



ASBN

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# Update

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**Congratulations  
Nursing Compassion  
Award Winner  
Patrick Stage**

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

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**ON THE COVER: NURSING COMPASSION AWARD WINNER, PATRICK STAGE, WITH THE RUSSELL FAMILY: MELINDA AND SCOTT, JONATHAN (16) AND NATHANIEL (9).**



## PROFESSIONAL IMAGE: WHAT IS IT?

Nursing is a profession that requires the mastery of a large body of knowledge and the acquisition of clinical skills, as well as high standards of behavior and appropriate attitudes. In addition to fulfilling clinical expectations, we are required to display attitudes, personal characteristics, and behaviors consistent with accepted standards of professional conduct. As a

professional, the following personal characteristics and attitudes are expected to be demonstrated, both in our professional and personal pursuits.

**Integrity:** Displays honesty in all situations and interactions; is able to identify information that is confidential and maintain its confidentiality.

**Tolerance:** Demonstrates ability to accept people and situations. Acknowledges his/her biases and does not allow them to affect rapport or contribute to threatening or harassing interactions with others.

**Interpersonal relationships:** Provides support and is empathetic in interactions. Interacts effectively with "difficult individuals." Demonstrates respect for and complements the roles of other professionals. Is cooperative and earns respect.

**Initiative:** Independently identifies work to be performed and makes sure that activities are completed satisfactorily. Performs duties promptly and efficiently. Is willing to assume new responsibilities. Recognizes when help is required and when to ask for guidance.

**Dependability:** Completes responsibilities promptly and well. Follows through and is reliable.

**Attitudes:** Is actively concerned about others. Maintains a positive outlook toward others and toward responsibilities. Recognizes and admits mistakes. Seeks and accepts feedback and uses it to improve performance.

**Stress management:** Maintains professional composure and exhibits good judgment in stressful situations. Identifies unprofessional conduct while recognizing the importance of maintaining professional behavior in the work setting, in spite of inappropriate action on the part of others.

**Appearance:** Displays appropriate professional appearance and is appropriately groomed in professional and personal settings.

These are a few of the attitudes and behaviors that we should exhibit in our professional practice. In order to set the example for new nurses entering into the profession, we must not only recognize that these are important, but also exhibit them personally. This is a great responsibility! One that I believe we have not met head on. Nursing has been accused of "eating their young." I must admit, I've observed it and experienced it. This behavior is detrimental to retaining new nurses in the profession and is a far cry from a professional image. Developing a professional image can be a challenge, but worthy to achieve!

What is "professional image?" One definition for professional according to Merriam Webster is, "exhibiting a courteous, conscientious, and generally businesslike manner in the workplace" and "characterized by or conforming to ethical standards of a profession." Image to me is a representation of core values. These two powerful words warrant consideration on our part. I'd like to pose the following questions to be answered in the next issue's article. How do we do this? Is it possible? Is it necessary? Why should I do it?

## NURSING REGULATION AND PRACTICE 2008

(6.2 Contact Hours)

Arkansas State Board of Nursing

- |              |  |
|--------------|--|
| April 17     | • Mountain Home - Baxter Regional Medical Center |
| September 24 | • Batesville - Univ. of AR Community College     |
| October 21   | • Little Rock - Baptist School of Nursing        |
| November 20  | • Fort Smith - Univ. of AR at Fort Smith         |

Topics: • ASBN • Crossing Boundaries • Chemical Dependency • Nursing Liability • Criminal Background Checks • Mock Disciplinary Hearing • NCLEX

**Registration fee: \$45.00**

For more information or to register: [www.arsbn.org](http://www.arsbn.org). To request a registration form, call LouAnn Walker at 501.686.2715 or email [lwalker@arsbn.org](mailto:lwalker@arsbn.org)



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NURSES WEEK 2008 • MAY 6-12

Exciting plans are in the works for the upcoming Nurses Week celebration May 6-12!

We're organizing activities across the state to recognize nurses including:

**Arkansas Naturals Game**

May 7

**Arkansas Twisters Game**

May 10

**Arkansas Travelers Game**

May 12

Plus retailer discounts and much more! Look for more information in our next issue or visit [thinkaboutitnursing.com](http://thinkaboutitnursing.com)



If your business or organization would like to show appreciation for Arkansas nurses during the month of May, contact:

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## NEW STAFF MEMBER

Andrea McCuien joined the staff of the Arkansas State Board of Nursing in January as the receptionist/cashier.

McCuien is a native Arkansan. She graduated from Dollarway High School and attended the University of Arkansas at Pine Bluff. Her responsibilities include answering and transferring all incoming telephone calls, receipting monies/fees into the accounting database, and opening and distributing mail. When not working, McCuien likes to read, watch DVDs and hang out with friends.

# Executive Director's Message



Once upon a time, I took voice lessons. Those of you who know me are probably saying, “That can’t possibly be true!” – But it is. My voice instructor said to me, “You are not an alto. Stop it!” For a while, it was really hard not to slide back into singing alto on songs I knew well, but on new songs, soprano was easy for me. I’m not good, mind you, but it is clear to me now that I was meant to be a soprano, not an alto.

Nurses are meant to be professionals – 24 hours a day – seven days a week. You are a professional. Sometimes you may not look like it, and sometimes you may not act like it, but you are always a professional. This issue of the ASBN Update focuses on professional behaviors. Almost every month, the board takes action on nurses’ licenses for “unprofessional conduct.” I have never ceased to be amazed at some of the things nurses continue to do that are considered unprofessional conduct. It makes me feel very old to say, but I will, that when I was in clinical practice, it would never have entered my mind to have an affair with one of my patients, chart procedures I didn’t do, steal drugs from my employer or make and sell illegal drugs. It’s a different day and a different time, but what I would love to say to those exhibiting this unprofessional conduct is, “Stop It! You are a professional. Act like it.”

Speaking of being old, there are some other things I probably should get off my mind. If you are an advanced practice nurse and have prescriptive authority, would you make sure that you have sent us a copy of your DEA registration number? We have DEA registration numbers on about 20 percent of the licensees with prescriptive authority. I could be mistaken, but I would guess that many, many more than that have gotten a DEA number and have forgotten that the ASBN Rules require them to submit that to the board office.

Forgetting is an easy thing to do. I didn’t eat black-eyed peas on New Year’s Day. It wasn’t that I didn’t mean to, I just forgot! I’ve been eating black-eyed peas on New Year’s Day my entire adult life, and I can tell you that this will be the last year I ever forget. My health has been the pits since January 1st. I guess that eating peas cannot be directly attributed to the decline in my health, but I have to blame something. It certainly could not be my own behaviors that have caused my fatigue and overweight. Behaviors, they really do have consequences. Maybe we should all think a little more on that! Until next time...

*Faith A. Fields*

Faith A. Fields, MSN, RN

## DISASTER NURSES NEEDED

The Red Cross needs nurses to volunteer to assist during disasters. The American Red Cross has a mandate by Congress to respond to disasters, which includes everything from house fires to hurricanes and wildfires. Disasters can strike suddenly at any time and anywhere. Locally, we need nurses who are willing to have a background check, complete minimal training and make a commitment to volunteer in the event of a local disaster. Some Red Cross classes are approved continuing education courses, and fortunately, local disasters are rare. Nurses would either be on call or working in a shelter setting. Everyone wants to help when the disaster occurs. However, volunteers must be screened and trained. If you are interested in becoming a disaster nurse, please call Gayla Bowden, Arkansas Red Cross Volunteer and Partnership Coordinator, at 501.748.1080.

# Board Business

Students from Arkansas State University in Jonesboro attending the disciplinary hearings on January 17 listen intently while Phyllis DeClerk, director of nursing practice, explains the disciplinary process.

## ASBN BOARD UPDATE

Board President Lepaine McHenry presided over the business meeting held on January 16 and the disciplinary hearings held on January 17, February 13, and February 14. Items to note include:

- Granted Continued Full Approval to the following nursing programs until the year 2012.
  - University of Arkansas at Monticello College of Technology at Crossett Practical Nurse Program
  - University of Arkansas Community College at Morrilton Practical Nurse Program
  - University of Arkansas at Fort Smith Associate Degree Nursing Program
  - Southeast Arkansas College Practical Nurse Program
- Granted approval for the Arkansas State University at Beebe Practical Nurse Program of Searcy to offer a satellite/evening weekend program at Heber Springs. The satellite program will start in August 2008.
- Approved changes to ASBN Rules Chapter Six – Standards for Nursing Education Program. (Revisions were made so as to comply with current nursing program standards.)
- Approved prescriptive authority for AACN Acute/Critical Care Clinical Nurse Specialist – Adult Certification.
- Approved endorsement of medication assistant from Texas. (There are currently 27 certified medication assistants in Arkansas.)
- Eighty-nine percent of licensees are renewing online.





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

March 12	Board Retreat	September 10	Disciplinary
March 13	Disciplinary	September 11	Business
April	No meetings scheduled	*October 15	Disciplinary
May 14	Disciplinary	*October 16	Disciplinary
May 15	Business	November 12	Disciplinary
June 11	Disciplinary	November 13	Disciplinary
June 12	Disciplinary	December	No meetings scheduled
July	No meetings scheduled		
August 13	Disciplinary		
August 14	Disciplinary		

\* Will decide by September if dates are needed



## ASBN HOT CHECK NOTICE

*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	Williams, Della	L28175
Sanders, Amber	R73529	Williams, Sally F.	26287
Shaheed, Nathan	To1220		

# GOVERNOR APPOINTS FOUR BOARD MEMBERS

Gov. Mike Beebe recently appointed four new board members as previous members' terms expired. The 13-member board consists of seven registered nurses, one of which is advanced practice with prescriptive authority, four licensed practical nurses or licensed psychiatric technician nurses, and two consumer members, with one being a representative of the older population.

## **Cynthia D. Burroughs, Ph.D.**

Cynthia Burroughs is an associate professor of biology at Philander Smith College in Little Rock and replaces consumer representative Pamela Crowson, whose second term expired in October. Previously, she was a staff fellow at the National Institute of Environmental Health Sciences in Research Triangle Park, N.C.; an assistant professor of biology at California State University in Hayward, California; a visiting scientist at National Center for Toxicological Research in Jefferson, Arkansas, and an assistant professor of biology at the University of Arkansas at Pine Bluff.

Talladega College in Talladega, Ala., is where Burroughs earned her bachelor's degree in biology. She earned her master's and Ph.D. in endocrinology from University of California at Berkeley.

"I am interested in giving back to the community by providing service to the nursing board," Burroughs said. "For some time, I have been actively engaged in instructing students who are interested in a career in nursing. My involvement as a member of the Board is to abide by the mission and rules that govern its efforts."

Burroughs is married and the mother of two. She enjoys knitting, traveling, sports

and watching DVDs with her family.

## **F. Gladwin Connell, D.Min.**

Gladwin Connell is the representative of the older population on the Board and replaces Frank Fusco. Connell is a retired United Methodist minister and previously served as pastor of churches in El Dorado, Malvern and Little Rock, and as district superintendent of the Camden and Monticello Districts of the United Methodist Church.

Connell earned his bachelor's degree from Hendrix College in Conway, a master of theological studies degree from Southern Methodist University in Dallas and a doctor of ministry degree from United Theological Seminary in Dayton, Ohio.

He has served in numerous capacities on various boards and committees, including the Hendrix College Board of Trustees, the American Cancer Society and previously as the president of the West Arkansas Area Agency on Aging. Connell also previously served as president of the Board of Directors of Good Shepherd Ecumenical Retirement Center in Little Rock.

Connell stated, "I have always wanted to help people live more holistic lives and health ministries is a great opportunity." He lives in Little Rock and likes to travel, play bridge and watch sports.

## **Brenda L. Murphree, RN**

Brenda Murphree, of El Dorado, is a registered nurse and fills the position for one of the associate degree nurses on the Board. She replaces veteran Board member Dan West, whose second four-year term expired in October.

She received her associate degree in nursing from Southern Arkansas University in Magnolia. Murphree is a nursing instructor at South Arkansas Community College in El Dorado and has CCM Certification from Case Management Society of America. Previously, she served patients in a wide range of areas such as surgery, case management, orthopedics, and was an office nurse for 22 years.

"I would like to use my experience to enhance the nursing profession and I look forward to advocacy for the citizens of Arkansas," Murphree said. Formerly, Murphree was honored by being selected as Professional Educator of the Year by the American Cancer Society.

She is married to Jeff Murphree and has a daughter, April, son-in-law Steve DeVore, and one granddaughter, Lowery.

## **Doris Scroggin, RN**

Doris Scroggin, of Vilonia, is a registered nurse and a graduate of St. Edward Mercy Hospital School of Nursing in Fort Smith. Scroggin replaces registered nurse Board member Greg Evans.

Scroggin works in the nursing pool at Central Arkansas Radiation Therapy Institute. She has served as a nurse in the medical/surgical unit, public health, emergency room, operating room, home health and radiation oncology. Also previously, she was a LPN and EMT instructor.

Scroggin, a native Arkansan, states, "I believe that the citizens of Arkansas deserve to have competent and safe nursing care. I feel that with my years of experience in nursing that I can contribute to the regulation of the practice of nursing in the state. Serving on the Board has always been one of my goals."

# NAOMI BRYANT HONORED FOR SERVICE

Naomi Bryant, the examinations coordinator, was honored for 40 years of service to the Arkansas State Board of Nursing on January 16, 2008. During the reception attended by board members and staff, Board President Lepaine McHenry presented Naomi a plaque from the Board and read a congratulatory letter from Gov. Mike Beebe.

Naomi began work at the Board in January 1968 immediately after graduating from Little Rock's Capitol City Business College. She has held several other positions at the Board, including being the receptionist/cashier, endorsements coordinator, and renewals coordinator. She has seen many changes in how the work is done at the ASBN. Her character and devotion to the Board of Nursing is second to none.

The ASBN commends Naomi Bryant for her dedication and first-rate efforts during the last 40 years.

Below: Board President Lepaine McHenry presented Naomi Bryant a plaque during a celebration to honor Naomi's 40 years of service for the Arkansas State Board of Nursing.



# Newborn Screening in Arkansas to Change

In 2004 the March of Dimes proposed expanded newborn screening to be a national objective. Since that time many states have expanded their screening to include all or most of the recommended conditions listed in the “March of Dimes List of 30.” This list includes newborn hearing screening, electrophoresis for hemoglobinopathies (such as sickle cell anemia, thalassemia, etc.), inherited enzyme deficiencies, and other unique conditions such as cystic fibrosis.

The state of Arkansas has historically screened all newborns for hearing loss, phenylketouria (PKU), galactosemia, sickle cell anemia, and thyroid disorders. This is consistent with what most states have screened and was based on the availability and cost of tests for specific genetic conditions. In the past few years this has changed due to the completion of the Human Genome Project where all genes in humans have been mapped for their location on chromosomes and been identified for specific traits or conditions. With the completion of this project there has been an increasing awareness of the impact of genetics on human health and further development of tests specific for identified diseases or conditions.

An expanded screening of 29 conditions will start in Arkansas beginning in July 2008. This is coordinated through the Arkansas Department of Health (ADH), which is in the process of upgrading equipment and training personnel in preparation for this expanded screening. ADH is also coordinating professional and public education in conjunction with the Arkansas Genetic Health Committee and the local chapter of the March of Dimes. Included in this public awareness campaign will be a link on the ADH Web site

to a specific newborn screening link that will provide current information.

Nurses and other medical care providers will need to be aware of the changes that are coming. First, they will be trained in handling of samples and will need to know when to draw the blood sample and how to most efficiently get it to the ADH. Second, they should be prepared to answer questions from parents about the purpose of the new testing and what will be required from the newborn in terms of testing. Fortunately, there will be little change in the procedures for drawing blood and obtaining samples. The expanded tests can be done with the same procedures currently being used. A small sample of blood from a heel stick is adequate, and the newborn should have minimal discomfort. Processing of the sample will be the same whether an urban or rural hospital and all samples need to be forwarded to the ADH laboratory in a timely manner. Blood should not be drawn until 24 hours after birth to prevent the influence of the mother's enzymes and hormones affecting the outcome.

The general categories of conditions that will be tested are hemoglobinopathies (as before), organic acid metabolism disorders, fatty acid oxidation disorders, amino acid metabolism disorders and other disorders such as cystic fibrosis, congenital hypothyroidism, galactosemia, etc. Most of these are deficiencies in an enzyme that interferes with the normal breakdown or changing of acids in the body. More specific information can be obtained through the March of Dimes Web site at [marchofdimes.com](http://marchofdimes.com).

Several points need to be made to par-

*continued on page 16*

2007 **NURSING**  
**Compassion**  
 AWARD WINNER:

# Patrick Stage

Nursing requires a special calling. It's the kind of profession that requires dedication, sacrifice, and a concern for humanity unlike any other. Many times, it may seem that their actions, their special attentiveness, and selflessness go unnoticed, so it's a pleasure when a nurse is recognized for outstanding service and compassion. And this year, we recognize Patrick Stage.

Stage was recently awarded the 2007 Nursing Compassion Award as a dedicated Arkansas caregiver. An Advanced Practice Nurse (APN) for Little Rock Cardiology Clinic, Stage was nominated by Melinda Russell of Lonoke who has experienced his compassion firsthand over the past three years.

The award was presented to Stage by LouAnn Walker, representing the Arkansas State Board of Nursing and Dr. Jackie Murphree, Assistant Director

for Advanced Practice Nursing, along with Al Robertson, CEO of Publishing Concepts, Inc. and "ThinkAboutIt-Nursing." Also attending was Ken Tillman, representing the Arkansas Farm Bureau.

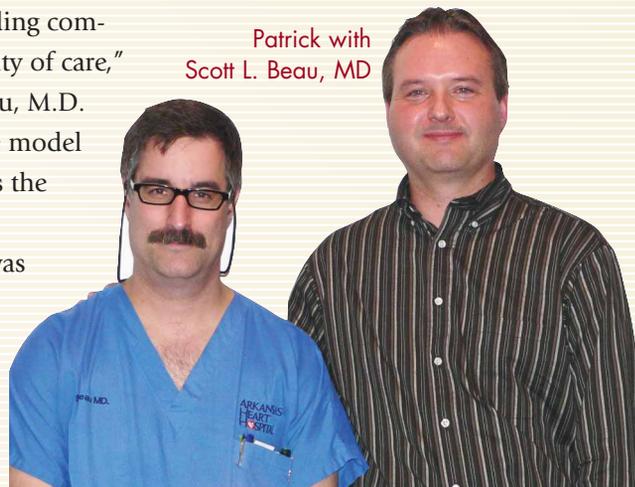
Stage has been with Little Rock Cardiology for over 10 years as an Advanced Practice Nurse. "He goes about his demanding patient care responsibilities with enthusiasm and compassion and an outstanding commitment to the highest quality of care," said cardiologist Scott L. Beau, M.D. "Patrick has long been a role model for nursing candidates across the state."

The Compassion Award was instituted by Publishing Concepts, Inc. and co-sponsored by Farm Bureau as a way for patients and family

members to show their appreciation for the care given to them by Arkansas nurses. From the submissions and short essays, a nurse was chosen from across the state. Five regional finalists were chosen, and from those finalists, Patrick Stage was chosen as the winner.

Along with an award plaque, Stage received a seven day continuing education Caribbean cruise for two.

Patrick with  
 Scott L. Beau, MD



*Excerpt from nomination letter by Melinda Russell:*

"I often felt that no one could understand what I was experiencing, but Patrick never doubted what I said or what I was feeling. He acknowledged what I felt as being true, allowing me to maintain dignity and spirit, all the while helping me look for answers to what was wrong. He has gone above and beyond, not only in his care for me as the patient, but in the little things he has done for my family... such as moving me to three different rooms in one hospital stay to ensure that accommodations were adequate for my family's needs. Due to its rarity, it took almost three years to correctly diagnose and treat the cause of the complications. Patrick encouraged and stood by us through the entire journey. I truly believe that his compassion for what my family and I were experiencing and his level of dedication had the greatest impact on my ability to fully recover, both physical and emotionally.... Thank you, Patrick, for caring about us."

Left to right: Ken Tillman (Arkansas Farm Bureau), LouAnn Walker (ASBN), Patrick Stage, and Dr. Jackie Murphree (ASBN).

ents about the changes in newborn screening, and it will be essential that nurses and health care providers provide this information. Key points include:

- The purpose of the increased screening is to identify specific genetic conditions so early intervention will decrease complications.
- Only specific genes will be assessed, this is NOT a complete genetic profile of the newborn or the family.
- The amount of blood required increases minimally (by about a drop), and there are no further heel sticks than are already being done.
- The specimen obtained at the newborn's hospital stay are sent to the ADH Laboratory where the screening tests are done.
- The ADH will notify babies' physicians in writing of all test results and for Sickle Cell Traits will also notify the parents.
- For babies who experience an abnormal test result the ADH Child and Adolescent Health Section will notify the baby's physician by telephone or fax upon sending a "hard copy." That notification will include medical guidance to the physician about managing the condition.
- Results of the test will be relayed to the Arkansas Health Department who will follow-up with parents when conditions are identified.
- A SINGE POSITIVE TEST DOES NOT ALWAYS CONFIRM THAT THE CONDITION REALLY EXISTS. Newborns may need to be re-tested and evaluated to confirm.
- This expanded testing will help better evaluate the health status of our newborns and bring us up to current national standards.

Expanded newborn screening will assure that children with significant genetic disorders will be identified earlier and that appropriate therapy can be instituted early to prevent any complications. Once a diagnosis is confirmed, the Arkansas Department of Health can work with the family to coordinate appropriate care and to identify resources both within the state and nationally.

# 2007 **NURSING** Compassion AWARD

## RUNNER-UP:

**Nancy Meneley** was recently recognized as the runner-up for the 2007 Nursing Compassion Award. An RN on the high risk pregnancy floor of Baptist Health in Little Rock, Meneley was nominated by one of her patients, Megan Heard: "Nancy made a point to come in and visit (outside of her duty) with me. She was very informative of each step of care that I was given. To Nancy, I was more than a patient; I was a real person with fears and joy, hope and laughter."



Above: Nancy Meneley at work with an unidentified patient.  
Left: Nominating patient, Megan Heard, with family.

For nearly 19 years, Meneley has coordinated the Perinatal Loss Program, SHARE, at Baptist Health, facilitating a monthly support group for families who have experienced a perinatal loss and teaching new nurses how to care for patients who are coping with one.

To honor her continuous compassionate care, Meneley was treated to a warm reception provided by her colleagues at Baptist and presented with \$300 and a dozen red roses from the Arkansas State Board of Nursing and Publishing Concepts, Inc.



## 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 healthcare 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 healthcare professionals are covered by the “Good Samaritan” Act. Arkansas Code Annotated §17-95-101(a)(c) specifically states in part:

Any healthcare 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 it is not mandatory for the nurse to stop and help.

# BENCHMARKING TO HIGH PERFORMERS DRIVES EFFECTIVE IMPROVEMENT

In the late 1990s, national data indicated that Arkansas hospitals trailed national averages on many performance measures – but that is no longer the case. Efforts to disseminate clinical standards, as well as the basic techniques in process change and quality improvement have paid off. Aggregate performance by Arkansas hospitals has risen from below average to achieve the national average on many indications.

However, it is clear that pursuit of average performance is not sufficient to make long-term meaningful change. Quality improvement activities originally focused on comparing local compliance to national guidelines, and outlier status focused on substantial deviation from average performance. But too many “average” clinical units

nationwide simultaneously engage in quality improvement measures. Thus, pursuing the average is a prescription for continual lagging on the clinical performance scorecard.

## CHOOSING A HIGHER STANDARD

A University of Alabama at Birmingham program, Achievable Benchmarks of Care (ABC), shows that identification of those in the top 10 percent of measured facilities gives an indication of achievable performance by a health care facility. So, quality improvement initiatives develop a vision of performance beyond the average, but to a level of excellence as defined by what has been achieved by other institutions.

Increasingly, Arkansas health care professionals are using this standard – they seem

motivated when presented with blinded data that show their state rankings and identify their relationship to the state’s top 10 percent in performance. Figure 1 displays such blinded aggregate data by facility for Arkansas hospitals in the Prospective Payment System (PPS).

The Arkansas Foundation for Medical Care (AFMC) uses the nationwide top 10 percent standard for benchmarking to communicate performance to Arkansas hospitals. The recently completed Medicaid Inpatient Quality Incentive program rewarded institutions for achieving performance at Arkansas’ 75th percentile, or achieving 25 percent reduction in failure rate and passing validation. Many institutions responded with strong internal quality improvement

initiatives to achieve this benchmark through redesign of their clinical processes.

### BENCHMARKING CHALLENGES

It can often be difficult to understand what is being measured by the benchmark approach, as well as the source of the data. As a state, Arkansas has improved in the core measures specified by the Centers for Medicare & Medicaid Services (CMS), and several providers are at or above the national average. Yet, reports released from other national benchmarking organizations continue to rank Arkansas as 48th in the management of heart disease, stroke and other CMS measures.

Often the data used by various organizations differs, including the components being measured, time frame of the data, and whether administrative or actual medical records are assessed. In addition, some rankings include only inpatient information, while others look at both inpatient and outpatient data. Some benchmarking reports are based on patient interviews, while others include subjective and objective information.

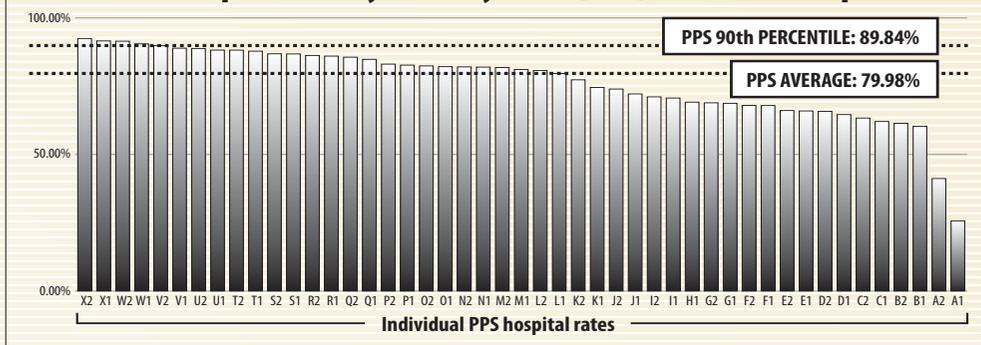
### BENCHMARKING USES

With a clear understanding of what constitutes each benchmarking report, health care providers and facilities can use these tools to accelerate and guide performance. However, some organizations use benchmarking for more than regulatory compliance:

- Benchmarking can be used in strategic management – for clinical excellence, as well as business or marketing goals.
- Benchmark data drives many of the payer incentive programs that roll out to providers, where payments can be based on whether they achieve upper percentiles in performance.

Ultimately, benchmark data should guide models for improvement, and not just targets to be achieved. When individual hospitals show they can reach higher levels of performance, it fosters a “can do” attitude and motivates others to ask, “How can we achieve that level of performance?”

**FIGURE 1. 2006 Appropriate Care Measure (ACM) rates for Prospective Payment System (PPS) Arkansas hospitals**





by Jackie Murphree, Ed.D., MNsc, RN  
Assistant Director for Advanced Practice Nursing

## THE NURSE AND PROFESSIONAL BEHAVIORS

Professionalism, professional behavior, and professional conduct – these words have the same meaning – they are interchangeable. This behavior is the cornerstone of every profession. As nursing meets the criteria of a profession, then one would expect the nurse to exhibit professional behaviors.

The mission of the Arkansas State Board of Nursing (ASBN) is to protect the public by effectively regulating the practice of nursing. One of the Board's activities in accomplishing this mission is to discipline nurses who have violated the Nurse Practice Act by their unprofessional conduct. Chapter Seven of the ASBN Rules defines "unprofessional conduct." There is a list of behaviors "including, but not limit-

ed to" those that are considered unprofessional. The Board investigates and issues discipline for many unprofessional activities such as drug abuse and practice issues. Practice issues include such things as fail-

ure to document appropriately, failure to administer medications, violating patient confidentiality, to name a few.

The focus of this article goes beyond  
continued on page 24

unprofessional behaviors that require Board intervention. There are also unprofessional behaviors that damage the image of nursing. Nurses should have enough respect for their profession and not want nursing to carry a stigma based on the unprofessional behaviors of some nurses.

Before professional behaviors are addressed, one needs to understand what makes persons behave the way they do. Personal values are formed over a lifetime, and they influence one's behaviors. People are not born with values, but learn them from parents, peers, teachers, and others in society. Every decision people make is influenced by their personal values. For example, a person is walking down the street and a hundred dollar bill drops from the purse of the woman in front of them. What she does about it is influenced by her personal values. Does she pick it up and call out to the woman and return her money, or does she stick the bill in her pocket and consider it her lucky day?

A nurse's personal values influence his/her professional values. Should they? Maybe, maybe not! Nurses' personal values may support their professional values, and then they may not. For example, what if the nurse saw her parents telling "white lies" and the nurse grew up thinking it's okay to lie when needed. The physician asks the nurse about the patient's vital signs. The nurse has been extremely busy and has not taken them, but knows the physician will be angry, and the nurse makes up vital signs to tell the physician. Don't think this hasn't happened, as the Board has disciplined several nurses for this behavior. One nurse felt a child's forehead with her hand and recorded a temperature on the child's chart. Another nurse did a physical assessment without using a stethoscope and recorded lung and heart sounds on the patient's chart.

How do nurses learn professional values? It is not easy! Professional values are taught as part of the nursing education program. They are acquired through

socialization into the nursing profession through nursing experiences. Teachers and other nurses also model professional behaviors, and unfortunately, sometimes unprofessional behaviors. That's why it is important to have good role models in nursing. Are you a good role model? Think about it.

The nurse's professional behaviors influence the quality of care the nurse provides, how the nurse problem solves, critically thinks, prioritizes care needs and gives attention to the patient and family issues. Professional behaviors are guided by professional values. In 1998, the American Association of Colleges of Nursing (AACN) in its publication *The Essentials for Baccalaureate Education for Professional Nursing Practice* identified five core professional values. These values are relevant



and appropriate for every type of nurse. These current professional values include altruism, autonomy, human dignity, integrity, and social justice. (Nursing has always had values, and over the years, the names have changed but the values have essentially been the same.) Of these values, integrity is the one we as regulators most often see violated. There are other important values that you as a nurse may see as very important. Another value that the Board often sees violated is that of professional boundaries. A value that I personally see as important is appearance as it impacts the image of nursing.

Altruism is a concern for the welfare of others. Being compassionate and caring about others is the foundation for nursing practice. Caring about others not only includes the patient, but also other nurses and health-care providers. Sociobiologists tell us that groups that are altruistic survive and selfish groups die out. Examples of behaviors that indicate the nurse is altruistic is having respect for other people's culture, beliefs and ideas, being an advocate for patients, and mentoring other nurses, especially new graduates (AACN, 1998). Have you ever seen nurses resent the presence of new graduates and act rude to them? Unfortunately, it happens in the clinical setting with students frequently.

Autonomy is the right to self-determination. The nurse reflects this value by respecting the patient's right to make deci-

**The nurse's professional behaviors influence the quality of care the nurse provides, how the nurse problem solves, critically thinks, prioritizes care needs and gives attention to the patient and family issues.**

sions about his or her healthcare. Examples of behaviors that reflect this value include planning care in partnership with the patient, honoring the patient's decision about his or her care, and providing information so the patient can make informed decisions (AACN, 1998).

Human dignity is respect for other persons and populations. This is reflected when the nurse respects the patient and his/her colleagues. Examples of behaviors that indicate the nurse respects others include protection of the patient's privacy, providing culturally sensitive care, discussing patients in a respectful manner,

offering to help out coworkers with their work when appropriate, and motivating team members to work together (AACN, 1998). The Board disciplined a nurse who used her cell phone to take a picture of a nursing home patient who had put her diaper on her head. When asked why she took the picture, the nurse said she wanted to show it to the physician to indicate the patient had sundowner's syndrome. However, when investigated, the physician had not seen the picture, but coworkers were shown the picture and got a big laugh out of it. Another case before the Board had to do with a group of nurses who made up dinner trays for mentally challenged patients with "fake" food used by the nutritionist for dietary teaching and laughed at the patients when they tried to eat the food. These behaviors showed no respect for others.

Integrity is more than honesty and is reflected when the nurse is honest and sincere in all he/she does. The nurse puts honesty, sense of duty, and sound moral principles above all else. Examples of behaviors that reflect this value include providing honest information to the patients, families, and the public, seeking ways to correct errors made by self, and being accountable for one's actions (ANCC, 1998). The board sees many cases that violate this value. Examples include nurses who work under the influence of drugs and alcohol, and a nurse who stole social security numbers from deceased patients through the hospital's database, ordered credit cards and had merchandise delivered to her home charged to these credit cards. Many nurses check "yes" on the renewal notice that they have done the continuing education requirement, and when audited have no documentation of continuing education to submit.

Social justice is probably a value not thought about by many nurses. It is defined as upholding moral, legal, and humanistic principles and is reflected in nursing practice when the nurse works to

assure equal treatment and access to healthcare. Examples of behaviors reflecting this value are serving on committees and working for legislation that promotes social justice (AACN, 1998).

Another professional value that the Board sees violated is professional boundaries. It is imperative that the nurse maintain professional boundaries with the patient and other healthcare providers. In relationships with patients, the nurse holds

a position of authority. It is inappropriate to cross the boundary and become "friends" with the patient. Violations of boundaries may be physical, sexual, or emotional in nature. Do not accept gifts from patients – a rule taught early in all nursing education programs! The Board has disciplined a number of cases related to boundary crossing. Examples include a nurse who worked in the prison system

continued on page 26

and became involved with an inmate; a nurse who took an underage patient home with him out of a psychiatric institution and let the patient have alcohol; a nurse who was overly affectionate with a patient, visited her on another floor on her return to the institution and gave her unsolicited information about her condition and the patient reported the incident; and the patient who woke up in the recovery to find herself holding the nurse's penis in her hand. We also had a nurse self-report from a guilty conscious that he had been fondling patients in recovery for years.

Although not a violation of professional conduct but definitely unprofessional is personal appearance. Do people judge a book by its cover? You bet they do! If the nurse's hair, uniform, and shoes are unkempt and the nurse is not well-groomed, patients and coworkers form assumptions and attitudes about the nurse based on appearance. The signal the nurse is sending is that he/she is not competent,

trustworthy, or caring. A positive image is a vital part of professional behavior!



Less than two hundred years ago, nurses in Victorian England were considered the “dregs” of society. Women who appeared in court for drunkenness, prostitution, and thievery were not sent to prison if they agreed to be a nurse and take care of the sick. Nurses received their share of attention by Rowlandson, an artist who submitted a series of prints between 1815 and 1816 in the newspaper. His famous print titled “Death in the Nursery” depicting a drunken nurse in

charge of a young patient where the nurse is in a stupor in the left hand side of the print while death, portrayed as a skeleton, rocks the cradle. There was a verse to accompany the print describing the nurse as: “drown'd in ebriated sleep, no vigils can the drunkard keep.” The print may be viewed at <http://www.bmj.com/graphics/7072iv6.gif>. It was Florence Nightingale who elevated nursing to a career worthy of dignity and respect.

Having said all the above, what is the nurse's responsibility as a nurse to promote professional behaviors? Be accountable for your own behaviors. Be a role model for others. It is your obligation to report certain unprofessional behaviors to the Board. Not all unprofessional behaviors warrant being reported, but they still damage the image of nursing. When you see these behaviors, do you have the courage to speak up?



# TESTING YOUR INTEGRITY

by Sue Tedford, MNSc, RN, Director of Nursing Education

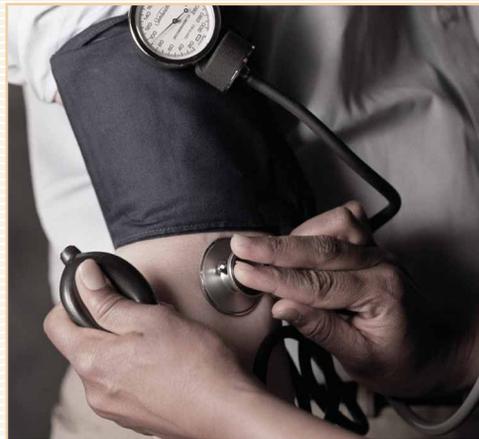
Integrity is one of the professional behaviors that is discussed in Dr. Jackie Murphree's article. Every day our integrity is tested and how we respond to these tests is important.

Honesty is one of the key components of integrity. The nursing profession requires honesty in everything said and done. The "little white lies" that everyone tells are not acceptable in the professional setting. Most nurses know that activities such as making up a blood pressure that you forgot to take and documenting a medication as given when you forgot to administer it are wrong, but it is just as dishonest to call in sick when you just want the day off. There are no acceptable dishonest acts – all dishonesty is unprofessional.

When dealing with the Board of Nursing, the first test of honesty is in filling out the application for licensure. The Arkansas Board asks six questions related to disciplinary history, criminal convictions and drug use. It is imperative that these questions are carefully read and interpreted. Answering any of these questions incorrectly is considered unprofessional conduct and will result in disciplinary action, which can include denial of licensure.

The most misinterpreted question on the application is, "Have you ever been convicted of a misdemeanor or felony or pled guilty or nolo contendere to any charge in any state or jurisdiction?" When confronted with falsification of the answer to this question, every applicant has an excuse such as, "I thought it said...", "I forgot about ..." or "I didn't read it..." Honesty is important to the Board, and excuses are not acceptable. If an applicant lies on any part of the application, it raises the question, "Will they also lie on their documentation or to coworkers and patients?"

Always be honest in everything you say and do. If you are completing a document and don't understand something – ASK. A nurse is a professional 24 hours a day, seven days a week, so professional behavior must be a way of life.



## PROCESSING FEES MAY NOT APPLY

Darla Erickson, CPA, Director of Accounting

There has been some confusion about the processing fees charged for applications. If you are not submitting a paper application and paying by credit card, this fee does not apply to you. A PROCESSING FEE will only be charged in addition to any fee you are paying if you: • pay by credit card on a paper application

These fees DO NOT APPLY if you: • pay online with a credit card • pay by personal check • pay by cashier's check • pay by money order

Please be aware this fee will be charged to your card if you submit a paper form and complete the section to pay by credit card. The Board does not receive the fee. The fee is charged by the company that hosts our credit card processing functions.

Please do not include this fee when paying by check or money order. Sending the incorrect payment amount may delay the processing of your request. Since things change from time to time, it is always a good idea to carefully read the instructions and your application before submitting to the Board. As always, using our online function is the easiest and fastest way to have your information processed. (Plus it is less expensive than using your credit card on a paper application.)

## FAILURE TO WEAR A NAME TAG - IS IT CONSIDERED UNPROFESSIONAL CONDUCT?

The answer is YES!

"Failure to display appropriate insignia

to identify the nurse during times when the nurse is providing health care to the public" is grounds for disciplinary action in ASBN Rules Chapter Seven, Section XV.A.6.r. as an example of unprofessional conduct. ASBN Rules Chapter One, Section III.B. reads, "Any person licensed to practice nursing shall wear an insignia to identify himself by his name and appropriate legal title or abbreviation during times when such person is providing health care to the public for compensation." Section III.C. states, "The insignia shall be prominently displayed and clearly legible such that the person receiving care



may readily identify the type of nursing personnel providing such care."

The insignia may be a name tag, badge or even monogramming on a lab coat. This insignia must show the nurse to be a LPN, LPTN, RN, RNP or APN, whichever the case may be. Wearing identification separates the nurse from individuals who are doing nursing functions but are unlicensed personnel.

So be sure to wear a name tag and let your patients know that you are a nurse. It helps your patients, and it's the law!

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

**Bashaw, Keri Lyn Gordon**  
R65740, Jonesboro  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 3 years  
Civil Penalty – \$1,500

**Batts, Janiece Cheryl Rogers Thrift**  
R42978, North Little Rock  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 2 years  
Civil Penalty – \$1,200

**Burris, Lori Lynn Chastain Drummond**  
R42956, Little Rock  
A.C.A. §17-87-309(a)(6)  
Probation – 18 months  
Civil Penalty – \$750

**Cannon, Sandra Lee Crouse Woodall**  
R40334, North Little Rock  
A.C.A. §17-87-309(a)(6)  
Probation – 2 years  
Civil Penalty – \$1,600

**Daniel, Ryan Andrew**  
R77813, Malvern  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 2 years  
Civil Penalty – \$1,000

**Denson, Helen Lee Brown**  
R35256, L10151(exp), Pine Bluff  
A.C.A. §17-87-309(a)(6)&(9)  
Probation – 2 years  
Civil Penalty – \$1,000

**Dickey, III, Joseph Randolph**  
R80155, Little Rock  
A.C.A. §17-87-309(a)(2),(4),(6)&(7)  
Probation – 2 years

**Holt, Sarah Elizabeth Moreau**  
R70641, L38089(exp), Tillar  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 3 years  
Civil Penalty – \$1,500

**Houston, Faith Watkins**  
R70344, Conway  
A.C.A. §17-87-309(a)(6)  
Probation – 2 years

**Hunter, Heidi Lynette Allen**  
R70351, Bella Vista  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 3 years  
Civil Penalty – \$1,500

**Imboden, Kelly Littlejohn**  
R54903, Wynne  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 3 years  
Civil Penalty – \$1,500

**Johnston, Kimberly Kay Bradford Edmondson**  
R43037, L26050(exp), Flippin  
A.C.A. §17-87-309(a)(6)  
Probation – 2 years  
Civil Penalty – \$2,400

**Judd, Heather Sloan**  
R79115, L45288(exp), Maumelle  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 3 years  
Civil Penalty – \$1,500

**Lemaster, Stephanie Elaine Jeter**  
R40098, Cabot  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 2 years  
Civil Penalty – \$1,400

**Longshore, Jon Aaron**  
R67319, Springdale  
A.C.A. §17-87-309(a)(1),(4)&(6)  
Probation – 3 years  
Civil Penalty – \$2,000

**Manning, Jr., Charles Edwin**  
R43287, C01454, Little Rock  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 4 years

**Mathews, Kandace Dawn**  
R50782, R50782  
A.C.A. §17-87-309(a)(6)  
Probation – 2 years  
Civil Penalty – \$1,000

**Scalfaro, Jr., Joseph Gordon**  
R36304, Little Rock  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 3 years  
Civil Penalty – \$750

**Stewart, Dana Leann Standridge**  
R80154, Brinkley  
A.C.A. §17-87-309(a)(2)&(6)  
Probation – 18 months  
Civil Penalty – \$750

**Thompson, Florence Elaine Marks**  
R31934, L21544(exp), Little Rock  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 3 years  
Civil Penalty – \$1,500

**Walker, Stephen Michael**  
C01329, R15451, Cameron, MO  
A.C.A. §17-87-309(a)(3)&(6)  
Probation – 2 years  
Civil Penalty – \$2,000

**Zeigler, Kimberly Dawn Greene**  
R62915, L40577(exp), Williford  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 3 years  
Civil Penalty – \$2,600

## SUSPENSION

**Bates, Mildred Alice Sprague Toups**  
L30783, Everton  
A.C.A. §17-87-309(a)(6)  
Suspension – 2 years, followed by  
Probation – 2 years  
Civil Penalty – \$2,000

**Butler, Margaret Lorene Wallace**  
L14112, Pagburn  
A.C.A. §17-87-309(a)(4)&(6)  
Suspension – 1 year, followed by  
Probation – 2 years  
Civil Penalty – \$1,500

**Carroll, Janet Marie Hallmark**  
R52484, L21854(exp), Jonesboro  
Probation Non-Compliance  
Suspension – 6 months, followed by Probation – 3 years  
Civil Penalty – \$2,000

**Cook, Bradley Gene**  
L44242, Camden  
Probation Non-Compliance  
Suspension – 6 months, followed by Probation – 3 years  
Civil Penalty – \$600 + previous

**Gearhart, Darla Danae Neal Cullum (Grissom)**  
R71562, Jonesboro  
Probation Non-Compliance  
Reinstate to Suspension – 2 years, followed by  
Probation – 4 years  
Civil Penalty – \$3,000

**Griffin, Ricky Lamar**  
R63757, L33193(exp), West Memphis  
Probation Non-Compliance  
Suspension – 6 months, followed by Probation – 3 years  
Civil Penalty – \$1,000 + previous

**Hamilton, Holly Brooke**  
Underwood  
L45775, Little Rock  
Probation Non-Compliance  
Suspension – 3 months, followed by Probation – 3 years  
Civil Penalty – \$500

**Hawkins, Cynthia Michelle Forrest**  
L43251, Monticello  
Letter of Reprimand Non-Compliance  
Suspended until terms of Reprimand are met

**Lambert, Sheila Louise**  
L34577, Hot Springs  
Probation Non-Compliance  
Suspension – 2 years, followed by Probation – 2 years  
Civil Penalty – \$2,000 + balance

**Marchant, Jr., Joe Weldon**  
R51366, Muldrow, OK  
Suspension Consent Agreement  
Non-Compliance  
Reinstate to Suspension – 2 years, followed by  
Probation – 2 years  
Civil Penalty – \$2,000 + balance

## VOLUNTARY SURRENDER

**Cantrell, Janice Virdie Farley**  
L11615, Jonesboro  
January 3, 2008

**Harris, Robert Dennis**  
R31677, Rogers  
December 20, 2007

**Limbaugh, Cindy Paige Gardner**  
R66439, Sulphur Springs  
January 7, 2008

**Martin, Brian William**  
R64956, Malvern  
November 9, 2007

**Massengale, Judith Jane Satterlee**  
L23129, Harrison  
December 12, 2007

**Middleton, Bridget Ann**  
L45777, Delight  
December 20, 2007

**Sommer, Robb Vincent**  
R78425, L39991, Judsonia  
December 5, 2007

## REINSTATEMENTS WITH PROBATION

**Curtis, Steven Douglas**  
R48878, Hot Springs  
January 15, 2008  
Reinstate to Probation – 3 years

**Juengel, Donna Lee Sims**  
R42286, Benton  
December 7, 2007  
Reinstate to Probation – 2 years

## REPRIMAND

**Davis, Joseph Readus**  
R80022, Hot Springs  
October 30, 2007  
A.C.A. §17-87-309(a)(1)&(2)

**Golden, Donna Jeanne Lawson Wheeler**  
R50231, L15532(exp), Drasco  
November 28, 2007  
A.C.A. §17-87-309(a)(1), §17-87-207(c)(2)  
and Rules  
Civil Penalty – \$750

**Howland, Trista Kaye**  
L46976, Camden  
November 28, 2007  
A.C.A. §17-87-309(a)(1)&(2)

**Massengale, Judith Jane Satterlee**  
L23129, Harrison  
A.C.A. §17-87-309(a)(1)&(2)  
Civil Penalty – \$1,000

**McVey, Paula Inez Byrd**  
L26657, Springdale  
November 20, 2007  
A.C.A. §17-87-309(a)(6)

**Palmer, Yolanda Preshun**  
R79933, L29058, Blytheville  
November 5, 2007  
A.C.A. §17-87-309(a)(1)&(2)

**Pimentel, Sara Ruth**  
L47012, Greenforest  
November 28, 2007  
A.C.A. §17-87-309(a)(1), §17-87-207(c)(2) and Rules

**Pollock, Lisa Faye Jones**  
L44544, Hamburg  
October 30, 2007  
A.C.A. §17-87-309(a)(1), §17-87-207(c)(2) and Rules  
Civil Penalty – \$1,000

**Walker, Wendel Fay Bell**  
L43327, Wynne  
October 30, 2007  
A.C.A. §17-87-309(a)(1), §17-87-207(c)(2) and Rules  
Civil Penalty – \$1,000

**Williamson, Kristina Louise**  
L46080, Malvern  
December 5, 2007  
A.C.A. §17-87-309(a)(6)

## PROBATIONARY STATUS REMOVED

**Anderson, Kimberly Jo Hagman**  
L44405, Cave City  
January 4, 2008

**Brookshire, Angelica Marie Brown**  
R74018, Stuttgart  
January 7, 2008

**Emmett, Martha Bradbury**  
L23504, Royal  
November 16, 2007

**Hargrove, Elizabeth Becky Howell**  
R27753, Fayetteville  
January 7, 2008

**Jenkins, Mona Ann Hensley**  
L23829, Bradford  
November 16, 2007

**Mason, Karen Diane McEntire**  
L37989, Harrison  
January 7, 2008

**Schnebley, Kenneth Scott**  
R72203, Cabot  
November 16, 2007

**Treanor, Bernard Alphonus Satterlee**  
R20870, Little Rock  
January 7, 2008

## APPEAL DENIED

**Davis, Joseph Readus**  
R80022, Hot Springs

# 2007 **NURSING** Compassion AWARD



We salute Patrick Stage, Nancy Meneley, and all of our 2007 Nursing Compassion Award nominees!



## 2007 NURSING COMPASSION AWARD NOMINEES

Name	Hospital	City
Kathy Alsobrooks	Arkansas Department of Health	Searcy
Connie Beaumont	Ozark Health Medical Center	Clinton
Lola Bertling	Brookwood Nursing & Rehabilitation	DeQueen
Cardeattee Buckhannon	Area Agency on Aging of Southeast Arkansas	Pine Bluff
Deanna Marie Jacobs Bullington	Drew Memorial Hospital	Monticello
Linda Chadick	Heritage Physician Group	Hot Springs
Amanda Charles	Area Agency on Aging of Southeast Arkansas	Pine Bluff
Kathy Cheatham	Department of Health	Melbourne
Barbara Clark	Millard-Henry Clinic	Russellville
Liz Cochran	Arkansas Hospice	North Little Rock
Kathy Cox	Twin Lakes Medical	Mountain Home
Carla Dorr		Waldron
Mindy Doyle	White River Medical Center	Batesville
Andrew Fletcher	Arkansas Methodist Hospital	Paragould
Kindal Funr	Mena Medical Home Health and Hospice	Mena
John N. Green		Mountain Home
Ginger Harris	Henderson State University	Arkadelphia
Ginny Hartnett	Mena Regional Health Systems	Mena
Debra Holmes	Oak Ridge Nursing Home	El Dorado
Pamela Hoskins	Golden Living Center	Monticello
Twyla Jamerson	Area Agency on Aging of Southeast Arkansas	Pine Bluff
Susan Jasay	Area Agency on Aging of Southeast Arkansas	Pine Bluff
Ethel Johnson	Christus Saint Michael Health System	Texarkana
Patsy Johnson	Lafayette County Health Dept	Lewisville
David Kelly	Area Agency on Aging of Southeast Arkansas	Pine Bluff
Gail Kyle	Woodruff County Nursing Home	McCrory
Bobbie Lewis	Convalescent Home	Clarksville
Rebecca Lloyd	Arkansas Department of Health	Blytheville

Nancy Meneley	Baptist Hospital	Little Rock
Becky Messenger	Arkansas Hospice	Little Rock
Carol Mitchell	Delta Memorial Home Health	Dumas
Diane Morgan	Central Arkansas Veterans Healthcare System	Little Rock
Vickey Greco Mullally	Saint Bernard Regional Medical Center	Jonesboro
Kay Newton	Lincoln County	Star City
Elizabeth Owens	Millcreek of Arkansas	Fordyce
Kathy Phelps	Hembree Cancer Center	Fort Smith
Christine Phillips	Jefferson Regional Medical Center	Pine Bluff
Lori Ratliff	Area Agency on Aging of Southeast Arkansas	Pine Bluff
Sherry Rickard	Saint Bernard Regional Medical Center	Jonesboro
Janet Riepenhuff	Conway Regional Medical Center	Conway
Ella Romine	Arkansas County Home Care	De Witt
Marnie Roy	Northwest Medical Center	Bentonville
Richard Savage	Bradley County Medical Center	Warren
Chyral Sims	Saint Mary's Regional Medical Center	Russellville
Sabrina Spalding		
Michael Springer	Veterans Hospital	Little Rock
Patrick Stage	Little Rock Cardiology Clinic	Little Rock
Carrie Stark	Henderson State University	Arkadelphia
Debbie Stewart	Cave City Nursing Home	Cave City
Janet Thornton	Arkansas School for Mathematics, Sciences & Arts	Hot Springs
Faye Tompkins	Hillcrest Care & Rehabilitation Center	Prescott
Claudia Kay Turner	Crittenden Regional Hospital	West Memphis
Joyce Vest	Area Agency on Aging of Southeast Arkansas	Pine Bluff
Melissa Vidal	Saint Vincent Hospital	Little Rock
Patsy Wald		
Cindy White	Area Agency on Aging of Southeast Arkansas	Pine Bluff
Betty Wood	Dr. Franklin Roberts Family Practice	Magnolia
Beverly Young	Dr. Pennington Family Practice	Warren