



ASBN

Volume 12 Number 4

July 2008

# Update

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**2008  
NURSE  
PRACTICE  
GOLD  
AWARD**



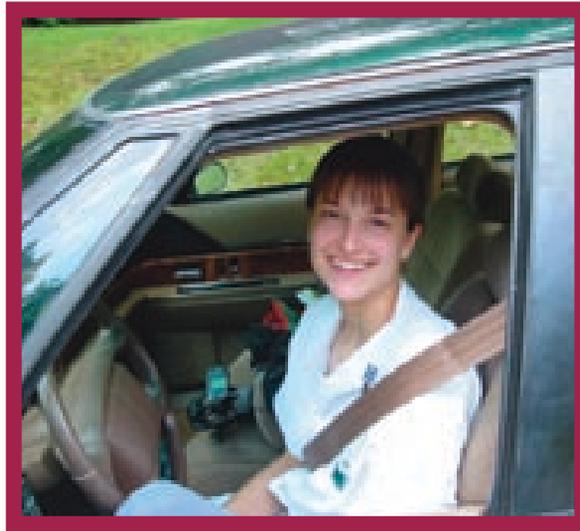
**HIPAA -**  
*What Else is  
There to Consider?*

**BABY ADAM:  
NURSES RESPONSIBILITY  
IN CHILD ABUSE**

*Publication of the Arkansas State Board of Nursing*

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Created by

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

## ABOUT THE COVER:

Janet Tiner received the Gold Award, an award to elevate and appreciate the profession of correctional nursing, from Correctional Medical Services' (CMS) Correctional Nursing Practice and Award Program. It is the highest honor the CMS Nursing Leadership Council hands out annually.



## A CALL FOR NURSE LEADERS

With the many challenges and changes facing the nursing profession—nursing shortage, lack of nursing faculty, poor salaries for nurses and faculty, nursing retention, etc.—we need leaders who are committed to maintaining the essence of nursing. Florence Nightingale, in her *Notes on Nursing: What It Is and What It Is Not*, defined nursing as having “charge of the personal health of somebody ... and what nursing has to do ... is to put the patient in the best condition for nature to act upon him.” The philosophy has been restated and refined since 1859, but the essence is the same. The most current definition that reflects the evolution of professional nursing is from the 2003 edition of ANA’s Nursing’s Social Policy Statement:

*Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.*

In order for nurses to continue to function as originally intended, we need nurses to take leadership roles that will allow them to influence policies in government and healthcare settings that threaten the very essence of nursing. Why wait for others to speak and represent us? We are much better equipped to speak for ourselves! So what is leadership?

*Leadership is a process by which a person influences others to accomplish an objective and directs a group of individuals in a way that makes it more cohesive and coherent.*

John Kenneth Galbraith, U.S. economist and author of *The Age of Uncertainty*, said, “All of the great leaders have had one characteristic in common: it was the willingness to confront unequivocally the major anxiety of their people in their time. This, and not much else, is the essence of leadership.” This idea is derived from the Great Events Theory of Leadership (what is this?). A crisis or important event may cause a person to rise to the occasion, which brings out extraordinary leadership qualities in

an ordinary person.

We need nurses to rise to the occasion! I believe there are two key elements to leadership. They include trust and confidence; and effective communication. There are three critical areas of communication that must be evident. The ability to help others understand the overall goal to which you desire to achieve, help others understand how they can contribute to achieving this goal, and freely share information on how both the organization and individual is relative to the strategic goal. The ability to communicate this information will gain the trust and confidence as well as inspire others to follow your lead.

There are many schools of thought on tenets of leaders, but here I will mention 11 basic principles of leadership that one should possess and exhibit.

- Know yourself and seek self-improvement.
- Be proficient in your job and have a solid familiarity with the tasks of those you have responsibility for.
- Seek responsibility and accept responsibility for your actions.
- Make sound decisions, not impulsive!
- Set the example.
- Know your people and look out for their well-being.
- Keep your people informed.
- Develop a sense of responsibility in others.
- Ensure that tasks are understood, supervised, and accomplished.
- Foster a team spirit and camaraderie.
- Utilize the full capabilities of others.

Taking a stand and leading the way for others is no small task. Nevertheless, confronting the very thoughts and ideas that threaten the essence of nursing is well worth the effort!

Bass, Bernard (1990). From transactional to transformational leadership: learning to share the vision. *Organizational Dynamics*, Vol. 18, Issue 3, Winter, 1990, 19-31

What is Nursing? (2008) American Nurses Association Web site” available at <http://www.nursingworld.org/EspeciallyForYou/StudentNurses/WhatisNursing.aspx>

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# Board Business

*"The trained nurse has become one of the great blessings of humanity, taking a place beside the physician and the priest."*

-William Osler

## ASBN BOARD UPDATE

Board President Lepaine McHenry presided over the disciplinary hearings held May 14 and the business meeting held May 15. Some of the actions taken by the Board are:

- Approved a motion proposing a rule requiring APNs to complete five contact hours of pharmacotherapeutics in the APNs area of certification each biennium prior to license renewal.
- Approved a motion proposing a rule requiring APNs whose prescriptive authority is inactive to complete five contact hours of pharmacotherapeutics continuing education in the APNs area of certification for each twelve months of non-prescribing activity in addition to the five contact hours required for APN license renewal prior to reactivation of prescriptive authority.
- Approved Position Statement 08-1 Expedited Partner Therapy. (see article on page 22)
- Granted continued full approval to the following nursing programs:
  - University of Arkansas at Monticello Bachelor of Science Degree
  - Crowley's Ridge Technical Institute Practical Nurse
  - Cossatot Community College of the University of Arkansas Practical Nurse
- Granted approval to Phillips Community College of the University of Arkansas for an associate degree satellite program at the Stuttgart campus to start in the fall of 2009.
- Approved the request of the practical nurse program of the University of Arkansas Community College of Batesville to offer an additional class of 25 students for the displaced workers of the Batesville area.
- Approved the position that the use of protocols without a licensed provider initiation is not within the registered nurse scope of practice.



Board Members: Standing L to R: Brenda Murphree, RN; Doris Scroggin, RN; Darlene Byrd, APN; Cynthia Burroughs, Consumer Rep.; Lori Eakin, LPN; Clevesta Flannigan, LPN; Gladwin Connell, Rep. of Older Population; Stephanie Rockett, RN; Seated L to R: Peggy Morgan, LPN; Lepaine McHenry, RN; Kathy Hicks, RN; Cassandra Harvey, RN; Board member not pictured: Robert Currie, LPTN

## 2008 BOARD MEETING DATES

JULY NO MEETING SCHEDULED  
AUGUST 13 WEDNESDAY DISCIPLINARY

AUGUST 14  
SEPTEMBER 10  
SEPTEMBER 11  
\*OCTOBER 15  
\*OCTOBER 16

THURSDAY  
WEDNESDAY  
THURSDAY  
WEDNESDAY  
THURSDAY

DISCIPLINARY  
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NOVEMBER 12 WEDNESDAY DISCIPLINARY  
NOVEMBER 13 THURSDAY DISCIPLINARY  
DECEMBER NO MEETINGS SCHEDULED

\*Will decide by September if dates are needed.

# 2008 NURSE PRACTICE GOLD AWARD

# Janet Tiner, RN

by LouAnn Walker, *Public Information Specialist/ASBN Update Editor*

Arkansan Janet Tiner, RN, found gold! Or I should say gold found Janet Tiner. Tiner received the Gold Award, an award to elevate and appreciate the profession of correctional nursing, from Correctional Medical Services' (CMS)

and she was a stay at home mother to her three children for 18 years. She then attended Arkansas State University at Newport, receiving an associate degree in liberal arts. After realizing a calling in her heart to serve people in a compassionate

Services at the Arkansas Department of Corrections McPherson Unit, an 800 unit women's correctional facility four miles northeast of Newport. Tiner was nominated by Crystal Lavender, director of nursing at the McPherson Unit.



*L to R: Donald Anderson, M.D., Kathy Wells, R.N., Crystal Lavender, R.N., Janet Tiner, R.N., and James Pratt, H.S.A.*

Correctional Nursing Practice and Award Program. The Gold Award is the highest honor the CMS Nursing Leadership Council hands out annually, and Tiner was chosen from 92 nominations.

Tiner is a lifelong resident of Newport, which is approximately 100 miles north of Little Rock. She married her high school sweetheart, Tommy Tiner,

way, she went on to become a licensed practical nurse. She continued attending ASU – Newport until she received her associate degree in nursing and became a registered nurse. Prior to becoming a correctional nurse, Tiner worked in a nursing home, a doctor's office and as a surgical nurse.

She works for Correctional Medical

An excerpt from Lavender's nomination essay states, "Ms. Tiner has set the standard bar high for nursing care within our unit," and "Ms. Tiner creates a healing environment for the inmates by nurturing them in a professional manner back to their maximum health status."

Tiner said there is not a typical

*continued on page 8*

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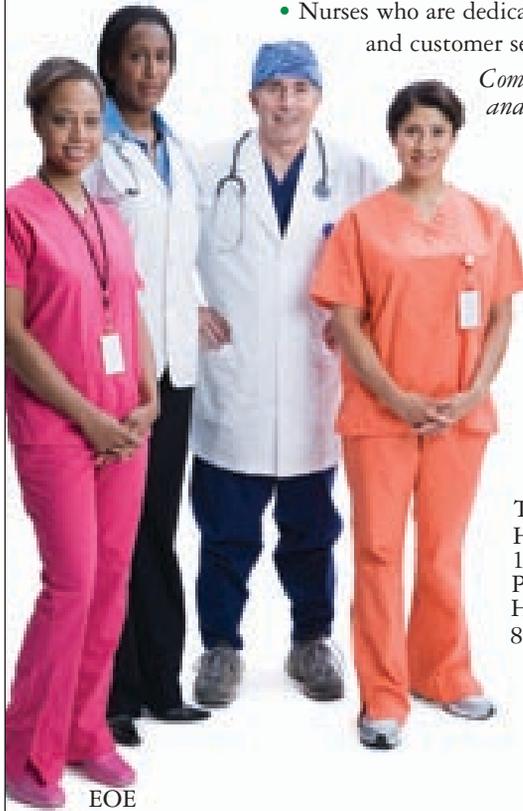


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One nurse will be chosen from each county in Arkansas and recognized in *ASBN Update* magazine. The winner will receive a seven day Caribbean cruise for two! Send your registration soon because nominations will only be accepted through December 31, 2008.

Send your nomination to:  
 NURSING COMPASSION  
 P.O. Box 17427  
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 Or email: [senior@pcpublishing.com](mailto:senior@pcpublishing.com)



2007 Nursing Compassion Award Winner Patrick Stage, APN



**2008**  
**Nursing**  
*Compassion*  
**AWARD**



Publishing Concepts

day at the facility, and she may treat anything from an ingrown toenail to asthma. Summertime, because of the inmates working in the "Field Squad" outdoors, has her tending to injuries and

Award winner, Tiner received a \$500 monetary award, along with a trip to the CMS Corporate Office in St. Louis May 12 - 13 to be recognized at the company's management meeting and participate in a celebration dinner.

Other nominees from Arkansas were A'Seneque Daniels, RN, Regional Infection Control Nurse, Regional Office - Pine Bluff; Savannah Fluker, LPN, Tucker Unit; and Debra Johnson, LPN, Pine Bluff Unit.

**"Ms. Tiner has set the standard bar high for nursing care within our unit, and creates a healing environment for the inmates by nurturing them in a professional manner back to their maximum health status."**

illnesses such as snakebites, sunburns, chest pain, and dehydration. Also, offenders are more likely to have diseases such as hepatitis C because many have pursued high-risk lifestyles that included drugs and alcohol, poor living conditions, and lack of medical care. There are 13 inmates in the McPherson Unit with HIV. Approximately half of the inmates have never received any type of medical care, and because the greatest intake of inmate population is age 25-35, high blood pressure is frequently discovered for the first time.

It is obvious that security is the number one focus at the facility, and Tiner stated she has "never felt threatened" and said "being a correctional nurse is really unique because your assessment skills have to be right on or some of them will try to manipulate you." However, Tiner notes that most of the inmates are very appreciative of the medical care and said, "I try to put their health back in their hands with education, diabetes classes and flyers."

James Pratt, health services administrator at the McPherson Unit, said of Tiner, "I have the honor of having hired her. She has energy about her. She exudes team player." Kathy Wells, the regional director of nursing for CMS remarked, "Her story exemplifies what nursing care is, regardless of setting."

As the 2008 Nurse Practice Gold

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*Caren Lewis, Nurse — age 2.  
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## Collective Efforts Make Nurses Week a Grand Celebration!

As you know, Nurses Week is a nationally designated time to reflect on the many contributions nurses make to our healthcare system. So this year, **thinkaboutitnursing** / Publishing Concepts, along with co-sponsoring hospitals and corporate partners, instituted a new tradition to honor nurses collaboratively with some fun activities around the state, including a NW Arkansas Naturals baseball game in Springdale, an Arkansas Twisters football game, and an Arkansas Travelers baseball game in Little Rock.

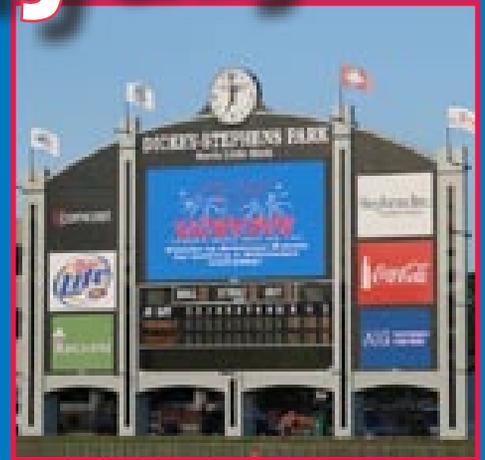
“Nursing is a profession of self-sacrifice. It takes a special person to care so much as a nurse,” says Publisher Virginia Robertson of Publishing Concepts. “We look for ways to honor that commitment and celebrate with them; so naturally, Nurses Week affords us that opportunity.”

Thompson, a student from the U of A Eleanor Mann School of Nursing at the Naturals game; Peggy Kirk, Director of CV Nursing from St. Vincent Health System at the Travelers game, and Christi Wardlaw, Nurse Manager at Arkansas State Hospital at the Twisters game.

Thanks to our co-sponsors and everyone who participated along with special thanks to our retail partners who offered discounts to licensed nurses during the month of May: Blue Coast Burrito, Cunningham Photography, McCain Mall, Northpoint Nissan, Pleasant Ridge Town Center, and Tropical Smoothie.

See you again next year for a bigger and better celebration! For more photos from the events, go to [www.thinkaboutitnursing.com](http://www.thinkaboutitnursing.com).

Thinkaboutitnursing / Publishing Concepts is a leading publisher of healthcare magazines, including 19 nursing publications across the U.S.



2007 Compassion Award winner Patrick Stage, an APN for Little Rock Cardiology,

served as Honorary Captain at the Twisters game and threw out the ceremonial first pitch during the Travelers game.

Singing the national anthem was: Tera

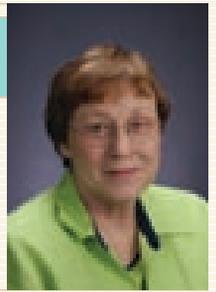


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# BABY ADAM:

## NURSES RESPONSIBILITY IN CHILD ABUSE



**A**s a naïve nursing student from rural Kansas, my first pediatric rotation in Kansas City was an exciting adventure but one with great life lessons. Being there for about two months, I felt confident in my ability to care for children in the toddler section. We had taken care of abnormalities such as spina bifida, hydrocephalus, prematurity and cardiac problems, but no amount of class lecture and study had prepared me for my first patient of child abuse.

Baby Adam, not quite two, was admitted with burns - not from an accident, but by his mother who had poured boiling water on him since he would not stop crying. About 60 percent of his little body was burned, with only the top of his head not burned. There was nothing that could be done for him except try to keep him pain free and comfortable. The

only thing that helped was to sit and rock him. You could not hold him against you to cuddle but had to hold him away from you by your hand on top of his head. Needless to say, as we rocked, we both cried many tears. Other students took over at the end of the shift, but unfortunately he did not make it through the night. All of us as nurses have situations and patients that stay with us for ever. Baby Adam is one of those.

Throughout my nursing career, I have tried to make a difference in this area but have found that I am best at prevention and education of parents. I applaud nurses who can work with the parents and the children directly. I, like every nurse, should take our responsibility seriously for being advocates for our patients - especially those who can not defend themselves.

Child abuse is an issue that knows no boundaries, just like socio-economical levels, race or education. The Centers for Disease Control and Prevention (CDC) reports that in 2006, 1,530 children died in the United States from abuse and neglect, and 905,000 children were victims of maltreatment. The Child Welfare League of America (CWLA) reports that in 2006, Arkansas had 35,376 referrals for child abuse and neglect, and of those, 23,120 reports were investigated. In that same year, 6,078 children were substantiated as abused or neglected, with 55.7 percent considered neglected, 19.3 percent were physically abused and 29.2 percent were sexually abused. Unfortunately, 17 children died in 2005 as the result of child abuse in Arkansas.

Besides being a moral, ethical and professional responsibility of nursing to be an advocate for children's welfare, it is a legal responsibility to report suspected child abuse. Nurses in Arkansas are mandated reporters, according to Arkansas Code Annotated § 12-12-507.

To report a suspected case of child abuse, call 1.800.482.5964. I encourage each of you to visit the new mandated reporters Web site: <http://www.Arkansas.gov/reportarchildabuse/>. The Web site includes excellent information to update you with facts of child abuse and the expectations of being a mandatory reporter.

Remember our responsibilities to the Adams of the world!

# WELCOME new EMPLOYEES

*Brittney Robinson* joins the Arkansas State Board of Nursing as a receptionist/cashier. Her responsibilities include answering and transferring all incoming telephone calls, receipting all monies/fees into the accounting database, and opening and distributing mail. Robinson's previous experience includes working for the Arkansas Department of Human Services, the Governor's Office and the Little Rock Police Department. She attends the University of Arkansas at Little Rock and enjoys writing when not at work.

We also welcome *Mary Trentham, M.N.Sc., M.B.A., A.P.N.-B.C.*, to our staff as an attorney. She earned her associate degree, bachelor's degree and master's degree in business administration from Southeast Missouri State. Her Master of Nursing Science degree is from the University of Arkansas for Medical Sciences, and Trentham's Juris Doctorate degree is from the University of Arkansas at Little Rock. Previously, she worked at UAMS as an advanced practice nurse in long term care for the Reynolds Institute on Aging. Her nursing background also includes intensive care, skilled rehabilitation and bone marrow transplant. Trentham also had a private law practice and accounting firm. She has been married for 35 years and has six children and two grandchildren. When not working, she likes to cook, write, watch television, and tend to her two dogs and three cats.

## 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.

Bradley, Rosa Marie	L16658	Shupert, Angela	L37543
Gonzalez, Jessica	Exam Application	Sivils, June Elizabeth	L30290
Mulhernin, James	L28486	Wilborn, Rhonda	L30911
Sanders, Amber	R73529	Williams, Della	L28175
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# RECOGNIZING THE CHEMICALLY IMPAIRED NURSE

The abuse of drugs, whether it is prescription or illegal, is a serious occupational hazard in the field of nursing. People addicted to substances come from all walks of life, but the last person you would suspect would be one with whom you are placing the trust of you or your family's well being.

In this article, we will discuss your responsibility to report recognition of a drug impaired co-worker and intervene.

You have a legal and ethical responsibility to uphold all state and federal laws pertaining to the practice of nursing. This includes the protection of the patient from a co-worker's drug abuse. As an advanced practice nurse with prescriptive authority or a nurse who administers medications routinely, you are accountable for controlled substances. You must always be cog-



**Keep in mind that if you witness any combination of the listed signs and symptoms, you have a professional obligation to report.**

nizant of your practice and that of the person who administered medication before you or in conjunction with you. The following points will assist in recognizing a potential drug diversion situation. Isolating one particular behavior does not always point in the direction of diversion; it is usually a combination of behaviors that become evident. Also, every characteristic need not be present. Ask any professional nurse who has dealt with addictive behaviors in a fellow nurse and the following signs are often noted:

- Absences without notification and an excessive number of sick days used
- Frequent disappearances from the work site
- Long trips to the bathroom particularly directly after being in the narcotic cabinet
- Excessive amounts of time spent near the drug supply. Waits until alone to open the narcotic cabinet
- Volunteering for overtime or showing up at worksite when not scheduled
- Comes to work early and stays late for no apparent reason
- Unreliability with appointments and deadlines
- Mistakes made due to inattention, poor judgment and bad decisions
- Confusion, memory loss, and difficulty concentrating or recalling details and instructions
- Rarely accepts blame for errors or oversights
- Heavy "wastage" of drugs
- Sloppy recordkeeping, suspect entries and shortages. Consistently signs out more controlled drugs than anyone else. Charting on the wrong chart or garbled sentence structure
- Frequently breaks and spills drugs
- Offers to count narcotics to make sure the count is correct
- Inappropriate prescriptions for narcotic doses (i.e., telephone or voice orders)
- Volunteering to administer other nurses' patients' injectable narcotics, or documentation of administration to patients not assigned to the nurse
- Always using the maximum PRN dosage when other nurses use less
- Progressive deterioration in personal appearance and hygiene
- Deterioration of handwriting and charting
- Wearing long sleeves when inappropriate
- Personality changes – mood swings, anxiety, depression, lack of impulse control, irritable with patients, then calm after taking drugs, to the point of being sleepy or dozing off while on duty
- Has pinpoint pupils, shaky hands, could be sleepy or hyper while on duty, unsteady gait or slurred speech
- Staff and patient complaints about health care providers changing attitude/behavior
- Patient complains that pain medications dispensed by him/her are ineffective or patient denies receiving medication charted
- Increasing personal and professional isolation (i.e., wants to

work nights, lunches alone, avoids staff get-togethers)

- Displays defensiveness when questioned about medication errors

Fellow healthcare workers often avoid dealing with drug impairment in their peer group. There is a fear of speaking out that the fellow nurse will be angered, resulting in retribution or resultant effect on the professional license.

Many employers or co-workers end up being “enablers” of their fellow nurses. Supervisors may give them a lighter work schedule and may make excuses for their poor job performance. Excessive absences from the work site may be overlooked. The drug impaired nurse is then protected from the consequences of their behavior. This allows them to rationalize their behavior or continue the denial that a problem exists.

Keep in mind that if you witness any combination of the listed signs and symptoms, you have a professional obligation to report. You may be subjecting the fellow nurse’s future if you cover up your concerns. Many well-educated, highly trained and experienced health care professionals lose their families, careers and futures to substance abuse. Some lose their lives.

Drug addiction shows up last in the workplace. Usually by the time it is discovered in a work setting, there have been problems in the family and socially that have been addressed with the addicted nurse. They choose to ignore pleas from people important in their lives. The threat of losing a job or a license may have more influence on an addict than a spouse’s threat to leave or a friend’s decision to end a relationship.

Your involvement may help someone who may be doing something illegal, and your action, whether pleasant or not, could affect the safety and welfare of the addicted co-worker and the patients we as nurses are charged to care for and protect.



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Pinnacle Pointe offers Acute, Residential, and Outpatient services and free, confidential assessment and referral services 24 hours a day, 7 days a week as a community service. David Streett, M.D., Medical Director suggests that parents seek help if a child exhibits:

AGGRESSION TOWARD OTHER CHILDREN • AN INABILITY TO COPE WITH FEELINGS • FREQUENT CRYING • PLEAS FOR HELP • FEARS OF EVERYDAY THINGS AND/OR POSSIBLE DISASTERS SUCH AS THE DEATH OF FAMILY MEMBERS • NO INTEREST IN PLAYING • ISOLATION • DISCUSSIONS OF DEATH AND DYING; STATEMENTS LIKE "I WISH I WERE DEAD." • TROUBLE SLEEPING • SEXUALLY PROVOCATIVE BEHAVIOR • SELF-MUTILATION • HARM TO ANIMALS • UNUSUAL WEIGHT GAIN OR LOSS • DRUG OR ALCOHOL USE

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## A personal note from the **Chief Nursing Officer:**

"THE NURSING STAFF IN PINNACLE POINTE BEHAVIORAL HEALTHCARE SYSTEM ARE AMONG THE BEST I HAVE WORKED WITH IN MY CAREER. IT HAS BEEN MY PLEASURE TO LEAD THEM WITHIN A TEAM THAT HAS ACHIEVED NUMEROUS AWARDS AS A HOSPITAL DUE TO THE QUALITY OF CARE THEY CONSISTENTLY DELIVER. AMONG THE LATEST IS THE 2007 RESIDENTIAL FACILITY OF THE YEAR BY THE ARKANSAS PSYCHOLOGICAL ASSOCIATION AND THE ARKANSAS RECREATIONAL THERAPY AWARD FOR HOSPITAL OF THE YEAR. WITH SUCH RECOGNITION, IT IS OBVIOUS THAT PINNACLE POINTE HAS RECRUITED AND RETAINED A STRONG NURSING TEAM THAT LOOKS FORWARD TO WORKING WITH CHILDREN AND EXCEEDS EXPECTATIONS IN PATIENT CARE. I INVITE YOU AS A NURSING PROFESSIONAL TO EXPLORE THE POSSIBILITY OF A NURSING CAREER AT A HOSPITAL WHERE WE APPRECIATE OUR STAFF, WHERE CHANGE IS EMBRACED WITH GREAT ANTICIPATION AND WHERE YOU, TOO, WILL BE AN ASSET."

Thomas Stormanns, RN., LCSW, Chief Nursing Officer

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# MRSA IN THE HOSPITAL AND COMMUNITY: PREVENTION IS THE BEST CURE

Methicillin-resistant *Staphylococcus aureus* (MRSA) is not new – it actually emerged in the 1960s. But its presence has been on the rise in recent years, and providers have become increasingly aware of the threat that it poses both in hospitals and in the community.

MRSA occurs in a variety of health care settings, including hospitals and long-term care facilities. Now MRSA is in the community, in schools, in fitness centers, in daycare centers and in private residences.

## TAKE PREVENTIVE MEASURES

As health care professionals, nurses have a responsibility to minimize each patient's risk of exposure to MRSA when they enter a health care setting. Prevention is the best line of defense. Nurses are in an excellent position to prevent the spread of MRSA through hygiene, patient education, and early identification and recognition of MRSA cases. This theme is emphasized by organizations including the Centers for Disease Control and Prevention, the Arkansas Department of Health and the Infectious Disease Society of America, all of which strive to communicate the importance of MRSA management, as well as its prevalence in the United States.

The Arkansas Foundation for Medical Care has developed a cross-setting project to help health care professionals deal with MRSA, regardless of the setting. The project addresses both facility-acquired and community-acquired MRSA. This multi-disciplinary and multi-faceted approach provides general as well as setting-specific information and resources

regarding:

- **Awareness** of the prevalence of resistant staph. Twenty to forty percent of the population carries *Staphylococcus* on their hands, in their noses or in other regions of the body, and about 10 percent of this population is carrying MRSA.



- **Early identification** of suspicious lesions. Early diagnosis and treatment are also critical for preventing the spread of MRSA in the community. Patients with boils or other skin infections should be tested, and should also be urged to keep the area clean and covered.
- **Appropriate use of select antibiotics.** Judicious antimicrobial use could help prevent further development of antibiotic resistance by MRSA and other organisms.
- **Hygiene**, particularly regular and thorough **hand washing** after each patient

contact or whenever cross-contamination is a risk.

- **Targeted advice** for schools, community centers and other facilities on how to cope with local outbreaks.
- **Disinfection** of surfaces that are subject to skin contact. Cleaning of walls and other surfaces that rarely contact bare skin probably provides minimal protection.

## MINIMIZE THE RISK

Health care professionals can make the largest impact on the prevalence of MRSA in the health care setting by engaging in strategies that reduce or prevent the spread of infection. Empiric treatment is a given for the patients with known MRSA, but minimizing the risk to others in the health care environment is essential. By focusing on these six key concepts, nurses have the potential to create a safer environment for the patients entrusted to them.

AFMC offers tools and resources for combating MRSA in facilities and in the community. Visit [www.afmc.org/physicians](http://www.afmc.org/physicians) for more information on this and other AFMC projects.

– Arkansas Foundation for Medical Care.

## References

1. Kleven RM, et al. Invasive methicillin-resistant *Staphylococcus aureus* infections in the United States. *JAMA* 298: 1763-1771, Oct 17, 2007.
2. Griffin FA. Reducing methicillin-resistant *Staphylococcus aureus* (MRSA) infections. *The Joint Commission Journal on Quality and Patient Safety* 33(12): 726-731, Dec. 2007.
3. Institute for Healthcare Improvement Web site: [www.ihl.org/IHI/Programs/Campaign/MRSAInfection.htm](http://www.ihl.org/IHI/Programs/Campaign/MRSAInfection.htm).

# NEW REQUIREMENT FOR APNS – PHARMACOTHERAPEUTICS CONTINUING EDUCATION

The Arkansas State Board of Nursing (ASBN) approved a motion to propose a rule to require all APNs to complete five contact hours of pharmacotherapeutics continuing education in the APN's area of certification each biennium prior to license renewal. In addition, they also approved a motion proposing that APNs whose prescriptive authority is inactive complete five contact hours of pharmacotherapeutics in the APN's area of certification for each 12 months of non-prescribing activity in addition to the five contact hours required for APN license renewal, prior to reactivation of prescriptive authority. For example, if the APN's prescriptive authority has been inactive for 24 months, he/she would need 15 pharmacotherapeutics contact hours in order to reactivate their prescriptive authority.

It is proposed that the new rules will be placed in Chapter 2 of the ASBN Rules.

This proposed rule is in line with other states' regulations for all APNs for license renewal, including our border states of Texas (five hours), Louisiana (12 hours), Oklahoma (15 hours), and Mississippi (two hours). Other states require a range of activities for APNs coming back after being out of practice including continuing education and clinical practice preceptorships.

This proposed rule will now go through the promulgation process following the Arkansas Administrative Procedures Act. Written comments were received until June 26, 2008. At the deadline for the writing of this article, no comments had been received. If adopted, the rule will become effective July 1, 2009.

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<http://cmetracker.net/UAMS/doPostCatalog.btm>  
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# VERIFICATIONS

I asked the people with whom you first speak when contacting the Board of Nursing, the ladies at the front desk, the question, "If we include an article in the *ASBN Update* about one subject that could reduce your calls, what would it be? Both immediately said, "Verifications." So, here is a little information on verifications that will hopefully answer some of the questions they frequently receive.

If you go to our Web site, [www.arsbn.org](http://www.arsbn.org), and click on "License Verification" on the left side of the page, you will get the following information:

The Arkansas State Board of Nursing

provides the following options for individuals attempting to verify an Arkansas nursing license:

**SUBSCRIBERS TO THE SYSTEM WILL BE AUTOMATICALLY NOTIFIED WHEN THE STATUS OF A LICENSE CHANGES, INCLUDING RENEWALS.**

1. **Phone Verification. Public (free).** Call 501.682.2200, put in license

number and # sign. Listen for instructions.

2. **Information Network of Arkansas. Public (subscription required).** Call 501.324.8900 or go to [http://www.arkansas.gov/sub\\_services.php](http://www.arkansas.gov/sub_services.php) for more information.
3. **Nursys® Nurses' verification.** For participating states, go to [www.nursys.com](http://www.nursys.com). If the original state of nurse licensure is not a Nursys® participant, contact the original state licensing board.

One of the comments often heard is they are having trouble verifying a license because they do not have the nurse's li-

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5.4 Contact Hours | \$32

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cense number. You must have the license number to complete the verification process. Be certain you obtain this information from the person whose license you intend to verify.

Another comment was they verified the license by phone and found the license was active and the date it expires, but they also need the issue date. This information, updated every morning, can be obtained by subscribing to the Information Network of Arkansas (Option 2 above). There is an annual fee of \$75.00 which includes access for ten users and a \$10.00 monthly fee for unlimited searches. This search will provide the following:

- The nurse's name
- Date of birth
- Primary State of Residence
- Multi-state privilege information
- License type
- License Expiration Date
- License Issue Date
- Date of Last Renewal
- If there is an asterisk (\*) next to the licensee's name, contact the Arkansas State Board of Nursing for more information.

There is good news regarding verifications – "push technology" is coming. Since hospitals, nursing homes, educational institutions, and others rely on the Arkansas State Board of Nursing for verification of employees' nursing license status, subscribers to the system will be automatically notified when the status of a license changes, including renewals. There will be different subscription levels. The first level will allow you to receive certain information for free, or you will be able to subscribe for a fee to different levels which will provide even more information. You will be hearing more about this from the board staff as it gets closer to the implementation date. But for now, please choose from the three options above and know improvements are on the way.

## State Revises Death Certificate Form

The Arkansas Department of Health (ADH) announced that, effective January 1, 2008, all certifications of deaths must be completed on the new, revised Death Certificate form provided by the ADH, Vital Records Division.

The new pads of certificates have been distributed to all County Health Units and funeral directors. The ADH is asking all entities that store blank pads (e.g., in hospice care

organizations) to ensure that the forms being used are the new forms.

Pads may be ordered from Vital Records County Registrars in local County Health Units. Questions should be directed to Mike Adams, Vital Records State Registrar (501) 661-2371, Grace Carson, Assistant Director (501) 661-2275, or Steve Whisnant, Field Representative (501) 661-2635.

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Families from all over the United States are discovering the El Dorado Promise. This unique scholarship program provides high school graduates of the El Dorado, Arkansas School District with a tuition scholarship that can be used at any accredited two-year or four-year educational institution in the United States (maximum amount equal to the highest tuition cost payable at an Arkansas public university.) Come and see what others have already discovered.

Medical Center of South Arkansas is the area leader in health care - a 166-bed acute care facility serving the healthcare needs of south Arkansas and north Louisiana - dedicated to providing quality healthcare using advanced technology - while maintaining a warm and friendly hometown atmosphere. Currently MCSA has the following positions available:

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# HIPAA – WHAT ELSE IS THERE TO CONSIDER?

**The Privacy Rule** of Health Insurance Portability and Accountability Act's (HIPAA) Title II has been in effect now for five years. Over the years, a lot of information has been published regarding the rules and regulations and what covered entities should consider in their compliance efforts. So what new information or other thoughts are there to be considered regarding the safe keeping and respect of our patients' Protected Health Information (PHI)?

In light of Arkansas' first privacy criminal conviction hitting the headlines in April of this year, and right here in my home community, it has dawned on me that unfortunately HIPAA is a sign of the times. I have obtained a CHP (Certified HIPAA Professional) status to educate others and help ease the administrative burden on a legislation that, when you really peel back all the layers of the onion (as my college professor used to say), it boils down to one character trait – the trait of selfishness. We have reached a time when the law of HIPAA was put in place to police our self-serving human nature. Now that's not to say that this "sign of the times" means I'm down on us humans; I try to look for the good in everybody, and it's there in all of us if you look. But there are those of us who are tempted by the dangling carrot of our neighbor's PHI and attempt to use it for personal gain or malicious intent, in other words, fraud and abuse – which will render you destitute from fines, jobless, and very

possibly in jail.

Now having said that, here are a few questions for consideration from a perspective you might not have expected...

Have you ever realized that without selfishness, covered entities would not now be required by law to have written policies and procedures in place on how they will conduct business in order to protect their patients' privacy?

Have you ever thought that if common courtesy was everyone's top valued character trait, covered entities would not now be required by law to conduct HIPAA staff training to ensure employees are aware of the rules regarding use and disclosure of their patients' PHI, and respecting the Minimum Necessary standard?

Have you ever realized that if everyone's attitude was one of graciousness, we would never consider using others' PHI for our own personal gain or with malicious intent; therefore, no one would ever be penalized or go to jail for a HIPAA violation?

The Florence "Nightingale Pledge" for nurses states, "I will do all in my power to ... hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling." That is certainly the intent of our modern HIPAA Privacy Rule and an excellent reminder to hold its intended value and purpose at the highest level – that's the silver lining of HIPAA. It really does serve our neighbor. And yes, most of us really are trying to do our best.

But, because we've reached a place where we now have HIPAA as law, **then we are all formally bound by common national standards and must ensure (and prove) we are doing our very best to comply with those written standards.**

And that's where my job comes in to help ease the administrative burdens of the law for covered entities. There have been many interpretations of the HIPAA laws, so for that reason, many find it overwhelming at just knowing where to start. In my interpretation, three questions to ask yourself for your framework of day to day compliance efforts as healthcare professionals are:

- What is the Minimum Necessary?
- What is Reasonable?
- What makes Common Sense?

**Additionally, there are very specific requirements in the law that covered entities must implement in order to reduce PHI vulnerabilities as much as reasonably possible. As a healthcare professional, can you answer positively to the following?**

- Have you had HIPAA Awareness Training in the past year?
- Do you know who your Privacy & Security Officers are?
- Are you aware of your organizations' written Privacy & Security Policies & Procedures?
- Do you have a copy of these Policies & Procedures, and have you read them?
- Are you aware of the Minimum Necessary Standard, and do you consider

it in your daily tasks?

- Does your organization have a Privacy Notice? Do you know what it is and what it says?
- Do you know what it means to be in a Direct vs. Non-Direct treatment relationship with your patients?
- Do you know what TPO is and its relationship pursuant to a Patient's Authorization?
- Has your organization conducted a Privacy Gap Analysis and a Security Risk Analysis?
- Do you know whom your Business Associates are vs. your Workforce and why that's important?
- Did you know that organizations are liable for their Business Associates' disclosures if they do not have HIPAA-compliant Business Associate Contracts in place?
- Have you signed a Workforce Confidentiality Agreement with your employer?
- Do you know what to do when the Office of Civil Rights shows up to perform a HIPAA audit?

These are just some of the basics of HIPAA compliance. If you or your organization has the idea that HIPAA does not significantly impact our daily practice of healthcare, then you have missed an opportunity to improve on what patients are banking on from you – their personal protection. And you are also probably not in compliance with the law.

In the "core of the onion" of HIPAA lies a daily moral and ethical opportunity for healthcare professionals and organizations, in the interest of our patients... and it's the law.

Feel free to contact me with any questions via e-mail at [tchandler@sharppho.com](mailto:tchandler@sharppho.com). For specific legal questions, please consult with attorneys who are familiar with this legislation.

## "NURSE DOUG" IS TOP SCHOOL NURSE IN ARKANSAS



The Arkansas School Nurses Association (ASNA) recently selected Doug Harrison, Little Rock's Chicot Primary School nurse, to be the Arkansas School Nurse of the Year for 2007-08. Representatives of ASNA presented "Nurse Doug" with his award at its Cinco de Mayo program in May. He received a plaque recognizing his distinguished work at Chicot. The students love Nurse Doug and appreciate the many ways he helps at Chicot Primary School.

*-photo/article courtesy of Little Rock School District*

# Keeping Kids Healthy!



**You already know why childhood screenings and immunizations are important.**

Now find out how to take your screening rates to the next level. Visit [www.afmc.org/epsdt](http://www.afmc.org/epsdt) for educational tools, strategies and tactics to help your office increase well child/EPSTD screening rates.

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AGE	WELL CHILD VISIT	IMMUNIZATIONS
6 Years	✓ + Vision & Hearing screen	—
8 Years	✓ + Vision & Hearing screen	—
10 Years	✓ + Vision & Hearing screen	—
11 Years	✓ + Vision & Hearing screen	HPV*, MCV4*, Tdap*
12 Years	✓ + Vision & Hearing screen	—
13 Years	✓ + Vision & Hearing screen	—

**HPV:** Human Papillomavirus

**MCV4:** Meningococcal Conjugate

**Tdap:** Tetanus, Diphtheria and Acellular Pertussis

\*May be given any time between 11 to 12 years.

**ARKids 1st**

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ARKANSAS DEPARTMENT OF HUMAN SERVICES

This material was prepared by the Arkansas Foundation for Medical Care Inc. (AFMC) under contract with the Arkansas Department of Human Services, Division of Medical Services. The contents presented do not necessarily reflect Arkansas DHS policy. The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act. A04-EPSTD.AD.2-4/08

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# ADVANCED PRACTICE NURSES

The Arkansas State Board of Nursing (ASBN) staff receives questions from advanced practice nurses (APNs) about whether they can prescribe for partners of patients with sexually transmitted diseases (STDs) who have not been seen by the APN. Although this issue is not specifically addressed in the *Rules*, Chapter 4, Section VIII, D.5. states, "The APN shall note prescriptions on the client's medical record..." implying that the APN is actually seeing the patient. The Prescriptive Authority Advisory Committee (PAAC) addressed this issue in their meeting on April 4.

Expedited Partner Therapy (EPT) is defined by the Center for Disease Control (2006) as "the practice of treating the sex partners of persons with STDs without an intervening medical evaluation or professional prevention counseling." The CDC released a White Paper on the topic in February 2006. For a full report, go to the CDC Web site <http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf>. The CDC also developed a document indicating the legal status of EPT in all states. Arkansas is one of the states in which EPT is prohibited. See <http://www.cdc.gov/std/ept/legal/default.htm> to view the legal status of other states.

The Arkansas State Medical Board's Regulation No.2, Section 8 requires

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# EXPEDITED PARTNER THERAPY

the physician to have a "proper physician/patient relationship" described at a minimum as a history and physical examination. This regulation prevents Arkansas physicians from prescribing for "unseen" partners of patients with STDs.

In addition, the Arkansas Board of Pharmacy recently revised Regulation 7 to require there be a "proper relationship" between a patient and the practitioner... "an in-person physical exam of the patient" ... "performed by the practitioner..." prior to issuance of any prescription."

In light of this information, a recommendation was made by the Prescriptive Authority Advisory Committee to the Board to approve a position statement that "it is **NOT** within the scope of practice of the advanced practice nurse (APN) with prescriptive authority to prescribe for a person with whom the APN has not established a proper in-person APN/patient relationship." The committee and the Board realize that the concept of EPT has merit, but the legal liabilities at this time are overwhelming. The Arkansas State Board of Nursing did approve Position Statement 08-1 Expedited Partner Therapy on May 15, 2008. This position statement is on the Board's Web site, [www.arsbn.org](http://www.arsbn.org), click on "Position Statements" on the left-hand side of the homepage.



 Michele Birabaum, RN

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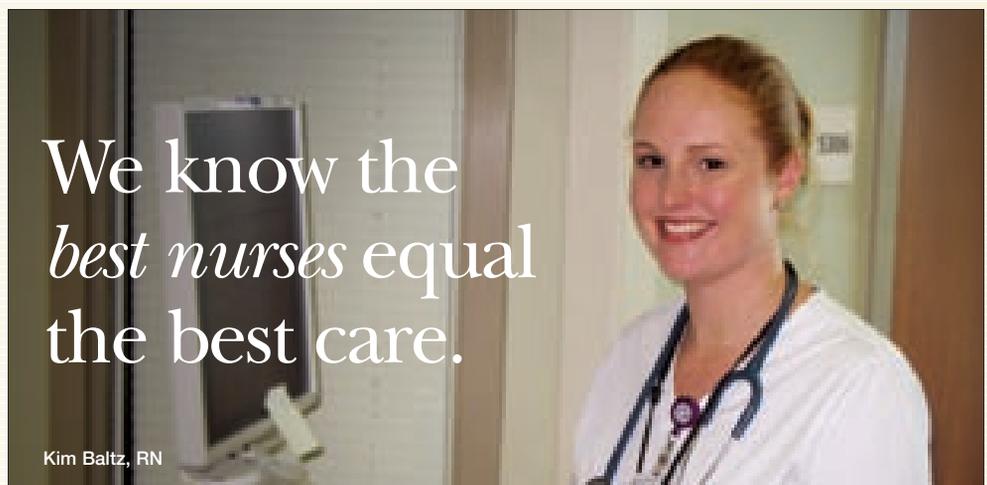
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Kim Baltz, RN

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# REPORTING CONTINUING EDUCATION WHEN RENEWING YOUR LICENSE

Most nurses have responded favorably regarding their experience with the Arkansas State Board of Nursing's online license renewal process. Although the difficulties are few, the most common mistake is the reporting of continuing education. You must select one of the three options of continuing education and enter the requested information. The options for meeting the requirement have not changed and are described below:

## CONTACT HOUR OPTION:

- **Number of contact hours:** This information must always be listed on the certificate. Fifteen practice-focused contact hours are required for on-time renewals. A late renewal or reinstatement must complete 20 contact hours prior to renewal.
- **Date:** This should be the date listed on the certification of completion. Do not list the date the activity was started or submitted to the company. The activity must be completed and dated no more than two years prior to renewal/reinstatement.
- **Title:** Include the full title of the educational activity.
- **Name of Accrediting Organization/ Approved Provider:** This information should be the accrediting organization and **not the company or sponsor of the activity**. The name of the accrediting organization must be included on the certificate. There will be a statement similar to: "This activity has been approved for nursing continuing education by (this is where the accred-

iting organization is found)...". The most common accrediting organization of nursing continuing education is the American Nurses Credentialing Center's Commission on Accreditation (ANCC), but there are many others that are acceptable. The accrediting organization must be one of the organizations found on the "ASBN Approved Accrediting Organizations/Approval Bodies" list. This list can be found on the ASBN Web site, [www.arsbn.org](http://www.arsbn.org).



## CERTIFICATION OPTION:

This option is met by meeting the requirements of one of the ASBN approved national certifying organizations. Initial certification or renewal of the certification must be obtained not more than two years prior to renewal/reinstatement. Examples of acceptable certifications are Certified Diabetic Educator (CDE), Critical Care Registered Nurse (CCRN) and Certified Case Manager (CCM). For a complete list of acceptable certifications, see the ASBN Web site. **The certification option is not met by completing ACLS,**

**PALS or NRP.** These courses are allowed ten contact hours but do not meet the standards of the certification option.

## ACADEMIC OPTION:

This option is met when the student has completed a nursing or related course with a grade of "C" or better within the two year license renewal/reinstatement period. Prerequisite courses for a nursing program such as microbiology, nutrition, and anatomy and physiology do not count. One completed college-credit hour is equivalent to 15 contact hours. Most nursing courses are two or more credit hours; therefore, an on-time renewal requires only one completed nursing course.

Don't panic if you realize you selected the wrong continuing education option for your requirement after you completed the online renewal process. There is no need to contact the Board about it. We are unable to change the information once you have completed the online renewal process. You are required by the *Nurse Practice Act* to retain your continuing education information for a minimum of four years. If you are selected for audit of your continuing education requirement, you will be notified by separate letter to supply documentation of your compliance (e.g., copies of certificates, certification card, or academic transcript) as proof. For more information regarding continuing education, visit our Web site, [www.arsbn.org](http://www.arsbn.org), and select the "Continuing Education" topic found on the left side of the home page.

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**REGISTER ONLINE AT WWW.ARSBN.ORG**

## SCHEDULE

- 8:00 a.m. Registration
- 8:30 a.m. ASBN 101
- 8:45 a.m. Crossing Boundaries
- 9:30 a.m. Break
- 9:45 a.m. Chemical Dependency
- 10:45 a.m. Nursing Liability
- 11:30 a.m. Lunch
- 12:15 p.m. Mock Disciplinary Hearing
- 2:15 p.m. Break
- 2:30 p.m. Criminal Backgrounds
- 3:00 p.m. Break
- 3:05 p.m. NCLEX

**REGISTRATION  
FEE \$45.00**  
(includes lunch)  
*fees are non-refundable*

Nursing Regulation and Practice is sponsored by the Arkansas State Board of Nursing. Pre-registration is required. If you have questions, contact the Board of Nursing at 501.686.2701 or e-mail lwalker@arsbn.org.

**FEBRUARY 19**  
St. Vincent Primary  
Two St. Vincent Circle  
Little Rock

**APRIL 17**  
Baxter Regional Medical Center  
624 Hospital Drive  
Mountain Home

**SEPTEMBER 24**  
University of Arkansas  
Community College at Batesville  
Independence Hall Auditorium  
2005 White Drive  
Batesville

**OCTOBER 21**  
Baptist School of Nursing  
11900 Colonel Glenn Road  
Little Rock

**NOVEMBER 20**  
University of Arkansas at Fort Smith  
Smith-Pendergraft Campus Center  
Reynolds Room  
5210 Grand Avenue  
Fort Smith

# NURSING REGULATION AND PRACTICE

## Continuing Education Workshop

### CONTINUING EDUCATION

The continuing education awarded is 6.2 contact hours. Participants who leave immediately prior to the NCLEX presentation will receive 5.2 contact hours. Application for CE approval has been submitted to Arkansas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



### REGISTRATION FORM

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

Check date you plan to attend: ( ) September 24 ( ) October 21 ( ) November 20

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

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

The full statutory citations for disciplinary actions can be found at [www.arsbn.org](http://www.arsbn.org) under Nurse Practice Act, Sub Chapter 3, §17-87-309. Frequent violations are 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 penalties (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 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

*Baker, Thomas Miles*  
R81045, Ballwin, MO  
A.C.A. §17-87-309(a)(4)&(6)  
Probation - run concurrently  
w/ Missouri (until 9/25/2012)

*Barnes, Angela Marie Wessell Werninger*  
R39913, Little Rock  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$600

*Brashier, Lonny Owen*  
R81077, Fort Smith  
A.C.A. §17-87-309(a)(6)&(9)  
Board Reprimand  
Civil Penalty - \$480

*Dudley, Donna Lynne Vano*  
R22701, Little Rock  
A.C.A. §17-87-309(a)(4)&(6)  
Reinstated to Probation - 3 years  
Civil Penalty - 1,200

*England, Anna Beth White*  
R71359, Marion  
A.C.A. §17-87-309(a)(6)  
Probation - 2 years  
Civil Penalty - \$1,000

*Ford, Rebecca Lynn George*  
R26371, Delaplaine  
A.C.A. §17-87-309(a)(4)&(6)  
Probation - 3 years  
Civil Penalty - \$2,000

*Haygood, Talisa Ann Milam*  
R63331, Royal  
A.C.A. §17-87-309(a)(4)&(6)  
Probation - 2 years  
Civil Penalty - \$1,500

*Jackson, Laura Margaret Hendricks*  
L45061, Springdale  
A.C.A. §17-87-309(a)(6)  
Probation - 1½ years  
Civil Penalty - \$900

*Kline, Gabrielle Dawn*  
R80670, Fayetteville  
A.C.A. §17-87-309(a)(4)&(6)  
Probation - 1 year

*Lamb, David Keith*  
R54051, Delight  
A.C.A. §17-87-309(a)(4),(6)&(9)  
Reinstated to Probation - 1 year  
Civil Penalty - \$700

*McTigrit, Brandilynn Yvonne Lee*  
L43783, El Dorado  
A.C.A. §17-87-309(a)(4)&(6)  
Probation - 1 year  
Civil Penalty - \$600

*Mills, Amanda Michelle McCrary*  
L39014, North Little Rock  
A.C.A. §17-87-309(a)(6)  
Probation - 2 years  
Civil Penalty - \$800

*Pierce, Mandy Kaye*  
L41338, Arkadelphia  
A.C.A. §17-87-309(a)(6)  
Probation - 2 years  
Civil Penalty - \$1,000

*Sampley, Annie Marie Davenport*  
L38379, Ozark  
A.C.A. §17-87-309(a)(4)&(6)  
Probation - 2 years  
Civil Penalty - \$2,000

*Smith, Margaret Elaine Owens McCall*  
R39171, Little Rock  
A.C.A. §17-87-309(a)(4),(6)&(9)  
Probation - 2 years  
Civil Penalty - \$1,500

*Stockman, Katherine Elizabeth*  
R53894, Rossville, KS  
A.C.A. §17-87-309(a)(4)&(6)  
Reinstatement to probation - 1½ years  
Civil Penalty - \$300 + bal.

*Wallace, Shana Renee*  
R79607, Maumelle  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$600

*Wheeler, James David*  
R73837, Bossier City, LA  
A.C.A. §17-87-309(a)(6)  
Probation - 2 years  
Civil Penalty - \$1,000

## SUSPENSION

*Bennett, Stacy Lynn*  
R55888, White Hall  
A.C.A. §17-87-309(a)(4),(6)&(9) and  
Probation Non-Compliance  
Suspension - 1 year, followed by  
Probation - 3 years  
Civil Penalty - \$2,000 + bal.

*Clark, Holly Anne Spillers*  
L40404, Little Rock  
Probation Non-Compliance  
Suspension - until previous courses  
are complete and fine is paid, fol-  
lowed by Probation - 1 year  
Civil Penalty - \$500 + prev. bal.

*Cotton, Katherine Renee Stephens Wilson*  
R49363, North Little Rock  
A.C.A. §17-87-309(a)(4) and  
Probation Non-Compliance  
Suspension - 6 months, followed by  
Probation - 2½ years  
Civil Penalty - \$2,000 + bal.

*Miles, Orvetta Reeni Murphy*  
L40254, Fayetteville  
Probation Non-Compliance  
Suspension - until previous courses  
are complete, followed by Probation  
- 1 year  
Civil Penalty - \$1,500 + prev. bal.

*Vrooman, James Arthur*  
R36372, Searcy  
A.C.A. §9-14-239  
March 19, 2008

*Wyatt, Sara Ann Edwardson*  
R74056, L43079(exp), Poughkeepsie  
Letter of Reprimand Non-  
Compliance  
Suspension - 6 months, followed by  
Probation - 1½ years  
Civil Penalty - \$1,000

## VOLUNTARY SURRENDER

*Bashaw, Keri Lyn Gordon*  
R65740, Jonesboro  
April 10, 2008

*Brewer, Rebecca Kristina K. Godwin*  
R40812, Hot Springs  
May 7, 2008

*Brown, Don Wayne Jr.*  
R49334, Traskwood  
April 21, 2008

*Clopton, Patte Kaye Danko*  
L30611, Huntington  
April 25, 2008

*DeShazier, Travis Fitzgerald*  
L30618, Pine Bluff  
April 29, 2008

*Dykes, Raquel Lea White Nestlehut*  
R43357, A01420, P01706,  
PAC01346, Conway  
May 14, 2008

*Haney, Kristy Jean Leighton Loveless*  
L34171, Conway  
March 27, 2008

*Heird, Lori Ann*  
R62770, Little Rock  
April 16, 2008

*Iberg, Gayla Ann Mahan*  
L44798, Greenbrier  
April 10, 2008

*Jewett, Eric Glenn*  
L2944, Little Rock  
April 30, 2008

*Johnson, Betty Ann Meyner*  
L20610, Wooster  
May 2, 2008

*Lewis, Eleatha Yvette Surratt*  
L34071, Little Rock  
April 29, 2008

*McRaven, Janice Marie McFarland Jackson*  
PAC 01237 (ONLY), Hot Springs  
Village  
April 24, 2008

*Montgomery, Mary Camille*  
A01711, R67381, Forrest City  
May 1, 2008

*Tyree, Barbara Louise Lowery McNeil Woodson*  
R18067, Powhatan  
April 18, 2008

*Wilbanks, Tammy Renae Lepard*  
L35413, West Memphis  
April 14, 2008

## REINSTATEMENTS WITH PROBATION

*Hamilton, Holly Brooke*  
L45775, Little Rock  
April 22, 2008  
Reinstated to Probation - 3 years

## REINSTATEMENTS

*Pannell, Judy Ann Hensley Finley Carter*  
L30008, Harrison  
April 7, 2008

Stine, Jenni Rebecca Norwood  
L33256, Bryant  
March 14, 2008

**REPRIMAND**

Brantley, Jennifer Leann  
L47243, Sheridan  
A.C.A. §17-87-309(a)(1)&(2)  
March 28, 2008

Clark, Kathleen Ann  
L24013, Springdale  
A.C.A. §17-87-309(a)(1)&(9)  
February 13, 2008

Crook, Diana Marie  
R80212, Mountain Home  
A.C.A. §17-87-309(a)(1)&(2)  
January 30, 2008

Daniels, Jo Ann Steward  
L16568, Van Buren  
A.C.A. §17-87-309(a)(1),  
§17-87-207(c)(2),  
and Rules  
Late Fee - \$210.00  
January 30, 2008

Harper, Jerold Roderick  
L39699, Fordyce  
A.C.A. §17-87-309(a)(1),  
§17-87-207(c)(2),  
and Rules  
Late fee - \$1,000  
February 13, 2008

Hendrickson, Amanda Lorene  
R67968, Berryville  
A.C.A. §17-87-309(a)(1),  
§17-87-207(c)(2),  
and Rules  
Late Fee - \$1,000  
February 13, 2008

Kirby, Laura Jo Lawhon  
T01345, Benton  
A.C.A. §17-87-309(a)(1),  
§17-87-207(c)(2),  
and Rules  
Late Fee - \$1,000  
February 28, 2008

Mackey, Dale Ellsworth  
R52466, Bryant  
A.C.A. §17-87-3309(a)(6)  
April 1, 2008

Moreland, Rhonda Jean Gormley  
R67324, Russellville  
A.C.A. §17-87-309(a)(6)  
March 18, 2008

Morrow, Roxann Lee Dull  
R80323, L31372, DeQueen  
A.C.A. §17-87-309(a)(1)&(2)  
February 28, 2008

Prothe, Katy Sue  
L47218, Alexander  
A.C.A. §17-87-309(a)(1)&(2)  
February 28, 2008

Rice, Judith Anne Tensfeldt  
R17767, Rogers  
A.C.A. §17-87-309(a)(1),  
§17-87-207(c)(2),  
and Rules  
Late Fee - \$750  
February 13, 2008

Shackleford, Kristi Dawn  
L45491, Lonoke  
A.C.A. §17-87-309(a)(1)&(9)  
April 3, 2008

Smith, Melynda Paulette  
L47264, Fort Smith  
A.C.A. §17-87-309(a)(1)&(2)  
March 28, 2008

Trotter, Bridget Diane  
R80307, Rogers  
A.C.A. §17-87-309(a)(1)&(2)  
February 28, 2008

Woodley, Barbara Jean  
L26275, Little Rock  
A.C.A. §17-87-309(a)(6)  
February 28, 2008

**PROBATIONARY STATUS REMOVED**

Atkinson, Teresa Thomas  
R44994, Benton  
April 22, 2008

Busby, Dennis Larry  
R43970, Marion  
April 22, 2008

Carter, Amy Suzanne Day West  
R42354, Pine Bluff  
March 25, 2008

Davis, Laurel Paige Turner  
R49984, Forrest City  
May 7, 2008

Henry, Pamela Wilf  
L32533, Jacksonville  
May 7, 2008

Hill, Connie Annette Tolleson Dobbs  
R53005, Conway  
March 17, 2008

Jefferson, Calvin Earl  
L46149, Little Rock  
May 7, 2008

Jones, Krista Delaine Uselton  
R62881, Little Rock  
April 22, 2008

Law, Tylene Danielle Hoffman  
R50878, L24001(exp), Harrison  
May 7, 2008

Martin, Stephanie Gail Porter  
R29866, Bryant  
May 7, 2008

Morris, Scarlett Elizabeth Barber  
R71064, Star City  
May 7, 2008

Squires, Laura Lee Swofford Sims  
L27120, Greenbrier  
March 17, 2008

Rose, Lori N. Garver Sutton  
R41347, Benton  
March 25, 2008

Teffs, Susan Josephine Smith  
L44810, Batesville  
May 7, 2008

Terry, Dianna Lynn Mosher Landrum  
R51236, North Little Rock  
March 17, 2008

**APPEAL DENIED**

Caldwell, Mary Lee Tompkins  
L42175, Burdette  
Suspension Upheld

## CAREER OPPORTUNITIES

### ASSOCIATE / ASSISTANT PROFESSOR OF NURSING Southern Arkansas University, Magnolia

**Position:** Associate Professor, Assistant Professor or Instructor rank. Areas of need include Pediatric/OB/MS/Psych/Community Nursing (in any combination). Teaching responsibilities include classroom and clinical instruction of ADN and RN to BSN students. Ability to teach in more than one area of nursing mandatory. Additional duties include academic advising, committee work, and professional scholarship. Nine-month appointment beginning August 2008. Rank and salary are negotiable based on advanced degree and experience. Tenure-track available to qualified applicants.

**Qualifications:** Unrestricted Arkansas RN license with significant hours towards the Master's Degree in Nursing; PhD or DNS is preferred may be considered.

**Department:** Approximately 230 undergraduate nursing majors and 13 full-time faculty accredited through NLNAC. Future departmental plans include the addition of a master's in nursing program. Additional information is available at [www.saumag.edu](http://www.saumag.edu).

**Application:** Submit hard copies or electronic version of application, letter of intent, curriculum vitae, and contact information for two references to:

Office of Human Resources, Southern Arkansas University, P.O. Box 9288, Magnolia, AR 71754 or email to [HR@saumag.edu](mailto:HR@saumag.edu)

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# Come Sail Away

by **B. Darlene Byrd, MNSc, APN** Family Nurse Practitioner

Have you ever wished you could really combine work with pleasure? Have you dreamed of taking a stroll along the beach or watching the sunset over the ocean? Have you seen television shows where people are riding horseback along the beach with the waves breaking on the sand and thought that you would like to do that some day? There is a way that all of this can happen. Cruise your way to nursing continuing education credits with the Arkansas State Board of Nursing and Publishing Concepts, Inc. on the CE cruise. You can truly combine work with pleasure. Since continuing education is required for renewal of your nursing license, and continuing education is offered on the cruise, you can combine work and pleasure. While the ship is docked at the various ports of call, you can enjoy the beaches, shop, tour the local towns, play golf on the island courses, and did I mention, you can shop. There are many different excursions sponsored by the cruise line in which you can participate. The CE sessions are scheduled on the days you are at sea. You can combine a little work with a lot of pleasure.

The third annual CE cruise returned April 13 from seven days of fun

and relaxation, and yes, we did a little work. The education sessions included topics such as the generational issues in discipline, issues with drug diversion, serial killer in the nursing profession, bioterrorism and how to be prepared as a healthcare professional, crossing professional boundaries, and how to take control of your nursing career. The sessions were presented by Donna Mooney, M.B.A., R.N., Manager of Disciplinary Proceedings from the North Carolina State Board of Nursing; Cheryl Schmidt, Ph.D., R.N., Associate Professor, University of Arkansas for Medical Sciences College of Nursing; and Darlene Byrd, M.N.Sc., A.P.N., Board Member, Arkansas State Board of Nursing. The educational sessions are accredited and meet the requirement for license renewal with the Arkansas State Board of Nursing.

There are no excuses, here is a way you can truly combine work with pleasure. So mark your calendar for next year, March 29, 2009, when we will be exploring ports of calls like Costa Maya, Santo Tomas de Castilla, Belize City, and Cozumel, and cruise your way to nursing CE credits. For additional information, visit the Web site [thinkaboutitnursing.com](http://thinkaboutitnursing.com) and click on the CE nursing cruise link.



## Caribbean

# Nursing Continuing Education Cruise

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IN COOPERATION WITH THE ARKANSAS STATE BOARD OF NURSING

### Cruise Your Way to Nursing CE Credits



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Prices for this cruise and conference are based on double occupancy (bring your friend, spouse or significant other please!) and **start as low as \$916 per person** (not including airfare). If you won't be attending the conference, you can deduct \$75. A \$250 non-refundable per-person deposit is required to secure your reservation for the cruise, BUT please ask us about our **Cruise LayAway Plan**.






**THE 2009 NURSING CARIBBEAN EDUCATION CRUISE**  
**March 29 - April 5**

DAY	PORT
Sun.	New Orleans
Mon.	At Sea
Tues.	Costa Maya
Wed.	Santo Tomas De Castilla
Thurs.	Belize City
Fri.	Cozumel
Sat.	At Sea
Sun.	New Orleans

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Ocean View Cabins with balcony start at \$1266



For more information about the cruise and the curriculum, please log onto our website at [www.thinkaboutitnursing.com](http://www.thinkaboutitnursing.com)  
or call **Teresa Grace at Poe Travel** • toll-free at **800.727.1960**



## 2008 NURSING CARIBBEAN EDUCATION CRUISE

**After the long winter**, April 6 finally arrived and the much anticipated Thinkaboutitnursing Continuing Education Cruise on the Carnival Ship Valor set sail. Nurses and their families from all over the United States joined to make the voyage from Miami to Nassau, St. Thomas and St. Martens islands.

Along with enjoying the shopping and shore excursions available, everyone was able to take advantage of the pampering service, delicious food, top notch comedians and musical entertainment making it both exhilarating and fun. On the same ship, in the meantime, nurses were continuing their education with 15 contact hours achieved after attending classes on topics ranging from "Preparing Yourself Personally and Professionally for a Disaster" to "The Image of Nursing". Classes were held on board each day the ship was at sea. Instruction was presented by Darlene Byrd, MN, RN, APN and Cheryl Schmidt, PhD, RN, CNE, ANEF Associate Professor from Arkansas, along with Donna Moody RN, MBA-Manager, Discipline Proceedings, North Carolina

Board of Nursing.

The beautiful ocean, the warm sunshine and soft breezes were a delight. But there was more. When the ship docked, everyone was invited to take advantage of island excursions to favorite island beaches with dazzling white sand and the most beautiful blue, crystal clear water you could imagine. It was great fun to go island shopping for fashion clothing, jewelry and the necessities like film and sunscreen. Some cruisers preferred to stay on board and relax in the pools, hot tubs or lounge chairs. Did I mention the bounty of wonderful food available 24 hours a day...from hamburgers and fries to Mongolian stir fry and everything in between? All in all it was the most relaxing education venue you could ever dream of. Several nurses shared with me that they were ready to sign up for next year-today! If you missed this year's cruise be sure to check out our website for details on next year's adventure. Hope to see you on the 2009 Thinkaboutitnursing Continuing Education Cruise...be watching for details. [www.thinkaboutitnursing.com](http://www.thinkaboutitnursing.com)



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