



ASBN

Update

www.arsbn.org

April 2011 Volume 15 Number 2



**WE'RE OFF
TO SEE THE
WIZARD:**

**BREAKING DOWN
BARRIERS TO
RETURNING TO SCHOOL**

**THE EXPO AND
COMPASSIONATE
NURSE AWARD
CEREMONY
APRIL 30TH
SEE PAGE 10 FOR DETAILS**



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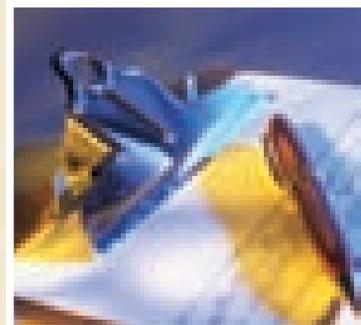
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The *ASBN Update's* circulation includes over 48,000 licensed nurses and student nurses in Arkansas.



ARE YOU LIKE LINUS?



We have all read the Peanuts cartoon and know how attached Linus is to his blanket. Many nurses feel the same way about their nursing license. Marilyn Ferguson said, "Change causes us to feel like Linus when his blanket is in the dryer. There's nothing to hold on to." Change is easier to accept when you know why and how it is going to happen, so allow me to share that information with you.

THE CHANGE: Historically, nurses have carried their license as proof they are a nurse and have a current license. When you are hired for a new job or renew your license, your employer asks for a copy of the license for your personnel file. The wallet card only proves your license status on the day it was issued. Unfortunately, a lot can happen to a nursing license during the two-year period, such as disciplinary action and change to or from a multi-state license. Relying on the paper license puts the employer at risk for allowing a nurse to work without a valid license. Paper licenses are subject to fraud, loss and theft. Starting July 1, 2011, the Arkansas State Board of Nursing will join many other states in the move to eliminate paper licenses.

THE WHY: Protection of the public is the mission of the Board, and we integrate the mission into all Board activities. Today's advanced technology makes life convenient for everyone and provides access to the world 24/7. However, this advanced technology causes concern over security of personal information. The paper license can be duplicated with little difficulty. This puts the public at risk, as well as the nurse and employer.

The elimination of paper licenses will benefit the nurse, the public and the Board in the following ways:

- Enhancing the protection of the nurse and the public
- Reducing the risk of identity theft

- Providing employers faster access to disciplinary action
- Primary source verification as required by various organizations
- Cost savings to the Board

THE HOW: Beginning July 1, 2011, all newly licensed nurses and nurses who renew between July 1, 2011, and June 30, 2013, will receive a one-time issued plastic wallet card. The only information on the card will be the nurse's name and address, license type and number, and original date of issue. Since the license status is no longer on the license, employers will be required to verify the license status on the ASBN Registry at www.arsbn.org. The ASBN Registry is considered primary source verification.

As part of this change, temporary permits in the form of a paper wallet card will no longer be issued. Temporary permit information is available on the ASBN Registry the day after the permit is issued. When a temporary permit becomes expired or null and void, a notification will be "pushed" via e-mail to the employer if the employer subscribes to the Registry.

The Registry is updated daily and reflects the most up-to-date information available. You can search the Registry by name or license number and searching is free of charge. The information available for free on the registry search has changed and includes the nurse's name, license type, license number, multi- or single-state, original issue date, expiration date, and disciplinary flag. The subscription services are still available and provide additional information, as well as push specific data to employers.

You will not have a new paper wallet card every two years, but you are still a nurse. Don't stress out like Linus; embrace the change.

Bale Honda



YOUR PATIENTS TRUST YOU

On my way to work one morning recently, I received a call letting me know school was cancelled for the day due to forecasted inclement weather – snow! Upon returning home, I checked my e-mail to discover “nonessential” personnel were excused for the day. I had to smile with the realization that I have passed from essential to nonessential; which means I can now enjoy snow days as much as school children. (I might add that my satisfaction was short-lived as I learned a few hours later that I am, indeed, still essential.)

The weather throughout North America was extreme this winter, and there has been much conversation as to whether nurses should risk life and limb to get to work. Hospitals never close, and patients always need care--even more so in weather that causes accidents and injuries. Health care workers for the most part accept this and are faithful to get to work against all odds. While others enjoy a few unexpected days of downtime and rest, nurses must plan ahead to make arrangements to be on duty--even if it means staying at their workplace for a few days. Often, the nurses on duty stay and work additional shifts for those who are unable to come. While the newscasters urge people to stay home, we go to work. We have all worked these shifts shorthanded and can reminisce on the spirit of camaraderie that develops as we do what is needed to see that the patients are cared for as usual.

Nurses are dependable and the public is aware of this attribute as evidenced by a December 2010 Gallup Poll in which nurses topped the list of professions Americans trust the most for the 11th year. Nurses have held this honor the last nine years in a row, interrupted only by firefighters in 2001. It appears we have set the bar for trustworthiness. The term “setting the bar” probably originated from track and field sports where the pole vaulter had the bar raised making the event more challenging. We recognize “setting the bar” as raising the accepted minimum standards higher in order to achieve excellence. Ralph Waldo Emerson expressed it this way, “Unless you try to do something beyond what you have already mastered, you will never grow.”

Whatever field of nursing we choose, professional behavior will ensure we earn the trust that the American people have vested in nurses. We must continue to show integrity, honesty and accountability with our patients and peers. We will avoid resting on our laurels, an expression defined in the Cambridge idiom dictionary as being so satisfied with our achievements that we make no effort to improve.

Thankfully, spring is here and winter weather is behind us. If not, when bad weather looms and the rest of the world is heading to the grocery store, you know that your patients trust that you will show up. They won't be disappointed.

BOARD DATES

May 11

Board Retreat

May 12

Business Meeting

June 8

Hearings

June 9

Hearings

July 13

Hearings

July 14

Hearings

August 2-5

NCSBN Annual Meeting,
Indianapolis, IN

September 14

Hearings

September 15

Business Meeting

September 27

CE Workshop –
NURSING TODAY:
Ethics, Leadership, Social
Networking and More,
University of Arkansas
Community College at
Batesville

October 12

Hearings

October 13

Hearings

November 9

Hearings

November 10

Hearings

November 17

CE Workshop –
NURSING TODAY:
Ethics, Leadership, Social
Networking and More,
Baptist Health School of
Nursing, Little Rock

GETTING TO KNOW NEW STAFF MEMBERS



RHONDA REDDIX *Legal Support Specialist*

Place of Birth: Monterey Park, CA
Family: Daughter – Emerald “Emmy”, 1 year old
Education: Associate of arts in general studies from UALR. Pursuing bachelor of arts in liberal arts and associate of arts in law enforcement from UALR.

Certifications: Paralegal certificates received from University of Arkansas Department of Continuing Education and the National Association for Legal Professionals
Hobbies: Reading, playing with my daughter, making earrings, baking



TAMMY CLAUSSEN, MSN, RN, CNE
ASBN Program Coordinator/Education

Place of Birth: Tucumcari, New Mexico
Family: Husband – Mike Clausen;
Daughters – Laura and Natalie
Pets: Two dogs – Louis (Pomeranian) and Bella (Lasky-lab and husky mix)

Education: Bachelor of science in nursing from UAMS; Master of science in nursing from University of Phoenix
Certifications: Certified Nurse Educator (CNE)
Awards or Honors: Sigma Theta Tau International; ANSA Faculty Advisor of the Year; Outstanding ARNA member
Work History: Instructor, Jefferson Regional Medical Center

(JRMC) School of Nursing; Staff Nurse, JRMC Women’s Unit; LPN Clinical Instructor at Southeast Arkansas College; Clinic Nurse, Garner Family Clinic
Hobbies: Fishing, camping, cooking, avid Razorback football and baseball fan

“I want to work at the Board of Nursing because I have worked to educate students in becoming practitioners in the nursing field for several years. Working at the ASBN is an honor and gives me the opportunity to make sure that the public continues to receive competent care from licensed nurses throughout Arkansas.”

GOV. BEEBE APPOINTS NEW BOARD MEMBERS

DEBBIE GARRETT, APN *replaces Darlene Byrd, APN*

Place of Birth: Hope, Arkansas
Education: Associate of science in nursing from Natchitoches, LA; Bachelor of science in nursing from University of Texas at Arlington; Master of nursing science from UAMS
Certifications: National Certification Corporation Women’s Health Nurse Practitioner – Board Certified
Awards or Honors: Sigma Theta Tau International; UAMS Hope for Success Award in 2007; UAMS Student to Faculty 2008-2009; Chancellor’s Faculty Teaching Award 2008-2009
Work History: Registered nurse – OR, C&D, ER, Education 1979-1997;

Women’s Health Nurse Practitioner, Medical Park Hospital 1997-2005; Clinical Instructor, UAMS 2005 – present

Hobbies: Reading and grandchildren
“I knew by the time I was in junior high school that nursing would be my profession. I want to serve on the Board because I have been an RN for many years and practiced in a variety of settings, and also as an advanced practice nurse in a clinic setting. I have seen and been involved in many changes in the nursing profession through the years and feel this experience will enable me to be an effective board member.”

TERRI IMUS, RN *replaces Cassandra Harvey, RN*

Place of Birth: Fayetteville, North Carolina
Personal history: Married, two adult children, three granddaughters
Education: Associate of science in nursing from East Arkansas Community College, currently taking classes at UALR and Pulaski Tech
Certifications: BLS Instructor, Critical Care nurse, LNC diploma
Awards or Honors: Who’s Who – Jr. College
Work History: Registered nurse since 1988. Stuttgart Memorial Hospital – critical care 1988 – 1993; UAMS OB 1990 – 2000; Monarch Dental Oral Surgery 2000 – 2003; UAMS

– Angels, Center for Distance Health 2003 – present

Hobbies: Gardening, beading, health
“I became a nurse because I felt I had a calling, and I had a desire to make a difference in people’s lives that needed care. I want to serve on the Board because I have always had a strong belief that not all nurses have what it takes or the need to be a nurse. A nurse should be deeply dedicated and have a passion deeper than self to provide care to individuals that are in need. I hope my compassion can make a difference an influence other nurses to want the same – live by example.”



SCHOLARSHIP FUNDS

Dr. Barbara Williams presents Sue Tedford, ASBN executive director, a \$27,569 check for the Faith A. Fields Nursing Scholarship Loan Fund from the non-operational Arkansas Nursing Workforce Center.

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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
Tonya Humphrey	R55602
Victoria Knighten	R81020
Toni Diane McKeever	R42190
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: Cynthia Burroughs, Consumer Rep., Treasurer; Debbie Garrett, APN; Terri Imus, RN

Congratulations Patricia

The Little Rock School District School Nurses would like to congratulate colleague, Patricia Brown, BSN, RN, on her nomination for Arkansas' Most Compassionate Nurse Award. It is an honor to work with such a caring and compassionate individual.



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The primary focus for Carolyn – and the entire staff at Washington Regional – is doing what is best for our patients. Carolyn is a calming presence in crisis situations. Her versatility and unwavering commitment to her unit and to the Washington Regional mission make her an indispensable member of our care team. **To join our team** apply online at www.wregional.com or call HR at 479-463-1065 and ask for Melissa Williams, Employment Manager.

2009 Employee of the Year
Carolyn Spillers, RN

 **Washington Regional**
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For Arkansas

The U.S. Department of Labor is recruiting to contract with Registered Nurses, intermittently and part-time in Ft. Smith, AR, Jonesboro, AR and Little Rock, AR to coordinate medical management of injured Federal workers. The period of performance for such contracts will be 2 years plus 3 one year options. Minimum requirements are: applicable state licensure(s), 2 years of case management experience and 2 years medical-surgical experience. Applicants must have computer skills and provide their own personal computers and internet connectivity to work on these cases. Due to privacy concerns, use of public access computers or public access internet is not acceptable. The reimbursement rate is \$75.00 per hour for professional time and \$37.50 for administrative/travel time. A two day certification training session in Kansas City, MO is mandatory. No reimbursement for travel or lodging for certification training is provided. Applicants selected as contract nurses will be subject to the Privacy Act of 1974 in all matters related to federal employees and federal employee records. Federal employees and nurses working as contractors for other federal nurse intervention return to work programs are precluded from applying.

Please send letter of interest to:
Patricia M. Wood, R.N., National Office Nurse Consultant
U.S. Department of Labor/OWCP
Room S-3201, 200 Constitution Ave. N.W.
Washington, D.C. 20210

Postmark is to be no later than May 5th 2011.



2010 Nursing Compassion AWARD FINALISTS



Congratulations
Laura K. Allen LPN
 Urology Clinic-MOB
 HOT SPRINGS AR

Congratulations
Charmaine Allen RN
 Baptist Hospital

 LITTLE ROCK

Congratulations
Julie Atkins RN
 UAMS

 LITTLE ROCK

Congratulations
Patricia Brown RN
 Little Rock School District
 LITTLE ROCK

Congratulations
Linda Easter RN
 Ar. Children's Hospital

 LITTLE ROCK

Congratulations
Janetta Frith RN
 St. Vincent Health

 LITTLE ROCK

Congratulations
Charlotte Gray RN/RNP
 Crittenden Regional Hospital
 WEST MEMPHIS AR

Congratulations
Meredith Green RN
 Washington Regional

 FAYETTEVILLE

Congratulations
Veronica LeGrand BSN
 Jefferson Regional

 PINE BLUFF, AR

Congratulations
Dale Mackey RN
 UAMS

 LITTLE ROCK

Congratulations
Rebecca Morin RN
 Baptist Medical Center

 LITTLE ROCK

Congratulations
Lila Morrow RN
 Good Samaritan Clinic
 FT. SMITH

Congratulations
Elaine Peterson RN
 Crossroads Medical Clinic
 HARRISON AR

Congratulations
Michelle Riggs RN
 North Arkansas Regional Medical Center
 HARRISON AR

Congratulations
Laura Ryan RN
 UAMS

 LITTLE ROCK

Congratulations
Shannon Shearer RN
 Baptist Health Med Ctr

 HEBER SPRINGS

Congratulations
Jenny Smith
 School Nurse at Ringgold Elementary
 BENTON

Congratulations
Karen Smith RN
 JPMC

 PINE BLUFF

Congratulations
Lisa Speer RN,BSN
 Conway Regional

 CONWAY AR

Congratulations
Tizzy Stewart
 Ar. Childrens Hospital/Oncology

 LITTLE ROCK

Congratulations
Linda Ward LPN
 Calico Rock Home Health
 CALICO ROCK

Congratulations
Ginger Whittaker LPN
 Pulmonary Asst's of Ar.
 LITTLE ROCK

Congratulations
Rebecca Woods RN
 Baptist

 LITTLE ROCK

Congratulations
Deborah York RN
 Health Services Adm.
 Arkansas Dept. of Correction
 PINE BLUFF



CELEBRATE THE 5th ANNUAL NURSING COMPASSION AWARD

*Metroplex Event Center/I-430 and Col. Glenn Road, Little Rock AR.
Saturday April 30 from 1:15-3PM*



LIMITED SPACE AVAILABLE - CALL FOR RESERVATIONS

You are invited to join us immediately following the Nursing Expo on April 30th for the Compassion Award luncheon and celebration. One of these nominees will be the recipient of this prestigious award!

After the luncheon we will begin recognition of the top 24 nominees. We will share some wonderful stories that have made each of them shining examples of Arkansas Nursing.

To support the event we are taking reservations for our special guests and their supporters. Your reservation provides lunch for 10

people and the total donation is \$500 with net proceeds, from the event, going to the ThinkNurse scholarship fund.

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

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

To reserve a table for 10 please call Michele Forinash 1-501-221-9986 ext 112.



2006 WINNER
Sabrina Spradlin
Arkansas Childrens Hospital



2008 WINNER
Jasper Fultz, LPN
White County Medical



2007 WINNER
Patrick Stage, APN
Little Rock Cardiology Clinic



2009 WINNER
Angie Durham, RN
Little River Nursing and Rehab



WE'RE OFF TO SEE THE WIZARD: BREAKING DOWN BARRIERS TO RETURNING TO SCHOOL

My all-time favorite movie is The Wizard of Oz. As a child, my friends and I would reenact the movie during school recess. I was Dorothy; not just for the fabulous ruby slippers and adorable Toto, but Dorothy had a plan. She had the goal of reaching the Emerald City to seek guidance from the mysterious Wizard of Oz and return home to Kansas. We all know the story plot; Dorothy navigates the yellow brick road, acquires new friends and achieves her goal despite multiple obstacles along the way.

I frequently reflect on Dorothy and her companions' journey for a metaphorical view of the attributes necessary as I navigated my nursing educational endeavors. The Yellow Brick Road depicted on the infamous journey was not perfectly laid. I am sure that in some spots, the bricks were weathered and worn and a bit of unevenness allowed occasional weeds to peek through the cracks. Travel was challenging, so why take the journey? The journey of returning to school may simulate Dorothy's path; it may be a daunting task and definitely won't be easy. However, there are various personal and professional reasons for expanding your nursing career horizons by considering advanced credentialing.

Recent changes in health care, along with societal and demographic trends, have unveiled a host of new and exciting career possibilities for nurses (Burke, 2008). The personal desire to pursue lifelong learning is enhanced by a need to maintain a knowledge base in a health care environment that is increasingly

complex. Additionally, acquiring new knowledge and skill sets potentially increases personal and professional viability.

Organizational expectations will expand professional opportunities and provide stimulus for advancement of academic credentials. National awareness of the nursing profession is at an all time high; people understand implications of the nursing shortage and how they will have safe access to care (Burke, 2008). Nursing responsibilities have been altered for many reasons, including:

- As a result of new technology
- Expansion of evidence based practice initiatives
- Reimbursement trend changes
- A growing emphasis that changes the focus from health care modalities that focused on management of resources to ones that promote improved patient outcomes

Additionally, hospitals that seek Magnet® status recognition will focus on implementation of the Forces of Magnetism. This journey provides a framework for quality of care

initiatives and professional practice organizational transformation.

A pinnacle stimulus for professional advancement is the recently released Institute of Medicine Report (IOM) report, The Future of Nursing. The work, sponsored by the Robert Wood Johnson Foundation, resulted from the Initiative on the Future of Nursing. The report includes several key messages that are further clarified with recommendations to meet respective initiatives. The key messages specifically related to nursing education include: a) Nurses should practice to the fullest extent of their education, training and license, and b) Nurses should achieve higher levels of education and training through improved education systems which promote seamless academic preparation (IOM, 2010). Clarifying recommendations include: a) Remove scope of practice barriers, b) expand opportunities for nurses to lead, diffuse, collaborative improvement efforts, c) implement nurse residency programs, d) increase the proportion of nurses with baccalaureate degree to 80 percent by 2020, e) double the number of nurses with a doctorate by 2020, f) ensure that nurses engage in lifelong learning, and g) prepare and enable nurses to lead change to advance health (IOM, 2010).

“Lions, Tigers and Bears Oh My!”

Many of the motivating trends identified may require an educational level beyond your current education. Even though the various trends make aca-

demographic advancement attractive, personal and administrative barriers may exist that can hamper motivation and create resistance to further academic pursuit. To successfully return to school, it is important to identify these potential barriers.

“I’ll get you my pretty...and your little dog too!”

Both internal and external factors can generate resistance to continuation of education. Personal internal barriers may include fear of uncertainty due to change and failure, lack of personal motivation or desire, complacency with the existing situation and perceived resentment from co-workers.

External barriers may include conflicting life and work commitments that potentially interfere with studies, multiple role demands and personal obligations that create competing priorities, inflexible work schedules, or limited availability of resources, including financial assistance. Added external barriers can result from lack of knowledge regarding the graduate school application process and requirements and use of unfamiliar computer-based learning technology.

“The Great Oz has spoken!”

In addition to the personal barriers already identified, administrative barriers, such as nonexistent or restrictive organizational policies, scheduling practices, and minimal or lack of supplemental staff may create a prohibitive environment for continuing your education.

“There’s no place like home!”

To overcome personal barriers and subsequent resistance, it is important to reflect on your motivations for returning to school and your expectations of increased personal and job satisfaction.

Keep the final goal in mind as you begin to navigate your journey.

“Nobody gets to see the Wizard... Not nobody, not no how!”

Many organizations have measures in place intended to minimize potential administrative barriers that could impede academic progression. However, additional administrative support can further change the status quo. It is an opportune time for organizational review of existing policies related to continued academic advancement. Close examination may identify the need for enhancement of supportive policies that tackle issues such as tuition assistance, altered work schedules for class attendance, or development of a mentoring program. Administrative initiatives aimed at providing informational sessions that offer guidance for the graduate and financial aid application processes and training on computer equipment and technology can prove to be valuable supportive measures.

“I’ve got a feeling we’re not in Kansas anymore.”

As I reflect on completion of my entry level nursing education, I recall feeling so relieved that I had reached what I felt was the final goal; I had all the knowledge I needed for my professional journey. I soon realized that, like Dorothy after the tornado carried her away, I was not in Kansas anymore. I needed a plan. Entry into the profession is not a stopping point; it should provide incentive to continue the journey. Take a step back and examine your career goals to develop a clear direction and an academic educational plan for your future.

“Somewhere over the rainbow?”

Once you have made the decision to return to school, decide on a nursing program that meets your educational needs. Ask yourself if you want to go

metaphorically over the rainbow or remain in your own backyard. In other words, do you prefer to attend a nursing program that is offered via distance learning out of state or attend an Arkansas nursing program?

In Arkansas, there are 27 practical nursing, 29 registered nursing (2 diploma, 15 associate degree and 12 baccalaureate degree) programs approved by the Arkansas State Board of Nursing (ASBN), and a number of these programs additionally offer post baccalaureate degree options. These programs are located throughout the state, and many offer various options to the traditional full-time, face-to-face lecture methodology, including part-time or evening attendance, and distance or Web-based learning. You may be able to remain “at home” and locate a program that fits your schedule.

We encourage you to visit the ASBN website, www.arsbn.org, and review information related to ASBN approved nursing programs. Choose the Education link to locate the nursing programs. There is a link to each approved nursing program and a direct e-mail to the respective program director/chair.

“Are you a good witch or a bad witch?”

You should take a great amount of caution when considering distance education (technology) programs. There is a large amount of information on the Internet related to these programs, and during this heightened time of technology, you can use this resource to your advantage. One resounding question to consider is whether socialization into the nursing profession is lost; we learn from professors and the interaction with a group or team. Education is much more than maintaining an outcome focus. You may access information related to distance education (technology)

programs by accessing the Arkansas Department of Higher Education website (www.adhe.edu) via the Divisions tab. Click on Academic Affairs, Institutional Certification and Advisory Committee (ICAC), Non public and Out of State Institutions Certified to Offer Degree Programs and Institutions Authorized to Operate in Arkansas. The direct link to the PDF document is: http://www.adhe.edu/divisions/academicaffairs/Pages/aa_certification.aspx#1. Scroll down the respective program of interest in question and be certain that it lists nursing; if it does not, the program is not appropriately certified in Arkansas.

“Pay no attention to the man behind the curtain!”

Always investigate the approval/accreditation status of a program you choose before you invest time and money in pursuit of education. Become familiar with the State Board of Nursing and Department of Higher Education information related to statutes or rules, authorization to operate and other information such as potential fraudulent or diploma mill programs. Review the programs website for accuracy and ease of information.

There is an appeal of distance education (technology) programs that lies in the perceived flexibility, ease of admission, appeal to “never have to leave home” and aggressive marketing tactics (FARB, 2011). There is, however, some concern related to programs in the for-profit sector including level of debt versus ability to earn and repay, validity of the program, large chains targeting those that may be unable to enroll, job prospects, loan debt and interest accumulates, promises that cannot be kept, potentially inflated grades, and accreditation status of some programs (FARB, 2011).

Have a Brain

The Scarecrow had many good ideas that demonstrated his ability to use resourcefulness on his journey. It is important for you to develop this attribute by becoming an informed consumer of your educational experience, carefully examining your options and identifying available resources.

Once you have identified the education modality you prefer, verify that the nursing program you are interested in is accredited by National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education as applicable. If you enroll in a program that does not have national accreditation, you may not be able to achieve your goal (Burton, 2009). The degree you have worked so hard for may not have the portability necessary to continue your educational plans and may not be recognized by other states or institutions.

Plan ahead and review admission requirements, take required testing, and submit required materials and transcripts early. Examine the program’s website or contact a program representative and locate information related to graduation and job placement rates, success rates, loan default rates, and obtain a detailed explanation of costs.

Spend extra time evaluating a for-profit program. While many schools may offer good opportunities, there continues to be concern regarding others. As a prospective applicant, compare the cost you are paying for the certificate or degree that you will receive. Is the same certificate or degree offered from one of the Arkansas programs at a better cost?

Additionally, check the expected salary range for your identified field, and find out if your credits or degree has portability (will transfer) to other institutions you plan to attend. You

should not only access the respective program’s website, but you should also conduct a Web search related to for-profit programs (schools). Be aware of potentially shady practices, and review prior consumer experiences with the program. Watch the news or read information related to looming regulatory scrutiny and proposed regulations for the industry regarding financial aid. Many of the for-profit institutions are geared up to respond to inquiry into recruitment strategies and costs associated with attendance.

To further develop financial resourcefulness, you are encouraged to research funding options. There are a number of financial resources available, and it is a good time to seek out scholarship opportunities and other sources of financial aid. Financial assistance options may be available through your employer, health care organizations and professional organizations.

The Arkansas Department of Higher Education website (www.adhe.edu/ access Student tab) provides valuable financial aid information. The United States Department of Education offers Pell grants and supplemental education opportunities grants, Perkins loans, PLUS loans, Stafford Loans and Direct Loans to individuals who qualify. Information is accessible at <http://www.ed.gov>. Finally, other national financial sources can be located at www.FinAid.org, which is sponsored by the National Association of Student Financial Aid Administrators.

Continue to develop resourcefulness by preparing for your return to school. You might consider taking a lower level course or a course offered at a community college or adult education center that will allow you to tune up an outdated skill (writing or math) or learn a new skill

(Excel, PowerPoint). It is also resourceful to identify a librarian who might assist you with database or literature searches or provides tutoring in the use of most used research databases.

Have Passion

The Tin Man was kind and thoughtful, which demonstrated he already had the quality he most desired. It is important for you to nurture the same attribute and surround yourself with support systems that will encourage your passionate desire. Share your aspirations with those who care for you. Help them understand why this goal is important to you.

Identify a coach or mentor either through a formal mentoring program or an informal method, such as a work colleague who has been in similar circumstances. A mentor in this type of collegial support relationship can provide valuable advice and may become vested in your success. Additionally, a buddy system with a peer who is going back to school

can share in the day-to-day academic challenges (Burton, 2009).

Develop a relationship with your academic advisor; make early and frequent contact. Make a positive impression by preparing for your meetings by bringing a summary of classes you are attending, questions and review your educational plan to identify next steps.

Have Courage: Develop Tenacity

The Lion bravely demonstrated tenacity as he and his companions repeatedly faced dangerous situations. This attribute will prove valuable to you during each moment of your academic journey. Develop a steadfast determination in the face of obstacles and perils that may appear overwhelming. To enhance your best physical and emotional shape, cultivate a personal health management plan into your routine that includes diet, exercise and good sleep practices.

Dorothy's journey, although challenging, proved worthwhile. All the characters demonstrated priceless attributes along the way that ultimately helped them reach their personal goals. These attributes can be nurtured as you move in the direction of attainment of additional nursing education.

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VENOUS THROMBOEMBOLISM: APPROPRIATE RISK ASSESSMENT AND TREATMENT CAN SAVE LIVES

An obese woman with stage III ovarian carcinoma was admitted to the hospital with RLL pneumonia. After five days of treatment, she had improved and was discharged. Five days after that, she was found dead in her home. The autopsy revealed that the cause of death was a pulmonary embolus.

There are almost a million cases of venous thromboembolism (VTE) in the United States each year. Almost 300,000 are fatal; of those, about 7 percent of patients had been diagnosed and treated, while 34 percent were the result of a sudden pulmonary embolism and 49 percent resulted from undetected PE.¹ VTE kills more people than AIDS, breast cancer and highway fatalities combined.²

The Institute of Medicine reminds us that "Patients should

percent of VTE events; therefore, we have a discrete opportunity to employ preventive strategies. Upon admission and regularly thereafter, we should evaluate each patient's risk of developing VTE, and then employ methods of thromboprophylaxis that are evidence-based and clinically appropriate.⁴

Figure 1 illustrates a simplified VTE risk-assessment tool developed by a team of researchers at the University of California, San Diego Medical Center.⁵

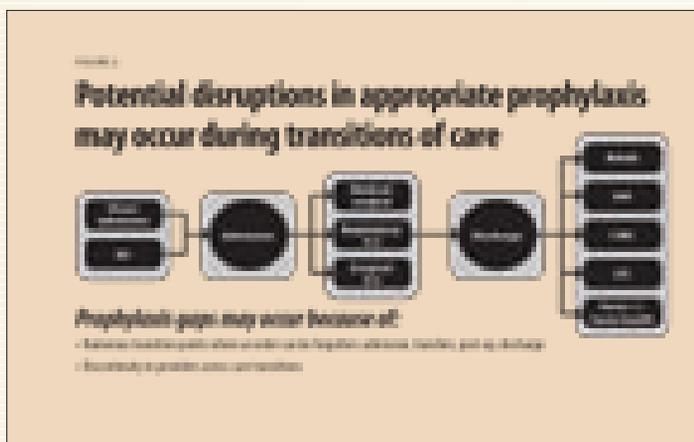
Returning to the case of the woman with ovarian cancer: Her VTE risk was recognized, and thromboprophylaxis was started with enoxaparin 40 mg SC once daily. So what went wrong?

Systemic application of appropriate thromboprophylaxis has the potential to reduce the burden of VTE by over 50 percent and save thousands of lives.⁶ According to Amin, there has been an inappropriately low rate of appropriate thromboprophylaxis in the U.S. of 66 percent.⁷ The most common reasons were 1) no thromboprophylaxis given (35.4 percent) and 2) inappropriate duration (16.7 percent). Incorrect dosage has also been reported as a contributing factor.^{8,9}

The flow diagram in Figure 2 illustrates the points where the treatment process can break down, leading to inappropriate thromboprophylaxis. Prophylaxis must be ordered for appropriate patients at the appropriate time – as soon as the risk is recognized – and then must be given at the appropriate dosage for the appropriate length of time.

Average hospital lengths of stay (LOS) have declined dramatically in the past 10 years. The medical LOS in 2005 was approximately four days, down from eight in the early 1990s.¹⁰ The American College of Chest Physicians recommends a thromboprophylaxis duration of six to 11 days for at-risk medical patients; therefore, the appropriate duration of thromboprophylaxis may well be longer than the patient's hospital stay. The ovarian cancer patient mentioned previously was not discharged on thromboprophylaxis.

At-risk patients have unprotected days, both in and out of the hospital. Data indicate a possible gap of nearly two days between hospital admission and recognition of VTE risk. It is of great importance to close the gap in appropriate prophylaxis – including post discharge. Note that, as with our ovarian cancer candidate, 18 percent of DVT/PE events among acutely ill



receive care based upon the best available scientific evidence, and care should not vary illogically from clinician to clinician and place to place."³ Hospitalization and/or surgery account for 60

medical patients occurred after discharge.¹¹

Inpatient prevention of VTE is not a dichotomous yes-or-no metric. Proper VTE prophylaxis requires evidence-based measures applied according to protocols used in randomized controlled trials. For pharmacological prophylaxis, this means ordering the right dose of the right medication at the right time for the proper duration. Outpatient and inpatient VTE should be coupled, not placed in separate silos.¹²

In conclusion, because VTE occurs in relation to hospitalization or surgery a majority of the time, initial risk

assessment and initiation of prophylaxis are important QI interventions that can reduce VTE. As our health care system evolves (e.g. shorter hospitalizations and more outpatient interventions), VTE prophylaxis must evolve to include delivery outside the acute hospital setting.

Johnny W. Jones, MD, FACOG, MBA is medical director of Wadley Regional Medical Center, Prenatal Clinic in Texarkana, Texas.

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In a Magnet environment, structures and processes that support evidence-based practice (EBP), research and innovation are a must. Creating these structures and processes isn't as easy as you might think. It can be challenging for clinicians to make the connection between EBP, research and their every day practice. This has led to the development of a number of frameworks and models designed to help clinicians make this all important connection.

In 2010, University of Arkansas for Medical Sciences' Nursing Research Council was tasked with identifying an EBP model that could be adopted by UAMS nursing as a framework for translation of evidence into practice. This council comprised of nurses from all levels of practice and representing a variety of clinical areas used the work of Gawlinski & Rutledge (2008) to perform a thoughtful, systematic critique of 5 commonly used EBP models (Table 1).

Table 1 EBP Models and Critique Questions

IOWA
Johns Hopkins
Melnyk & Fineout-Overholt
ACE Star Model of Knowledge Transformation
Rosswurm

80 respondents ranked their top 3 preferences for an EBP model based on 4 areas:

- 1) Concepts well organized and clear
- 2) Diagram easy to understand
- 3) Has steps representing a beginning and end
- 4) Easy to apply to issues in clinical settings

The council completed their critique but did not find a model they recommended for adoption by UAMS nursing. This group of innovative nurses (Table 2) decided it would be better to create a model that integrated the "best" qualities of those reviewed as well as include areas they believed were missing. The Director of the Center for Nursing Excellence (CNE) developed a schematic based on the preferred model components identified by the council members. The graphic

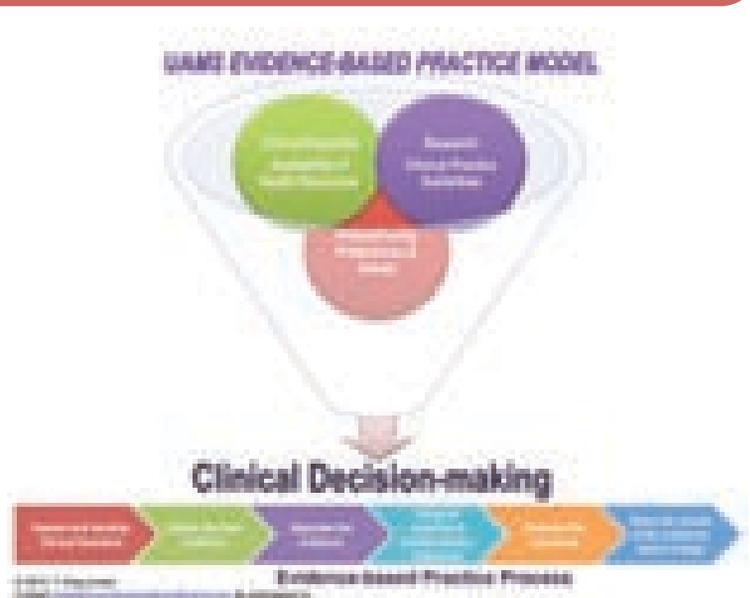
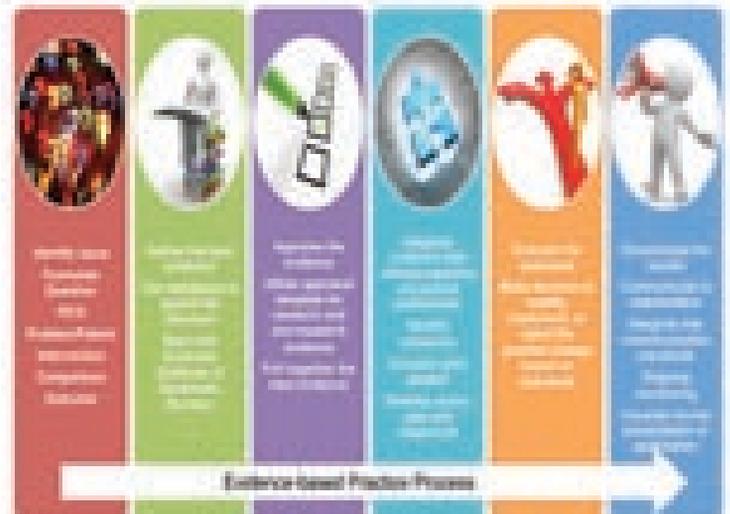


Figure 1. UAMS EBP Model



depiction was reviewed and approved by the council. As part of the model development, 80 UAMS nurses blindly reviewed and ranked 6 models including the UAMS prototype. Seventy-percent of the nurses ranked the UAMS EBP Model as their number one choice, while 95% ranked it in their top three. The end result was a dynamic EBP model that demonstrates the clinical relevance of EBP as well as outlines the process (Figure 1.)

To date, the council has created special education that accompanies the model as well as an EBP "toolkit" that includes guides for question development, literature appraisal and project management. An abstract outlining the development of



*Pictured: front L-R, Lana Brown, Michael Freeland;
back Carol Murry, Tammy Jones*

Table 2– 2010 Research Council Members

Amy Hester, RN, BSN, BC – Nurse Manager Neurology
Mitchell Lincoln, RN, BSN, PCCN – Progressive Care Nurse
Michael Freeland, RN, BSN, – Stem Cell Transplant Nurse
Carol Murry, RN, MHSA, BC – Patient Advocate
Lana Brown, MNsc, RN-BC – College of Nursing Faculty
Donna Elrod, RN, MSN, OCN – Nurse Manager Oncology
Tammy Jones, RNC-OB, PhD – CNE Director
Sally Everson-Bates, RN, DNsc – Hospital Director
Lori Frazier, RN, MS, CCRN – Intensive Care Nurse
Ramona Walker, RN, CCRN – Intensive Care Nurse
Myoshi Jackson-Austin, RN, BSN – Surgical Specialties Nurse
Becca Austin, RN, MNsc, WHNP-BC Community Women's Clinic

the model was recently accepted for an oral presentation at a research conference this spring. The council plans to develop a manuscript for publication later this year. Of further interest is the council's conscious decision to omit 'nursing' from the title. EBP is not unique to nursing and the council plans on promoting

the use of the UAMS Evidence-based Practice Model across all disciplines. This work is but one example of how nurses set the pace for creating New Knowledge, Innovations & Improvements every day at UAMS.

Reference:

Galwinski, A. & Rutledge, D. (2008). Selecting a model for evidence-based practice changes. AACN Advanced Critical Care, (19), 3: pp. 291-300.



Donna Elrod (right in picture)



Amy Hester (left in picture)



Myoshi Jackson-Austin (right in picture)

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LICENSEE APPLICANTS and CRIMINAL BACKGROUND CHECKS

The Arkansas State Board of Nursing (ASBN) was created in 1913 with the mission to protect the public and act as their advocate by effectively regulating the practice of nursing. The Nurse Practice Act (NPA) and Rules, along with Position Statements and Guidelines, direct what is considered safe nursing practice. In Arkansas, nursing students are not under the inquiry of the ASBN until application for initial licensure is made. There is misinformation regarding the NPA. The chatter on websites that focus on nursing and in comments on social networking sites compound the confusion. In this article, you will find answers to some frequently asked questions to clear up some misconceptions.

1. I am a nursing student and heard that if I had a criminal conviction before the age 17 I do not have to report it when I apply to take my nursing licensure exam. Is this correct?

No. ANY conviction, any plea of guilty, or any plea of nolo contendere to a criminal offense, including DWIs and DUIs, (minor traffic violations are not reportable) at ANY age must be reported to the Board. The Board is accountable to the citizens of Arkansas to protect and act as their advocate in the regulation of nursing practice. In 1999, the legislature passed a law, Arkansas Code Annotated § 17-87-312, requiring criminal background checks as a prerequisite to issuing a nursing license. The law on criminal background checks, in part, states:

(a) Each first-time applicant for a license issued by the Arkansas State Board of

Nursing shall apply to the Identification Bureau of the Department of Arkansas State Police for a state and national criminal background check, to be conducted by the Federal Bureau of Investigation.

(b) The check shall conform to the applicable federal standards and shall include the taking of fingerprints.

(c) The applicant shall sign a release of information to the Board and shall be responsible to the Department of Arkansas State Police for the payment of any fee associated with the criminal background check.

(d) Upon completion of the criminal background check, the Identification Bureau of the Department of Arkansas State Police shall forward to the Board all information obtained concerning the applicant in the commission of any offense listed in subsection (e) of this section (subsection (e) lists convictions that are reportable to the ASBN.)

When a criminal background check is conducted, all state and federal convictions are reported to the Board. Some applicants may have had background checks previously conducted for employment and the check came back negative, despite a history of an offense and conviction. The problem is that many businesses contract with private companies to conduct background checks, or the company does the background checks and not all offenses may be reported to them. So, it appears to the employer and the applicant that there are no convictions.

When the Board's background check report returns and is positive for a criminal history, applicants are surprised as prior background checks were negative. Applicants for a nursing license must answer the questions asked on the application. Answer truthfully. Finally, read this section on the NPA and if you have any questions, speak with your instructor.

2. I am a student in a local nursing program. I have a prior conviction for methamphetamine use. I followed all the probation requirements and my attorney told me this conviction would be expunged and I would have a 'clean' record. Do I have to report this conviction on my application for licensure?

Yes. While expungement of criminal convictions is allowed under Ark. Code Ann. § 16-90-902 and provides: "a) An individual whose record has been expunged in accordance with the procedures established by this subchapter shall have all privileges and rights restored, shall be completely exonerated, and the record which has been expunged shall not affect any of his civil rights or liberties, unless otherwise specifically provided for by law."

At the time the court seals or expunges a record, the individual is generally advised he or she no longer has to report the offense and conviction. The language, unless otherwise specifically provided for by law, provides an exception and allows the Board to have access to expunged or sealed documents because an offense and conviction resulted from a plea of guilty or a plea of

continued on page 22



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The Eleanor Mann School of Nursing (EMSON) in the College of Education and Health Professions at the University of Arkansas, Fayetteville invites nominations and applications for two (2) full-time and tenure-track Assistant Professor of Nursing positions.

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2. At least one graduate degree must be in the field of Nursing; and
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1. Preference will be given to candidates who possess the following:
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3. Previous teaching and/or clinical supervision experience;
4. Evidence of the potential for research productivity, including securing externally funded grants;
5. A record of involvement in public service and with professional organizations; and
6. Previous experience working with diverse populations.

Where to Apply?

Review of applications will begin January 15, 2011, but later applications will be accepted for review until the position is filled. To apply send a letter of interest (demonstrating how your strengths match the duties and qualifications listed above), complete vitae, copy of nursing license(s), and the names, titles, addresses, and contact numbers of three references. Transcripts will be required only from finalists. All materials and queries should be addressed to:

Dr. Tom Kippenbrock, Chair, EMSON Search Committee
217 Ozark Hall, University of Arkansas
Fayetteville, AR 72701
Email: tkippen@uark.edu



This position is subject to a pre-employment criminal background and registry check. A criminal conviction or arrest pending adjudication alone shall not disqualify an applicant in the absence of a relationship to the requirements of the position. Background check information will be used in a confidential, non-discriminatory manner consistent with state and federal law.

The University of Arkansas is an Affirmative Action/Equal Opportunity Employer. The University welcomes applications without regard to age, race, gender, national origin, disability, religion, marital or parental status, veteran status or sexual orientation. Applicants must have proof of legal authority to work in the United States. All applicants are subject to public disclosure under the Arkansas Freedom of Information Act.

nolo contendere, or a finding or verdict of guilty. The Ark. Code Ann. § 17-87-312 states:

“(e) Except as provided in subdivision (l)(1) of this section, no person shall be eligible to receive or hold a license issued by the Board if that person has pleaded guilty or nolo contendere to, or been found guilty of any of the following offenses by any court in the State of Arkansas or of any similar offense by a court in another state or of any similar offense by a federal court. “ The offenses considered are listed in this subsection.

(available at http://www.arsbn.arkansas.gov/lawsRules/Documents/NURSEPRACTICEACT_2007_5.pdf).

Note there is a specific exception to the NPA regarding sealed or expunged records. The exception is recognized in “(l)(1) For purposes of this section, an expunged record of a conviction or a plea of guilty or nolo contendere to an offense listed in subsection (e) of this section shall not be considered a conviction, guilty plea, or nolo contendere plea to the offense unless the offense is also listed in subdivision (l)(2) of this section:

(2) Because of the serious nature of the offenses and the close relationship to the type of work that is to be performed, the following shall result in permanent disqualification:

- (A) Capital murder as prohibited in § 5-10-101;
- (B) Murder in the first degree as prohibited in § 5-10-102 and murder in the second degree as prohibited in § 5-10-103;
- (C) Kidnapping as prohibited in § 5-11-102;
- (D) Rape as prohibited in § 5-14-103;
- (E) Sexual assault in the first degree as prohibited in § 5-14-124 and sexual assault in the second degree as prohibited in § 5-14-125;
- (F) Endangering the welfare of a minor in the first degree as prohibited in

- § 5-27-205 and endangering the welfare of a minor in the second degree as prohibited in § 5-27-206;
- (G) Incest as prohibited in § 5-26-202;
- (H) Arson as prohibited in § 5-38-301;
- (I) Endangering the welfare of incompetent person in the first degree as prohibited in § 5-27-201; and
- (J) Adult abuse that constitutes a felony as prohibited in § 5-28-103.

If you have a sealed or expunged offense and conviction, on your application for your licensure exam, when you read the question: “Have you ever been convicted of a misdemeanor or felony, pled guilty or nolo contendere to any charge in any state or jurisdiction? DWIs and similar offenses must be reported. (Traffic violations do not constitute a crime.)” MARK “YES.” You will need to supply a certified copy of the court document that shows what conviction was sealed or expunged and

when it was sealed or expunged. If your offense and conviction was for one of the crimes listed above (A through J), you may NOT obtain a nursing license in this state.

Applicants with a criminal history need to be aware of the legal process once an offense occurs. An offense and conviction may be eligible to be sealed or expunged. This is not automatically done by the court. The convicted individual has to go back to court and request the offense be sealed or expunged. There are times when applicants THINK the conviction has been sealed or expunged because that is what the attorney said when the case was adjudicated. If after an offense, conviction and any probation or restitution, an individual has not returned to court to petition to have the record sealed or expunged, it will continue to reflect a conviction of the criminal offense.



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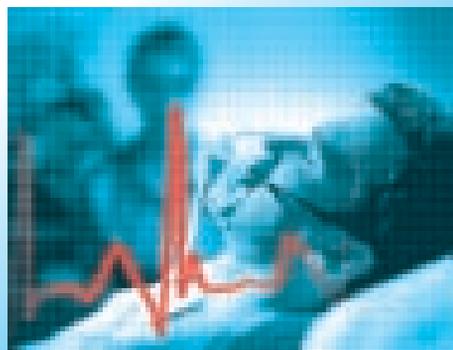
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A signed employment agreement is required. For further details, contact Debbie Robinson, Nurse Recruiter: 870-541-7774 phone robinsond@jrmc.org

NURSING SCHOLARSHIP LOAN RECIPIENTS ANNOUNCED

Recipients were recently selected to be awarded the Faith A. Fields Nursing Scholarship Loan for the Spring 2011 semester. Listed below are the student recipients, monetary amounts and academic programs in which they are enrolled.

Recipient	Amount	Academic Program	Recipient	Amount	Academic Program
Austen, Anne	\$1,000	Baptist Health School of Nursing	Morgan, Vincent	\$1,000	Baptist Health School of Nursing
Baird, Carita	\$1,200	Ozarka College	Morrow, Shannon	\$600	UALR
Baker, Matilda	\$2,500	UCA	Palmer, Stephen	\$1,000	Baptist Health School of Nursing
Barron, Kendall	\$1,500	UA Community College – Batesville	Parker, Brandi	\$1,500	Baptist Health School of Nursing
Burgess, Lena	\$1,500	AR Northeastern	Perrin, Nathan	\$1,000	ASU
Calendar, Amber	\$2,500	ASU	Poppy, Ashley	\$1,500	UALR
Carlisle, Laura	\$5,000	ASU	Porter, Demetra	\$1,500	UA Comm. College – Hope
Chambers, Julia	\$2,500	UCA	Reed, Leslie	\$1,500	UALR
Cook, Stoney	\$1,000	ASU	Rice, Raven	\$1,500	Baptist Health School of Nursing
Daniels, Beatrice	\$1,500	UA Comm. College – Hope	Rogers, Eric	\$1,000	AR Northeastern
Dunson, Chantel	\$1,200	NW Technical Inst.	Roseberry, Teresa	\$1,000	Baptist Health School of Nursing
Emis, Melissa	\$1,000	Baptist Health School of Nursing	Rosenow, Amanda	\$1,500	NW Technical
Exum, Jamie	\$1,000	AR Northeastern	Smith, Shelley	\$1,500	Baptist Health School of Nursing
Fetter, April	\$1,500	UALR	Speck, Laura	\$1,000	Baptist Health School of Nursing
Gibson, Erica	\$1,500	UALR	Stankiewicz, Kristina	\$1,500	AR Northeastern
Graves, Sherri	\$5,000	UAMS	Squires, Jessica	\$1,000	Baptist Health School of Nursing
Gray, Alisha	\$1,000	Baptist Health School of Nursing	Trantham, Terrin	\$1,200	UALR
Hart, Jessica	\$1,000	UALR	Travis, Linda	\$1,200	Baptist Health School of Nursing
Hearon, Miranda	\$1,000	Baptist Health School of Nursing	Vaughn, Ashley	\$1,500	UA Community College – Batesville
Hughes, Lauren	\$1,200	UALR	Wainscott, Debra	\$1,000	Pulaski Tech/UALR
Hunter, Reshunda	\$500	UALR	Warrior, Jennifer	\$1,500	UAMS
James, Jennifer	\$2,500	UCA	Washam, Gary	\$500	UA Community College - Batesville
Jemison, Nekesha	\$500	UALR	Watson, Charlett	\$5,000	Harding University
Jordan, Sherry	\$1,200	Ozarka College	Watts, Candace	\$1,000	UAMS
Kirtley, Debra	\$3,000	Univ. of Phoenix	Wilkerson, Shannon	\$1,000	Baptist Health School of Nursing
Kessler, Christopher	\$1,500	UA	Williams, Danny	\$1,000	Baptist Health School of Nursing
Martin, Monica	\$1,000	Baptist Health School of Nursing	Williams, Melody	\$1,200	So. AR University
Milam, Margaret	\$1,500	UA Community College – Batesville	Williamson, Danielle	\$500	AR Tech University
Moore, Martha	\$1,200	AR Northeastern	Wilson, Tiffany	\$1,000	Baptist Health School of Nursing

For further information about this scholarship, please visit our website at www.arsbn.org.

THANK YOU!

Thank you for making a difference in children's lives! We appreciate you, the nurses at **Arkansas Children's Hospital**, and your commitment to the children and families that we serve.



CONGRATULATIONS!

We would also like to take this opportunity to congratulate our 3 nominees for the 2010 Nursing Compassion Award:



Tizzy Stewart, RN II



Linda Easter, RN III



Jennifer Dunn, RN II



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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 ACA §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 penal-

ties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an impaired-nurse contract with an employer 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

Blythe, Erin Vanessa
R80409, Cabot
A.C.A. §17-87-309(a)(6)
Probation – 1 yr
Civil Penalty – \$900

Cochran, Emily Jean
R28451, Fayetteville
A.C.A. §17-87-309(a)
(1),(2)&(6)
Probation – 1 yr
Civil Penalty – \$500

Double, Mary Ann
R70380, Fayetteville
A.C.A. §17-87-309(a)
(2),(6)&(7)
Probation – 1 yr

Howard, Elizabeth Anne
Trusty Isch
R62710, Clarksville
A.C.A. §17-87-309(a)
(4)&(6)
Probation – 2 years

Lawson, Glenda Gay Davis
R32748 (exp), S01085
(exp), P01424 (exp),
Fayetteville
A.C.A. §17-87-309(a)
(2),(4),(6)&(9)
Probation – 2 ½yrs

Matthews, Amber Nicole
Throgmartin Davis
A03044, R70136,
PAC2938 (inactive)
L37918 (exp), Benton
A.C.A. §17-87-309(a)(6)
Probation – 2 ½yrs
Civil Penalty – \$2,500

Morris, Jason Daniel
L51133, Peel
A.C.A. §17-87-309(a)
(2)&(6)
Probation – 1 yr

Nelson, Dorothy Jean
Robinson
L23734, Dermott
A.C.A. §17-87-309(a)(6)
Probation – 1 yr
Civil Penalty – \$500

Pine, Kiley Patrese
R84214, Quitman
A.C.A. §17-87-309(a)(6)
Probation – 2yrs
Civil Penalty – \$1,000

Townsend, Wanda C.
Wilbanks
A01298, P00603 (exp),
R27575
PAC1214, Russellville
A.C.A. §17-87-309(a)
(2)&(6)
Probation – 1 yr
Civil Penalty – \$500

Weir, Chad Andrew
L51325, Jonesboro
A.C.A. §17-87-309(a)(2)
Probation – 1 yr

VOLUNTARY SURRENDER

Bell, Jessica Lynn
L48646, Poteau, OK
January 18, 2011

Eble, David Michael
R66118, Tupelo, MS
February 2, 2011

Ford, Kerry Lynn Cozart
Barrett Branscum
R55025, Marked Tree
February 23, 2011

Gatewood, Peggy Jo Gilkey
Barrett Branscum
R43087, Paragould
January 19, 2011

Marshall, Keely L. Walton
R70896, Kennett, MO
February 8, 2011

Myers, Charmaine
Christine Kruse
R81811, L45095 (exp),
Pearcy
January 19, 2011

Pitingoro, Jean Teresa
Laimore
L14049, Mena
January 31, 2011

Porter, Scott Raymond
R52473, Fort Smith
February 2, 2011

Ray, Karen Faye Bolden
R55899, Tupelo
February 8, 2011

Richardson, Maxine Allen
L39112, West Helena
February 23, 2011

REINSTATEMENTS WITH PROBATION

Boudra, Rebecca Irene
Holliday Edwards Nixon
L31989 (expired), Pine
Bluff
Reinstatement to
Probation – 3 yrs
February 16, 2011

Hamilton, Holly Brooke
Underwood
L45775, Little Rock
Reinstatement to
Probation – 1 yr
January 24, 2011

REPRIMAND

Arnold, Brenda Gail McCoy
Fox, LaQuinto Deshong
L42650, Jefferson
December 28, 2010

Freyaldenhoven, Teresa
Delene Gifford Burlie
L39498, Morrilton
December 29, 2010

Morris, Christie Lee
Williams
R43341, Alpena
December 28, 2010

Shields, Stephanie Yvonne
L43565, Conway
December 27, 2010

Sterling, Lorrie Kay
Winkler Hutsell
L24433, Searcy
December 28, 2010

Ross, Tina Marlene
Albert Cooper
R33119, Bryant
December 27, 2010

PROBATIONARY STATUS REMOVED

Burns, Patrick Joseph
R73649, Batesville
January 14, 2011

Campbell, Rita Gail Liles
R19977, L1845 (exp),
Prescott
January 18, 2011

Downing, Linda Jean Jones
R49385, Bryant
January 14, 2011

Evans, Constance Renee
R85135, Benton
January 25, 2011

King, Dena Leigh Gabbard
R34432, Little Rock
January 14, 2011

Martin, Patricia Diane
Craig
L25287, Hamburg
January 24, 2011

Phylar, Misty Kaye Griggs
R62883, L34525 (exp),
Wynne
January 14, 2011

Pridgeon, Nekita Viola
R77985, L43285 (exp),
White Hall
January 14, 2011

Rickabaugh, Samuel David
L20094, Booneville
January 14, 2011

Settles, Vickie Rochelle
McElroy
R33130, Mabelvale
January 18, 2011

Taylor, Cynthia M.
L49626, Cave City
January 14, 2011

POSITION STATEMENT 95-2 TRANSMISSION AND ACCEPTANCE OF VERBAL ORDERS

The Arkansas State Board of Nursing acknowledges that the best interests of all members of the health care team are served by having the licensed physician, licensed dentist, or advanced practice nurse holding a certificate of prescriptive authority write all orders on the patient's medical record. Although a licensed

nurse relating verbal and telephonic orders to a licensed nurse may have become accepted practice, neither the Arkansas Nurse Practice Act nor the Arkansas State Board of Nursing Rules specifically address this issue. Verbal orders transmitted over the phone place the licensed nurse at greater risk. Employing facilities should have

policies and procedures to guide the licensed nurse.

However, the *Rules* of the Arkansas State Board of Nursing do prohibit a licensed nurse from receiving or transmitting verbal orders to or from unlicensed personnel.

Adopted December 7, 1995



THE 2011 NCLEX-PN® HAS ARRIVED!

The National Council of State Boards of Nursing (NCSBN®) recently published the 2011 NCLEX-PN Detailed Test Plan. You can find the Detailed Test Plan on the NCSBN® website at <https://www.ncsbn.org/1287.htm>. Additionally, you can find links to the Detailed Test Plan and Frequently Asked Questions on the Arkansas State Board of Nursing (ASBN) website at www.arsbn.org by accessing the Education tab and NCLEX® Exam link.

To facilitate its mission to protect the public, the ASBN regulates entry into the practice of nursing by ensuring entry-level standards are met. The Board achieves this by requiring that candidates for initial licensure successfully pass the National Council Licensure Examination (NCLEX®)

in their respective area of educational preparation (practical nursing or registered nursing). The NCSBN develops the National Council Licensure Examination for Practical Nurses (NCLEX-PN) and National Council Licensure Examination for Registered Nurses (NCLEX-RN).

The 2011 NCLEX-PN Detailed Test Plan's purpose is to provide a framework for the development of the NCLEX-PN and to serve as a guide for candidate examination preparation. The Detailed Test Plan is published in a Candidate version and an Item Writer/Item Reviewer/Nurse Educator version. It provides valuable information relevant to the NCLEX-PN and delineates the beliefs regarded as integral to nursing, identifies cognitive levels that are tested

and provides a more detailed description of test content than is covered in the basic test plan.

The NCSBN and the NCLEX® Examination Committee, evaluate the test plan every three years. They base revisions on utilization of multiple resources, including empirical practice analysis data specific to the respective scope of practice, board member feedback and expert judgment. The NCSBN Delegate Assembly, the decision making body of NCSBN, approved the 2011 NCLEX-PN Detailed Test Plan at its annual meeting in August 2010, and the plan becomes effective April 1, 2011. The Detailed Test Plan for registered nurses was revised in 2010 and is accessible as identified herein.



Fred Knight, ASBN General Counsel

THE "GOOD SAMARITAN" LAW - ARE NURSES COVERED?

As I travel around the state speaking to various nursing organizations and associations, I'm always amazed at the number of questions nurses have concerning the "Good Samaritan" law. Without doubt, there are a variety of rumors and misconceptions regarding the "Good Samaritan" law. Hopefully some of those questions and rumors can now be laid to rest.

Prior to 2007, the "Good Samaritan" Act was vague and confusing at best. It was clear the original law was aimed at protecting only physicians and surgeons. Over the years it was amended to protect average citizens who stopped and provided emergency assistance. What was not clear was whether nurses and other health care providers were covered. Generally, it was believed that nurses were "probably"

covered, but there was some doubt.

Fortunately, in 2007, Sen. Barbara Horn and Rep. Eddie Hawkins introduced Senate Bill 421 (Act 1038), which essentially rewrote the "Good Samaritan" law. Without question, this bill was long overdue. The bill passed both the Arkansas Senate and House of Representatives and Gov. Mike Beebe signed it into law.

Now all health care professionals are covered by the "Good Samaritan" Act. Arkansas Code Annotated §17-95-101(a) (c) specifically states in part:

Any health care professional under the laws of the State of Arkansas who, in good faith, lends emergency care or assistance without compensation at the place of an emergency or accident shall not be liable for any civil damages for acts or omissions performed in good faith as long as any act

or omission resulting from the rendering of emergency assistance or services was not grossly negligent or willful misconduct.

In a nutshell, any licensed nurse who provides free emergency assistance is now covered by the "Good Samaritan" law. It is very important for the nurse to remember not to exceed his or her training or scope of practice when providing emergency services. If a nurse exceeds their scope of practice, the "Good Samaritan" Act will not cover that nurse. Nurses must assess each emergency situation they come upon and decide for themselves whether they have the necessary skills to assist.

One last rumor is that all nurses must stop and provide emergency services as a matter of law. This is not true. If possible to stop and help, a nurse's skills could be vital, but is not mandatory.

IT'S *GETTING* CLOSER



On July 1, 2011, the Arkansas State Board of Nursing will begin using a cardless licensure system. The traditional wallet license card will no longer be distributed for licensure by endorsement, examination, reinstatement or renewal.

For the first two years, a plastic wallet license card will be distributed following licensure by examination, endorsement, reinstatement and renewal. After the first two years (through a renewal cycle) wallet license cards will NO LONGER

BE DISTRIBUTED FOLLOWING RENEWAL.

The plastic wallet license card will not reflect an expiration date. Nurses and employers will be directed to the ASBN online license verification system at www.arsbn.org to verify a nurse's status, discipline and expiration date.

The cardless licensure system WILL NOT AFFECT THE RENEWAL PROCESS. The Nurse Practice Act requires biennial license renewal for practicing nurses.



Darla Erickson, CPA
Administrative Services Manager

DID IT **WORK?**

I tried to renew my license online but am not sure if it went through. This is something we hear often. There is one way to know it "went through." When you complete the online process of renewing your license, you will see a confirmation page. This means you successfully completed the process, and we received your payment information. It is a good idea to print the confirmation page as proof of payment. This way, if

you do have a problem, we can use your confirmation number to look up your payment. Also, if your employer reimburses you for your license renewal fee, this can serve as a payment receipt for that purpose.

Your license renewal is not something you want to pay twice because you weren't sure if your payment was received. It is also something you do not want to let lapse because you thought it worked when

it didn't. So, if you are uncertain you completed the online process because you did not see a confirmation page, it is a good idea to check with the Board to make sure we received your payment.

The best way to ensure a successful online license renewal is to

- read instructions carefully;
- answer everything;
- double check before you submit; and
- print your confirmation page.

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APNs: Collaborative Practice Agreements (CPA)

- Sample collaborative practice agreements are located on our website, www.arsbn.org. Choose “Adv. Practice” on the bar at the top of the website. The next screen will contain two samples; one for a multiple physician practice and one for a single physician practice with a back-up physician (required) in the absence of collaborating physician. The samples contain Board criteria that must be in the agreement.
- ALL new collaborative practice agreements must include a copy of your written Quality Assurance Plan. Guidelines for Quality Assurance are found under the above mentioned link.
- The “Advanced Practice” section also contains Guidelines for Prescriptive Protocols for those who aren’t sure how to write them! APNs must have written prescribing protocols. We do audit for them. Do not send them with the agreement.

- What should NOT be in the CPA – a list of scope of practice or functions of the APN. If the institution requires this, and many times they do for credentialing purposes, this should be a separate document between you and them; we do not want it in the CPA!
- Expect to get a letter from our office approving the agreement prior to you prescribing in the setting. It may take up to two weeks to receive the letter. Plan ahead so as not to disappoint your employer! The agreement becomes effective when the agreement has been approved, not when it is signed.
- It is not uncommon for APNs to allow the office manager to take care of the collaborative practice agreement. It is the APN’s responsibility to ensure that the agreement meets the criteria and gets to our office. In recent months an APN allowed the clinic manager to take care of the collaborative practice agreement

and it was never sent. Three months later there was a complaint filed about prescribing practices in the practice setting and the APN is under investigation. The fact that she was practicing without a collaborative agreement only makes the situation worse.

- We must have the original collaborative practice agreement. If your agency also needs an original, then have two originals signed.
- The ASBN *Rules* require that the APN “shall notify the Board in writing the next working day following termination of the collaborative practice agreement. A new collaborative practice agreement is required to be on file prior to reactivating prescriptive authority.” This notification can be sent via e-mail, fax, or snail mail.

If you have questions, contact Dr. Jackie L. Gray at 501.686.2725 or via e-mail at jgray@arsbn.org.

SMITH NOMINATED AS ITEM WRITER FOR NATIONAL COUNCIL OF STATE BOARDS OF NURSING



Cindy Smith, practical nursing instructor at Arkansas State University-Beebe, was selected as an Item Writer for the National Council of State Boards of Nursing Licensure Examination (NCLEX®).

Smith was approved by the Arkansas State Board of Nursing and selected by the National Council of State Boards of Nursing to participate on the NCLEX item development panel of subject matter experts that was held in Chicago, IL on January 31 through February 3, 2011.

Smith was one of 12 nurses from

across the nation to be selected for this assignment. She was nominated on the basis of clinical specialty and nursing expertise. Smith has been an instructor for the Practical Nursing program on the Searcy campus since 1997.

All nurses in the United States and its four U.S. territories must take the NCLEX. The licensing exam identifies those candidates who demonstrate minimal competence to practice nursing at the entry level. Passing the NCLEX exam is one of the requirements necessary for attaining a nursing license.

EXEMPLARY PROFESSIONAL PRACTICE

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Katherine Metz, R.N., (left) works in hematology/oncology and serves as the skin resource nurse. Amanda White, R.N., provides cardiac progressive care and serves as the diabetes resource nurse.

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