. Curriculum revision to be implemented with the next admitting class
- Approved the Northwest Arkansas Community College Associate Degree in Nursing Program. Curriculum revision to be implemented with the next admitting class
- Approved the Prerequisite Approval to the Arkansas State University-Mountain Home Paramedic/Licensed Practical Nurse to Associate of Applied Science Degree in nursing program
- Approved Pediatric Clinical Nurse Specialists to be eligible for prescriptive authority

## NCSBN EDUCATIONAL VIDEOS

The National Council of State Boards of Nursing (NCSBN) has produced a variety of education videos on such topics as professional boundaries, chemical dependency, the Nurse Licensure Compact and social media. These videos serve as educational tools for nurses, nursing students, nurse educators and the public. As part of its website redesign, all NCSBN-produced educational videos are now available at [ncsbn.org/videos](http://ncsbn.org/videos).



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## SPECIAL NOTICE

The Arkansas State Board of Nursing has designated this magazine as an official method to notify nurses residing in the state and licensed by the Board about information and legal developments. Please read this magazine and keep it for future reference as this magazine may be used in hearings as proof of notification of the ASBN Update's contents. Please contact LouAnn Walker at the Board office (501.686.2701) if you have questions about any of the articles in this magazine.

## ASBN NOTICE OF INSUFFICIENT FUNDS

The following names appear on the ASBN records for checks returned to the ASBN due to insufficient funds. If practicing in Arkansas, they may be in violation of the Nurse Practice Act and could be subject to disciplinary action by the Board. Please contact Gail Bengal at 501.686.2716 if any are employed in your facility.

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**Karen McCumpsey, MNSc, RN, CNE,**  
ASBN Assistant Director

# The Art of Nursing

## DETECTING IMPOSTERS

I have always admired an artist's ability to create masterful renditions of works of art. Oftentimes, amateur and professional artists learn through imitation from the artists they most admire. The step by step process to recreate a work of art enhances newfound talent and facilitates orientation into the vocation. In the art arena, this type of imitation is an accepted method of learning. However, when an individual uses fraud or deceit to represent an artist's work as his own, it is considered art forgery -- basically an imitation intended to benefit the fraudulent impersonator.

Imposters exist within other vocations, including the nursing profession. Nurse imposters can penetrate the profession by fraudulently representing themselves to the State Board of Nursing or to employers. Consequently, they violate the integrity of the profession and jeopardize patient welfare.

In *A Violation in Trust: Imposter Nurses*, the author identified three categories of nurse imposters, including those who practice as a nurse but are not legally authorized to be a nurse, those who fraudulently obtain licensure based on false credentials, and those who practice by assuming the identity of a properly licensed nurse (identity theft). The Arkansas State Board of Nursing has taken action on individuals who have deceptively represented themselves as a nurse to the Board as well as to employers.

The peak months of graduation have arrived. Graduates have completed an intense nursing education program and

are enthusiastically applying for jobs and preparing to take the National Council Licensure Examination (NCLEX®) in hopes of obtaining licensure. It is definitely an exciting time as employers hire potential nurses in anticipation of filling needed staffing positions. An employer may hire a new graduate in anticipation of NCLEX passage, and there is nothing wrong with this practice as long as the employer keeps some very important things in mind before allowing a new graduate to practice nursing. However, cases before the Board identify that some graduates begin working in positions that require a nursing license, but they do not have a valid temporary permit, valid license or credentials, or they have failed the NCLEX and continued to practice nursing. One such individual is discussed in the following case study.

### CASE STUDY

*Mr. J graduated from a nursing education program and applied to sit for the NCLEX exam. The Board was contacted by an individual who was conducting an audit at a long-term care facility. The auditor requested licensure information on Mr. J. Mr. J never requested a temporary permit, and he was never issued a temporary permit. He had taken the NCLEX-RN, but failed. Mr. J was hired as a registered nurse and worked to the full scope of practice for nine months. He never provided his employer licensure information and the employer never verified credentials, licensure status or ability to practice. Mr. J subsequently appeared before the Board and was denied the ability to take NCLEX.*

### CASE STUDY DISCUSSION

*Individuals who have completed the require-*

*ments of a nursing education program and graduated are not licensed and do not have the privilege to practice as a licensed nurse until they have successfully passed the NCLEX. Mr. J deceptively represented himself to the employer. However, the employer should verify licensure status by accessing the registry search on the ASBN website.*

*New graduates are eligible to apply for a temporary permit to practice nursing while waiting to take the licensure examination. The temporary permit shall be issued only within the first three months following graduation and expires in 90 days or as soon as the examination results (pass or fail) are distributed. The Arkansas and the FBI Criminal Background checks must have cleared, and the graduate must be registered at the NCLEX Testing Service prior to issuance of the temporary permit. Graduates who have answered yes to any of the five questions on the Examination Application or have a positive background check will not be issued a temporary permit until they have been cleared by the Board staff.*

A work of art is unique to an artist. Although difficult, the masterpiece can be evaluated according to standard criteria to validate its originality and potentially minimize the impact of forgery. Through an assortment of ways, an individual can deceptively gain access to the nursing profession. But attempting to distinguish the validity of a nurse does not need to be as challenging as detecting art forgery. There are various safeguards employers can incorporate into their hiring process to potentially guard against imposters.

*continued on page 12*



## UPDATE FOR APNs WITH PRESCRIPTIVE AUTHORITY

# APN PRESCRIBING PRIVILEGES TO OUT-OF-STATE PHARMACIES

With the advances in technology and a struggling economy, more and more patients are using out-of-state mail-order pharmacies. In addition, electronic submission of prescriptions is becoming increasingly popular.

*So how does this affect an APN with Prescriptive Authority?*

The Arkansas State Board of Nursing's position is as long as the APN assesses and treats the patient here in Arkansas, the APN can prescribe by phoning, faxing or electronically submitting the prescription to an out-of-state pharmacy. In other words, the

"practice of nursing" must be in Arkansas, but patients have the right to determine where they want to fill their prescription.

Remember, the pharmacy has the right to refuse to fill the prescription based on its state's laws, but the APN would not be in violation of the laws or rules of the Arkansas Boards of Nursing or Pharmacy as long as the "practice of nursing" is in Arkansas.

The APN must comply with Chapter 4 of the ASBN Rules, which discuss prescribing privileges, including charting the prescription in the client's medical record. An excerpt of this section:

*The APN shall note prescriptions on the client's medical record and include the following information:*

- a. Medication and strength;
- b. Dose;
- c. Amount prescribed;
- d. Directions for use;
- e. Number of refills; and
- f. Initials or signature of APN.

APNs should stay familiar with Chapter 4 of the ASBN Rules. This chapter is dedicated to APN licensure, scope of practice and prescriptive authority. It can easily be found at [www.arsbn.org](http://www.arsbn.org) under the "Laws and Rules" tab.

### *The Art of Nursing, continued from page 11*

1. It is vital for employers to validate the credentials of their nursing employees by verifying licensure status before letting an employee work. An individual should not be allowed to work in a nursing capacity until the **employer** verifies licensure status via accessing the registry search (primary source verification) on the ASBN website.
2. If a facility requires a photocopy of the nursing license to be placed in an employee's file, the employer is encouraged to make the copy directly from the registry search. Do not accept a photocopy submitted by an individual. Photocopies are easily altered and potentially fraudulent.
3. Do not accept the blue license card, issued by the Board, as verification of licensure. Refer to the primary source of verification, which is the ASBN registry search. Remember, gradu-

ates are not issued a paper temporary permit. The employer should check the ASBN registry search for the status of a temporary permit.

4. If a position requires a specific degree, require proof of the degree. Contact the board of nursing in the state where a school is located if you have concerns regarding the validity of a program or credentials.
5. Examine and meticulously compare an individual's resume and job application (gaps, name differences, etc.). Require clarification for inconsistencies.
6. Remain diligent. Do not accept excuses from an individual who cannot produce verifiable information. If the individual is hired and enters the work environment, observe that the level of skills they demonstrate reflects the level of knowledge and experience they claim to possess.

7. Report suspected instances of fraudulent practice by accessing the online ASBN complaint process. Frequently check the ASBN website and *ASBN Update* for information and disciplined individuals.

The ASBN mission is to safeguard the life and health of its citizens, and protection of the public is a principal charge. The Board will strive to continue to shield the public from potential imposters by providing a method for primary source verification and persistently investigating any individuals who attempt to practice nursing fraudulently.

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# Reducing Adverse Drug Events: A look at clinical pharmacy services

The number of adverse drug events (ADEs) is a growing epidemic in the health care community. In the *Journal of the American Medical Association*, Bates, et al., defined an ADE as "harm or injury caused to the patient resulting from medical intervention related to a drug."<sup>1</sup> Many of these drug-related injuries are unavoidable. However, according to a report published by the Institute of Medicine, more than 1.5 million ADEs occurring each year in the United States are preventable.<sup>2</sup> In the general population, drug-related morbidity and mortality cost almost \$200 billion per year.<sup>3</sup> Because of these statistics, reducing ADEs is a top priority of the medical community. In order to accomplish this goal, health care professionals have come to a consensus to induce a paradigm shift in health care toward a patient-centered model of care that includes an interdisciplinary team approach. One such model focuses on the utilization of pharmacists in disease state management, medication therapy management, and medication reconciliation.

## REPORT TO THE SURGEON GENERAL

The need to integrate pharmacists into the health care delivery system is widely recognized. The Office of the Chief Pharmacist's 2011 report to the U.S. surgeon general concludes, "Pharmacy practice models can rapidly relieve some of the projected burden of access to quality care, reduce health disparities, and improve overall health care delivery."<sup>4</sup> One comprehensive systematic review found a significant reduction in adverse drug events in the pharmacist-provided care group versus those with no direct pharmacist intervention.<sup>5</sup> Another meta-analysis looked specifically at the effects of pharmacist involvement in the care of patients with congestive heart failure (CHF) and found pharmacist care was associated with significant reductions in both all-cause hospitalizations and CHF hospitalizations.<sup>6</sup>

## REDUCING ADEs IN THE MEDICARE 10<sup>TH</sup> STATEMENT OF WORK

Another leader in national health care has recognized the need for pharmacist-driven care in reducing ADEs. The Centers for Medicare & Medicaid Services (CMS) has made this a nationwide priority. The Arkansas Foundation for Medical Care (AFMC) has been charged with leading a three-year, statewide initiative that seeks to incorporate evidence-based clinical pharmacy services into the care and management of high-risk, high-cost, complex Medicare patients. AFMC will lead integrated health care teams consisting of core provider groups (pharmacists, physicians, nurses, their practices and health centers), local community stakeholders, and consumers across the state to utilize a pharmacist-driven model of health care with a goal of reducing and eventually eliminating preventable ADEs.

## PATIENT SAFETY AND CLINICAL PHARMACY SERVICES COLLABORATIVE

AFMC will aid teams in reaching this goal by implementing the evidence-based Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) model. PSPC was initiated nationwide by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs three years ago in order to expand clinical pharmacy services into the health care delivery system. PSPC teams have shown improved health outcomes and patient safety through the integration of clinical pharmacy services into patient care. AFMC will work with teams to utilize the PSPC breakthrough model for improvement, which not only includes evidence-based pharmacy interventions, but also incorporates a series of rapid-cycle learning sessions and action periods.

Past PSPC participants have used their outcomes and processes not only to improve quality of care, but also to obtain higher rates of reimbursement from insurers, obtain Patient-Centered Medical Home (PCMH) designation, make the business case for maintaining a clinical pharmacist

as a staff member, and secure funding opportunities for pharmacist-led patient care projects.<sup>7</sup>

## MOVING FORWARD

Patient quality and safety are the main priorities of this initiative. The utilization of the PSPC model, or any model that incorporates evidence-based clinical pharmacy services, has been shown to decrease patient harm, improve patient health outcomes and improve overall quality of care.

*Christi L. Smith, Pharm.D., is the pharmacy specialist for the Arkansas Foundation for Medical Care.*

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# NURSING: KALEIDOSCOPE OF PRACTICE

CONTINUING EDUCATION WORKSHOP

## SCHEDULE

REGISTRATION FEE: \$45.00  
(includes lunch) Pre-registration  
required. Fees are non-refundable.

## 2012 DATES AND LOCATIONS

### September 26

St. Bernard's Regional Medical  
Center Auditorium  
Jonesboro

### November 8

Henderson State University  
Garrison Center Lecture Hall  
Arkadelphia

8:30 - 9:00 a.m.	ASBN 101
9:00 - 10:00 a.m.	A Line in the Sand: Professional Boundaries in Nursing
10:00 - 10:15 a.m.	Break
10:15 - 11:00 a.m.	Can You Spot a Red Herring?
11:00 - 12:00 noon	Stay safe! Infection Control & Disaster Preparedness
12:00 - 12:45 p.m.	Lunch
12:45 - 1:30 p.m.	CSI: What Not to Do
1:30 - 2:30 p.m.	Licensure Privilege to Practice
2:30 - 2:45 p.m.	Break
2:45 - 3:45 p.m.	The Nuts and Bolts of NCLEX®

*This continuing education sponsored by the Arkansas State Board of Nursing is awarded 6.0 contact hours. Participants who leave immediately prior to the NCLEX presentation will receive 5.0 contact hours. E-mail [info@arsbn.org](mailto:info@arsbn.org) if you have questions.*

*Application for CE approval has been submitted to Arkansas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

**REGISTER ONLINE AT [WWW.ARSBN.ORG](http://WWW.ARSBN.ORG)**

## REGISTRATION FORM

Mail completed registration form and \$45.00 registration fee (in-state check or money order) to ASBN, 1123 S. University Ave., Suite 800, Little Rock, AR 72204. Registration must be received one week prior to workshop.

Check date you plan to attend:     September 26                       November 8

NAME \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

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# SUBSTANCE USE, ABUSE AND ADDICTION

National Council of State Boards of Nursing

PART 2 OF 2

## NEUROBIOLOGY OF ADDICTION

Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use despite harmful consequences (NIDA, 2008). People may use mind-altering substances initially because they feel good. Later, as the disease of addiction progresses they may use these substances again to feel normal or to attenuate negative symptoms of withdrawal and cravings. However, the desire to recreate the positive feelings is the primary factor behind drug dependence even though research has demonstrated that tolerance to a particular substance can develop, which requires

mind-altering substance and one of the essential neurotransmitters in the brain whose higher levels produce the feeling of euphoria associated with other imbibed mind-altering substances. Addiction to mood-altering substances is thought to occur as a result of decreased GABA brain function (Volkow & Fowler, 2000). GABA (gamma-aminobutyric acid) is a natural calming agent and insufficient levels of GABA can cause symptoms of anxiety, insomnia, epilepsy and other brain disorders.

The short term use of mind-altering chemicals can cause temporary deregulation of the neurotransmitters in the brain and are expressed by some unique and usually temporary behaviors. Long term use can often cause permanent changes in the neuroregulatory system in the brain with resultant negative behaviors. The neuroregulatory changes that occur in drug addicts and alcoholics serve to reset their brain reward systems outside of normal societal limits. This leads to a loss of control over the use of mind-altering substances and the development of the compulsive use of such substances despite negative consequences (Koob & LeMoal, 2008). The changes in the brain from drug addiction erodes a person's self-control and ability to make sound decisions while sending intense impulses to use more drugs or alcohol (NIDA, 2008).

## SIGNS AND SYMPTOMS OF ADDICTION IN NURSES

In order for addiction among nurses to be recognized and treated the nurses need to know the signs

and symptoms of a substance use disorder (Pullen & Green, 1997). General symptoms of substance use problems include defensiveness, isolation, irritability and difficulty following through on work assignments. Signs and symptoms of a prescription-type substance use disorder can include coming to work on days off and volunteering for overtime. Coming to work while on vacation can suggest the need to divert prescription drugs from clinical supplies. Unfortunately, others can misinterpret these behaviors as dedication to duty by the employee which leaves the substance use disorder unrecognized. Nurses with a substance use disorder can also display suspicious behaviors surrounding incorrect narcotic counts, may consistently volunteer to administer medications, wait to be alone to open a narcotic cabinet and may lack witnesses to verify the wasting of unused medications. Signs and symptoms of alcohol use can include:

- slurred speech
- lack of coordination
- impaired memory or attention
- leaving the workplace (to consume alcohol)
- the smell of alcohol on the breath
- frequent tardiness or poorly explained absences (Griffith, 1999; Sloan & Vernarec, 2001).

Nurses with an untreated addiction can jeopardize patient safety because of impaired judgment, slower reaction time, diverting prescribed drugs from patients for their own use, neglect of patients and making a variety of other errors (Dunn, 2005).

*"Drug addiction is a brain disease that can be treated."*

Nora D. Volkow, M.D., Director, National Institute on Drug Abuse

a higher dose to achieve the same desired effect.

Mind-altering substances affect the limbic system, which is a primitive system related to arousal that is located deep within the brain and is often called the pleasure center. Impulses move from the middle of the brain (limbic system) to the forebrain (the thinking center of the brain) and back again, releasing neurochemicals that influence and modulate brain activity. Dopamine is a naturally occurring,

*continued on page 16*

Nurses who suspect a substance use disorder in co-workers need to be provided with guidelines and a clear process for reporting their concerns in a discreet and non-threatening manner (Tirrell, 1994). This will increase the likelihood that substance use problems are detected earlier and dealt with appropriately. If nurses do not have a clear process for acting on concerns about a colleague they may attempt to cover up for the person instead, which can contribute to the danger for the affected nurse as well as for patients (Serghis, 1999). Data also indicate that the likelihood of successful treatment outcomes is higher when treatment is implemented earlier in the addiction process (Martin, Schaffer, & Campbell, 1999).

Giving a staff the proper information for reporting and rehabilitation can also lead to other benefits. Torkelson, Anderson & McDaniel, (1996) found that organizations where the problem of nurses with a substance use disorder were not perceived as threatening promoted a culture of openness, participation and professionalism. In addition, such organizations were more likely to refer, reintegrate and hire recovering nurses with a substance use disorder. This was still true after controlling for hospital vacancy rate as a variable in the study. Prompt recognition and reporting also minimizes the danger impaired nursing practice can pose to patients and co-workers (Shewey, 1997).

### STAGES OF ADDICTION

Mind- and mood-altering substances produce a sensation of pleasure that is important in the initial stage of dependence. Repeated and chronic administration of substances affects the functions in the brain and causes an intense drive in the brain to get the (craving). Repeated attempts to satisfy the craving are called compulsions (Volkow & Fowler, 2000). Using

the substances despite negative behavioral, emotional, physical and spiritual consequences is an addiction. Different drugs produce different patterns of addiction with emphasis on different components of the addiction cycle.

There are generally five stages of addiction:

- Contact (first use of drug, experiences the pleasure of using)
- Experimental use (occasional, using to feel good)
- Excessive use (chasing the high, getting drunk and passing out)
- Addiction (use despite negative consequences)
- Recovery (restoring the mind, spirit and body to health and equilibrium (SAMHSA, 1999)

The general pattern of the process can be described as use, abuse and addiction. Repeated chronic administration of substances directly affects the functions in the brain and causes an intense drive in the brain to get the substance (craving). Repeated attempts to satisfy the craving are called compulsions (Volkow & Fowler, 2000). Using the substances despite negative behavioral, emotional, physical and spiritual consequences is an addiction.

It may be helpful to emphasize the difference between substance abuse and substance dependency in this section since these are the two basic criteria we refer to under a substance use disorder. It is also important to emphasize that there is a difference between nurses who have a substance disorder versus those who have a substance dependency given the natural history or progression of the disease of a substance use disorder. Carlton Erikson (2007) noted that even the American Psychiatric Association and World Health Organization now provide diagnostic criteria to differentiate those drug users who may have control over their drug use, such as substance abusers or

those who do not have the disease and may achieve recovery through education, counseling, coercion, incarceration or restriction of drug availability and those who don't have control consistently and have the full-blown disease or substance dependency and require additional measures in order to attain and maintain abstinence and recovery. Erikson points out that this is possible because we are able to talk about what causes dependence (the brain disease) versus what causes the abuse of drugs. Both conditions produce serious consequences but differ in their causes and the ways they can be overcome.

Drugs that are commonly abused have a powerful influence on the brain and occur in addiction as stages. The initial stage of the addiction cycle involves the binge or intoxication stage, which gives the user an initial acute reward. Reward is defined as a positive reinforcer with some additional emotional value such as pleasure (Koob & LeMoal, 2008). It is in this initial stage that people establish a relationship or an intimacy with their drug of choice. Next is the preoccupation stage and it is characterized by a craving, which is an intense feeling coupled with an overwhelming need to obtain the substance. Dependence comes next and is the stage where people develop behavioral patterns, habits and ceremonies around the use of their particular substance. In the brain the dependence stage involves alterations of the neurochemical reactions, though some alteration also begins in much earlier stages. At this point a person could theoretically, with some degree of difficulty, walk away from the substance of choice, though for certain substances this window of opportunity is very small. The last stage is addiction when the brain has changed so profoundly and often irrevocably that a person uses the substance of choice in a feeble

attempt to feel normal. There is no turning back the brain chemistry and there is no stopping the consumption without an intervention from an outside force.

## ROLE OF FAMILY AND SUPPORT SYSTEMS

Addiction is a family disease even for those in the medical profession. The effect to the families occurs because of the negative consequences that are ignored by the addict but are glaringly present for the family. Renowned expert, Claudia Black (1987) talks about the role of family, "Within families impacted by addiction, depression, chronic anger, anger avoidance, denial and shame are pervasive to spouses, partners, children, young and old and certainly the addicted person. Children, spouses and partners in addictive family systems are at greater risk for physical and sexual abuse. Alcoholism and drug addiction repeat generationally and in today's world that generational legacy includes eating disorders, sex addiction, compulsive disorders, addictive behaviors and gambling addiction (p. 25)."

It is critical that all members of a nurse's family or support system get help to cope with the negative feelings and destructive behaviors that characterize the person with a substance use disorder. A critical component to good recovery is emotional sobriety, which is defined as finding and maintaining our equilibrium. The essence of emotional sobriety is good self regulation. Self-regulation means that we have mastered those skills that allow us to balance our moods, our nervous systems, our appetites, our sexual drive and our sleep. We have learned how to tolerate our intense emotions without acting out in dysfunctional ways by clamping down or foreclosing on our feeling world or self-medicating (Dayton, 2007, p. 3).

Restoring and rehabilitating families and the support systems of nursing professionals are not easy tasks but they are not impossible. Focusing on the goal of emotional sobriety for all members of an affected family is a first step toward success.

## SUMMARY

Addiction is a disease of the brain that affects the whole person. Risk factors include genetic, psychological, behavioral, social and demographic components. There are definitive signs and symptoms of addiction as well as stages. Family and support systems play a significant role in recovery for professional nurses. *Reprinted with permission from the National Council of State Boards of Nursing.*

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# Think Breastfeeding think Arkansas WIC

The WIC (The Special Supplemental Nutrition Program for Women, Infants, and Children) Program’s reputation as a dispenser of ‘free formula’ is fading rapidly nationwide and this is especially true in Arkansas. WIC (and Arkansas WIC) is now recognized as one of the leading promoters and supporters of breast-

feeding. Such recognition results from recent changes in WIC nationally and, in Arkansas, a dedicated focus on providing WIC staff with the knowledge and tools needed to effectively promote and support breastfeeding.

In 2009, the program implemented changes in the nationally mandated

food package—the first changes since the 1970s. Designed to especially recognize and support healthy nutrition for breastfeeding mothers, the package contains nutritious foods in a greater quantity, and Mom qualifies for a package over a longer period of time, compared to a Mom receiving formula from WIC (Table 1).

**Table 1: Comparison of monthly WIC Food Benefits received by breastfeeding and non-breastfeeding participants**

<b>Exclusively Breastfeeding Mother Food Package</b> Infant receives no formula from WIC Program Received monthly until infant is <u>1 year old</u> .	<b>Non Breastfeeding Mother Food Package</b> Infant is receiving maximum amount of formula allowed from WIC Program Received monthly until infant is <u>6 months old</u> .
<ul style="list-style-type: none"> <li>• 3 containers juice (11-12 oz. frozen concentrate; 11.5 oz. non-frozen concentrate; 46 oz. single strength can or bottle)</li> <li>• 5 gallons reduced fat, low-fat, or skim milk</li> <li>• 1 quart reduced fat, low-fat, or skim milk</li> <li>• 36 oz cereal</li> <li>• 2 pounds cheese</li> <li>• 2 dozen eggs</li> <li>• 1 pound whole grains</li> <li>• 30 ounces canned fish (tuna, salmon, or sardines)</li> <li>• 1 pound dry beans or 64 ounces canned beans</li> <li>• 18 oz peanut butter</li> <li>• \$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables</li> </ul>	<ul style="list-style-type: none"> <li>• 2 containers juice (11-12 oz. frozen concentrate; 11.5 oz. non-frozen concentrate; 46 oz. single strength can or bottle)</li> <li>• 3 gallons reduced fat, low-fat, or skim milk</li> <li>• 1 quart reduced fat, low-fat, or skim milk</li> <li>• 36 oz cereal</li> <li>• 1 pound cheese</li> <li>• 1 dozen eggs</li> <li>—</li> <li>—</li> <li>• 1 pound dry beans or 64 ounces canned beans</li> <li>—</li> <li>• \$10.00 Cash Value Benefit for fresh or frozen fruits and vegetables</li> </ul>

Starting at 6 months the breastfeeding infant also receives complementary foods in a greater quantity than an infant receiving formula through the WIC Program (Table 2).

**Table 2: Comparison of monthly WIC Food Benefits for 6-12 month old infants, breastfeeding and non-breastfeeding**

Breastfeeding Infant Ages 6-12 months — Receiving no formula from WIC	Non Breastfeeding Infant Ages 6-12 months — Receives maximum package of formula from WIC
<ul style="list-style-type: none"> <li>• 24 oz infant cereal</li> <li>• 256 oz infant fruits and vegetables (64 – 4 oz jars)</li> <li>• 77.5 oz infant meats (31 – 2.5 oz jars)</li> </ul>	<ul style="list-style-type: none"> <li>• 24 oz infant cereal</li> <li>• 128 oz infant fruits and vegetables (32—4 oz jars)</li> <li>—</li> <li>• Formula-amount varies by age</li> </ul>

The new food packages allow WIC professionals the flexibility to work with a mother who chooses to breast-feed but also wants to use formula for whatever reason. A mother may receive a food package that contains less than the breastfeeding food package but still more than the non-breastfeeding package as long as her infant is not receiving more than approximately 45% of the maximum amount of formula allowed for her infant after the infant’s first month of age.

The Arkansas Department of Health (ADH) WIC Breastfeeding, under the direction of state Breastfeeding Coordinator Sandra Jones, RD, MEd, IBCLC, is one of a few states with a breast pump program that provides working/student mothers with a top quality, single owner, electric breast pumps to provide their babies with breast milk when Mom’s not around. Manual breast pumps are also provided for mothers during short term separations such as a day out shopping.

Mothers must return to an ADH local health unit following delivery and be certified as breastfeeding in order to receive a pump from WIC. WIC professionals work with moms to provide the pump that best meets their individual needs.

Education and tools for staff have been a focus over the last two years. As a result, Arkansas families have more current, accurate and consistent breastfeeding information. In 2010, all Arkansas WIC staff were trained by professional trainers using a nationally

recognized curriculum--Loving Support Grow and Glow. Grow and Glow incorporates evidence based breastfeeding practices with contemporary research. Jones and her team also provide a monthly newsletter, QuickNotes, that delivers updated breastfeeding information in a quick, easy to review format for all WIC staff. In addition, Jones has coordinated breastfeeding education with Arkansas Children’s Hospital and the University of Arkansas for Medical Sciences College of Medicine (UAMS) under the name Arkansas Breastfeeding Education Partnership. These classes are also coordinated with the UAMS ANGELS (Antenatal and Neonatal Guidelines, Education and Learning System) education network along with the Arkansas Center for Rural Health to make breastfeeding education accessible to medical professionals across the state.

The Arkansas Breastfeeding Education Partnership also provided a one day national lactation webinar for lactation professionals in March as well as a breastfeeding mini course on April 4th for hospital staff through the ANGELS network and WIC staff at local health units statewide.

The Arkansas WIC Breastfeeding Helpline (1-800-445-6175) has been providing breastfeeding assistance to medical professionals as well as mothers since 1990. This ‘warmline’ is manned during ADH regular business hours primarily by Sandra Bankson, AME, IBCLC. Bankson has 38 years of experience in breastfeeding and is one

of five Internationally Board Certified Lactation Consultants employed by the ADH. Bankson responds to breastfeeding questions and concerns and links Arkansas mothers with an appropriate contact person at their county health units.

The Arkansas WIC Loving Support Breastfeeding Peer Counselor Program is another example of support for breastfeeding mothers. Nationwide, the Peer Counselor Program has undergone sweeping changes in the last few years. Under the management of Teresa Gates, RN, BSN, IBCLC, a solid program foundation has been building in Arkansas since 2004. The program is expanding from a nucleus in Central Arkansas and is utilizing funding to meet the needs of breastfeeding women across the state. Breastfeeding Peer Counselors support mothers on a one-to- one peer basis, meeting with them in clinics, their homes, or in the hospital setting. These women (all of whom have breastfed) meet with pregnant women as early in pregnancy as possible and develop a strong relationship as the pregnancy progresses. They frequently refer to themselves as Mom’s “new breast friend.” Breastfeeding Peer Counselors often facilitate breastfeeding support groups giving expectant and breastfeeding families the opportunity to meet, learn, and encourage one another. There are currently seven breastfeeding support groups across the state with plans to add more. Breast-

*continued on page 20*

feeding is Best Supported (BIBS), a support group in Cabot, started in 1994. Locations served by Breastfeeding Peer Counselors can be found on the ADH website at [www.healthyarkansas.com/breastfeeding](http://www.healthyarkansas.com/breastfeeding).

Arkansas WIC Breastfeeding uses current technology to reach out to expectant and breastfeeding families. Jones and Gates feel that it is important to communicate with mothers by whatever method mothers prefer. For this reason, the Breastfeeding Peer Counselors were among the first ADH employees to use text messaging on their agency cell phones. The breastfeeding web page located on the ADH website ([www.healthyarkansas.com/breastfeeding](http://www.healthyarkansas.com/breastfeeding)) includes questions commonly asked by mothers and downloadable support materials, saving the cost of a trip to a local health unit. Future efforts include the launch of an Arkansas WIC Breastfeeding Facebook page that will allow WIC Breastfeeding to rapidly inform followers of breastfeeding events and current research.

The WIC program also supports the statewide efforts of the Arkansas Breastfeeding Coalition (ABC) which sponsored the passing of two breastfeeding laws that allows breastfeeding in public places (2007) and requires support for breastfeeding mothers to pump in the workplace (2009). ABC, now a 501(c)(3) public charity, is dedicated to the

support and protection of breastfeeding and has recently refined its objectives to impact public policy.

Pregnant, breastfeeding, and postpartum women, as well as infants and children up to their 5th birthday, who meet the categorical requirements, receive nutrition education, supplemental foods, and referrals to other needed services and breastfeeding support from WIC. Misconceptions about WIC guidelines are common. To receive WIC benefits, applicants must first meet income guidelines or a waiver due to other program eligibility such as Medicaid. In addition, they must be an Arkansas resident, provide proof of identity and be at nutritional risk. Income guidelines are more generous than generally believed (Table 3). For example, a family of three with a monthly income of less than \$2857 would be considered eligible. Applicants who receive Medicaid, Supplemental Nutrition Assistance Program (SNAP) or Transitional Employment Assistance (TEA) are automatically eligible. Pay stubs, income tax records for the self employed, and a statement from a non-relative for someone with no income are all acceptable as proof of income. A utility bill may be used to establish Arkansas residency while a driver's license can be used to prove identity. United States citizenship is not a requirement to participate. Anthro-

*Misconceptions about WIC guidelines are common. To receive WIC benefits, applicants must first meet income guidelines or a waiver due to other program eligibility such as Medicaid. In addition, they must be an Arkansas resident, provide proof of identity and be at nutritional risk.*

pometric measures and a hemoglobin value obtained from a capillary blood sample aid the WIC professional in the evaluation for nutritional risk of a WIC applicant. While certain medical conditions may put moms at nutritional risk, an individual may be considered at risk for many other reasons. Weight, number and frequency of pregnancies, and nutrition practices are just a few of the many criteria that may be considered during nutritional risk identification.

Table 3: WIC Income Guidelines effective July 1, 2011. Source: USDA Food & Nutrition Services

Income Guidelines (Effective from July 1, 2011 to June 30, 2012)					
Family/Household Size	1	2	3	4	5
Monthly Gross Income	\$1,679	\$2,268	\$2,857	\$3,446	\$4,035
(Add \$589 per month for each additional family member)					

WIC continues to strengthen breastfeeding promotion and support benefits by providing the resources needed to make an informed choice about infant feeding. As a result, WIC participants can feel confident about their decision to choose breastfeeding and know they have support to make breastfeeding a successful and enjoyable experience. Clearly, Arkansas WIC is building a reputation of "Think Breastfeeding: Think Arkansas WIC."

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**Y**ou are invited to join us on June 9th for the Nursing Compassion and Nurse Educator of the Year Award luncheon and celebration.

Following the luncheon we will recognize our nominees & finalists, and announce our winners. We will share some wonderful stories that have made each of them shining examples of Arkansas Nursing.

To support the event we are taking reservations for our special guests and their supporters. Your reservation provides lunch for 10 people and the total donation is \$500 with net proceeds, from the event, going to the ThinkNurse scholarship fund.

From the words of a previous compassion award winner ... "Thanks so much for making my life wonderful last May. The nursing Compassion Award has changed my life. The experience has been so overwhelming- from the prizes, the magazine article, being Grand Marshall at Christmas and speaking at Harding University-I never thought about me being a winner. Thanks so much." Angie Durham.

Come out in force to salute and celebrate your **Arkansas nursing**...and know that net proceeds from this event go to educating nurses for our future.

### For More Information, contact:

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# 2012 Nursing Compassion AWARD FINALISTS

*Congratulations*  
**Connie Austin** LPN  
 Pinewood Health & Rehab  
 CROSSETT

*Congratulations*  
**Anna Cagle** LPN  
 Washington Regional  
 Medical Center  
 FAYETTEVILLE

*Congratulations*  
**Marilyn Forrest** RN  
 St. Mary's Regional  
 Medical Center  
 RUSSELVILLE

*Congratulations*  
**Paula Goss** RN  
 St. Vincent's  
  
 Inspired.  
 LITTLE ROCK

*Congratulations*  
**Sherrie Guinn** RN  
 In Home  
 Medical Center  
 RUSSELVILLE

*Congratulations*  
**Debra Holmes** RN  
 Pine Hills  
 Nursing Home  
 CAMDEN

*Congratulations*  
**Mistie Dawn Hill** RN  
 Arkansas Childrens Hospital  
  
 LITTLE ROCK

*Congratulations*  
**Mary Beth Jacob** RN  
 Caring Hands  
 Hospice  
 BATESVILLE

*Congratulations*  
**Pamela Jones** RN  
 Mercy  
 Hospital  
 BERRYVILLE

*Congratulations*  
**Judy Karnes** LPN  
 Shiloh  
 Clinic  
 SPRINGDALE

*Congratulations*  
**Amber Lewellyn** LPN  
 Arkansas Cardiology  
  
 LITTLE ROCK

*Congratulations*  
**Mary Loftus** RN  
 Washington Regional  
 Medical Center  
 FAYETTEVILLE

*Congratulations*  
**Justice N. Mason** LPN  
 Greenwood  
 Leflore Hospital

*Congratulations*  
**Tammara Murray** RN  
 JRMC  
  
 PINE BLUFF

*Congratulations*  
**Amy Niemann** RN  
 UAMS  
  
 LITTLE ROCK

*Congratulations*  
**Stephanie Parish** RN  
 White County  
 Medical  
 SEARCY

*Congratulations*  
**Kendra Shankles** RN  
 Arkansas  
 Oncology  
 HOT SPRINGS

*Congratulations*  
**Lori Thorpe** RN  
 Arkansas Childrens Hospital  
  
 LITTLE ROCK

*Congratulations*  
**Katherine Tullos** RN  
 Delta Memorial  
 Hospital  
 DUMAS

*Congratulations*  
**Debra Vassar** RN  
 Arkansas Methodist  
 Medical Center  
 PARAGOULD

*Congratulations*  
**Sonja Weaver** RN  
 Arkansas  
 Nephrology  
 BRADLEY COUNTY

## NURSING COMPASSION AWARD NOMINEES

**ACH Hematology/Oncology clinic**  
 Arkansas Childrens Hospital  
**Cindy Adams** RN  
 UAMS Little Rock  
**Vickie Anderson** RN  
 Area Agency on Aging  
**Lillian Arnold** RN  
 Area Agency on Aging

**Connie Austin** LPN  
 Pinewood Health and Rehab, Crossett  
**Denise Beasley**  
 Area Agency on Aging  
**Stephen Dodd** RN PICU  
 Arkansas Childrens Hospital  
**Tammy Drake** NICU RN  
 UAMS Little Rock

**Kay Dutton** RN  
 Area Agency on Aging  
**Kashimi Elkins** RN  
 Area Agency on Aging  
**Brandy Fagan**  
 White River Medical Center, Pleasant Plains  
**Marilyn Forrest** RN  
 St. Mary's Regional Medical Center Russellville

**Lindsey Garlington RN**  
School Nurse for Fordyce School District, Fordyce

**Paula Goss RN**  
St. Vincent Health System, Little Rock

**Sherrie Guinn RN**  
In Home Hospice Care, Russellville

**Chris Henley RN**  
Area Agency on Aging

**Misty Dawn Hill RN**  
Arkansas Childrens Hospital, Little Rock

**Karen Holcomb RN**  
Jefferson Regional Medical Center, Pine Bluff

**Debra Holmes RN**  
Pine Hills Nursing Home, Camden

**Mary Beth Jacob**  
Caring Hands Hospice of Batesville

**Pamela Jones**  
Mercy Hospital Berryville

**Judy Karnes LPN**  
Shiloh Clinic, Springdale

**David Kelley RN**  
Area Agency on Aging

**Peggy King RN**  
Area Agency on Aging

**Christina Leisenring, BSN RN**  
UAMS Emergency Department, Little Rock

**Amber Lewellyn, LPN**  
Arkansas Cardiology, Little Rock

**Penelope Lindsey, RN**  
Central Arkansas VA Healthcare System, Little Rock

**Mary Loftus, RN**  
Washington Regional Medical Center, Fayetteville

**Alicia Long**  
UAMS Medical

**Justice N. Mason**  
Greenwood Leflore Hospital

**Mandi Mason RN**  
Area Agency on Aging

**Crystal McCarty RN**  
Area Agency on Aging

**Jennifer McDonald RN**  
Area Agency on Aging

**Nikki Morgan RN**  
Area Agency on Aging

**Sandra Morgan RN**  
Area Agency on Aging

**Tammara Murray, RN**  
JRMHC Pine Bluff,

**Kay Newton RN**  
Area Agency on Aging

**Amy Niemann RN**  
UAMS Little Rock

**Stephanie D. Parish RN**  
White County Medical Center

**Linda Powell RN**  
UAMS, Little Rock

**Christy Reed RN**  
Area Agency on Aging

**Ella Romine RN**  
Area Agency on Aging

**Kendra Shankles, RN**  
Arkansas Oncology, Hot Springs

**Wanda Taylor RN**  
Area Agency on Aging

**Donna Thompson RN**  
Area Agency on Aging

**Lori Thorpe RN NICU**  
Arkansas Childrens Hospital, Little Rock

**Katherine Tullios, RN**  
Delta Memorial Hospital, Dumas

**Lucy Umphryes RN**  
Area Agency on Aging

**Jamie Ward RN**  
Area Agency on Aging

**Sonja Weaver RN**  
Arkansas Nephrology Association, Bradley County

**Amanda White RN**  
Area Agency on Aging

**Phyllis Williams, RN**  
Community Home Health, Hardy

**Debra Vassar RN,BSN, CNO**  
Arkansas Methodist Medical Center, Paragould

**Karen Warren, CNA**  
Northridge Healthcare & Rehab, North Little Rock

**Tara Wilkerson RN**  
Area Agency on Aging

**Sarah Yancey, LPT**  
Horizon Adolescent Treatment Center, Forth Smith

# 2012 Outstanding Educator NURSE AWARD FINALISTS

*Congratulations*  
**Marietta Candler RN, MSN**  
University of Arkansas  
Comm. College at Batesville  
BATESVILLE

*Congratulations*  
**Terri Church MSN, APN, ACNA-BC**  
Washington Regional  
Medical Center  
FAYETTEVILLE

*Congratulations*  
**Betty Diehl MSN, RN**  
University of  
Central Arkansas  
CONWAY

*Congratulations*  
**Kim Gonzales APN, CNS, BC**  
Washington Regional  
Medical Center  
FAYETTEVILLE

*Congratulations*  
**Nona Gyunn MSN, RN**  
North Arkansas  
College  
HARRISON

*Congratulations*  
**Stephanie Guy RN, BSN**  
Southeast Arkansas  
College  
PINE BLUFF

*Congratulations*  
**Brandy Haley**  
Practical Nursing Instructor  
Southeast Arkansas College  
PINE BLUFF

*Congratulations*  
**Jamie Jones**  
Asst. Professor of Nursing  
Univ. of Arkansas Little Rock  
LITTLE ROCK

*Congratulations*  
**Dr. Karla Larson**  
Eleanor Mann School of  
Nursing, Univ. of AR Fayetteville  
FAYETTEVILLE

*Congratulations*  
**Tammy Marshall MHA, MSN**  
University of  
Arkansas Pine Bluff  
PINE BLUFF

*Congratulations*  
**Rebecca Parnell**  
Asst. Professor of Nursing  
Southern Arkansas University  
MAGNOLIA

*Congratulations*  
**Susan Patton MSN, CNS**  
University of Arkansas  
Eleanor Mann School of Nursing  
FAYETTEVILLE

*Congratulations*  
**Kathy Pierce RN, MNSc,  
CPHQ, CNE**  
Jefferson Regional Medical Center  
PINE BLUFF

# NURSING PRACTICE UPDATE

## COMPLEMENTARY/ALTERNATIVE THERAPIES

The competency of a nurse to perform complementary and alternative therapies begins with nursing education and ends with the safe nursing practice of those skills in such a way that ensures the safety, comfort and protection of clients. Nurses using complementary

or alternative therapies in their practice should follow the ASBN "Position Statement 98-6 Decision Making Model." Particular attention should be paid to the definition of nursing in the *Arkansas Nurse Practice Act*, and statements in the ASBN "Position

Statement 95-1 Scopes of Practice." Other professional practice acts may require additional certification and/or licensure to perform a particular therapy.

Most nurses have been exposed to systems, holistic and humanistic theories. These theories are the essence of nursing practice and may include complementary and alternative therapies. Nurses must practice within the scope of practice of their license. In basic nursing education, nurses learn to complement physician ordered treatments with techniques such as focused breathing and relaxation, massage, guided imagery, music, humor and distraction. The more complex complementary and alternative therapies are a part of advanced practice nursing.

Advanced practice nurses may be qualified to recommend or prescribe vitamins, herbs, minerals or other over-the-counter products. The registered nurse practitioner and the registered nurse may follow protocols to recommend these products. These protocols shall be reviewed annually by the licensed physician and nurse and be provided to the Board upon request. The practice of applied kinesiology, herbal medicine, homeopathy, and ayurveda may require formal educational preparation and possibly even certification. State licensure laws regulate therapies such as chiropractic, massage, acupuncture and physical therapy.

Carefully following the ASBN "Position Statement 98-6 Decision Making Model" will ensure that nurses are practicing within their scope of practice. Nurses who choose to use complementary or alternative therapies in their practices may be requested to provide documentation that they have followed the "Position Statement 98-6 Decision Making Model" in making their decisions.

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Siloam Springs' new facility **NOW OPEN & ACCEPTING APPLICATIONS!**

SSRH remains focused on providing services our community needs with advanced equipment in a modern facility **nearly twice the size!**

### Now accepting applications for experienced Registered Nurses in Siloam Springs, Arkansas

Siloam Springs Regional Hospital (SSRH), a 73-bed hospital, is seeking highly motivated and experienced Registered Nurses. SSRH is located approximately 30 minutes from Fayetteville, in beautiful Siloam Springs, AR.

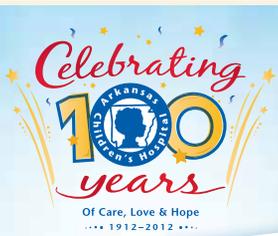
Qualified candidates will have experience in one or more of the following areas: Intensive Care Unit, Operating Room, Medical/Surgical, Obstetrics, or the Emergency Department. Strong communication skills, both written and oral, are a must as well as a passion for caring for others.

For more information or to apply for this position, please go to: [www.siloamspringsregional.com](http://www.siloamspringsregional.com)

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*Affiliated with Northwest Health System*

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Thank you!

As we celebrate 100 years of care, love and hope, Arkansas Children's Hospital is deeply grateful for the nurses who make this milestone possible. This Nurses Week, we thank you for your dedication and commitment to every child who has entered our doors during the last century and every child who will benefit from your care in the next one.

## Get The Nursing Degree You Want RIGHT WHERE YOU LIVE!

**Arkansas Rural Nursing Education Consortium** enables Practical Nurses to advance their careers by becoming a Registered Nurse (RN) in as little as ONE YEAR!

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## WHERE IS MY LICENSE?

We're frequently asked about the new renewal process, which began July 1, 2011. Now's the chance to review the new process to help answer any questions you might have about the procedure.

ASBN no longer mails out paper licensure cards to be used as verification of licensure. Instead, you will receive a permanent plastic card approximately two to two and a half months after renewal. These cards are different, not only because they are plastic,

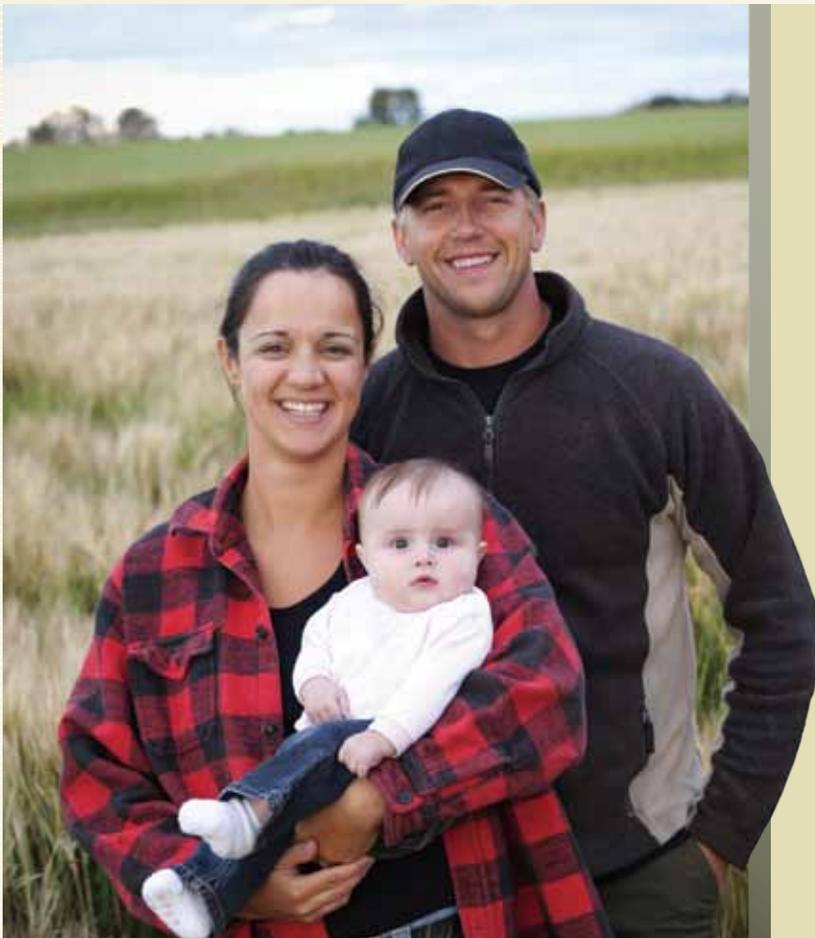
but also because they are permanent. The license expiration date is no longer printed on the card, so it may not be used as validation of current licensure. To verify your license you and/or your employer must go to [www.arsbn.org](http://www.arsbn.org) and follow these easy steps:

- Under Online Services, select "Registry Search"
- Click the link by "1. ASBN Registry Search"
- Under Search License Registry type your license number

or your name

- Click "Search"
- Click on your name

You may print this as the website is secure and can be used as primary source verification. The next time you renew your license, you will not receive a plastic card. After you renew, give us a few days to process your application, and then go online as described above to check your status.



## Where membership matters.

*In the fields or the suburbs.  
In the chicken houses or the downtown lofts.*

With nearly one in every four Arkansans belonging to a Farm Bureau family, chances are you can find one of our members anywhere.

Furthermore, the diversity of our members is a direct result of the diversity of benefits we offer.

*An advocate at the Capitol or affordable insurance.  
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[twitter.com/arfb](https://twitter.com/arfb)  
[www.youtube.com/arkansasfarmbureau](https://www.youtube.com/arkansasfarmbureau)

The full statutory citations for disciplinary actions can be found at [www.arsbn.org](http://www.arsbn.org) under *Nurse Practice Act*, Sub Chapter 3, §17-87-309. Frequent violations are A.C.A. §17-87-309 (a)(1) "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;" (a)(2) "Is guilty of a crime or gross immorality;" (a)(4) "Is habitually intemperate or is addicted to the use of habit-forming drugs;" (a)(6) "Is guilty of unprofessional conduct;" and (a)(9) "Has willfully or repeatedly violated any of the provisions of this chapter." Other orders by the Board

include civil penalties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an employee monitored nurse contract and/or drug monitoring and treatment programs.

Each individual nurse is responsible for reporting any actual or suspected violations of the *Nurse Practice Act*. To submit a report use the online complaint form at [www.arsbn.org](http://www.arsbn.org), or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing, 1123 South University, Suite 800, Little Rock, Arkansas 72204.

## PROBATION

**Banick, Ashlea Veronica**  
NCLEX®-RN Applicant, Fayetteville  
A.C.A. §17-87-309(a)(1)& (a)(4)  
Probation - 1 year

**Barnett, Melissa Jane Horton**  
R63868(exp), Little Rock  
A.C.A. §17-87-309(a)(4)&(6)  
Probation - 3 years

**Bowers, Rebecca Leona Pilgrim**  
L33507(exp), Van Buren  
Reinstatement from Voluntary  
Surrender & A.C.A. §17-87-309(a)  
(4), (a)(6), (a)(8) & (a)(9)  
Probation - 3 years  
Civil Penalty - \$1,500.00

**Brown, Lisa Dale Rakestraw**  
R39943(exp), Jacksonville  
Reinstatement from Voluntary  
Surrender & A.C.A. §17-87-309(a)  
(4)&(a)(6)  
Probation - 2 years  
Civil Penalty - \$1,000.00

**Burton, Ginnie Lee Harris Baggett**  
R31676(exp), Jonesboro  
Reinstatement from Voluntary  
Surrender & A.C.A. §17-87-309(a)  
(4)&(a)(6)  
Probation - 2 years  
Civil Penalty - \$1,000.00

**Carlton, Jennifer Lynn Hainline**  
R81448, L38272(exp), Gravette  
A.C.A. §17-87-309(a)(6)  
Probation - 2 years  
Civil Penalty - \$1,000.00

**Ceola, Steven Derek**  
C01037, P00945, R34362(exp)  
A.C.A. §17-87-309(a)(6)  
Probation - 2½ years  
Civil Penalty - \$1,500.00

**Christiansen, Retha Joann Meloy**  
L35093(exp), Rogers  
Reinstatement from Voluntary  
Surrender & A.C.A. §17-87-309(a)  
(4)&(a)(6)  
Probation - 3 years  
Civil Penalty - \$500.00  
plus prev bal

**Collins, Sandra Kathleen Kennedy**  
L45153, Mayflower  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$500.00

**Daniel, Ryan Andrew**  
R77813(exp), Malvern  
Reinstatement from Voluntary  
Surrender & A.C.A. §17-87-309(a)  
(4)&(a)(6)  
Probation - 2 years  
Civil Penalty - \$1,000.00  
plus prev bal

**Demuth, Lisa Ann Massey**  
L34870, Fort Smith  
A.C.A. §17-87-309(a)(4) &(a)(6)  
Probation - 2 year  
Civil Penalty - \$1,000.00

**Dorrough, Clifford Nicholas**  
R78537, Clarksville  
A.C.A. §17-87-309(a)(6)  
Probation - 2 years  
Civil Penalty - \$1,800.00

**Ducharme, Jenny Lynn**  
R81232(exp), Wynne  
A.C.A. §17-87-309(a)(2), (a)(4) &  
(a)(6)  
Probation - 2 years  
Civil Penalty - \$750.00

**Farris, Casey Morgan Rainey**  
R82518(exp), L45815(exp),  
Magnolia  
Reinstatement from Voluntary  
Surrender & A.C.A. §17-87-309(a)  
(4)&(a)(6)  
Probation - 2 years  
Civil Penalty - \$500.00  
plus prev bal

**Flowers, Kirstyn Dawn Delalto**  
L50405, Benton  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$1,000.00

**Garbett, Elizabeth Ann Faulkner**  
R70796(exp), Little Rock  
A.C.A. §17-87-309(a)(4),(a)(6),(a)  
(8) &(a)(9)  
Probation - 3 years  
Civil Penalty - \$1,000.00  
plus prev bal

**Goodson, Afton Dawn**  
L48271, Arkadelphia  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$1,000.00

**Gully, Crystal Ann Patterson**  
L42553(exp), Fayetteville  
A.C.A. §17-87-309(a)(4),(a)(6),(a)  
(8) &(a)(9)  
Probation - 3 years  
Civil Penalty - \$2,800.00 plus prev bal

**Hess, Tracie Lanett Hess**  
**Hanks Boulard**  
R52428, Wynne  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$2,700

**Hyde, Bonnie Jane Gill**  
R80866, L33428(exp), Malvern  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$857

**Jackson, Mechelle Renee Boykin**  
R76868, L26798(exp),  
Little Rock  
A.C.A. §17-87-309(a)(6)  
Probation - 2 years  
Civil Penalty - \$1,000.00

**Jones, Candace Lane Conley**  
R82990, L43986(exp), Searcy  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year

**Kelley, Rochelle Nicole Terry**  
R83174, Jacksonville  
A.C.A. §17-87-309(a)(4) & (a)(6)  
Probation - 2 years  
Civil Penalty - \$1,500.00

**Leslie, Kathy I**  
R83701, L47870(exp), Benton  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$312.50

**Lindsey, Mike**  
L33173, Marion  
A.C.A. §17-87-309(a)(4)&(6)  
Probation - 1 year  
Civil Penalty - \$1,500.00

**McLain, Michelle Rice Schmidt**  
R80741, Little Rock  
A.C.A. §17-87-309(a)(4)&(6)  
Probation - 3 years  
Civil Penalty - \$1,500.00

**Monroe, Kathryn Marie**  
**Costello Raxter**  
R70967, Pea Ridge  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$1,200.00

**Nicholson, Catherine**  
**Coleena Cutlip**  
L42476, Alma  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$500.00

**Oliver, Amanda Dawn**  
L51665, Wake Village, TX  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$500.00

**Pastor, Susan Jane Ballough**  
RN Endorsement Applicant,  
Blytheville  
A.C.A. §17-87-309(a)(4)& (a)(6)  
Probation - 2 years

**Poulton, Rusti Ann**  
R80831(exp), Genoa  
A.C.A. §17-87-309(a)(4)&(6)  
Probation - 2 years  
Civil Penalty \$250.00  
plus prev bal

**Redican, Tammy Ann Bellar**  
L43730, Mayflower  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty \$800.00

**Rodgers, Amanda Loraine**  
R80008(exp), Greenwood  
Reinstatement from Voluntary  
Surrender &  
A.C.A. §17-8-309(a)(6)  
Probation - 1½ years  
Civil Penalty - \$750.00

**Rogers, Noel Vandala Parrish**  
L47854, Benton  
A.C.A. §17-87-309(a)(1),(a)(2),(a)  
(4)&(a)(6)  
Probation - 2 years  
Civil Penalty - \$1,000.00

**Smith, Julie Ann**  
L38787(exp), Mineral Springs  
Reinstatement from Summary  
Suspension & A.C.A. §17-87-309(a)  
(4)&(a)(6)  
Probation - 3 years  
Civil Penalty - \$1,500.00

**Westwood, Carolyn Lynn Johnson**  
L44671, Pocahontas  
A.C.A. §17-87-309(a)(6)  
Probation - 1½ years  
Civil Penalty - \$750.00

**Whitten, Tammy Renee Moppin**  
PN Equivalency Applicant, Malvern  
A.C.A. §17-87-309(a)(4)  
Probation - 1 year

**Wilhite, Nancy Lee Whicker**  
LPN Endorsement Applicant, Mena  
A.C.A. §17-87-309(a)(2) & (a)(4)  
Probation - 2 years

Wyatt, Sara Ann Edwardson  
R74056(exp), L43079(exp),  
Poughkeepsie Reinstatement from  
Voluntary Surrender & A.C.A. §17-  
87-309(a)(4)&(a)(6)  
Probation – 2 years  
Civil Penalty - \$500.00  
plus previous balance

Yetter, Edward Elmer  
L44332, Mena  
A.C.A. §17-87-309(a)(6)  
Probation – 1 year  
Civil Penalty – \$1,000.00

### SUSPENSION

Brashier, Amber LaDawn Dugan  
L46769, San Angelo, TX  
A.C.A. §9-14-239  
February 27, 2012

Weir, Chad Andrew  
L51325, Jonesboro  
Probation Non-Compliance  
Suspension – 1 year, followed by  
Probation – 1 year  
Civil Penalty – \$1,000.00

Williams, Carrol Patricia Carwell  
L41468, Cherry Valley  
A.C.A. §17-87-309(a)(4), (a)(6), (a)  
(8) & (a)(9)  
Suspension – until safe to practice  
followed by Probation – 2 years

Womack, Kimberly Marie  
Moore Randal  
L50186, Bentonville  
A.C.A. §17-87-309(a)(4)&(a)(6)  
Suspension – 2 years, to be followed  
by Probation – 2 years  
Civil Penalty - \$2,700.00

### SUMMARY SUSPENSIONS

Bell, Kimberly Diane  
R53404, Elkins  
Probation Non-Compliance  
April 12, 2012

Campbell, Vince Carter  
L42687, Mountain Home  
A.C.A. §17-87-309(a)(1),(a)(2),(a)  
(4)&(a)(6)  
April 12, 2012

### VOLUNTARY SURRENDER

Anderson, Kelly Ann Waller Coleman  
R64607, Magnolia  
March 26, 2012

Bramucci, Greg Marshall  
R65835, Ozark  
March 16, 2012

Burse, Lynda Benita  
R63334, L32453, Little Rock  
March 13, 2012

Counts, Charlotte Lea  
R71157, Cabot  
March 20, 2012

Dean, Heather Leann  
R65442, Biggers  
March 29, 2012

Hallmark, Gina Olivia Grimes  
R72561, Jonesboro  
February 27, 2012

Hopper, Dawson Layne  
L49904, Mountain Home  
April 9, 2012

Kellar, Pamela Ray Kellar Rhodes  
L27077, Hot Springs  
February 28, 2012

Lingenfelter, Amy Michelle  
L38651, Fort Smith  
March 2, 2012

Perry, Jodi Marie  
R66574, Waldron  
March 28, 2012

Robinson, Ladonna Marie  
L50800, Clarksville  
March 7, 2012

Roe, Wanda Flo Percefull  
L13633, Hot Springs  
March 12, 2012

Roman, Lori Lynn  
R64708, Bryant  
March 29, 2012

Scott, Melissa Ann Tarrance  
L44486, Mena  
March 8, 2012

Stevens, Stephanie Ann  
R81035, Spearsville, LA  
March 1, 2012

### REINSTATEMENTS WITH PROBATION

Bankston, Jackie Deshun Mays  
R82160 (exp), L41025 (exp),  
Pine Bluff  
March 28, 2012  
Reinstate to Probation – 2 years  
Civil Penalty – remaining balance

Williams, Carrol Patricia  
Carwell  
L41468, Cherry Valley  
April 20, 2012  
Reinstate to Probation –  
2 years

### REINSTATEMENTS

Pack, Natia Shaunt  
Nelson Larry  
L40657, Doddridge  
April 16, 2012

### PROBATIONARY STATUS REMOVED

Babineaux, Terrie Gwen  
R68154, Arkadelphia  
April 5, 2012

Barnett, Brian Michael  
R88311, Mountain Home  
April 5, 2012

Blackburn, Mary Lisa  
Meserole Tucker  
R49946, Drasco  
April 5, 2012

Blythe, Erin Vanessa  
R80409, Cabot  
February 21, 2012

Boyett, Laura M. Heiser  
R53621, White Hall  
February 21, 2012

Canada, Larichia Nicole  
L49518, Camden  
April 5, 2012

Cochran, Emily Jean  
R28451, Huntsville  
March 9, 2012

Davis, Michelle Ruth  
Thomas Holden  
R66067, L36410 (Expired), Perry  
March 12, 2012

Desparrois, Julie Ann  
R78869, Mountain Home  
April 5, 2012

Double, Mary Ann  
R70380, Fayetteville  
February 21, 2012

Gardner, Lee Alice Day  
R72776, Springdale  
March 12, 2012

Immel, Caren Rena Stephens Coale  
L37943, Clarksville  
April 5, 2012

Jones, Terri Lynette Watkins  
R16558, Waldron  
April 5, 2012

Kirk, Nancy Jean Bradford  
R48538, Pine Bluff  
April 5, 2012

McAdams, Angela Dynette Brown  
L27686, Fouke  
April 5, 2012

McDougal, Steven Michael  
R78251, L43840 (Expired), Harrison  
March 12, 2012

Miller, Brenda Lee Espersen  
L43309, Jacksonville  
April 5, 2012

Myers, Constance Laverne Ellison  
L29043, Crossett  
April 5, 2012

Proctor, Robin  
R36210, L25381 (expired),  
Maumelle  
February 21, 2012

Reed, Deanna Carol  
R88313, Cabot  
April 5, 2012

Richter, Siri Gail Edwards  
R14475, P00503, Pine Bluff  
March 12, 2012

Smith, Janell Kay Sluder  
R67642, Rogers  
April 5, 2012

Smith, Timothy Scott  
L35681, Jacksonville  
March 19, 2012

Straup, Jana  
L51496, North Little Rock  
April 5, 2012

Titsworth, Christopher Dale  
L47741, Russellville  
April 5, 2012

Townsend, Wanda C. Wilbanks  
A01298, P00603 (exp), R27575,  
PAC1214, Russellville  
February 21, 2012

Wallis, Joseph Allen  
L51497, Batesville  
April 5, 2012

Williams, Carrol Patricia Carwell  
L41468, Cherry Valley  
A.C.A. §17-87-309(a)(4), (a)(6), (a)  
(8) & (a)(9)  
Suspension – until safe to practice  
followed by Probation – 2 years

### LICENSURE DENIED

Vaden, Alisha Dawn Laxamana  
NCLEX®-RN Applicant, Bryant  
Re-Write Request  
April 12, 2012

### WAIVER GRANTED

Bird, Stella Marie Nelms  
NCLEX®-Applicant  
April 11, 2012

Blanton, Nathan  
NCLEX®-Applicant  
April 11, 2012

Carter, Alisha Montyne  
NCLEX®-PN Applicant, Batesville  
April 11, 2012

Clary, Alicia Elaine Shofner  
NCLEX®-Applicant  
April 11, 2012

Dobbs, Paul William  
NCLEX®-Applicant  
April 11, 2012

Garcia, Jaynee Gail Sherrill  
NCLEX®-RN Applicant, Rogers  
April 11, 2012

Gee, Anna Lee Taber  
NCLEX®-Applicant  
April 11, 2012

Hoffman, Thomas Robert  
NCLEX®-Applicant  
April 11, 2012

Hux, Claudia Sharon Kelley  
NCLEX®-Applicant  
April 11, 2012

McKnight, Latosha Denise  
NCLEX®-Applicant  
April 11, 2012

Petty, Phillip Matthew  
NCLEX®-Applicant  
April 11, 2012

Vickers, Cynthia Lynn Foster  
NCLEX®-Applicant  
April 11, 2012

Watkins, David Andrew  
NCLEX®-RN Applicant, Marion  
April 11, 2012

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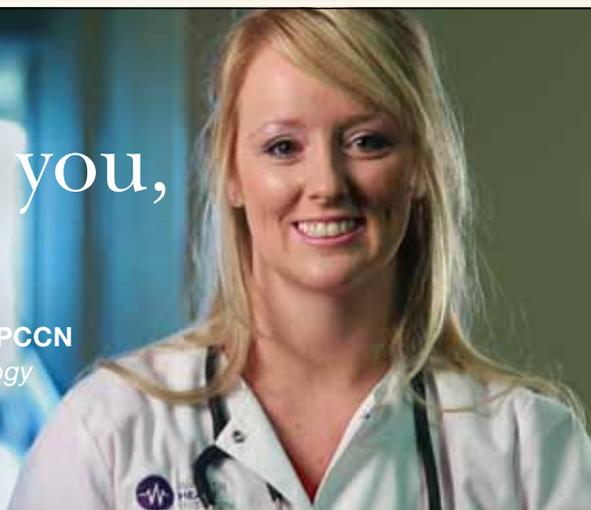
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