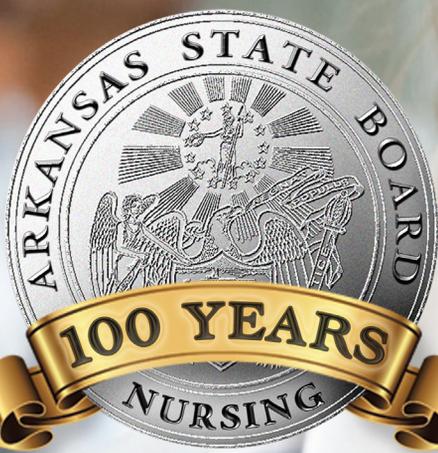




# ASBN *Update*

[www.arsbn.org](http://www.arsbn.org)

December 2012 Volume 16 Number 6



1913

2013

*One Hundred Years*

**A March through Time  
with a Year of Reflection**

**NURSING EXPO**  
**SATURDAY,**  
**DECEMBER 1ST**

**SEE PAGE 15  
FOR DETAILS**

*Publication of the* **Arkansas State Board of Nursing**

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*The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing.*

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In order to continue uninterrupted delivery of this magazine, please notify the Board of any change to your name or address. Thank You.

edition 59

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## Looking Back, Moving Forward

2013 is the centennial year for the Board of Nursing, so I have been dusting off old boxes and spending hours reading historical documents. This has been fun as well as a learning experience. The Board was created in March 1913 and was initially known as the Board of Nurse Examiners. The initial Board was composed of six individuals, four nurses and two physicians, appointed by the governor. One of the priorities at the first Board meeting was to elect officers with Dr. Ida Joe Brooks being elected as the first chairman of the Board. Additional accomplishments at the first meeting were developing and adopting the constitution and bylaws, creating a licensure card and application, setting a passing score of 75 percent on the licensure exam and setting a salary of \$20/month for the secretary-treasurer of the Board.

According to the initial Act in 1913, "All nurses nursing at the time of the passage of the Act or who had been practicing the previous five years could be licensed provided they were of good moral character and had graduated from a training school connected with a hospital or sanitarium giving a two year general training course." On June 14, 1913, 46 nurses were issued a license by waiver with Annie Bremeyer being the first licensed registered nurse. Initially, nurses were not required to pass an exam because one did not exist.

During the early years, the Board met intermittently with the main focus on licensure of applicants and regulation of nursing programs. During the interim years between 1913 and 1929, only initial licenses were issued due to the workload created with requiring license renewal. License renewal began in 1929.

The Board of Nurse Examiners was originally created for the regulation of registered nurses and it stayed that way for many years. Over the years practical nursing gained strength as a vocation and in 1947 legislation was passed creating one board of nursing. A practical nursing licensure exam was created and practical nursing program standards were developed. The Board even selected the uniform to be worn by practical nursing students. This first uniform was grey and designed in the style submitted by the M.M. Cohn Company and made by White Swan Uniform Company.

With the addition of the regulation of the practical nurses, the Board was expanded to nine members; three practical nurses and six registered nurses. Initially, there were two divisions, a registered nurse division and a practical nurse division. Each division held independent meetings and reported back to the full Board.

There have been a lot of changes to the Board of Nursing over the past 100 years. As we celebrate our anniversary in 2013, we will continue to share the history of regulation in Arkansas. I hope you will enjoy reading about your roots as much as I am enjoying digging through the historical documents.

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Beverly  
16 years of service

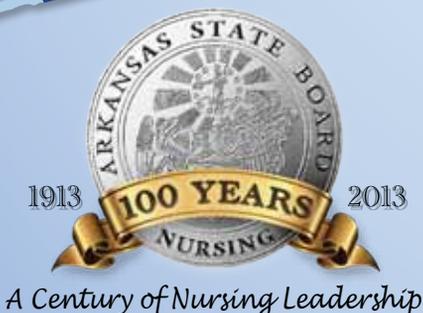


Kathy  
33 years of service



Patricia  
19 years of service

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years celebration!*

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January 29, 2013 from 2-4pm.**



# THE IMAGE OF NURSING

In the 19th Amendment of the Constitution in 1920, women were granted certain rights, including the right to vote and the right to own property. This was the beginning for women to take on roles other than wife and mother. A number of societies and associations emerged, permitting women to influence policy in their communities and the nation. Nurses became more respected. There were still many people who believed a nurse should only be associated with and governed by hospitals. Hospital schools accepted, trained and employed them.

The nursing supervisors and physicians of the day determined the attire of the nurses and the scope of their practice. Nurses prior to the war had a distinct appearance, and in 1916, a standard public uniform was proposed for American Nurses Association (ANA) members appearing in public activities "in which nurses have been given a conspicuous place, as those for preparedness or equal suffrage" ("The Need of a Standard Uniform," 1916, p. 966). This uniform represented all things that were good and socially acceptable. It could only be worn while nurses were on duty and caring for the public in whatever setting they worked (Houweling, 2004). This belief was carried on until the end of the 20th century. Nurses were to have Christian characteristics, so the Victorian era was still associated with nursing vocation until about 1910 (Houweling, 2004). The nurse wore a basic, clean modest dress with a traditional apron. Most nurses wore a cap that was unique to the hospital where the nurse was in training. Nurses were required to be on time for school and work and their appearance was inspected. Hospital nurses trained and worked for the hospital they were accepted in.

As time progressed, people in impoverished communities who were not eligible for hospital stay or physician care were able to utilize a new expansion of nursing services-home health. The nurse's image was a modest and simple dress with a fitted bodice, long sleeves and a white smock. The collar was high, and all nurses wore a black or white hat. These nurses eventually wore blue to show the distinction of a public health nurse. Since these nurses did not work in the hospital setting, they carried a black bag that held their supplies. These nurses were able to go in the community and work with their patients. Almost all nurses were female. There were only four male nursing schools and the others rarely admitted a male nursing student.

In the beginning, nurses learned a vocation. Today, nursing is a profession. We have numerous theories about how to care for our patient in the most challenging conditions, and we use our critical thinking skills and power to heal patients. Many aspects of the modern nursing profession were influenced by nurses who worked to promote nursing as an honest and worthy profession. The public's perception of nursing gave us the positive image of a profession rather than a job.

## References:

Houweling, L., (2004). Image, function, and style: A history of the nursing uniform. *American Journal of Nursing*, 104(4), 40-48.

The need of a standard uniform. (1916). *American Journal of Nursing*, 16(10), 966-967.

O'Lynn, C, E., & tranbarger, R. E., (Eds.). (2007). *Men in nursing: History, challenges, and opportunities*. New York: Springer.

# Board Business

President Karen Holcomb presided over the hearings held on October 10-11 and November 14-15.

## 2013 BOARD DATES

### January 9

Hearings

### January 10

Business Meeting

### January 29

Centennial Celebration, St. Mary's Regional Medical Center, Russellville, 2 – 4 p.m.

### February 13

Hearings

### February 14

Hearings

### February 19

Centennial Celebration, Jefferson Regional Medical Center, Pine Bluff

### March 5

Centennial Birthday Party, ASBN Boardroom, Little Rock

### March 7

Continuing Education Workshop – 2013: Celebrating 100 Years of Nursing, Baptist Health Schools, Little Rock

### April 4

Ashley County Medical Center, Crossett, 2 – 4 p.m.

### April 10

Hearings

### April 11

Hearings

### April 30

Baxter Regional Medical Center, Mountain Home, 2 – 4 p.m.

### May 8

Board Retreat

### May 9

Business Meeting

### May 30

Faulkner County Home Health, Conway, 2 – 4 p.m.

### June 8

Centennial Gala Luncheon, Wildwood Park, Little Rock

### June 12

Hearings

### June 13

Hearings

## Celebrating 100 Years



### A Century of Nursing Leadership The Arkansas State Board of Nursing

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 and we want you to celebrate with us.

## ASBN Centennial Celebrations

- |                     |  |
|---------------------|--|
| <b>January 29</b>   | Centennial Celebration, St. Mary's Regional Medical Center, Russellville, 2 – 4 p.m. |
| <b>February 19</b>  | Centennial Celebration, Jefferson Regional Medical Center, Pine Bluff, 2 -4 p.m.     |
| <b>March 5</b>      | Centennial Birthday Party, ASBN Boardroom, Little Rock, 2 – 4 p.m.                   |
| <b>April 4</b>      | Ashley County Medical Center, Crossett, 2 – 4 p.m.                                   |
| <b>April 30</b>     | Baxter Regional Medical Center, Mountain Home, 2 – 4 p.m.                            |
| <b>May 30</b>       | Faulkner County Home Health, Conway, 2 – 4 p.m.                                      |
| <b>June 8</b>       | Centennial Gala Luncheon, Wildwood Park, Little Rock                                 |
| <b>July 25</b>      | St. Bernard's Regional Medical Center, Jonesboro, 2 – 4 p.m.                         |
| <b>August 6</b>     | Centennial Celebration, St. Michael Health System, Texarkana, 2 – 4 p.m.             |
| <b>September 26</b> | Northwest Health System, Springdale (time to be announced)                           |
| <b>October</b>      | Centennial Celebration, Searcy, (date and place to be announced)                     |

## Did You Know?

There were six board members on the State Board of Nurse Examiners (now Arkansas State Board of Nursing) in 1924

Duplicate certificates costs \$2.00 in 1926

In 1928, the nurse must spend at least one year in the hospital from which she graduated.

Due to the depression, nurses were not required to pay the annual registration fee of \$1 for the year of 1933.

In 1939, schools sent their examination questions to the Board and these questions were used as a guide for the State Board examination questions.

# STAFF DIRECTORY

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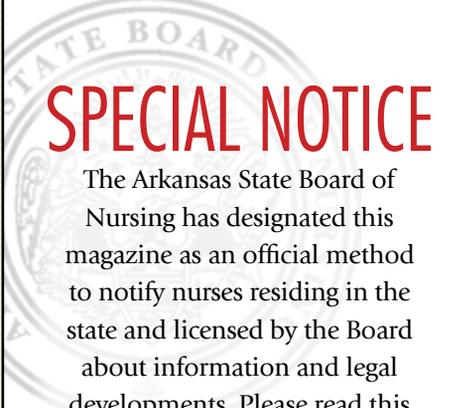
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ASBN Program Coordinator  
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## SPECIAL NOTICE

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.

Rosa Marie Bradley	L16658
Jessica Gonzalez	Exam Application
Victoria Knighten	R81020
Amber Sanders	R73529
Nathan Shaheed	T01220
Angela Shupert	L37543
June Elizabeth Sivils	L30290
Della Williams	L28175
Sally F. Williams	L26287



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Not pictured: Tammy Mitchell, LPN



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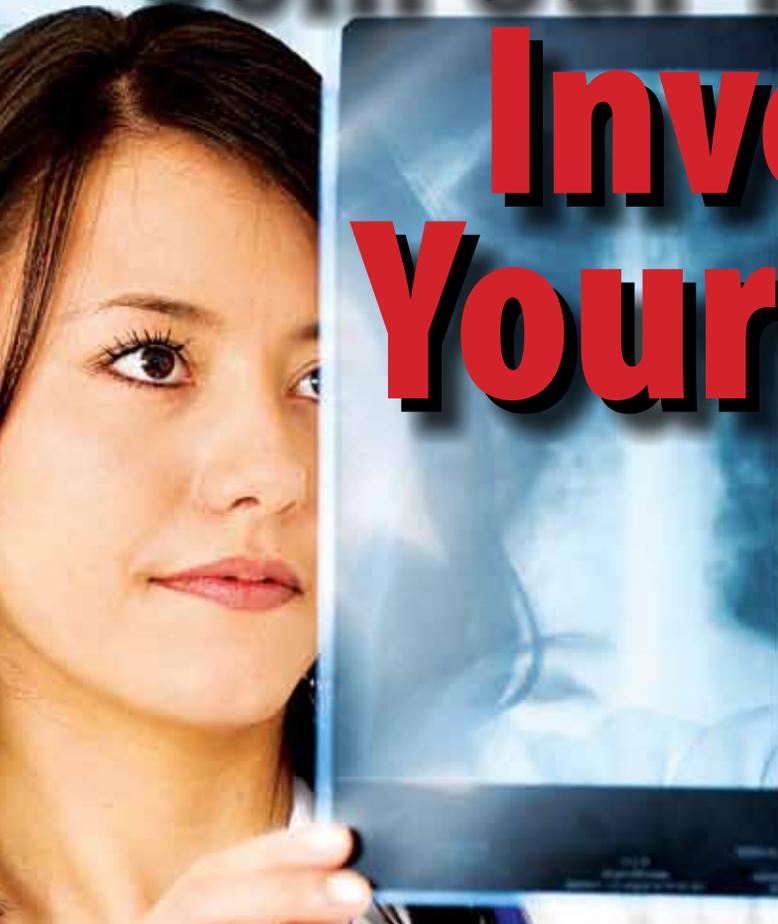
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**Karen McCumpsey, MNSc, RN, CNE,**  
ASBN Assistant Director

# One Hundred Years

## A March through Time with a Year of Reflection

*"Few will have the greatness to bend history itself; but each of us can work to change a small portion of events, and in the total; of all those acts will be written the history of this generation."*

Robert F. Kennedy

In 2013, the Arkansas State Board of Nursing will celebrate its 100th year, a historical event that will never come around again in our lifetime. As such, it seems fitting to review our profession's origins by reflecting on the history of nursing education and subsequently the Board's regulation of nursing education programs. Early origins reveal nursing began as an occupation, evolved into a promoted vocation, and has developed and taken its place as a profession. The significance of confronting nursing education today and plotting our future cannot be over emphasized. Knowledge of our history is crucial.

Up to the 19th century, there is little recorded information regarding the history of nursing—let alone information regarding the educational training of nurses. The care of an injured or ill person was more a matter of instinctual common daily life using folk remedies handed down from one generation to the next. It often transpired that an individual was handy at caring for the sick, so the person trained only by experience went on to provide nursing care. As nursing progressed, nurse "training" was often perceived as an apprenticeship carried out in religious facilities or mental health hospitals.

In the late 1800s, England honored Florence Nightingale's significant



### *A Century of Nursing Leadership* The Arkansas State Board of Nursing

contribution to her service in the Crimean War by provision of funds for her to establish a training program for nurses.

In 1860, St. Thomas' Hospital in London became the first fully endowed nurse training school. Florence Nightingale advocated for formalized nursing education with instruction focusing on hygienic principles and a hands-on, task-oriented curriculum. Her model of nursing, as depicted in her *Notes on Nursing*, was adopted by many hospitals.

In the United States in early 1900s, with no formalized method of instruction, most nurses received hands-on training from hospitals. The bulk of hospital nursing services were given by students, and early training programs were extremely rigorous. Students provided inexpensive, abundant labor. They often worked seven days a week on 10 to 12 hour shifts or even longer 20 to 24 hour duty. A new nursing student,

known as a probationer, was no more than a handmaiden scrutinized by a superintendent. As students achieved favor in performance of duties, they progressed to more patient-focused responsibilities including equipment sterilization, bottling boiled water, and bloodletting therapy by leech administration.

Several states began establishing standardized training methods based on the Nightingale model. They also began licensing laws to safeguard patients from provision of nursing care by inadequately trained individuals.

Before 1913, nurse training in Arkansas occurred in hospital-based settings across the state. However, there was no method to regulate the educational standards of these training settings, and there was not a mechanism in place for certification (licensure) or registration of these graduates. The pressure for state registration of nursing grew as other countries and states had already moved in this direction. Part of the momentum to establish nursing regulation was a result of the significant contribution nurses made to the war efforts during World War I.

In 1912, The Arkansas Graduate Nurses' Association was established. This group of nurses initiated legislation for registration of graduate nurses to ensure regulation of nursing practice was uniform. In 1913, the Arkansas Legislature

*continued on page 12*

took an initial step to ensure individuals who were rendering nursing care to its citizens were qualified in the discipline. The Legislative enactment established the Arkansas State Board of Nurse Examiners, whose responsibility was to protect the people of the state by maintaining the highest possible standards for professional nursing and to oversee the registration process of nurses. The purpose of registration (licensure) of nurses was to protect the public by ensuring that registered nurses had the qualifications deemed necessary to practice.

In 1913, the licensing examination was created by the members of the Arkansas State Board of Nurse Examiners. Each member submitted a set of questions from an assigned category including Gynecology, Anatomy, Surgery, Diet Cooking, Obstetrics, Care of Children,

Genitourinary, Urinary analysis, Hygiene and Contagion, and Physiology. A percent of 75 in each category was required of each applicant taking the examination. The oldest examination on file was administered in October 1913.

Early minutes of the Arkansas State Board of Nurse Examiners reveal they remained intimately involved with the review of educational and experiential standards of individuals who applied for registration as nurses. Applications were thoroughly reviewed for compliance before a certificate (licensure) was issued by waiver on the basis of previous experience or education. The first Arkansas certificate of registration (license) was approved to be issued to Miss Annie Bremeyer June 14, 1913; 115 applications were approved and certificates were issued. As of October 30,

1913, the Board approved and ordered certificates of registration issued to 287 nurses.

On June 13, 1913, Ms. Menia S. Tye of Fort Smith was appointed as chairman of the curriculum committee to draft a curriculum of study for the training schools of the state that would be recommended to the Board of Education. The first state training curriculum was approved October 30, 1913. With the establishment of a specific training curriculum, the Board began to face new challenges.

Over the years, the nursing industry has evolved; the history of generations molded. Throughout 2013, continue to reflect with me as we walk in the footsteps of Arkansas's nursing educational legacy.



*A Century of Nursing Leadership*  
The Arkansas State Board of Nursing

## REMEMBER WHEN

From our first "Newsletter" –  
October 1997

Insignia Reminder – "Any person licensed to practice nursing shall wear an insignia to identify himself by his name and appropriate legal title or abbreviation during times when such person is providing health care to the public for compensation," was added to the Rules and Regulations effective August 1, 1997

The logo for Arkansas Medical Staffing, LLC. It features a diamond-shaped emblem with a red cross in the center. The letters 'A', 'S', and 'M' are placed in the top-left, top-right, and bottom-center positions of the cross, respectively. The emblem is surrounded by a blue border with white stars. To the right of the emblem, the text "Arkansas Medical Staffing, LLC" is written in white on a red background, with the tagline "Caring Professionals by Your Side" below it. The phone number "501-224-1010" is displayed in white on a red background at the bottom right of the logo area.

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## REMEMBER WHEN

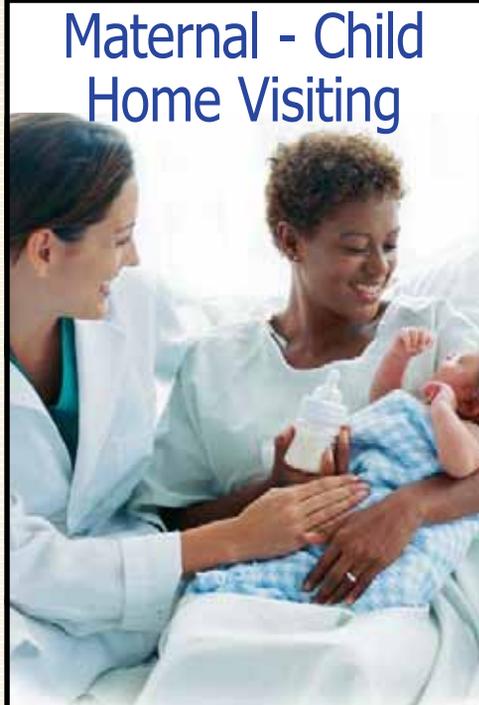
Excerpts from the Minutes of the May 6-7, 1924 meeting of the Arkansas State Board of Nurse Examiners (now Arkansas State Board of Nursing):

### A Century of Nursing Leadership

#### The Arkansas State Board of Nursing

The Arkansas State Board of Nurse Examiners met in the Senate Chamber of the Capitol May 6-7, 1924, for its annual meeting. Dr. Walter G. Eberle president presiding. The minutes of the last annual meeting were read and approved, the treasurers report was accepted. The questionable applications were taken up for consideration. Mrs. F. Miller who graduated from the Crossett hospital but who had spent 18 months in the Lake Village Hospital which is not accredited but she had been given that time was the first considered. Dr. Ogdon moved she be allowed to write and her certificate is held until she had spent 6 months in training died for the want of a second. Moved by Miss Riley, seconded by Sr. M. Edwards, the Secretary, be instructed to notify Mrs. Miller she cannot be allowed to write until she has spent one year and one month in training.

The Arkansas State Board of Nurse Examiners met in the



The Arkansas Department of Health's **Nurse-Family Partnership Program** seeks registered nurses to work at selected locations below, in an exciting new program targeting first-time moms.

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### How To Follow Up ?

- Web: [www.adhhomecare.org](http://www.adhhomecare.org) (under Nurse-Family Partnership);
- Phone: April Moore @ 501-661-2465;
- Email [April.Moore@Arkansas.gov](mailto:April.Moore@Arkansas.gov);
- Openings posted under "employment" at [www.healthy.arkansas.gov](http://www.healthy.arkansas.gov).



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# Nursing informatics: *A specialty on the rise*

Nurses who work in larger hospitals are probably familiar with the term “nursing informatics” — but even these nurses might have trouble describing what nursing informatics is all about. That will change quickly in the next few years as nursing informatics comes into its own as a highly valued professional specialty not just in hospitals, but in larger physician practices and even non-provider health-care-related companies.

Nursing informatics (NI) has been recognized as a specialty by the American Nurses Association since 1992. The ANA defines it as “a specialty that integrates nursing science, computer science, and information science to manage and communicate data, information, knowledge, and wisdom in nursing practice. NI supports consumers, patients, nurses, and other providers in their decision-making in all roles and settings. This support is accomplished through the use of information structures, information processes, and information technology.”

Nursing informatics is much more than simply being the “EHR nurse” for a hospital or clinic. It involves taking the nursing process, which has always been hands-on with the patient, and connecting it to the electronic process that

captures data. The idea is to re-engineer the patient care delivery workflow so documentation and data gathering are integrated and automatic. Informatics nurses also work with other clinical disciplines to coordinate important aspects of health care delivery that are in the spotlight, such as discharge planning and transitions of care.

Many more experienced nurses may dread the idea of having to document more of what they do in a computerized record, but that is undeniably the future of health care in the United States. Major programs like the Comprehensive Primary Care initiative, Patient-Centered Medical Homes, and the Arkansas Health Care Payment Improvement Initiative are all data-driven. Health care providers must be able to produce reports that measure outcomes in order to maximize reimbursements from insurance companies and government programs as well as payments from incentive programs. Some existing programs already include quality measures that nurses are judged on, such as hospital-acquired pressure ulcers.

Although the field of nursing informatics has been recognized for 20 years, until recently most nurses in informatics roles had little specialized academic-based

informatics training. This is changing. According to the Healthcare Information and Management Systems Society (HIMSS) Nursing Informatics Workforce Survey, in 2004, 41 percent of nurses in informatics positions reported having no training at all, but by 2011, that number had dropped to 5 percent. Today, 35 percent of informatics nurses have a master’s degree in nursing, and 24 percent have some other master’s degree. Another 4 percent have PhDs. About two-thirds also have at least 10 years of nursing experience.

Informatics nurses can take on many roles — in administration, consultation, professional development, and research and evaluation. About half of informatics nurses in the United States work in hospitals, according to the HIMSS survey. Another 20 percent work in health systems, and the rest are spread among academic institutions, vendors, consulting firms, government or military programs, physician clinics and other settings.

Not surprisingly, there is a shortage of nurses with adequate training to take on informatics roles — a shortage that will likely get worse as the role of informatics continues to expand both within the inpatient setting and in physician

clinics, long-term care facilities, home health agencies, and even the corporate world. The Institute of Medicine's "Future of Nursing" report has shined a spotlight on the need for nurses to further their educations throughout their careers, and informatics is both a practical and potentially financially rewarding area for nurses to seek further training.

Nursing bachelor's degree programs typically include some courses on informatics and health information technology, and there are also online certifications through several organizations, such as the American Nurses' Association Credentialing Center (board certification in nursing informatics), HIMSS (Certified Professional in Healthcare Information and Management Systems, or CPHIMS), Certified Professional in Health Information Technology (CPHIT) and Certified Professional in Electronic Health Records (CPEHR). No Arkansas universities offer graduate programs in nursing informatics, but a number of schools around the country offer online master's and doctoral degree programs.

So whether or not you're considering a career in nursing informatics, nurses should strongly consider including informatics training and coursework as you continue your education. This will enable nurses to be at the table as government leaders and policy makers shape the health care delivery system of the future.

*Rhelinda McFadden, RN, CPHIT, CPEHR, is a quality specialist for the Arkansas Foundation for Medical Care and a member of the HIMSS Nursing Informatics Committee.*

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## **POE TRAVEL**

# I RECEIVED A CONSENT AGREEMENT WHAT IS IT?

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

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

The Board has approved guidelines to offer a nurse an informal settlement known as a Consent Agreement. Board staff members offer a Consent Agreement to a nurse for violations of the *Nurse Practice Act and Rules*. If the nurse elects to enter into the agreement, the nurse will not have to appear for a formal hearing before the Board. However, the Board always reserves the right to modify or reject the Consent Agreement upon presentation for approval.

A Consent Agreement is essentially a contract between the Board of Nursing and the nurse. The Order has stipulations that are required. Stipulations may

include courses, random drug screening, performance evaluations, employment restrictions, and a civil penalty.

## DUE TO THE STIPULATIONS OF THE AGREEMENT, A NURSE MUST BE PHYSICALLY, EMOTIONALLY, AND FINANCIALLY ABLE TO COMPLY WITH THE STIPULATIONS OF THE CONSENT AGREEMENT'S ORDER.

To be *physically* able to meet the terms, a nurse must have the ability to contact the lab-monitoring program if ordered to do random drug screens. This involves a daily call to the designated lab-monitoring program. If selected to test, there is a two-hour window for the test. Does the nurse drive? Have a car available? Have phone or internet service to be able to contact the lab? Babysitting to allow the nurse to go to the drop off site?

If ordered to take courses, does the nurse have Internet access? Is the nurse able to use a computer? Can the nurse allot the time to take the course?

The nurse must also consider the *emotional* aspect of entering into a Consent Agreement. If the nurse has recently been in treatment for a substance-use disorder, does the nurse need a "time-out" of nursing to focus on understanding what has happened and how to develop coping skills? Does the nurse have employer or family support? If the nurse is required to attend meetings such as Alcoholics Anonymous, Narcotics Anonymous, or continue counseling

sessions, is the nurse emotionally able to commit?

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

The *financial* obligation is an important component of the commitment. There may be a civil penalty assessed against the nurse. The cost of any investigation is the nurse's responsibility as is any addiction evaluation prior to entering into the agreement. The cost of any counseling or drug screening is the nurse's responsibility after the nurse enters into and the Board accepts the Consent Agreement.

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

When facing discipline, the nurse has an option to voluntarily surrender licensure. Again, the nurse needs to examine whether he or she is PHYSICALLY, EMOTIONALLY, and FINANCIALLY able

to comply with the stipulations of the agreement's order. Nurses will place their licensure at risk because they think they can comply with the stipulations of the agreement.

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

Once a nurse enters into a Consent Agreement, it has to be approved (ratified) by the Board at a formal hearing. It's not necessary for the nurse to be present. Upon acceptance by the Board, the nurse's licensure is placed on probation or suspension. It takes approximately two weeks to process the information in the Consent Agreement. Included in this process is the notification by Board staff of discipline to national databanks. The ratified Consent Agreement is sent to the nurse via Certified Mail/Return Receipt. The nurse's file is now monitored to review compliance with the stipulations of the Order.

A nurse who voluntarily surrenders licensure has the opportunity to reinstate licensure later through a probation Consent Agreement. In the interim, a nurse who voluntarily surrenders licensure may focus on the behavior that led to discipline. If the behavior included a substance abuse disorder, the nurse has an opportunity to seek help and support from community resources. Nurses are people. People have problems. Problems may include coping skills, career burnout, or family issues.

A voluntary surrender is for a determined length of time. The nurse sending a written request for reinstatement to Board staff initiates the reinstatement process. A nurse who is out of nursing for

more than five years will not only seek reinstatement but also will be required to take a refresher course. Acceptable refresher courses are listed on [www.arsbn.org](http://www.arsbn.org).

There is an established process for reinstatement. Reinstatement is accomplished through a probation Consent Agreement. Prior to being offered the probation Consent Agreement, the nurse is required to submit information for review. The requested information may include the following:

- Personal Report. This report may require the nurse to list changes that have occurred in the nurse's personal life since the surrender of licensure. A Clean and Sober Date (if applicable) is asked for. The nurse must identify attendance at AA/NA or other support groups and include a letter from the nurse's sponsor or counselor. The nurse is asked to identify any criminal history and to attach ALL court records from ALL charges, arrests and convictions (felony as well as misdemeanor) including sealed, expunged and pardoned records;
- Employer(s). A listing of work history the nurse has had since the surrender of licensure may be requested includ-

ing employer references and current contact information. An employer reference is a letter written by the nurse's current or previous employer detailing the work duties, performance, dates of employment, etc.;

- Medical Records. A listing of all physicians, psychologists, psychiatrists and other licensed practitioners the nurse is currently seeing or has seen since the surrender of licensure may be requested. The nurse is also asked to list current prescription and non-prescription medications, the prescribing practitioner, and the reason for each medication;
- Criminal Background Check. Federal and State background checks may be required; and
- Treatment Program(s). If there has been inpatient or outpatient treatment, or drug court ordered treatment, we ask that treatment programs the nurse has participated in since the surrender of licensure be identified. There may be a request that a current Addiction/Psychological Evaluation be performed prior to reinstatement.

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

If there are any questions regarding Consent Agreements or the Reinstatement process, please contact Mary Trentham, attorney specialist at [mtrentham@arsbn.org](mailto:mtrentham@arsbn.org).

*Before entering into a Consent Agreement, the nurse needs to understand the commitment required to be successful in complying with the stipulations of the agreement.*



# ARE YOU SELECTING THE CORRECT “NURSING” CONTINUING EDUCATION ACTIVITIES FOR LICENSE RENEWAL?

A common misconception is that a nurse employed in a specific area of practice may participate in continuing education activities applicable to any area of practice. Wrong! A practicing nurse must complete continuing education activities that are practice-focused and appropriately accredited for nursing content by a national/state accreditation organization recognized by the Arkansas State Board of Nursing. An unemployed nurse does not have an area of practice and may seek study topics in a variety of subjects. However, if you plan to return to the workforce, it would be wise to select topics in the area in which you plan to work so you know the trends.

What is nursing continuing education? According to the American Nurses Association, continuing education is “systematic professional learning experiences designed to augment the knowledge, skills, and attitudes of nurses and therefore, enriches the nurses’ contributions to quality health care and their pursuit of professional career goals.”

Continuing education is designed to enhance the ever-changing practice areas in the nursing industry.

Don’t rely on training courses such as Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), The Arkansas Self Insurance Trust-Safety/ OSHA course or other frequently given classes as your only continuing education activities. While these activities are allowed for contact hour awards, many other continuing education opportunities are available to expand your skills.

Advancing your career with your continuing education and other regulations governing your practice needs to be a priority. Our website, [www.arsbn.org](http://www.arsbn.org), includes frequently asked questions and other continuing education information. You can access the resource page by clicking the continuing education option. Past and present issues of the *ASBN UPDATE* magazine are also available online and contain great articles that keep nurses aware of issues affecting our industry.





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**Experience:** A minimum of three (3) years experience in psychiatric nursing; MSN preferred. A minimum of one (1) year experience in Nursing Supervision/Management position. Previous experience with children and adolescents preferred.

**Licensure:** Currently licensed (Registered Nurse-RN) to practice by the State Board of Nursing. Must have a valid driver's license.

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# OUT-OF-STATE DOCTOR OF NURSING PRACTICE (DNP) PROGRAMS

## ***Which DNP programs are approved?***

### ***Are there any DNP programs in Arkansas?***

### ***Will the DNP degree be the entry-level requirement for APNs?***

#### ***Which ones are approved?***

The Arkansas State Board of Nursing (ASBN) approves and regulates licensed practical nurse and registered nurse programs, but not advanced practice nurse or DNP programs. This question comes up often since many RNs and APNs are choosing to advance their education by earning a DNP degree. Since Arkansas does not have any in-state DNP programs, nurses must go out of state to earn the degree.

DNP programs vary regarding the types of program tracks they offer as a part of the DNP curriculum. For example, some DNP programs offer courses to complete the requirements for an APN education which prepares them to sit for their certification exam. Other DNP programs offer tracks such as forensic nursing, public health nurse administrator, nurse educator, and executive nurse administrator.

Nurses should investigate the DNP program thoroughly before enrolling to guarantee the program meets the critical elements of a quality program—especially if they are seeking APN education via the DNP degree. The program should be nationally accredited, for example, by the Commission on Collegiate Nursing Education (CCNE) or The Higher Learning Commission. The program should include a minimum of 500 hours of clinical with a qualified preceptor and “the three Ps,” which include Advanced Pharmacology, Advanced Physical/Health Assessment, and Advanced Pathophysiology. Graduates of the

APN program should be eligible to sit for the certification exam with the certifying agency, for example, the American Nurses Credentialing Center (ANCC).

Although the ASBN does not approve APN (including DNP) programs, in order for students to complete the practicum component here in Arkansas, the program must have approval from the Arkansas Department of Higher Education (ADHE). Students can complete the didactic part of the program either online or attend an out-of-state university, but they cannot complete the practicum component in Arkansas if the program has not been approved by ADHE. You can find a list of approved programs at [www.adhe.edu](http://www.adhe.edu) (select the “Divisions” tab / Academic Affairs link / Non-Public & Out-of-State Institutions Certified to Offer Degree Programs link / Institutions Authorized to Operate in Arkansas link). Prospective students can contact the university hosting the program to ask about the status of their application for ADHE approval. Earning ADHE approval means the program has been reviewed using established criteria to protect Arkansas students from fraudulent or inferior programs.

#### ***Are there any DNP programs in Arkansas?***

Currently no, there are no DNP programs in Arkansas. However, four state universities have applied to ADHE to offer DNP programs including Arkansas State University-Jonesboro, University of Arkansas for Medical

Sciences-Little Rock, University of Arkansas-Fayetteville and University of Central Arkansas-Conway. Harding University also plans to offer a DNP program. These universities hope to have their DNP programs up and running within the next one to two years. This will give Arkansas RNs and APNs the choice to earn their DNP degree in Arkansas instead of seeking an out-of-state program.

#### ***Will the DNP degree be the entry-level requirement for APNs by 2015?***

No, the DNP degree is not what the ASBN requires for APN licensure and practice. The minimum educational requirement is completion of a graduate-level (master’s degree) advanced practice nursing education program.

In 2004, the American Association of Colleges of Nursing (AACN) member institutions voted to move APN preparation from the graduate level to the post-graduate level by 2015. This is only a recommendation and only each state’s board of nursing can determine the minimum educational requirements for entry-level into practice.

At this time, the ASBN is not considering moving in this direction. However, it is not to say that they won’t ever choose to move in this direction, especially since there is a national trend building in this direction. Many Arkansas RNs and APNs are choosing to go ahead and earn the DNP degree for professional and/or personal reasons, but there is no requirement to earn the DNP.

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

*Dunn, Catherine Elaine Steen Bell*  
L043287 (exp), Newport  
A.C.A. §17-87-309(a)(2),(a)(4)&(a)(6)  
Probation - 1 year

*Graham, Amie Leann Davis*  
L050071, Searcy  
A.C.A. §17-87-309(a)(2),(a)(4)&(a)(6)  
Probation - 2 years  
Civil Penalty - \$1,000.00

*Harwell, Julie Nicole Brown*  
R086872, L045635 (exp), Paragould  
A.C.A. §17-87-309(a)(4),(a)(6)&(a)(9)  
Probation - 3 years  
Civil Penalty - \$2,000.00

*Hayden, Breeanna Elizabeth*  
L047896, Monticello  
A.C.A. §17-87-309(a)(4)&(a)(6)  
Probation - 3 years  
Civil Penalty - \$1,500.00

*Jester, Tammy Lisa Jackson*  
L041279, Gurdon  
A.C.A. §17-87-309(a)(4)&(a)(6)  
Probation - 2 1/2 years  
Civil Penalty - \$2,500.00

*LeBoeuf, Marjorie Wood Golson*  
R026778, Little Rock  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$1,300.00

*Reddmann, Devin Ann Wisinger*  
R073373, Jonesboro  
A.C.A. §17-87-309(a)(4)&(a)(6)  
Probation - 3 years  
Civil Penalty - \$2,100.00

*Salazar, Chantel Lea Benson*  
L049085, Traskwood  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$500.00

*Whitright, Valerie Anina*  
L053560, Fayetteville  
A.C.A. §17-87-309(a)(2)&(a)(4)  
Probation - 1 year

*Wingenter, Jennifer Denise Franklin*  
R070416, L036091 (exp), Benton  
A.C.A. §17-87-309(a)(1),(a)(4)&(a)(6)  
Probation - 3 years  
Civil Penalty - \$2,000.00

## SUSPENSION

*Gray, Dianna Rae Little*  
L040566, Ozark  
A.C.A. §17-87-309(a)(1),(a)(2),(a)(4)&(a)(6)  
Suspension - 5 years  
Civil Penalty - \$3,112.50

*Jobb, Julie Ann Scott*  
R066287, Rogers  
Probation Noncompliance  
Suspension - 6 months followed by  
Probation - 3 years  
Civil Penalty - \$1,250.00 plus prev. bal.

*McFarlin, Larry Gene*  
L039729, Malvern  
A.C.A. §17-87-309(a)(4)&(a)(6)  
Suspension - 3 years  
Civil Penalty - \$1,500.00

*Moon, Leslie Morris*  
L041245 (exp), Greenville, TX  
A.C.A. §9-14-239  
October 5, 2012

*Rostollan, Amy Ruth Hodgson*  
R043437, Texarkana  
A.C.A. §17-87-309(a)(4)&(a)(6)  
Suspension - 2 years followed by  
Probation - 2 years  
Civil Penalty - \$2,563.00

*Stanfield, Tobi Louise Moore*  
L048407, Rogers  
A.C.A. §17-87-309(a)(4)&(a)(6)  
Suspension - 2 years followed by  
Probation - 2 years  
Civil Penalty - \$2,471.00

## SUMMARY SUSPENSION

*Dorvil, Faubert S.*  
R089704, Little Rock  
A.C.A. §17-87-309(a)(1)&(a)(6)  
October 10, 2012

## VOLUNTARY SURRENDER

*Callis, Brent Alan*  
L051684, Bentonville  
September 24, 2012

*Christiansen, Retha Joann*  
L035093, Rogers  
October 2, 2012

*Cornell, Karen Sue*  
R028840, Ludedale, MS  
October 3, 2012

*Howell, April Lynn Marble*  
L050544, Las Vegas, NV  
October 1, 2012

*Knight, Wendi Michelle*  
L047087, Springdale  
October 4, 2012

*Nichols, Penny Lynn*  
L043886, Texarkana  
October 10, 2012

*Tarkington, Melissa Sue*  
L044397, Jacksonville  
October 5, 2012

*Wilmoth, Beverlee Renee*  
L021830, Caraway  
October 4, 2012

## REINSTATEMENTS WITH PROBATION

*Jennings, Jessica Matosha Thomas*  
R070012 (exp), El Paso, TX  
Probation - 4 years  
September 18, 2012

## REINSTATEMENTS

*Gillette, Laurie Ann McDonald*  
R035362, Little Rock  
September 20, 2012

*Graham, Marie Antoinette Lewis*  
A003059, R054905, N. Little Rock  
PAC Reinstated  
October 10, 2012

*Pack, NaTia Shaunte Nelson Larry*  
L040657, Doddridge  
September 25, 2012  
Reprimand

*Anderson, Donna Miller*  
R072923, L043632 (exp), Jonesboro  
September 24, 2012

*Barnette, Norman Webster*  
R049409, Malvern  
September 24, 2012

*Brown, Amanda Elizabeth*  
L036708, Bono  
August 29, 2012

*Childress, Dorothy Mae*  
L049480, Batesville  
August 13, 2012

*Eubanks, Amanda Lea*  
A003096, R063442, White Hall  
October 9, 2012

*continued on page 28*



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# POSITION STATEMENT 00-1

## ADMINISTRATION OF MEDICATIONS AND/OR TREATMENTS

The Arkansas State Board of Nursing has determined that decisions regarding the administration of medications and/or treatments by the licensed nurse are governed by the Arkansas State Board of Nursing Scopes of Practice and Decision Making Model Position Statements.

### *Arkansas State Board of Nursing Rules:*

The term “unprofessional conduct” is defined as conduct which, in the opinion of the Board, is likely to deceive, defraud, or injure patients or the public, means any act, practice, or omission that fails to conform to the accepted standards of the nursing

profession and which results from conscious disregard for the health and welfare of the public and of the patient under the nurse’s care; and includes, but is not limited to, the conduct listed below:

- Failing to administer medications and/or treatments in a responsible manner
- Performing or attempting to perform nursing techniques and/or procedures in which the nurse is untrained by experience or education, and practicing without the required professional supervision

If the Board received a complaint regarding the administration of a medication and/or treatment, evidence would be collected regarding the nurse’s actions. The nurse who administered the medication and/or treatment, may be required to show that his/her actions were consistent with current acceptable practice and that they had had the appropriate training, experience and/or education. Evidence may include, but is not limited to, manufacturer’s literature, nursing journals, research articles, national organization position statements and standards of care and documentation of competency.

*Adopted: April 20,2000*

## Disciplinary Actions

## OCTOBER 2012 *Continued from page 27*

*Fitswater, Amber Lynn*  
L050269, Little Rock  
October 4, 2012

*Garr, Sharon Monett*  
R084348, Fort Smith  
October 4, 2012

*Hamlin, Reginald S.*  
L027899, St. Joe  
August 17, 2012

*King, Sonya Denise*  
R076673, Pearcy  
October 3, 2012

*Litchford, Virginia Ann Tiner Kemp*  
L052271, Texarkana  
August 14, 2012

*Miller, Anita Faye*  
L045376, Wynne  
August 17, 2012

*Nation, Mary Gail*  
R049469, Fayetteville  
October 3, 2012

*Patterson, Kimberly Dawn*  
L047398, Bentonville  
August 13, 2012

*Phillips, Lawanda Faye*  
L039566, Spiro, OK  
October 3, 2012

*Smith, Suzanne Sawyer*  
R081366, Conway  
August 13, 2012

*Warren, Rexanna*  
L041859, Bee Branch  
August 17, 2012

**REVOCAION**  
*Hatfield, Karla Gail Parker*  
L024825, Van Buren  
A.C.A.§17-87-309(a)(2)  
October 10, 2012

*Howard, Brandy Ann Wilkerson*  
L047508, Cherokee Village  
A.C.A.§17-87-309(a)(2),(a)(4)&(a)  
(6)  
October 11, 2012

*Obigbo, Winnie Ebele*  
R084536, L049266, Little Rock  
A.C.A.§17-87-309(a)(1)&(a)(6)  
October 10, 2012

*Parrott, Martin Alexander*  
R049196, Los Angeles, CA  
A.C.A.§17-87-309(a)(2)  
October 10, 2012

### **PROBATIONARY STATUS REMOVED**

*Beard, Leah Beth*  
R077687, Little Rock  
September 21, 2012

*Bennett, Nancy Elaine Alsup*  
R044774, L022251 (exp), Harrison  
September 21, 2012

*Douglas, Angela Marie*  
R079283, Stuttgart  
September 21, 2012

*Jackson, Sarah B.*  
L049301, Harrisburg  
September 21, 2012

*Kelley, Devon Lea Elam Smith*  
L052166, Benton  
September 21, 2012

*Light, Moncherri Lynn Taylor*  
L040666, Monticello  
September 21, 2012

*McQuay, Amanda Lee Gamblin*  
R082224, Brookland  
September 21, 2012

*Rowland, Josh John*  
R089584, Little Rock  
September 21, 2012

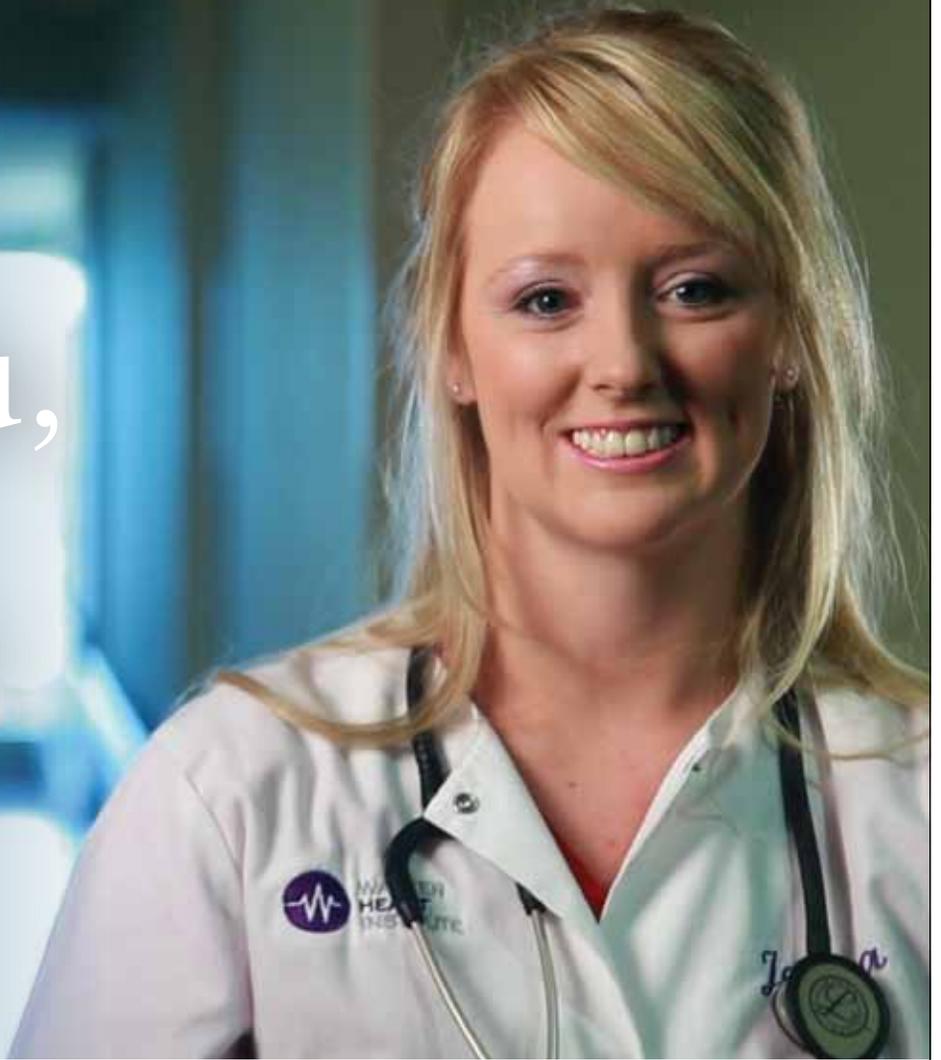
*Young, Mildred Speed*  
R037342, L016693 (exp), Maumelle  
September 21, 2012

### **WAIVER DENIED**

*Welch, Stephanie Ann Dupree*  
RN Applicant, Little Rock  
October 11, 2012

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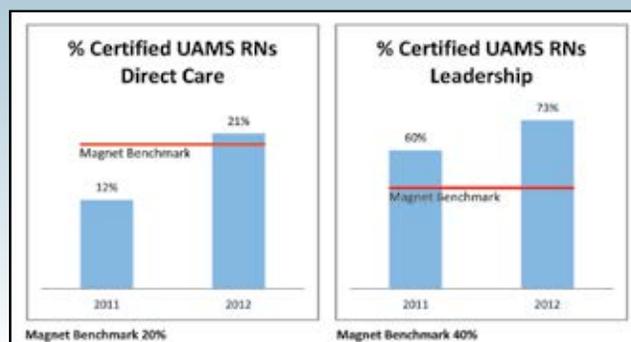
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- Expedited process for reimbursement of examination fee
- Addition of a clinical ladder level recognizing certified nurses (RNIII-C)
- New badges provided to certified RNs that prominently display - "RN Nationally Certified"
- Staff Education webpage dedicated solely to certification resources
- Increased number and type of on-site certification review courses
- Increased number of CE activities to help maintain certification
- Enhanced recognition of certified nurses at the organizational, departmental and unit levels

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