



ASBN *Update*

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June 2013 Volume 17 Number 3

2013 Nursing *Compassion* AWARD



2013 Outstanding NURSE *Educator* AWARD

Congratulations

1913



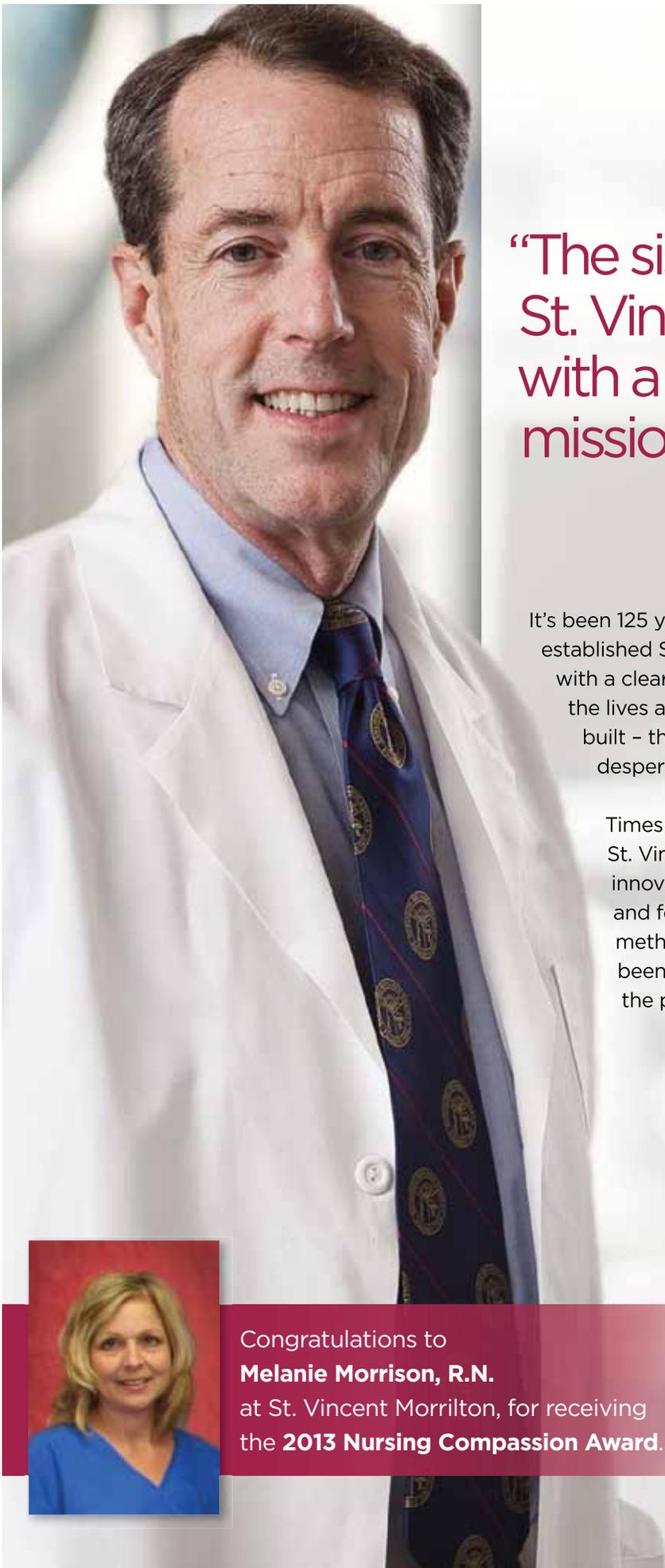
2013

2013 Nursing Compassion Award Winner

Melanie Morrison RN St. Vincent Morrilton

2013 Outstanding Nurse Educator Award Winner

Linda Castaldi MNSc, RN National Park Community College



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– Ted Saer, M.D.

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Congratulations to
Melanie Morrison, R.N.
at St. Vincent Morrilton, for receiving
the **2013 Nursing Compassion Award.**



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Arkansas State Board of Nursing
University Tower Building
1123 S. University, Suite 800
Little Rock, Arkansas 72204
Telephone: 501.686.2700
Fax: 501.686.2714
www.arsbn.org

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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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2013 Legislative Update



The 89th General Assembly convened Monday, January 14, 2013, and adjourned Tuesday, April 23, 2013. This year's session was 100 days and is the longest running session since the Great Depression. There were many important issues to decide such as abortion, gun control, health care reform and the state's \$4.9 billion budget for the upcoming year. Health care bills that affect nursing issues are important for nurses to be aware of. Following legislation couldn't be easier. Go to link, <http://www.arkleg.state.ar.us/assembly/2013/2013R/Pages/Home.aspx> and you will find a wealth of information.

There were a number of bills this legislative session that were of interest to nursing. Several passed and others were unsuccessful. The main bills of interest were:

- SB 6 requires nursing programs to notify applicants, in writing, of the convictions that can disqualify an individual from holding an Arkansas nursing license (ACA 17-87-312). This passed and is now Act 302. The Board of Nursing will be conducting a feasibility study to look at requiring criminal records check of applicants to a nursing program.
- SB 7 provided for expediting the issuance of temporary licenses and/or certifications for spouses of active duty military service members stationed in Arkansas. This passed and is now Act 8.
- SB 161 provides for title changes for the advanced practice nurses in Arkansas and the composition of the Prescriptive Authority Advisory Committee. This passed and is now Act 604. See Jill Hasley's article in this issue for a complete description.
- SB 228 provided for school personnel (non-nurses) to be trained in the administration of insulin to school children. This bill failed in committee due to the diligent work by the school nurses in Arkansas. This type of bill has passed in other states.
- SB 361 opened up the administration of glucagon to all school children instead of limiting it to children with Type 1 diabetes. This passed and is Act 1232.
- SB 968 allows the Medical Board to regulate physicians who dispense legend drugs. This bill is Act 1169.
- SB 1013 is now Act 1264 and protects patients' right

to make their own health care decisions, promotes advanced directives and provides legal protection for patients' rights.

- SB 1171 allows practitioners to prescribe Schedule II medications in the following formats: written, oral, faxed or electronic. This bill passed and is now Act 1331.
- SB 173 allows the administration of epinephrine by school personnel to a student believed to be having a life-threatening anaphylactic reaction. This bill is now Act 1437.
- HB 1411 creates a Public School Health Services Advisory Committee with the purpose of protecting the health and well-being of students in public schools by ensuring adequate and appropriate health care workers are on site to attend to students' needs. This passed and is now Act 414.
- HB 1473 and HB 2261 required all health care providers to notify a patient who the individual is who is providing their care. This required name badges with credentials, as well as signage for the primary care providers. Nurses have been required to wear name badges for years so this was nothing new for our profession. However there was opposition and these bills never made it out of committee.

You may find legislation boring and something you don't think you need to care about. However, there are many bills proposed and passed that change your life-- personally and professionally. The school nurses showed us this year how becoming involved in a bill could make a difference in the outcome. It can be time consuming to stay on top of everything during a busy legislative session, but that is where involvement in your professional organizations can be of great benefit to you. As always, be a part of the solution, not the problem.



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NURSES EAT THEIR YOUNG

"Go get me a seasoned nurse." I first heard the phrase while in nursing school in the local hospital. As I have progressed through my nursing career, I have heard it many times. Not only do "seasoned" nurses do this, physicians do this as well. In my early 30s, fresh out of nursing school, I was assisting a physician and apparently I was not performing to his satisfaction. He yelled at me to "go get me a seasoned nurse." Even though I am very strong willed and his words hurt, I did what he told me and found another nurse.

Two years later, I found myself assisting the same physician with the exact same procedure. Needless to say, he did not remember the incident, but I did. I looked him in the eyes and asked him if he thought I was seasoned enough yet. At that point, I knew he remembered me. The next day, I received an apology through flowers sent to the unit.

I was fortunate to have a wonderful preceptor, an Englishman. He was very patient with me and spent countless hours teaching me everything he knew. He did get frustrated with me, but I had the sense to know not to take it personal. I remember one incident when he was teaching me to use the IV pump and tubing. Following the steps he taught me, I turned the pump on, and it immediately started beeping. He patiently watched me try to problem solve the situation, and I still could not find the source of why it was beeping. Not saying a word, he reached over to the patient and unclamped the heparin lock. He must have noticed my expression showed I felt very

incompetent. His words to me were, "If a seasoned nurse ever tells you this has never happened to them, that person is lying." My confidence was back again. This is the type of nurse everyone needs as a preceptor. I always try to teach new nurses and nursing students everything I know about nursing because one day that person might be my nurse, and I want that nurse to know what to do to keep me alive. As seasoned nurses, if we teach what we know to new nurses, they in turn will follow that path.

I manage a large Orthopedic and Urology unit at my facility. I work with students, new nurses and, of course, seasoned nurses. While I occasionally hear about unpleasant experiences with experienced nurses, I can only vouch for my unit. I have witnessed seasoned nurses stop what they are doing to help the new nurse safely take care of their patient. This is how caring, nurturing and supportive all seasoned nurses need to be. I have had countless nursing students tell me how my staff nurses have taken them under their wing, showed them how to effectively care for their patients and even help improve problem solving skills. I am not stating that our unit is perfect, but we all work as a team. Yes, we get stressed and a little snippy at times, but at the end of the day, we try to tell everyone we are sorry if we were short with anyone and it is forgotten. The nurses who are going the extra mile do not boast about helping a student or new nurse, and the reason for this is most of the nurses are mentoring and supporting the next generation--this is the professional nurse.

Board Business

2013 BOARD DATES

July 10 Hearings

July 11 Hearings

September 11 Hearings

September 12 Business Meeting

October 9 Hearings

October 10 Hearings

November 6

CE Workshop – 2013: Celebrating 100 Years of Nursing, University of Arkansas at Monticello, Fine Arts Center Auditorium, Monticello

November 13 Hearings

November 14 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

July 25 Centennial Celebration, St. Bernard's Regional Medical Center, Jonesboro, 2 – 4 p.m.

August 6 Centennial Celebration, St. Michael Health System, Texarkana, 2 – 4 p.m.

September 26 Centennial Celebration, Northwest Health- Springdale (time and place TBA)

October 16 Centennial Celebration, White County Medical Center, Searcy, 2 – 4 p.m.

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President Karen Holcomb presided over the business meeting held on May 9. Highlights of Board actions are as follows:

- Granted Continued Full Approval to:
 - Baptist Health School of Nursing Diploma Nursing Program until the year 2017.
 - University of Arkansas Community College - Morrilton Practical Nurse Program until the year 2018
 - University of Arkansas - Fayetteville Baccalaureate Degree in Nursing Program until the year 2018.
- Approved the National Park Community College Practical Nurse Program Curriculum revisions to be implemented with the next admitting class.
- Approved the University of Arkansas Community College - Batesville Practical Nurse Program Curriculum revisions to be

implemented with the next admitting class.

- Approved the Arkansas State University- Newport Practical Nurse Program Curriculum revisions to be implemented with the August 2014 admission class and eliminate the pre-requisite courses, for seats available, starting with the Fall 2013 class.
- Granted initial approval to the Ozarka College - Mammoth Spring Practical Nurse Program.
- Approved the increase in admission of students for the Arkansas Rural Nursing Education Consortium Associate Degree in nursing program at Ozarka College at Melbourne and the University of Arkansas Community College at Morrilton up to 48 students.
- Retired the Guideline on Complimentary/Alternative Therapies (CAM). Position Statement 98-6: The Decision Making Model should be reviewed by practitioners who are considering practice in CAM.

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ARKANSAS STATE BOARD OF NURSING

1123 South University Ave.
Suite 800
Little Rock, AR 72204
Office Hours: Mon - Fri
8:00-12:00; 1:00-4:30
Phone: 501.686.2700
Fax: 501.686.2714
www.arsbn.org

All staff members may be reached via e-mail by using first initial and last name@arsbn.org

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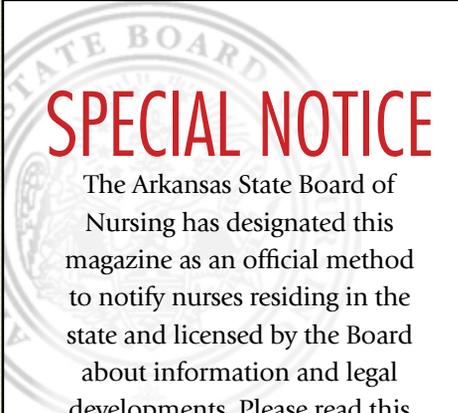
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SPECIAL NOTICE

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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Celebrating 100 Years



A Century of Nursing Leadership
The Arkansas State Board of Nursing



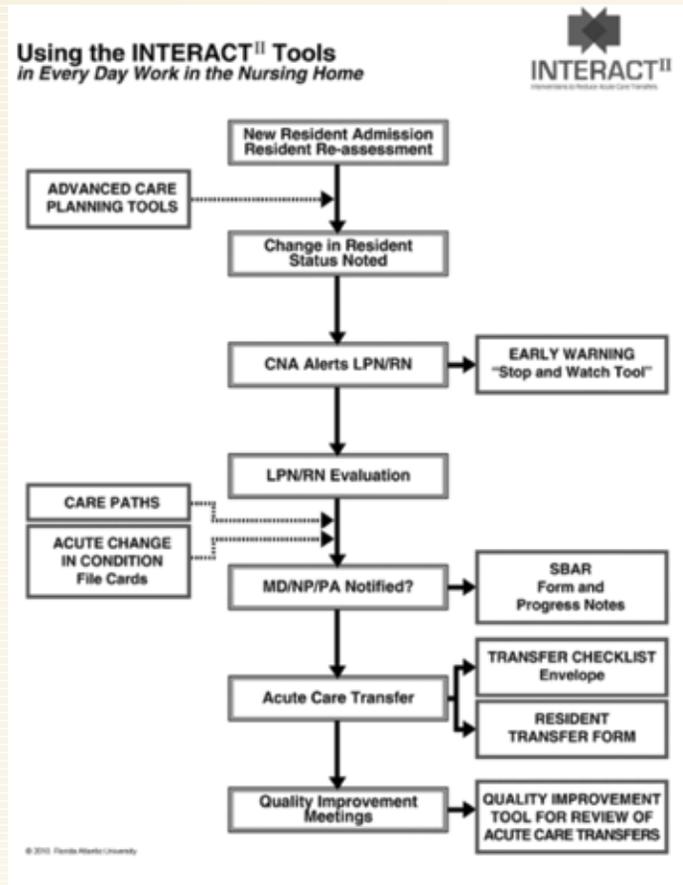
**Centennial
Celebration, Baxter
Regional Medical
Center, Mountain
Home, April 30, 2013**

REDUCING AVOIDABLE HOSPITALIZATIONS AMONG NURSING HOME RESIDENTS: 'INTERACT' with your staff

The need to reduce avoidable hospitalizations and subsequent readmissions is prevalent among multiple health care settings. However, the urgency is especially great within the field of long-term care. A recent analysis found nearly one in four residents admitted to post-acute care skilled nursing facilities were re-hospitalized within 30 days.¹ The literature suggests as many as 67 percent of nursing home resident hospitalizations may have been either preventable, futile, or directly related to diagnoses that could be treated outside the hospital. The cost of these avoidable admissions has been estimated as high as \$4 billion annually.^{2,3} Hospitalization of nursing home residents can harm residents both mentally and physically, and can cause emotional stress for caregivers. Avoidable admissions also put residents at risk for iatrogenic adverse events and medical errors.

Health care professionals practicing in skilled nursing facilities are searching for strategies to improve care quality and reduce preventable hospitalizations for their residents. Quality-assurance and performance-improvement (QAPI) program requirements, sanctioned under the Patient Protection and Affordable Care Act, have provided a catalyst for nursing homes to adopt and implement best practice models. Emerging initiatives are focused on improving access to diagnostic services, developing protocols for intravenous fluid administration, advance care planning, and safely and effectively managing acute changes in a resident's clinical condition. Nursing homes are revisiting their policies and procedures for handling resident status changes, with an emphasis on early identification and assessment, and appropriate access to health care professionals with expertise in geriatric medicine. Therefore, investments are being made in nursing home staff, infrastructure and implementation of evidence-based programs to improve care quality and coordination.

One such program, the Intervention to Reduce Acute Care Transfers (INTERACT), has demonstrated reductions in hospital admissions for nursing home residents. A six-month implementation in 2009 resulted in a 17 percent reduction in self-reported hospitalizations among the 25 participating nursing homes, with a higher reduction of 24 percent seen among the nursing homes rated as engaged in the initiative.⁴ The six-month implementation cost was approximately \$7,700 per nursing home, while the projected cost savings to the Medicare program was estimated at \$125,000 annually per 100-bed nursing home. Limitations of this project included issues with hospitalization rate data and implementation of the program. However, the positive trends in hospitalization reduction demonstrate the efficacy of



INTERACT and warrant further investigation in individual nursing homes.

The program was initially developed by the Georgia Medical Care Foundation, the Medicare Quality Improvement Organization for Georgia, under contract with CMS, and was designed to improve the identification, evaluation and communication of resident status changes. The INTERACT program is a compilation of tools, resources and care paths that can be used by nursing home clinicians and staff to reduce unnecessary hospital transfers. A program algorithm (Figure 1) demonstrates appropriate usage of the various INTERACT components. The tools fall into four categories: communication, care paths, advance care planning, and quality improvement. The communication tools include resources for early identification of resident status changes by certified nursing assistants, accompanied by file cards for licensed nursing staff to document critical vital signs and laboratory results once condition changes are recognized. There is also a Situation-Background-Assessment-Recommendation (SBAR)

progress note template that, when properly completed, can facilitate accurate and timely communication of status changes to physicians, nurse practitioners, or physician assistants. The INTERACT program employs care path posters to guide the evaluation of symptoms for mental status changes, fever, lower respiratory infection, congestive heart failure, urinary tract infection and dehydration. These posters can also be used as guidelines for internal policy and protocol development, leading to better standardization of processes and improved condition management. INTERACT also has a set of advance care planning tools, including guidelines on appropriate communication of these plans to residents and caregivers. The quality improvement tools are designed to facilitate acute care transfer chart reviews and to assist nursing homes with development of process and outcome measures.

Payment improvement initiatives and QAPI program requirements have solidified the need for nursing homes to improve their quality of care. Implementation of the INTERACT program can assist nursing homes in meeting the new standards, while simultaneously improving care quality, coordination, and resident health outcomes.

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The Employment EXPERTS

Teresa Waters
teresa-waters@sbcglobal.net

Shannon Steed
shannon.steed@att.net

1429 Merrill Drive, Ste. 2A
Little Rock, Arkansas 72211
Phone: 501-225-3238
Fax: 501-246-8001

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ADVANCED PRACTICE NURSES (APNS): UPDATE ON CHANGES TO THE NURSE PRACTICE ACT & CHAPTER 4 RULES

In an effort to align with the National Council of State Boards of Nursing APRN Consensus Model, the Arkansas State Board of Nursing (ASBN) initiated legislative updates to the *Nurse Practice Act* and Chapter 4 Rules.

The changes (listed below) to the Chapter 4 Rules have been through the necessary legislative committees and became effective January 1, 2013. A brief summation of the major changes made to the Chapter 4 Rules (specific to APN licensure, practice, and prescriptive authority) include:

- All four APN roles (ANP, CRNA, CNM, CNS) require successful completion of a nationally accredited graduate or post-graduate APN program. This is not a new requirement, but rather "clean-up" language.
- Endorsement applicants and individuals who are applying for reinstatement (of their APN license) who have been out of practice for more than two (2) years must provide evidence of completion of an APN nursing refresher course (approved by the ASBN) or an extensive orientation that shall include a minimum of 200 hours of a supervised clinical component with a qualified preceptor.
- The ASBN will notify the appropriate certifying agency when an APN has disciplinary action taken on their license or privilege to practice.

- Regarding termination of a Collaborative Practice Agreement, the APN shall notify the ASBN in writing within seven (7) days following termination of the agreement.
- The format for prescriptions was updated to include requirements for written and electronic prescribing. All prescriptions shall contain the name of the patient, the APN's name, title, address, phone number, and signature

with "APN," in addition to the prescription information contained in Chapter 4, Section VIII, D. (medication, dosage, directions, etc.). When prescribing controlled substances, the APN's DEA registration number shall continue to be required.

- A section was added (Section IX) to the Chapter 4 Rules for "Prescribing Guidelines for Anorexi-ant Drugs." Due to this drug

continued on page 14

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class being a high-abuse class, the ASBN needed more regulation on how these drugs are prescribed. The guidelines do not place greater restriction on an APN's ability to prescribe from this drug class (guidelines do not exceed the drug manufacturer's guidelines). This section is lengthy and provides detailed guidelines on the patient's BMI, parameters for how long clients can be prescribed these medications, and necessary assessments at each office visit.

Updates to the Nurse Practice Act (regarding APN titles and Prescriptive Authority Committee) were included in Senate Bill 161 (now Act 604), which successfully passed through the 2013 legislative session. The updates will become effective pending the official close of the legislative session, which is expected sometime in August. The major updates include:

- The title of Advanced Practice Nurse (APN) will change to Advanced Practice Registered Nurse (APRN).
- One of the four APN roles will also have a title change. The title of Advanced Nurse Practitioner (ANP) will change to Certified Nurse Practitioner (CNP).
- The Prescriptive Authority Advisory Committee will gain an additional APN member that is not required to hold Prescriptive Authority. This will allow APNs such as CRNAs and APN-licensed nurse educators to be on the committee.

To read the entire SB161/Act 604, visit the Arkansas State Legislature website (89th General Assembly) and search for SB 161 at: <http://www.arkleg.state.ar.us/assembly/2013/2013R/Pages/Home.aspx>. APNs should continue to check the ASBN Update, ASBN website (www.arsbn.org), Facebook, and Twitter to monitor for announcements regarding the exact effective date for these changes to the Nurse Practice Act.

Congratulations

NURSE EDUCATOR of the YEAR

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Linda Castaldi, MNSc
NPCC Nursing Division Chair



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COMPASSIONATE NURSE AND NURSE EDUCATOR OF 2013 WINNERS ANNOUNCED

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Saturday, June 8th was a beautiful, warm, sunny day at Wildwood Park deep in the woods just west of Little Rock. In that beautiful setting almost five hundred nurses, educators, guests and facility executives gathered to celebrate the Third Annual Compassionate Nurse Awards and the Second Annual Nurse Educator Awards held in the theatre at Wildwood. After a sumptuous Greek food buffet the event began with a celebration of the Arkansas State Board of Nursing's 100th Anniversary. First up was a stirring Presentation of Flags by the United States Army Color Guard followed by the National Anthem sung by Alyse Eady, 2012 Miss Arkansas and co-anchor of the THV 11 Morning show.

Attendees were then welcomed to the festivities by Jill Hasley, the ASBN Program Coordinator. Introductions and announcements were then presented by ASBN Board President Karen Holcomb. Comments by Faith Fields, former Executive Director of the Board, led into an engaging history of the first hundred years of the Board presented by Sue Tedford, current Executive Director. Doris Scroggin, ASBN treasurer, then presented "Memoirs of a Seasoned Nurse."

Sue Tedford then announced Tina Oates as the winner of the Video contest sponsored by the Board. After a few words

from Gail Bengal, Fiscal Support Specialist with the Board, the podium was turned over to Publishing Concepts, Inc. Al and Virginia Robertson, the CEO and Publisher of the ASBN Update and originators of the two Awards that were presented, introduced the nominees and the individuals who submitted them gave heartfelt and moving reasons for those nominations. Nominees for the awards were welcomed and asked to make their way to the stage before the winner was announced in both the 2013 Compassionate Nurse Award and the 2013 Nurse Educator Award. The 2013 Compassionate Nurse is Melanie Morrison of St Vincent (Morrilton). Linda Castaldi of National Park Community College in Hot Springs was introduced as the winner of the 2013 Nurse Educator award. Their individual stories can be found in this issue of the magazine.

Publishing Concepts, Inc. also announced the Sonia Green Memorial Scholarship and their funding of the scholarship. In closing, PCI presented checks to the Arkansas State Board of Nursing, the Arkansas Registered Nurse association, Arkansas for Nursing and the Arkansas Student Nurse Association.

Next year's Awards ceremony will be held on June 7th. Make plans now to attend this event honoring some of Arkansas' most deserving nurses and nurse educators.

Outstanding ²⁰¹³ NURSE Educator AWARD

Nursing ²⁰¹³ Compassion AWARD

INCIVILITY IN NURSING EDUCATION



The concept of incivility in nursing education is not new. However, it has generated much discussion at national conferences, faculty meetings and in the press. What is most disturbing to nurse educators is the frequency of incivility being witnessed in daily encounters by faculty who teach students in the classroom, in clinical settings and online. If these behaviors are not addressed during the education process, they can easily transcend to health care environments.

Incivility is an umbrella term used to describe specific rude or demeaning comments or behaviors. Incivility in nursing education can be identified as student-to-faculty, faculty-to-student, or even faculty-to-faculty. An integrated review of the literature from the last five years, which included nursing faculty and students from programs conferring associate to doctoral degrees, identified common uncivil behaviors from students: arriving late to class, conducting side conversations during class, dominating class discussions, yelling at professors, threats of harm, physical harm, and threatening to give poor course evaluations. Faculty behaviors most often considered uncivil by students were belittling or taunting students, being distant or cold, and being unavailable to help when needed. It is no wonder nursing education is now being defined by a culture of incivility.

Uncivil behaviors can have many negative effects on both students and faculty. Victims of incivility may experience symptoms such as stress, anxiety, exhaustion, sleeplessness, depression, anger and embarrassment. One study found a strong correlation between incivility and a student's overall satisfaction with his or her nursing program. Incivility correlates strongly with program dissatisfaction ($p = .001$). As the amount of inci-

vilility increases, a student's overall satisfaction with the program decreases (Marchiondo, Marchiondo, & Lasiter, 2010). Some students eventually leave their nursing program for another program; and some students ultimately decide not to enter the nursing profession.

Faculty can also be deeply impacted by student acts of incivility. In another study, 36 critical incidents were described by faculty ranging in severity from mild to highly aggressive. Results of these encounters included physical and emotional reactions, loss of self-esteem, loss of confidence in teaching abilities, loss of productivity and significant time and money expenditures (Luparell, 2007).

As demonstrated by past and current research, incivility can have a significant negative impact on the overall nursing education process. Disruptions to the classroom environment impede learning in a profession where a strong knowledge base is the single most important tool a nurse can bring to the bedside. At a time when there is a crippling shortage of not only nurses, but nursing faculty as well, this is a problem that needs to be addressed through education, policy development, and administrative support for both students and faculty.

We need further research to discover how incivility is perceived, what initiates uncivil behaviors and what students, faculty, and administration can do to prevent and resolve this growing problem. Academic nurse leaders are challenged to support role modeling, initiate conversations, organize forums to discuss concerns, offer counseling, coaching and mentoring to both students and faculty. Good communication was identified as a key skill for faculty, along with knowledge and practice in offering constructive feedback (Clark & Springer, 2010).

While our literature review was not focused on faculty-to-faculty incivility, as nurse faculty, we are aware that it does occur, and there is a growing base of research that validates this problem as well. The problem is not isolated; it occurs in all schools, all departments, and among all faculty. Incivility is a direct violation of the ANA Code of Ethics (ANA, 2001, p. 9), which states that "the nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual. . . ." These principles of respect extend to all encounters, including colleagues. Nurse leaders need to create a safe environment so nurses are not fear-

ful when sharing concerns or reporting incidents. Nurse leaders also need to promote constructive and open feedback so nurses learn how to demonstrate respect and common courtesy.

Barriers that might prevent faculty and academic nurse leaders from addressing this issue are fear of retaliation, fear of liability, fear of losing their jobs, and fear of criticism. Securing the support of academic nurse leaders and institution administrators can facilitate progress in removing these perceived barriers. Removing the culture of blame, fostering communication, and establishing clear, confidential, non-punitive policies for reporting, along with remediation, sanctions and rewards, can promote a much needed cultural change in both faculty and students.

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Author: Karen Davis, MSN, RN, CNE - Assistant Professor, College of Nursing, UAMS

Co-Researchers - Lepaine McHenry, MN, RN – Assistant Director, Eleanor Mann School of Nursing, U of A

Veneine Cuningkin, MSN/ED – Nursing Education Supervisor, Arkansas State Hospital



Congratulations to the 2013 award recipients of the Excellence in Nursing Awards at Arkansas Children's Hospital. Your commitment to excellence in nursing is an inspiration to all of us.

SPIRIT OF ACH

Sydney Harrell, BSN RN

APN OF THE YEAR

Sharon Stevenson, DNP, APN

LPN OF THE YEAR

Susanne Nellis, LPN

EXCELLENCE IN RESEARCH

Susan Brown, BSN, RN

CLINICAL RN OF THE YEAR

Thad Carter, BSN, RN

Carol Cross, RN

Nancy Halbert, BSN, RN

Nancy Marks, BSN, RN

Sharon Tunstall, BSN, RN

EDUCATOR OF THE YEAR

Janise Sanders, BSN, RN

LEADER OF THE YEAR

Carrie Lee, MSN, RN

EXCELLENCE IN TEAMWORK

Burn Center Team

FRIEND OF NURSING

Kathy Scoggins, OT



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TALKING POINTS PERTAINING TO THE 2013 NCLEX-RN® PASSING STANDARD

NATIONAL COUNCIL OF STATE BOARDS OF NURSING

Every three years, the National Council of State Boards of Nursing (NCSBN®) conducts a practice analysis for entry-level registered nurse (RN) licensure. Based on the results of the practice analysis, NCSBN makes appropriate changes to the National Council Licensure Examination for RNs (NCLEX-RN®) and establishes a passing standard based on the new test plan. The passing standard represents minimum assessed competency for safe and effective entry level practice. These steps are necessary to help ensure that the NCLEX-RN® Examination continues to reflect current nursing practice and that nurses who pass the NCLEX-RN® Examination will continue to meet minimal levels of nursing competence.

1. What is the new passing standard?

- The passing standard was revised from the current -0.16 logits to 0.00 logit beginning April 1, 2013, with the implementation of the 2013® NCLEX-RN Test Plan.
- The passing standard of 0.00 logit will be in effect from April 1, 2013 to March 31, 2016.

2. How does standard setting on the NCLEX® relate to public protection?

- NCSBN's mission is to promote regulatory excellence for patient safety and public protection. It is responsible for developing a licensure examination that reliably and validly assesses the minimal competency required to practice entry-level nursing safely and effectively. An appropriate and criterion-referenced passing standard is an important component of a psychometri-

cally sound examination; it ensures that candidates who pass the NCLEX® possess the necessary nursing knowledge for entry-level practice.

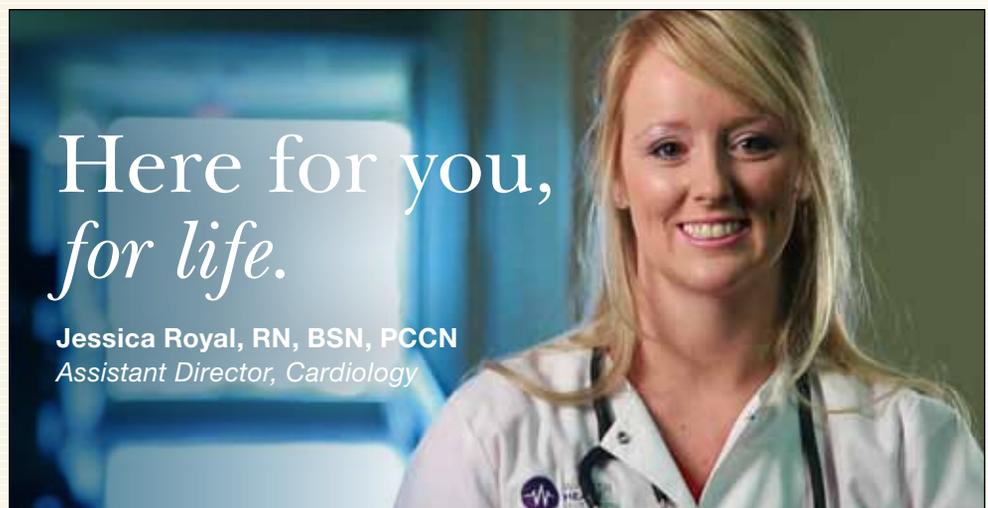
3. How was the new passing standard decided?

- The NCSBN Board of Directors (BOD) considered the recommendation from an expert standard-setting panel, a variety of historical NCLEX performance data, as well as results from annual surveys to nursing employers and educators. An expert panel of 12 nurses representing all four NCSBN membership geographic areas, with a range

of practice settings and levels of experience, took part in a three-day criterion-referenced standard setting workshop in September 2012. After considering entry-level RN practice requirements and reviewing a large number of operational NCLEX-RN items, members of this expert panel agreed that the passing standard should be raised in 2013 to meet the increasing demands on entry-level RNs.

- Additional information on the NCLEX standard-setting process is available online at https://www.ncsbn.org/Setting_the_NCLEX_Passing_Standard.pdf.

continued on page 20



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Jessica Royal, RN, BSN, PCCN
Assistant Director, Cardiology

"I started here as a staff nurse, moved into the role of a charge nurse, then became a preceptor to train and mentor new nurses, then shortly after that I was promoted to Assistant Director of Cardiology. Washington Regional has some of the areas best physicians and nurses, and I love that the hospital is committed to community service." – Jessica

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RN: WEO: 7a-7p, 7p-7a, M-F 7a-3p: The Staff Nurse (R.N.) is a registered professional nurse who prescribes, coordinates, and evaluates patient care through collaborative efforts with health team members in accordance with the nursing process and the standards of care and practices. Requirements Education: Graduate from an accredited program of professional nursing required Bachelor's Degree preferred.

MHT: Mental Health Technician (MHT) Pool Position: The Mental Health Technician is responsible for planning and implementing activity services for assigned program, which involves implementing treatment goals as a member of the interdisciplinary treatment team and providing continuous patient care, observation, interaction, and role modeling to patients under the direction of an RN. Requirements Education: Bachelor's degree or High School diploma plus 2 years direct patient care experience in a psychiatric facility required.



Arkansas Democrat-Gazette,
January 2013

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4. How does the revised passing standard match up with current entry-level RN® practice?

- There is an increasing demand for entry-level nurses to advance the health of the nation and address the needs of today's ill and aging population. The increase in patient acuity and nursing responsibilities impacts entry-level nursing practice, placing greater demand on current entry-level nurses in comparison to their cohorts in the past. Considered in conjunction with other available evidence, the NCSBN BOD established a more stringent NCLEX-RN passing standard to ensure that the exam continues to reliably and validly assess the candidate's ability to perform entry-level nurse practice.
- Below are a few examples that illustrate the change in entry-level nursing practice.
 - Perceived increase in patient acuity; Decrease length of stay (LOS) in acute care facilities; increase LOS in homecare and community settings;
 - Decline in LOS may indicate that more patients are being discharged before their conditions have fully stabilized;
 - Increase in community admissions to homecare and long-term care facilities within the first week of being discharged from the hospital. Patients who are discharged home from acute care settings may still require additional care;
 - Increase in care in homecare/ community settings; Decrease in nursing care delivered in acute care settings; and
 - Increased emphasis on management of care activities.

5. How are data obtained from the 2011 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice utilized in the standard-setting process?

- Results of the 2011 practice analysis study (https://www.ncsbn.org/12_RN_

Practice_Analysis_Vol53.pdf) provide a comprehensive picture of current entry-level RN practice.

- Consistent with trends observed in the last three RN practice analysis cycles totaling nine years, the 2011 study showed a continuing increase of current entry-level nurses in caring for patients with behavioral/emotional conditions and decrease in caring for the well, stabilized client with minor illnesses. The entry-level nursing care for clients with unstable chronic conditions is similar compared to previous entry-level cohorts.
- Results of the 2011 study also suggested that entry-level nurses are spending more time performing activities under the Management of Care category. This category encompasses nursing tasks that enhance the care delivery setting in order to protect the client and healthcare personnel. In sum, entry-level nurses are caring for sicker clients in a greater number of health care settings and spending more time managing the care to improve client outcomes.

6. How were the opinions of employers and educators who work closely with candidates and entry-level nurses utilized in determining the passing standard?

- NCSBN annually surveys 1,750 nursing employers and educators to gain insight into the competence of RN candidates who recently graduated from a U.S. nursing program or recently began practicing as a registered nurse.
- According to annual survey results of the past three years, both nursing educators and employers have noted an increasing percentage of candidates who passed the NCLEX-RN, that they do not believe are competent to practice as entry-level nurses. The NCSBN BOD considered the feedback from educators and employers, along with other available evidence, and recommended an increased NCLEX-RN passing standard.

7. Will the NCLEX-RN® become more difficult? Or will there be more difficult items on the test?

- Since the passing standard will be raised, a higher level of ability will be required to pass the exam; however, the test wouldn't necessarily be harder. In a computerized adaptive test (CAT) such as the NCLEX, difficulty levels of test items are determined by the ability level of candidates. Each item administered on the exam is tailored to the candidate's ability level (<https://www.ncsbn.org/1216.htm>).
- Item distributions on the exam will change according to the 2013® NCLEX-RN Test Plan (<https://www.ncsbn.org/1287.htm>).

8. How will candidates be impacted by the new passing standard?

- Historically, there will be a slight drop in the pass rate immediately after a new passing standard is introduced. However, the pass rates generally return to previous levels after a year. Borderline and low performing candidates will most likely be affected. Pass rates of reference (first-time U.S.) candidates are historically the most stable, despite changes in passing standards.
- There is no reliable way to predict how the pass rates will be impacted by the new passing standard before April 2013. Additional pass rate information is available online at <https://www.ncsbn.org/1237.htm>.

9. How can candidates prepare for the new passing standard?

- Detailed information about the NCLEX-RN is available in the 2013® RN Test Plan (<https://www.ncsbn.org/1287.htm>). This detailed test plan contains job tasks relevant to entry-level RN practice. All items on the NCLEX-RN® are directly related to these entry-level job tasks.

Reference:

National Council State Boards of Nursing, Inc. Press Release (2013).

www.ncsbn.org

ARORA's Boyd Ward Celebrates Success in Saving Lives



Boyd Ward has done it many times over the years- brought families of organ donors together to meet those now living with their loved ones' organs. As Executive Director of the Arkansas Regional Organ Recovery Agency, or ARORA, Ward knows how emotionally charged these meetings are-that, in most cases, someone died so that someone else could live.

It's meetings like these that drive Ward as he leads the staff at ARORA in its mission of providing life-saving organs for transplantation. You understand why when you're shown the hard truth about the scores of people waiting for organs: eighteen people will die every day waiting for an organ, and currently there are 120,000 people awaiting organ transplants to save their lives.

"Recipients tell us about their bottomless gratitude and appreciation for the gift of life, Ward said.

"Without it they do not get to see their children grow into adults or play with their grandchildren. Without an organ transplant they are facing the end of life. It all begins with the unselfish act of a donor or donor family. One life ends and another is restored."

And in many cases, several lives are restored. One organ donor can save up to 8 lives, which is what happened in the case of 13-year-old Adron Shelby of Pine Bluff. In 2005, Ward's ARORA helped facilitate the highly publicized meeting between young Adron's family and his liver recipient, football great Pat Summerall. Adron's parents made the decision to donate their son's organs after he died of an aneurysm.

"We are so sorry to have lost Pat recently. He and his wife Cheri became great friends of ARORA and with the Shelby

family. His transplant allowed him to live many more productive years. Pat was a wonderful advocate for organ donation. We will miss him."

Since Ward arrived at ARORA in 2000, the organ procurement organization has doubled the number of lives saved through organ donation and increased the number of tissue donations six-fold. ARORA has also increased the organ donation consent rate in Arkansas from 50 percent to 75 percent.

Ward attributes ARORA'S success to his staff, which quadrupled from 13 in 2001 to 58 in 2013. One of the most notable staff members is Dr. Bill Fiser, who performed the first heart transplant in Arkansas and is now medical director of ARORA.

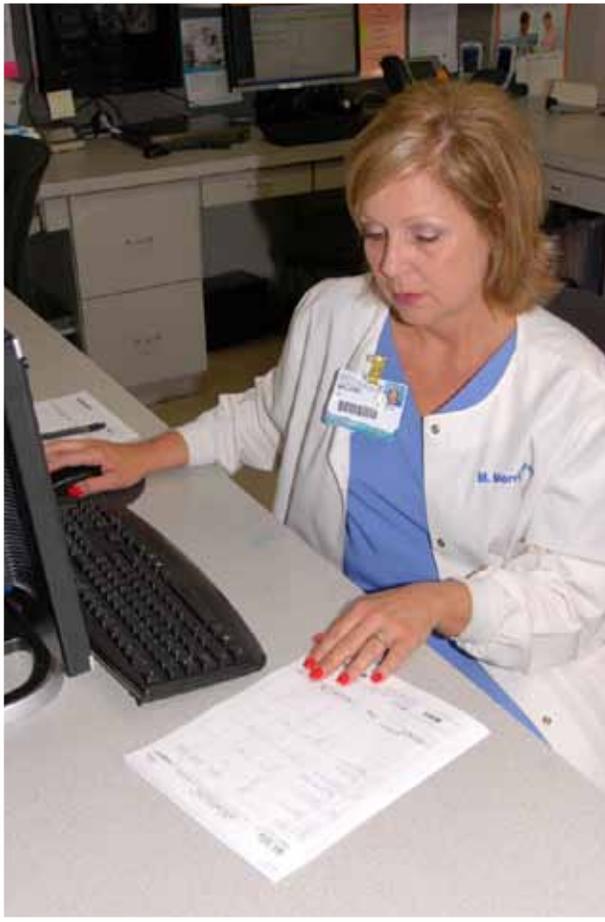
ARORA is also meeting its mission through innovative partnerships. Under Ward's leadership, ARORA collaborated with the Pulaski County Coroner to establish the nation's first electronic referral system for coroners and organ procurement organizations. And through its Donor Family Council, ARORA is working to expand its aftercare services to the thousands of donor families.

2012 was a momentous year for ARORA and Ward. The agency celebrated its 25th anniversary and Ward's peers around the nation elected him president of the Association of Organ Procurement Organizations. Ward is reflective about the success of ARORA and his own, believing that there's still more work to be done.

"I loved being at the 25th Anniversary celebration at the Clinton Library, surrounded by friends, family, and ARORA staff. It was truly a great way to celebrate the success of our organization – doubling the rate of organ donors in Arkansas, creating a strong support program for our donor families, and being uplifted by the many people who have become supporters of organ donation and ARORA. The event was effectively and appropriately capped off by a large fireworks display viewed out the windows of the Great Hall. What a night!"

The Nursing Compassion Award was developed to provide a way for appreciative patients, coworkers and families to recognize a nurse who has shown outstanding compassion and dedication to their patients. Melanie Morrison was chosen from 11 finalists and received the award for 2013 on June 8th, 2013 at the Award Ceremony at Wildwood Park in Little Rock.

2013 Nursing Compassion AWARD



St. Vincent Morrilton Nurse Award Most Compassionate Nurse

(MORRILTON, ARK) – Melanie Morrison, RN at St. Vincent Morrilton has been awarded the 2013 Nursing Compassion Award as “Arkansas’s Most Caring Caregiver.” Nominated by a group of her peers and some of her patients, Morrison was chosen as the most compassionate among hundreds of nurses from across the state.

Morrison has been a nurse in the ICU at St. Vincent Morrilton for nearly 10 years. She also worked at St. Vincent Infirmary for about a year. Although she says she got a late start by entering college when she was 30, Morrison says she always wanted to be a nurse. “I have always loved taking care of people. If someone in my family was sick I was the one to take care of them,” Morrison

said. She completed her nursing degree at the University of Arkansas at Little Rock in 2000.

The Nursing Compassion Award is the second award for Morrison. She also received a Daisy Award in April 2012, which is given nationally to nurses to celebrate the extraordinary clinical skill and compassionate care they give every day. Morrison says she was shocked to learn that

she was even nominated for the Nursing Compassion Award and was thrilled to receive the award Saturday, June 8 at the Wildwood Park for the Arts in Little Rock. There were 11 finalists.

“I never expected it. I don’t feel that I’ve done anything more than so many other nurses at St. Vincent. I work with a great team of nurses and all of them could have been selected for this award,” Morrison said.

The Outstanding Nurse Educator Award was developed to provide a way for appreciative nurses, students, and coworkers to recognize a nurse educator who has shown outstanding compassion and dedication to their students. Linda Castaldi MNSc, RN was chosen from finalists and received the award for 2013 on June 8th, 2013 at the Award Ceremony at Wildwood Park in Little Rock.



2013 Outstanding NURSE Educator AWARD



Linda Castaldi has served National Park Community College (NPCC) for 33 years and has been a pioneer in the Garland County nursing community. She holds a Masters in Nursing from the University of Arkansas for Medical Sciences and, along with her full time job as Division Chair of Nursing at NPCC, she serves as a site visitor for the Accreditation Commission for Education in Nursing (ACEN), formerly the National League for Nursing Accrediting Commission, Inc. (NLNAC).

Upon receiving the "Outstanding Educator of the Year Award" Linda stated, "Being nominated for this award by my faculty initiated some reflection on a recent sermon I heard. The minister was talking about being focused on self as opposed to being focused on community. I realized that my faculty members are my community and, though I am both honored and humbled to receive this award, I know that we all pull together to help our students be successful. I may guide "my faculty" but I realize it is not just me that receives this award, but "my community"!

Janice Ivers, MSN, RN, AD Program Director at National Park Community College stated, "Linda strives to leave her footprint in the constantly shifting sands

of nursing education. Forward thinking and tireless, she strives to nourish and mentor faculty. She isn't shy about performing this task nor does she reserve it for her own college faculty—she shares it, appropriately, with other nursing administrators and faculty in Arkansas and across the country!" As the Division Chair of Nursing at National Park Community College, she leads by example. She is dedicated to nursing education and keeps the division moving forward in current educational processes. "

NPCC President, Dr. Sally Carder, stated, "Linda Castaldi demonstrates excellence in a critical leadership role in nursing education both at the local and state level. For as long as I have had the privilege of working with her, she has demonstrated an ability to transfer vision into reality. Here at National Park Community College, and in the broader community, she is highly regarded for her integrity, professionalism, knowledge and compassion. And all of these attributes are used for one purpose.... students. We are so proud of Linda and thrilled that she is the recipient of this year's "Outstanding Nurse Educator."

Dr. Gordon Watts, NPCC Executive Vice President for Instruction said, "Linda is a visionary leader with an extraordinary ability to listen, organize, motivate, and build a team-oriented faculty. She is a model of professionalism and consistently leads her division faculty to provide the best learning experiences possible for our students. Ultimately, of course, that translates to exceptional nursing care for our community."

Linda's dedication to nursing education goes far beyond National Park Community College. She is dedicated to the profession working to improve nursing education and the development of our future nursing workforce. We are fortunate to count her among the positives at National Park Community College and ultimately, our profession!

Runners Up



Rebekah Davis
JRMC



Rebekah Davis has been an RN for 27 years receiving her nursing degree from UofA Monticello and a BS in Organizational Management from John Brown University. She is married to Jay Davis and has a daughter, Danielle Lawson, who is pursuing a degree in nursing.

Rebekah has been with JRMC a total of 16 years and Hospice Angels for 18 years. She has traveled up the ranks at JRMC from being a staff nurse, nurse manager and now the Director of 6 med/surg units. Her love for patients is so far beyond the scope of anything I have ever seen that it is hard to put into words. She is never too busy to help the nurses on the floor or brainstorm with them on better ways to insert an IV, position a patient, care for the “complete” family, answer questions from disgruntled family members,

staff, and the patients themselves. She is able to completely turn an angered situation into a loving alternative. She is a true advocate for patient care and will get angry if her patients are neglected in any way.

Along with her duties at JRMC and working for Hospice Angels she is a volunteer nurse at the Siloam Springs Summer Camp program.

She is never too busy to sit with a friend’s dying parent or offer a loving touch just at the right time. Being a compassionate nurse is far more than “passing meds” and electronic documentation it is God’s gentle touch on a person and being able to pass that love onto patients in an earthly manner. Rebekah Davis is that person, touched by God and living by God’s direction by providing care to all people in need.



Diane Penton, RN
Northwest Arkansas Pediatric Clinic

Most of Diane’s 30 year career has been spent in the infant and/or pediatric setting. Whether working in the nursery, NICU or at the pediatric clinic, she provides compassionate, comprehensive, quality healthcare. She performs each and every task with a passion for nursing and compassion for her patients. Diane

is genuinely selfless and giving in a quiet unassuming way. Her intellect only supplements her intuitive and perceptive talents that make her so competent in interacting with patients and their families in very stressful situations. She has touched many children’s lives over the years. Diane is truly an exceptional, caring nurse.

NURSING COMPASSION AWARD FINALISTS

Wanda Gail Mitchell BSN, RNP

Arkansas Children's Hospital

Danna Bell RN,CEN

Washington Regional

Irma Jean Harper RN

Little Rock Diagnostic Clinic

Diane Penton RN

NWA Pediatric

Delois Turner RN,BSN

JRMC

Sherri Johnson Arrington RN

Magnolia Regional Medical Center

Felicia Pierce RN

SMC Regional Medical Center

Rebekah Davis RN

JRMC

Bonnie L Barton RN

VA Clinic Ozark

Martha Ulrich RN

Cooper Clinic Ft. Smith

NURSING COMPASSION AWARD NOMINEES

Name

Sherri Johnson Arrington RN
Bonnie L. Barton RN
Danna Bell RN,CEN
Penelope (Penny) Stake Blanton RN
Donna Chapman LPN
Stephanie Clark RN
Mary Ann Dalmut RN
Cynthia Daniels LPN
Rebekah Davis RN
Ginger Dixon RN CHPN
Kathy Drennan RN
Jan Dougan RN,TB Specialist
Belva D. Dyer BSN, RN
Amy Lynne Ford RN
Charlotte Gardner LPN
Jolynn Gibson RN
Rhonda Grimes BSN
Zoe Hackett RN
Edgar Hall RN
Carmen Letricia Irby MSN,RNP,CNS-BC
Carolyn Hambuchen RN
Irma Jean Harper RN
Cara Harris RN
Judy Hewitt LPN

Work Place

Magnolia Regional Medical Center
VA Clinic, Ozark AR.
Washington Regional Medical Center
Conway Regional Medical Center
Good Samaritan Society
The Right Solutions
UAMS Internal Medicine
The Woods of Monticello
JRMC
Arkansas Hospice Russellville
Helena Regional Medical Center
AHEC/Dept of Health
Arkansas Childrens Hospital
UAMS Myeloma Clinic
Corizon
UAMS Stem Cell Transplant
JRMC
Chicot Memorial Medical Center
Visiting Nurse Assoc. of Ar
UAMS
Conway Regional Medical Center
Little Rock Diagnostic Clinic
The Woods of Monticello
The Woods of Monticello

Name

Lee Ann Holt RN
Pam Hoskins LPN
Jennifer Johnson, RN
Sheila Jordan RN
Phyllis Ann Kendrick RN
Sabre Knaust RN
Brenda McDaniel RN
Wanda Gail Mitchell BSN, RNP
Melanie Morrison RN (Morrilton)
Becky Osment RN
Diane Penton RN
Alisa Petet RN
Felicia Pierce, RN
Randa Diane Saul RN
Marie Sims RN
Tonia Squires RN,BSN
Rosemary Terrice RN
Delois Turner RN,BSN
Martha Ullrich, RN
Kelsie Urchison RN
Jennifer Varner RN
Lakendra Watson LPN
Natalya Walker,RN
Dream Redic Young RN

Work Place

St. Vincent Infirmary
The Woods of Monticello
St. Vincent Infirmary
Visiting Nurse Assoc. of Ar
Arkansas Heart Hospital
Washington Regional Medica Center
Arkansas Hospice Hot Springs
Arkansas Childrens Hospital
St. Vincent Morrilton
Visiting Nurse Assoc. of Ar
NWA Pediatric Clinic
Gastro Arkansas
SMC Regional Medical Center
St. Vincent Infirmary
Visiting Nurse Assoc. of Ar
Washington Regional Medica Center
Visiting Nurse Assoc. of Ar
JRMC
Cooper Clinic, Ft. Smith
Arkansas Hospice Russellville
White County Medical Center
The Woods of Monticello
St. Vincent Infirmary
Corizon

NURSE EDUCATOR OF THE YEAR AWARD FINALISTS

Name

Judy Carlyle MNSc,RN
Linda Castaldi MNSc,RN
Pattie Esmail MSN/ED, RN,CCRN
Meredith Green BSN,RN
Sonia Green BSN,RN
Linda Hendricks MA,RNP

Work Place

ARNEC
National Park Community College
St. Vincent Infirmary
Washington Regional Med Center
Baptist Health Schools Little Rock
Baptist Health Schools Little Rock

Name

Deborah Lynn Hill RN,MSN
Nikki Lackey BSN, RN
Cheryl Lee,PhD,RN,CNE,CWOCN
Kathy Pierce MNSc,RN,CPHQ,CNE
Janet Smith Rooker MNSc,RNP
Janise Sanders BSN, RN

Work Place

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NEW REQUIREMENT FOR APNS CONDUCTING DEPARTMENT OF TRANSPORTATION (DOT) EXAMS

Advanced practice nurses (APNs) who want to perform medical examinations for Commercial Motor Vehicle (CMV) drivers must obtain additional training and certification by the Federal Motor Carrier Safety Administration (FMCSA). Federal law mandates the certification include a training program and a competency assessment examination. After certification, per the FMCSA website, "All health care providers whose scope of practice authorizes them to perform physical examinations, as defined by the state in which they practice, must be certified and listed on the National Registry of Certified Medical Examiners by May 21, 2014."

The purpose of this regulation is designed to improve highway safety and driver health by requiring medical examiners to be trained and certified effectively to evaluate drivers

according to FMCSA physical qualification standards. The FMCSA was established as a separate administration within the U.S. Department of Transportation (DOT) on Jan. 1, 2000, pursuant to the Motor Carrier Safety Improvement Act of 1999. The mission of FMCSA is to reduce crashes, injuries and fatalities involving large trucks and buses.

Certified Medical Examiners (MEs) will be issued a certification document that will expire 10 years from the date of issuance. Training every five years is required to maintain competency and stay up-to-date on changes to the FMCSA examination, standards or guidelines. APNs who plan to earn certification to perform CMV (or "DOT") exams should go to <http://nrcme.fmcsa.dot.gov/> for information regarding location of training programs, registration details, FMCSA standards, and other general information.



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The full statutory citations for disciplinary actions can be found at 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, 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

Barker, Amber Nicole McMellon Owens Bowman Owens
R077624, Waldron
A.C.A. §17-87-309(a)(4)&(a)(6)
Probation – 1 year
Civil Penalty – \$760

Bradley, Teresa Rene Bradley Jeffrey Agee
L041554, Cave City
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$600

Bush, Adria Catrina Adams Robinson
R070322, L038374, Mabelvale
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$500

Charleville, Kelly Marie Winter
R076848, L041217, Redfield
Probation Non-Compliance
Probation – 2 years
Civil Penalty – \$1,000

Clemens, Sheila Dawn
R090844, Hot Springs
A.C.A. §17-87-309(a)(6)
Probation – 1 year

Daniel, Ryan Andrew
R077813, Malvern
Probation Non-Compliance
Probation – 3 years
Civil Penalty – \$500

Dean, Joyce Warle Whitehead
R044972, Hot Springs
A.C.A. §17-87-309(a)(6)
Probation – 1 year

Ford, Kerri Dawn Klepper Mason
R083234, L037477, Batesville
A.C.A. §17-87-309(a)(4)&(a)(6)
Probation – 3 years

Herndon, Wilson McAdoo, III
R093354, Little Rock
A.C.A. §17-87-309(a)(2)&(a)(4)
Probation – 1 year

Joiner, Timothy Lynn
R087469, Little Rock
A.C.A. §17-87-309(a)(2),(a)(4),(a)(6)&(a)(9)
Probation – 2 years

Lamar, Claudette Wicks
T001473, Forrest City
A.C.A. §17-87-309(a)(6)
Probation – 2 years
Civil Penalty – \$1,000

Lewis, Patricia Jane
R079474, Benton
A.C.A. §17-87-309(a)(4)&(a)(6)
Probation – 1 year
Civil Penalty – \$500

Mayfield, Kathleen Steinbeck Rule Utecht
R042303, Sheridan
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$500

McElroy, Camille Elizabeth Pirani
L043301, Memphis, TN
A.C.A. §17-87-309(a)(2),(a)(4)&(a)(6)
Probation – 2 years
Civil Penalty – Any prior balance

Mooney, Krystal Gale Edwards
L044659, Monticello
A.C.A. §17-87-309(a)(4)&(a)(6)
Probation – 3 years

Reynolds, Amanda Jane Briggs
L054023, Mena
A.C.A. §17-87-309(a)(2)&(a)(4)
Probation – 1 year

Shaneyfelt, Dora Elizabeth Bell
A001359, R013392, P000125,
PAC No. 01410, Manila
A.C.A. §17-87-309(a)(6) and
ASBN Rules Chapter 4
Probation – 4 years
Civil Penalty – \$5,700

Smith, Philander D.
L042145 (Expired)
Probation Non-Compliance
Probation – 1 year
Civil Penalty – \$500.00

Snyder, Onaysia Rosanne
R090532, L040897, Pine Bluff
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$500

Spohr, Deanna
L054022, Ash Flat
A.C.A. §17-87-309(a)(2)
Probation – 1 year

Summerville, Clayton Allen
R093351, Benton
A.C.A. §17-87-309(a)(2)
Probation – 1 year

Taylor, Micquel
R091849, North Little Rock
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$500

Watt, Laura Jean Olson
R088012, L017628, Gassville
A.C.A. §17-87-309(a)(4)&(a)(6)
Probation – 5 years
Civil Penalty – \$3,000

Wooley, Sherry Denise McCarty Alford
R085166, Little Rock
A.C.A. §17-87-309(a)(4),(a)(6)&(a)(9)
Probation – 4 years

SUSPENSION

Ault, Amanda Michelle
L046064, Malvern
Probation Non-Compliance
Suspension – 1 year to be followed by
Probation – 2 years
Civil Penalty – \$1,500

Farahjood, David Lee
R066782, Lowell
A.C.A. §17-87-309(a)(4),(a)(6)&(a)(9)
Suspension – 2 years to be followed by
Probation – 2 years
Civil Penalty – \$2,000

Rockwell, Joshua Denver
L046660, Springdale
A.C.A. §17-87-309(a)(4)&(a)(6)
Suspension – 2 years to be followed by
Probation – 3 years
Civil Penalty – \$4,339

Monroe, Kathryn Marie Costello Raxter
R070967, Pea Ridge
Probation Non-Compliance
Suspension – 1 year to be followed by
Probation – 2 years
Civil Penalty – \$1,500

VOLUNTARY SURRENDER

Berryman, Ryan Vincent
R086356, L045462, Sherwood
April 2, 2013

Continued on page 28

Coulter, Sibyl Daneylle Wiley Scoggins
L035145, Vicksburg, MS
March 15, 2013

Farris, Casey Morgan Rainey
R082518, L045815
April 3, 2013

Freeman, Kassandra Ann Martin
L043018, Greenbrier
March 20, 2013

Jackson, Brenda Lee Young Hobbs
R087640, L043029, Mt. Ida
March 18, 2013

Sipa, Britney Danon
R087882, Jonesboro
March 1, 2013

Smith, Julie Ann
L038787, Mineral Springs
April 8, 2013

Thompson, Jana Lynn Wiscaver
R068335, Fordyce
March 5, 2013

REINSTATEMENTS WITH PROBATION

Abney, Terica Kay
R064479, Fayetteville
Probation - 2 years
January 23, 2013

Barham, Melissa Renee Davis
R042881, Hope
Reinstatement to Probation
A.C.A. §17-87-309(a)(4),(a)(6)&(a)(9)
Probation - 5 years
Civil Penalty - \$1,500

Cook, Lindsay Nicole DeSalvo
L049492, Jonesboro
Reinstatement to Probation
A.C.A. §17-87-309(a)(2),(a)(4)&(a)(6)
Probation - 5 years
Civil Penalty - \$3,900

Hays, Carolyn Faye Briant Rawls
L033296, Warren
Reinstatement to Probation
A.C.A. §17-87-309(a)(2),(a)(4)&(a)(6)
Probation - 5 years
Civil Penalty - \$1,000

Sliker, Daniel Lucas Samuels
R088854, L047927, Pencil Bluff
Reinstatement to Probation
A.C.A. §17-87-309(a)(4)&(a)(6)
Probation - 5 years

REINSTATEMENTS

Marlar, Brett Suzanne
L045139, Prescott
March 21, 2013

Moore, Deborah Sue Funk Bottoms
L038743, Winslow
January 24, 2013

REPRIMAND

Azwe, Evelyn Nduku
L015232, Arkadelphia
February 19, 2013

Baldwin, Rachel Amanda Stoneking
R078829, Prattsville
February 27, 2013

Carter, Kathy Maybell Hudson
L033109, Texarkana
February 12, 2013

Darden, Joel Remfore
L048658, Little Rock
February 18, 2013

Hicks, Shirley Diane
L027216, Hot Springs
February 5, 2013

McRaven, James Wesley
R071267, L036169, Hope
February 19, 2013

Measels, Mary Katherine Kidd
R049067, Little Rock
March 28, 2013

Musick, Patsy Louise Sandy
R038150, Sulphur Rock
March 25, 2013

Raby, Kelley Marie Kent
R092767, L026164, Harrison
February 27, 2013

Smith, Wayne Andrew
R092884, Tallahassee, FL
March 8, 2013

Talley, Regina Deanna
L053712, Rogers
March 8, 2013

Wheeley, Valerie Joann Jones
L042470, Evening Shade
February 22, 2013

Wright, Elizabeth Ann Hill
R087829, L049232, Cabot
February 19, 2013

REVOCATION

Thomas, Seduc Fitzgerald
L038636, Texarkana, TX
A.C.A. §17-87-309(a)(1),(a)(6)&(a)(9)
April 10, 2013

PROBATIONARY STATUS REMOVED

Croney, Jacqueline Wright
R053105, Conway
January 22, 2013

Duran, Tara Dawn Treat
L041727, Mountain View
January 22, 2013

Ford, Valerie Kaye
R040018, L027865, Batesville
January 22, 2013

Gunnell, Sherri Lynn McKown
R031086, RNP000925, Cabot
January 22, 2013

Held, Courtney Elizabeth
R084763, Mabelvale
January 22, 2013

Henard, Jay Leon
L052482, Magnolia
January 22, 2013

Jones, Tondahue Renee
R090081, Cave City
January 22, 2013

Marter, David Andrew
L045611, Hamburg
January 22, 2013

Millward, Tara Lanette
L052483, Hot Springs
January 22, 2013

Money, Sharon Kay Traylor
R015442, Fayetteville
November 6, 2012

Patel, Poonam Naresh
R090082, Benton
January 22, 2013

Steed, Melinda Jane Walters Howard
L035979, Camden
January 22, 2013

Wangler, Lisa Michelle Self McEntire Mitts McEntire McEntire-Mitts McEntire Wharton McEntire
R071892, L033571, Greenwood
March 1, 2013

WAIVER GRANTED

Adair, Amanda Marie Bortree
PN Applicant, Hermitage
April 10, 2013

Boyce, Rochelle Desiree Trent
RN Applicant, Fayetteville
April 10, 2013

Bryant, Candice Nicole
RN Applicant, White Hall
April 10, 2013

Rosencrans, Paula Irene Conyers
RN Applicant, Mt. Pleasant
April 10, 2013

Rucker, Sharonda Denita
PN Applicant, West Memphis
April 10, 2013

Walker, Ebony M.
PN Applicant, Little Rock
April 10, 2013



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view from
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L-R: Cynthia Boyd, RN; Libby Stell, RN and Frances VanLandingham, RN

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