



ASBN

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Update

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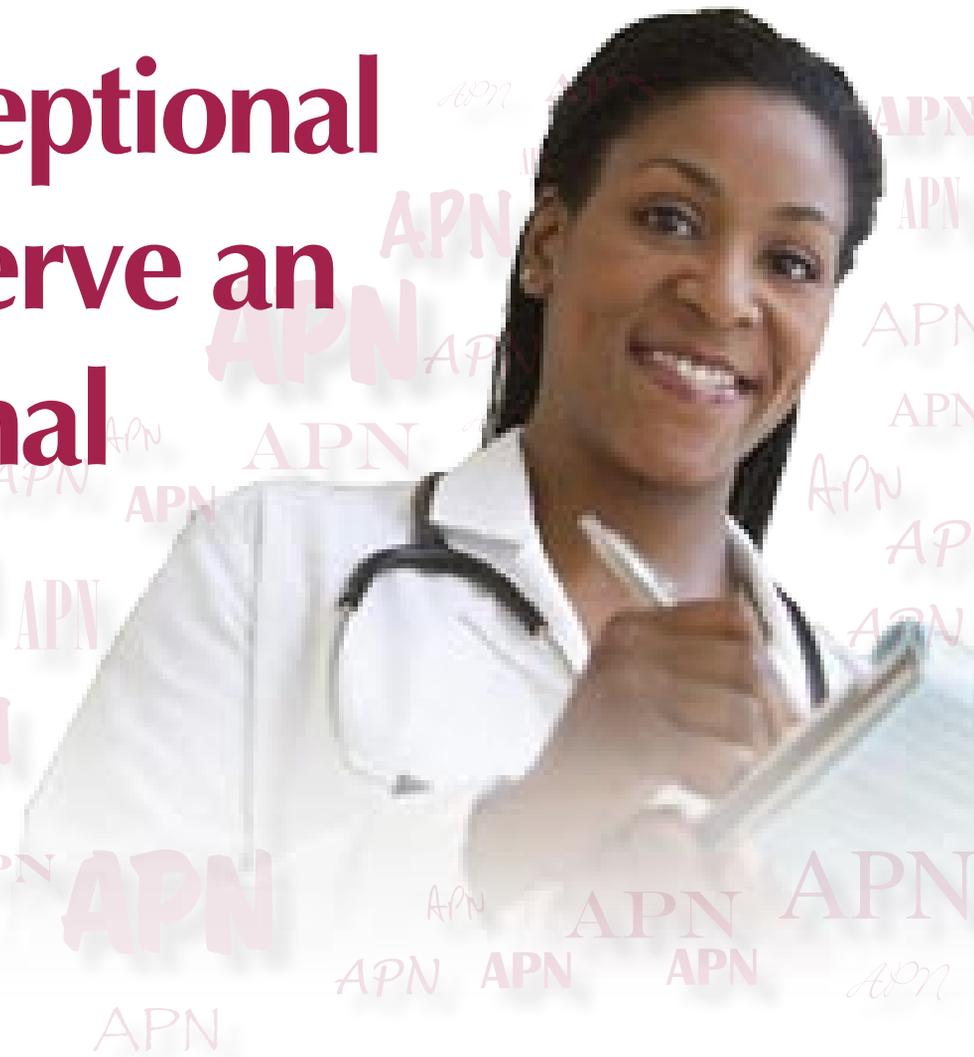
March 2010



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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.

EXECUTIVE DIRECTOR Faith A. Fields, MSN, RN
EDITOR LouAnn Walker

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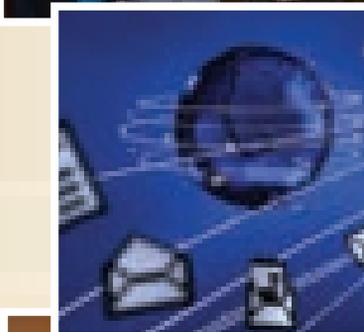
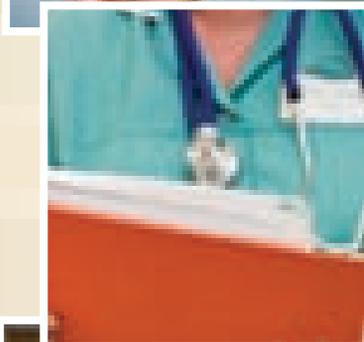
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The *ASBN Update's* circulation includes over 48,000 licensed nurses and student nurses in Arkansas.



WE'VE COME A LONG WAY BABY!



As promised, I'd like to share with you what the Board of Nursing has accomplished in the last 19 years. When I came to the Board of Nursing, Linda Murphey was the executive director. She was progressive in her thinking and pulled us toward the 21st century with her vision for the agency.

She worked to get computers in the office, an animal that was unknown in times here-to-for. I cannot express enough my gratitude for Linda's mentorship and for June Garner who was the executive director before her. June was committed to public protection and the work of the Board of Nursing.

What happened to follow them is to their credit as well as the many board members who served during the time. When I first started with the Board of Nursing, we had one terminal connected to the Department of Information Systems (DIS). The only disciplinary information in the system was an asterisk to denote there was something you needed to look at in the paper files. We had one person, Fern Jamison, who would manually enter every license renewal form into the system to update our licensure files. Then DIS would print and send the renewed license cards to us, which we would mail out. Since then, we have gone through two iterations of licensure databases and we now keep every bit of information on licensure applications to be able to track that information for public protection. We instituted a scannable renewal form to increase data capture. We also print the licenses in-house for mailing. We began online license renewals many years ago and now more than 90 percent of our licensees renew their licenses on the Internet. Hopefully, by 2011, we will do away with licensure cards altogether. The paper license wallet cards enable imposters to find employment with non-suspecting employers. But I digress....

In 1991, the Board developed its first ever mission statement. I'm not sure this was a "great" accomplishment, but it set in writing a specific statement, established by the board members themselves, saying the only reason the Board of Nursing exists is to protect the public. The full statement says "The mission of the Board of Nursing is to protect the public and act as their advocate by effectively regulating the

practice of nursing." The statement is, of course, based on Arkansas statute for creation of the Board of Nursing.

We developed a newsletter that was sent to more than 46,000 nurse licensees annually to advise them of changes in the nursing law and regulations. Then, thanks to Georgia Manning-Lewis, we moved the newsletter to a magazine format where we can communicate every two months with all licensees. And I might add, through our collaborative work with PCI Publishing, this is done at no printing expense to the agency.

We've revised the regulations numerous times throughout the years to make sure we are "cutting edge" in the regulatory world. We worked hard to make Arkansas the second state in the union to pass the nurse licensure compact in 1999, which enabled a nurse's license to work like a drivers license in those states that passed the legislation. That single advancement changes the face of nursing licensure across the U.S. forever! We worked with the legislature to enable criminal background checks prior to nursing licensure in 1999. Now all states are working toward requiring criminal background checks as a prerequisite to licensing. What a public protection measure that was! We obtained legislative approval to give the Board subpoena power to assist us in investigations and allow better protection of the citizens from unsafe practitioners.

I'm not sure if it was for productivity improvement or decline, but we instituted e-mail and Internet access during my tenure. I can't take credit for it. It was just something that developed during those years, and I made sure we had access.

We re-evaluated and, through legislative action, changed the Board composition to more accurately reflect the state. We developed the Board's first strategic plan. I've always heard that you only improve that which is measured. We started measuring a lot. In fact, we began measuring everything we did at the agency. We still do! In fact, the Arkansas Board of Nursing was recognized by the Governor with an award for advancement in technology and recognized by the National Council of State Boards of Nursing for regulatory excellence. We've come a long way baby! But we have not yet arrived. There is more to be done in the years ahead. Next time, I'll pick up here to share what the Board of Nursing has accomplished in the last 19 years to better protect Arkansas citizens. It's been an honor and a pleasure to serve you.

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Nurses – Save the Date

February



- Arkansas Heart Month
- Women's Heart Health Wk
- Patient Recognition Wk

March



- St. Patrick's Day
- No Meetings Scheduled

April



- April 14 Board Retreat
- April 15 Hearings

May



- May 6-12 Nurses week.
- May 7 Compassion Award Banquet
- May 8 Nurses week Baseball game
- May 12 BUSINESS MEETING
- May 13 Hearings

June

- June 9 Hearings
- June 10 Hearings
- June 10 – Retirement Reception for ASBN Executive Director Faith Fields, ASBN offices, 2 – 4 p.m.

July

- July 14 Hearings
- July 15 Hearings



THE COUNTDOWN BEGINS

The time is set and the countdown has begun. You may ask, "Countdown, what countdown?"; the countdown to move toward paperless proof of licensure. As of January 1, 2011, the Arkansas State Board of Nursing will no longer issue a paper license when you renew your license. There have been several articles written regarding this move, and I'm sure there will be several more as the date gets closer. ASBN Executive Director Faith Fields explained this process in a recent article. To keep you from having to find it, I will repeat part of it here.

"What this means in practical terms is that an individual will be awarded an official document upon initial licensure in Arkansas, and then upon renewal, simply have that proof of permission to practice (the license) posted on the board's Web site. Wallet cards will no longer be needed and will no longer be issued. The ASBN has established a FREE service on its Web site for the public to ascertain whether an individual is licensed as a nurse. You can locate it by going to www.arsbn.org and clicking on "License Verification." There are two options to verify a license online; either through the ASBN Registry Search or through Nursys®."

ASBN Online Verification

By going to the ASBN Registry Search, the licensee can be searched by name, license number, or social security number. The results will show the licensee's name, license type, license status and whether or not the license has multi-state privileges. This type of search is free. For employers and institutions that need additional information, different levels of information are available through an annual subscription fee. As a benefit of the subscription service, updated information will be sent to subscribers when the information changes.

NURSYS® for Employers and the Public

Nursys® is an online verification database maintained by the National Council of State Boards of Nursing and contains data obtained directly from the licensure systems of participating boards of nursing. Only RN and LPN/LPTN licenses can be verified through this site. Employers and the public can verify licenses and receive a report free of charge. The report contains the licensee's name, jurisdiction, license type, license number, license status, expiration date and any discipline against the license of the nurse being verified.

NURSYS® for Nurses

When a nurse applies for licensure by endorsement into a state, verification of existing or previously held licenses may be required. A nurse can use Nursys® to request verification of licensure from a Nursys® participating board. A list of licensure participating nursing boards can be found at www.nursys.com or through our link at www.arsbn.org. Verifications can be processed by completing the online Nursys® verification procedure. The fee for this service is \$30 per license type for each state board of nursing where the nurse is applying. Nursys® license verification is sent to the endorsing board immediately. For more information, please visit www.nursys.com, e-mail nursys@ncsbn.org, or call 312.525.3780.

At the writing of this article, it is T-minus 342 days and counting. So mark your calendars and be prepared for this new chapter in Arkansas licensure renewal. I will receive my last paper license this year and may frame it beside my original license and temporary permit. Yes, I still have them, and now I'm glad I do. I just love antiques and historical artifacts.

The present--it is a changing! Until next time...

(This article was adapted in part and reprinted with permission from the Oregon Board of Nursing Sentinel.)

Board Business

President Darlene Byrd presided over the disciplinary hearings held on January 13 and the business meeting held on January 14. Highlights of Board actions are as follows:

- Granted continued full approval to
 - Arkansas State University-Newport Technical Center, Jonesboro, Practical Nurse Program, until the year 2014
 - University of Arkansas for Medical Sciences, Little Rock, Bachelor of Science in Nursing program, until the year 2014
 - Black River Technical College, Pocahontas, Practical Nurse Program, until the year 2014
 - University of Arkansas, Fort Smith, Practical Nurse Program, until the year 2014
 - University of Arkansas-Monticello College of Technology, McGehee, Practical Nurse Program, until the year 2014
- Granted full approval to
 - University of Arkansas, Fort Smith, Bachelor of Science in Nursing Program, until the year 2012
- Granted initial approval to
 - Southern Arkansas University, Magnolia, Bachelor of Science In Nursing Program
- Approved the Arkansas Northeastern College Practical Nursing Evening Option Proposal at the Paragould campus with the first class being admitted June 7, 2010
- Approved the request of Ozarka College, Melbourne, to implement an evening/weekend 11-month Practical Nursing Tract starting in August 2010
- Accepted the analysis and plan to increase the pass rate of
 - Henderson State University, Arkadelphia, Bachelor of Science in Nursing Degree Program
 - South Arkansas Community College, El Dorado, Practical Nurse Program
 - Arkansas State University, Newport, Practical Nurse Program
 - Arkansas State University, Jonesboro, Bachelor of Science in Nursing Degree Program
 - University of Arkansas, Pine Bluff, Bachelor of Science in Nursing Degree Program
- Approved the formation of a task force to review ASBN Rules, Chapter 6, Standards for Nursing Education Programs
- Elected Gladwin Connell, Rep. of Older Population, as ASBN Vice President

BOARD MEETING DATES

APRIL 14	WEDNESDAY	STRATEGIC PLANNING
APRIL 15	THURSDAY	HEARINGS
MAY 12	WEDNESDAY	BUSINESS MEETING
MAY 13	THURSDAY	HEARINGS
JUNE 9	WEDNESDAY	HEARINGS
JUNE 10	THURSDAY	HEARINGS
JULY 14	WEDNESDAY	HEARINGS
JULY 15	THURSDAY	HEARINGS
SEPTEMBER 8	WEDNESDAY	HEARINGS
SEPTEMBER 9	THURSDAY	BUSINESS MEETING
*OCTOBER 13	WEDNESDAY	HEARINGS
*OCTOBER 14	THURSDAY	HEARINGS
NOVEMBER 3	WEDNESDAY	HEARINGS
NOVEMBER 4	THURSDAY	HEARINGS

*Will decide by September if dates are needed

REMINDER

As a gift to ASBN Executive Director Faith Fields upon her retirement, we are collecting notes of appreciation to present to her at her reception. If you would like to send a note to be part of this gift, please do so. You can send these to P. O. Box 1523, Cabot, AR 72023.

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Coordinator

Robert Horn, Imaging
Coordinator

SPECIAL NOTICE

The Arkansas State Board of Nursing has designated this magazine as an official method to notify nurses residing in the state and licensed by the Board about information and legal developments. Please read this magazine and keep it for future reference as this magazine may be used in hearings as proof of notification of the ASBN Update's contents. Please contact LouAnn Walker at the Board office (501.686.2701) if you have questions about any of the articles in this magazine.

ASBN NOTICE OF INSUFFICIENT FUNDS

The following names appear on the ASBN records for checks returned to the ASBN due to insufficient funds. If practicing in Arkansas, they may be in violation of the Nurse Practice Act and could be subject to disciplinary action by the Board. Please contact Gail Bengal at 501.686.2716 if any are employed in your facility.

Rosa Marie Bradley	L16658
Jessica Gonzalez	Exam Application
Tonya Humphrey	R55602
Victoria Knighten	R81020
Toni Diane McKeever	R42190
Amber Sanders	R73529
Nathan Shaheed	T01220
Angela Shupert	L37543
June Elizabeth Sivils	L30290
Della Williams	L28175
Sally F. Williams	L26287

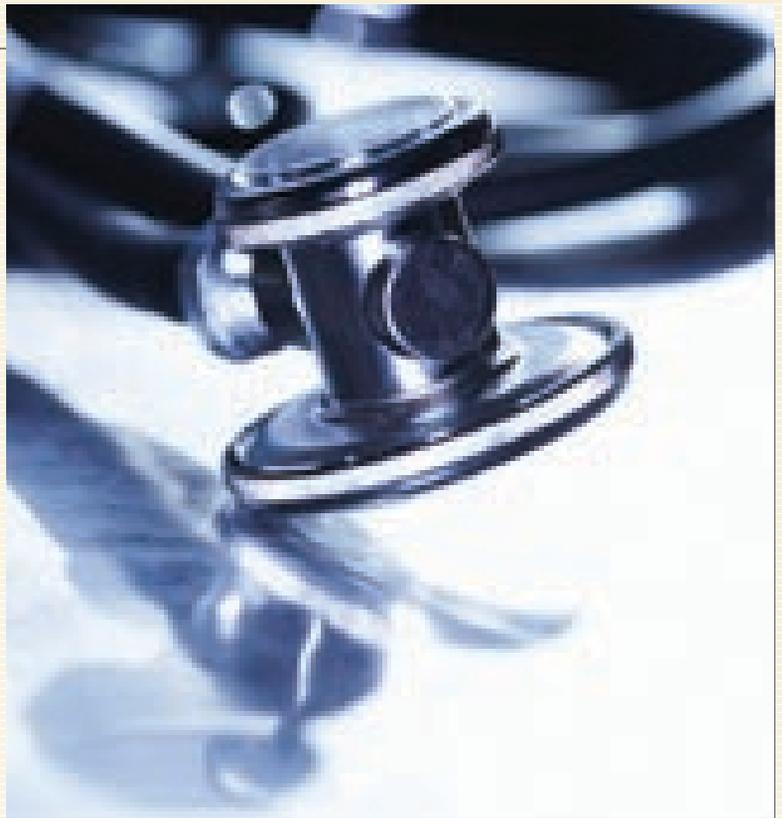


BOARD MEMBERS - Seated, L to R: Brenda Murphree, RN, Secretary; Darlene Byrd, APN, President; Gladwin Connell, Rep. of the Older Population, Vice President; Cynthia Burroughs, Consumer Rep., Treasurer
Standing, L to R: Doris Scroggin, RN; Clevesta Flannigan, LPN; Cassandra Harvey, RN; Peggy Baggenstoss, LPN; Sandra Priebe, RN; Karen Holcomb, RN; Roger Huff, LPN Not pictured: Cathleen Shultz, RN; Richard Spivey, LPN

BEST PRACTICES

Paula Breckenridge, BSN, RN, CPED, manager of the Batesville office of Jonesboro Prosthetic and Orthotic Lab, shares an area where you do not usually find nurses. She is also a certified pedorthist and fits orthotics and evaluates and fits patients for diabetic shoes and custom inserts. This role gives her multiple opportunities to give diabetic education to her patients. She notes that many patients have not received any diabetic education, especially concerning the care of their feet. Thanks for sharing the information Paula!

The Arkansas State Board of Nursing is seeking examples of best or unique practices in patient care to share with the readers of the ASBN Update. Best practices may involve nursing in any practice setting. For more information contact LouAnn Walker at 501.686.2700 or send examples via e-mail to lwalker@arsbn.org.



Maxine Otey, RN 1919 - 2010



The members and staff of the Board of Nursing were saddened to hear of the recent death of a long-time staff member, Maxine Otey, RN. Born in 1919, Maxine became a registered nurse in 1947 after graduating from the Baptist School of Nursing. She was appointed to the Arkansas State Board of Nursing as a board member in 1973 and served

for many years as president of the Board. Following her service as a board member, Maxine was named as the first Director of Nursing Practice employed by the Board and was responsible for investigations and enforcement of the Nurse Practice Act. She was appointed by the Board to the position January 1, 1980, and served faithfully until her retirement in July of 1993. Actually, Maxine said when she left she wasn't retiring; she was just quitting! Retirement sounded like you had to be old, and Maxine was definitely young at heart. You can ask anyone who knew her, and that person will tell you that during Maxine's service to the Board, whatever she said was the law! It didn't matter if it was in writing anywhere or not. Rarely did anyone question her authority. If you wanted to know

whether something was within the scope of practice of a nurse to do, you could just ask Maxine, and she would tell you.

Her career included working in the operating rooms at Davis Hospital in Pine Bluff, Baptist, Ft. Roots and Missouri Pacific Hospitals in Little Rock. She served as the assistant administrator and director of nursing at the Missouri Pacific Hospital for 20 years immediately prior to coming to the Board of Nursing. At one time during her employment as the director of nursing practice, the legislature had not approved the budget, and she worked without pay until the finances were appropriated. She was respected by nurses, employers, legislators, governors and all who knew her. We loved her dearly, and we will miss her smiling face. Rest well, Ms. Otey. Your work here is done.

ELECTRONIC HEALTH RECORDS THROUGH THE EYES OF A PRIMARY CARE PRACTICE

Health care professionals who have not yet made the transition to electronic health records (EHR) are being given a powerful incentive to do so in the American Recovery and Reinvestment Act of 2009, also known as the economic stimulus bill. The bill includes \$17.2 billion for incentive payments to Medicare and Medicaid providers who become "meaningful users" of EHRs by 2015. After that, the incentives become penalties: Providers who have not converted to EHRs will face reduced claim reimbursements.

Conversion from a paper system to an EHR system is not simple, however. The Arkansas Foundation for Medical Care was designated Arkansas' Health Information Technology Regional Extension Center and provides extensive guidance to health care professionals as they make the transition to EHR.

Nurses play a vital role in ensuring the success of an EHR implementation. The American Academy of Nursing encourages "the involvement of nurses in the development, implementation and evaluation of the use of all types/forms of the electronic information for health and health care," as well as "the incorporation of information that reflects nursing practice in initiatives related to electronic health information."¹

Each provider, clinic or hospital has unique needs, but the experience of one clinic can provide some insight into what other providers might expect to encounter. The Pocahontas Medical Clinic, a primary care practice with six physicians and two advanced-practice

nurses, began the transition to an EHR in 2008. Patient demographics, payer information, staff provider numbers, fee schedules, diagnosis/procedure code/modifier information, and much more were converted from the old practice management system to the new PM/EHR application. The transition required a great deal of problem solving, interaction with all involved parties (physicians, nurse practitioners, licensed nurses, laboratory, radiology, transcription and front desk staff), and an excellent IT person.

The clinic encountered several major obstacles during the transition. Production was affected significantly in some areas of the clinic as providers worked for the first time with a tablet PC, rather than paper and pen. Some of the clinic's physicians and nurses had little experience with technology. This group not only had to adopt the new technology, but also had to adapt to a workflow dictated to a great extent by the software. Training, improved templates, and extra nursing support helped address this issue.

The benefits, however, were significant. The new EHR system helped eliminate patient wait times caused by a paper fee ticket being delayed at the front desk or overlooked in the provider's patient queue. By electronically tracking the patient check-in, nurse evaluation/vitals, and ancillary testing, the providers now know when they have a patient waiting. The EHR's ability to track patient encounters, disease state management, testing frequency and coordinate care greatly enhances the quality of care. The

clinic has virtually eliminated dictation and is using the EHR templates as the primary means of documentation. The automation of lab orders and results has significantly improved accuracy and volume of testing. The radiology department now sends electronic images to viewing stations throughout the clinic. Patient prescriptions are sent electronically. In addition, providers can now instantly access any lab results and prior encounter information and have virtually eliminated hand-written information in medical records, which greatly reduces any misinterpretation of information from prior encounters.

Today, the clinic's providers and nurses are back to seeing the same or an increased number of patients each day, with rare exception. As a result of the streamlined electronic workflow, they have seen roughly 10 percent in increased charge revenue directly related to the EHR implementation.

AFMC continues to work with practices across the state to assist in successful adoption of an EHR. To find out more or fill out a letter of intent for potential EHR funding, visit www.afmc.org/hitrec.

REFERENCES

1. American Academy of Nursing. Position Statement: Use of Electronic Information for Health and Health Care. Available online at <http://www.aannet.org/files/public/EMR%20Position%20Statement%20Recommendation%20Post%20NIEP.doc>.

ARKANSAS FOR NURSING



Attendees at the February 2010 Arkansas for Nursing meeting

Arkansas for Nursing is composed of Arkansas hospitals and nursing educational programs. AFN was formed in 1987 to address the nursing shortage and is committed to representing a positive image of nursing, to educate those who desire to pursue a career in nursing and to offer current job opportunities to nurses within our state. For more information, visit the AFN Web site, www.arkansasnursing.com, write to AFN at P. O. Box 250610, Little Rock, AR 72225, or contact Kimberly Porter, MNsc, RN, AFN president, at kbporter@ualr.edu.

A continuing education opportunity for nurses.

Save the date for the 2010 Geriatrics Conference

Friday, May 21st, 8am-4pm

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at www.conwayregional.org

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Conway Regional Health System is an approved provider of continuing nursing education by Arkansas Nurses Association, an accredited approver by the American Nurses Credentialing Center's CNSA.

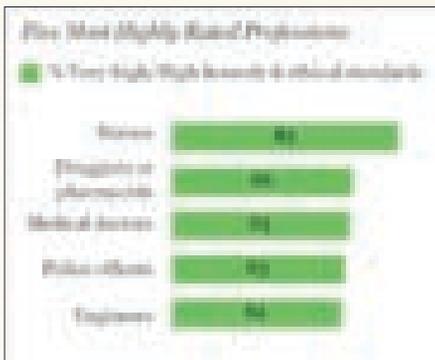




LETTER FROM THE EDITOR

NURSES SHINE AGAIN

You're number one again! Nurses are the unquestionable leader in the Gallup Poll's annual Honesty and Ethics of Professions survey—and have ranked No. 1 all but one year since they were added to the list in 1999. ("firefighters" ranked first in the wake of the 9/11 terrorist attacks). Eighty-three percent of Americans rate nurses' honesty and ethical standards as very high or high—easily the most positively rated profession. It is obvious the public holds great respect for those who provide nursing care.



Source: Gallup® Poll, 2009 Survey on Honesty and Ethics

ASBN Update seeks to help Arkansas nurses remain up-to-date with the regulatory aspect of practice that is vital to our mission of protecting the public. We always appreciate your feedback.

LouAnn Walker, ASBN Update Editor



A MISSION FOR *Life*

St. Joseph's Mercy Health System is looking for experienced nurses in speciality areas.

"At St. Joseph's, co-workers consistently go above and beyond the call of duty. That, and how we are encouraged to keep a balance between our work and family life, is what separates us from the rest"
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A signed employment agreement is required. For further details, contact Debbie Robinson, Nurse Recruiter: 870-541-7774 phone robinsond@jrmc.org



THE QUESTION?

What one question could be so confusing? Each day the Arkansas State Board of Nursing receives applications from first time applicants seeking licensure in Arkansas. When completing the application, one question in particular creates more stress and worry than any other. The question is, "Have you ever been convicted of a misdemeanor or felony, pled guilty or nolo contendere to any charge in any state or jurisdiction?"

Unfortunately, many applicants answer "no" to the question, when in fact, they should have answered "yes." This sometimes results in disciplinary action against an applicant at the time his or her license is issued. This is not the way to start or continue your nursing career. This is especially true when you consider this could have been easily avoided by making a simple phone call to the Board seeking guidance on how to answer the question.

Arkansas Code Annotated (ACA) §17-87-309(a)(2) states, in part, that the Board shall have the sole authority to deny, suspend, revoke, or limit any license of anyone who is guilty of a crime.

ACA §17-87-312 is the section of the Nurse Practice Act that authorizes the Board to conduct criminal background checks through the Arkansas State Police and the Federal Bureau of Investigation on all first

time applicants. This section also provides that no person shall be eligible to receive or hold a license issued by the Board if that person has pleaded guilty or nolo contendere to, or been found guilty of, committing any of the offenses listed in subsection (e) of ACA §17-87-312. However, subsection (L)(1) of ACA §17-87-312 provides that the bar to licensure for crimes listed in subsection (e) of the ACA §17-87-312(e) will not apply if the licensee has had his or her record expunged. To read the section in its entirety, go to our Web site, www.arsbn.org and choose Nurse Practice Act on the left side.

So, why are so many applicants confused? First, it is complicated, and second, people are often confused as to whether their record has been expunged, sealed or pardoned by a judge, governor, or by the president of the United States.

If a person's record has been expunged or sealed, then either the individual or her attorney had to file necessary papers with the court after completing the person's court ordered sentence. The judge should then issue a written order expunging or sealing the individual's records. The same must be done if any individual is seeking a pardon from a governor or the president, who will issue a written, signed pardon. You should always keep a copy of your expungement,

sealed record, or pardon as proof when you are required to report your criminal history as a matter of law.

However, there is one caveat all applicants should be aware of--ACA §17-87-312(L)(2). If your criminal conviction falls under this subsection, then you are permanently barred from being a nurse in Arkansas, even if your crime has been expunged or sealed.

So when it is time to answer the above question and you are unsure, it is best to answer "yes" and attach your order of expungement, sealed record, or pardon to your application. Then the Board will be able to promptly process the application.





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CLINICAL NURSE SPECIALIST: ONE OF THE MVPs OF HEALTHCARE

Introduction

Literature supports that the clinical nurse specialist (CNS) can affect patient outcomes through impacting organizational systems and nursing practice. The product of this leadership by the CNS is quality, cost-effective care (Tringali & Murphy, 2008). The current healthcare environment includes economic pressures and emphasis on outcomes, giving the CNS role an environment in which to thrive. Because care demands and delivery systems have changed, the CNS practice has expanded. The growth of this position however, has contributed to ambiguity of the CNS role. This article will examine the origin, characteristics and benefits of this position and promote the use of CNSs in nursing practice.

A common concern articulated by clinical nurse specialists (CNSs) is role confusion and/or ambiguity. This concern includes not only defining and delineating the role for themselves and their function within it, but also describing this role to others. Although it is accepted that the role of the CNS may include components of expert practice, consultation, education, research, administration, and change agent, the literature attests to the diversity in description of the role. This is certainly understandable given the complexity of patient and family care needs, the demands of the healthcare system, and the creativity of those knowledgeable and skilled nurses practicing within the role.

Historical Overview

The CNS role developed from changing trends and movements in nursing. In the 1920s, a need to incorporate public health, teaching and administration into nursing curriculum was recognized. By the 1940s and 1950s, a shift occurred and the need for nurses with specialized knowledge and skills was expressed. During this time the idea of the “nurse

clinician role” was introduced by Frances Reiter. This concept encompassed three characteristics of clinical practice including clinical competence, coordination of care, and collaboration with health care team members. As described by Hildegard Peplau, the clinical specialist was to be a “model of expertness.” Peplau helped define the role and revised the general practice of nursing, created the first masters’ program in psychiatric nursing and assisted with the introduction of the first clinical nurse specialist examination. In the 1960s, a shortage of primary care providers was seen in the United States. The Surgeon General advised that nurses should be educated and collaborate with physicians to provide primary care, thus resulting in the creation of the nurse practitioner role. During this time, nursing saw Professional Nurse Traineeship Programs including education specific to that of the clinical nurse specialist. (LaSala, Connors, Pedro, & Phipps, 2007)

This role growth coupled with the profession’s interest in higher education helped solidify clinical specialization within graduate programs. Both clarity and confusion followed this era for the role of the clinical nurse specialist. Many CNS positions were lost in the 1990s due to cost-cutting efforts within healthcare organizations. One outcome of this was an attempt to blend CNS roles with that of the nurse practitioner. To redirect and redefine the CNS role from this ambiguity the National Association of Clinical Nurse Specialists issued a Statement regarding CNS practice and education in 1998 (LaSala, Connors, Pedro & Phipps, 2007). The Association Statement included goals:

“(1) to make explicit the contributions of the clinical nurse specialist toward meeting societal healthcare needs; (2) to articulate competencies for clinical nurse specialist practice and to furnish outcome

exemplars; (3) to provide a foundation for a core clinical nurse specialist certification examination that could be coupled with specialty certification; and (4) to provide a framework for the progressive evolution of clinical nurse specialist education both at the graduate level and through continuing education.” (LaSala et al., 2007, p. 263).

The Clinical Nurse Specialist Role/Practice

Clinical expertise in a specialty is the hallmark of CNS practice (NACNS, 2004). In addition to clinical expertise in providing care to a specific population, CNSs influence patient outcomes through implementation, integration, and translation of evidence-based practice (EBP) into daily operational activities. As more healthcare systems, government agencies, and third-party payers focus on EBP and patient/client outcomes, the clinical and operational expertise of the CNS are significantly important. Evidence-based practice (EBP) is a term that has saturated the nursing literature in the past decade. Understanding the concept of EBP is an essential part of professional nursing practice in general and advanced nursing practice in particular. The clinical nurse specialist (CNS) is most often the individual called upon to provide leadership in translating research findings into evidence-based, patient-centered, and cost-effective care. The CNS plays a vital role in fostering EBP across clinical settings in many ways. These activities include the following: generating ideas for projects, evaluating EBP research proposals, overseeing EBP study design and execution and recommending process improvements, ensuring application of research results to practice, staying abreast of newly published studies, developing new evidence-based standards and protocols, sponsoring EBP educational sessions, and publishing newsletters (Marshall, 2006).

The clinical nurse specialist (CNS) role has been recognized as ideal to bridge the research gap between learning/research and clinical practice (Nelson, Holland, Dershcheid, & Tucker, 2007), yet time and opportunity limit the ability of CNSs to engage in research-related activities. Nurse leaders have not capitalized on the clinical strengths of the CNS. In particular the unique knowledge that the CNS possesses of the patient in his or her environment often goes unrecognized.

Clinical nurse specialists in a clinical setting have a unique perspective of their patient's involvement in the clinical environment while seeking healthcare.

by including delivery of evidence-based care, deleting outdated and inappropriate interventions from care guidelines, transitioning patients across the continuum of care, and preventing unintended consequences and errors (Fulton, 2006).

Clinical nurse specialists have begun to move outside the hospital walls and are now visible in a variety of settings such as clinics, private practice, communities, school systems, nursing homes, corporations, and prisons, to name a few. Clinical nurse specialists are typically placed in staff and administrative positions in most hospital organizational structures. These CNSs are providing clinical leadership by establishing

promote health within a defined specialty population. Expertise in clinical practice is manifested through the care of individuals, families, groups, and communities and is the core of CNS practice (NACNS, 2004).

Actions of the CNS improve safety, quality and outcomes of patient/client care thus enhancing the workplace environment for the nursing staff (Marshall, 2006). This improvement at the workplace environment is a key variable in attainment of Magnet accreditation for hospitals and is a key outcome of the interface of the CNS with the nurses/nursing practice sphere. The implementation of Evidence Based Practice through eliciting action research questions,



“Clinical nurse specialists in a clinical setting have a unique perspective of their patient's involvement in the clinical environment while seeking healthcare.”

This difference stems from the day-to-day activities and the advanced practice training and education of the CNS. Clinical nurse specialists are prepared at the graduate level in core content areas of research, ethics, health policy, health promotion, organization and financing of healthcare, human diversity, and social issues.

Including the Clinical Nurse Specialist in Practice Settings

Functioning as change agents and providing leadership in the development and implementation of policies and procedures, standards of care, and protocols that affect nursing practice and patient care continues to be a high priority for CNSs. With the explosion in both practice knowledge and the use of technology, specialization will become even more important. Clinical expertise within a specialty enables CNSs to provide expert advanced care to patients/clients and to positively affect delivery of care in their area of specialty by developing evidence-based standards of care and bringing them to the bedside. Clinical Nurse Specialists improve outcomes in the patient-client domains

and implementing goals related to nursing practice and patient care and taking on more administrative responsibilities that include the management of human resources (Scott, 1999).

Additionally, clinical nurse specialists are learning new skills and therapies and refining and expanding existing ones based on their graduate-level education and ongoing experience in practice. These skills are being used in the management of acute and chronic diseased-and non-disease-based states and illnesses. Most surprising was the illumination of skills that were previously performed solely by physicians and are now being routinely performed by CNSs in their areas of specialty (Scott, 1999).

Practice Outcomes

Through the implementation of protocols, pathways, and introduction of new equipment and technology at the point of care, the expert CNS brings specialty care informed by the cutting edge of current knowledge. In addition, a CNS has clinical expertise in diagnosis and treatment used to prevent, remediate, or alleviate illness and

mentoring nurses to apply best evidence and empowering them to ensure that EBP is fully integrated into all professional interactions with patients will continue to be a major component of the work of the CNS.

Recent graduates of the Master's of Science in Nursing program at Arkansas State University in Jonesboro wrote and submitted this article.

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Director, Center for Nursing Excellence
Mary Helen Forrest, MNsc, RN, CNAA, BC
Chief Nursing Officer

UAMS Medical Center's Commitment to Nursing Excellence: *In Good Times and Bad*

Nursing leaders throughout the country are identifying strategies to revitalize nursing and continue on a path of excellence despite the tumultuous healthcare climate. Forward thinking leaders also identify ways to emphasize and utilize collective resources (Upenieks & Sitterding, 2008). In 2009, the University of Arkansas for Medical Sciences (UAMS) Medical Center embraced one such strategy by supporting the creation of a center for nursing excellence.

The collective resources in a center for nursing excellence can provide support of professional development and practice, organization of quality and research, and promotion of the image of nursing internally and externally (Knox & Gharrity, 2004). While many centers are in place throughout the country, each is designed to meet needs specific to the individual organization and its vision for nursing. At UAMS, the purpose of our Center for Nursing Excellence (CNE) is to support, promote, and advance:

- Professional Practice & Development
- Nursing Research & Evidence-based Practice(EBP)
- Shared Decision-making
- Community Outreach
- Grants & Fundraising
- Magnet Program
- Nursing Quality
- Recruitment/Retention/Recognition

While the CNE is for and about all nursing staff at UAMS, specific personnel comprise the CNE organizational structure. This team provides the leadership and resources necessary to fulfill the purpose of the UAMS CNE. Team members include: the CNE Director, Program Manager, population and system-based Clinical Nurse Specialists (CNSs), RNIV Nurse Clinicians, Wound Ostomy Continence Nurses, Nursing Quality Director, Patient Advocate, Nurse Recruiter, and Quality Improvement Nurse. The five system-based CNSs hold joint appointments between the UAMS College of Nursing and the Medical Center.

MILESTONES OF EXCELLENCE

Although the UAMS CNE is still in its infancy, there have been a number of exciting accomplishments and outcomes as a result of this endeavor. For example, 11 UAMS nurses presented research, evidence-based practice, and quality improvement projects at the 2009 Research Day conference. This year, 19 nurses were involved in the submission of 11 abstracts for presentation at Research Day in April. In addition, the CNE sponsored the 1st annual Professional



Practice Fair during Nurses Week 2009 with over 240 nurses participating. Another CNE highlight was the first ever submission of a Health Resources and Services Administration (HRSA) grant by the Department of Nursing at UAMS Medical Center. If awarded, this 3-year, \$900K federal grant will fund three nursing fellowships (Ethics, Quality/Outcomes, Evidence-based Practice) for UAMS nurses and a select number of fellows from community hospitals in Arkansas. Awards will be announced in March 2010.

Over the past year, significant enhancements have been made to our shared decision-making structure for nursing known as the Professional Nursing Organization (PNO). An Executive Council comprised of nurses from all areas and at all levels of practice began the strategic planning process last summer. Four new coordinating councils were created and began meeting in October 2009. All councils have been hard at work developing and adopting bylaws, establishing the mission of each council, creating a process for issue/idea referral to the PNO by nursing staff and others, updating our nursing statements (vision, mission, values, and philosophy) and providing input into relevant policy and procedure changes. Councils are currently reviewing proposed strategic focus areas brought forward by the Executive Council. Unit-based councils are also growing, and provide the foundation for the PNO.



Other initiatives include: developing a quarterly CNE publication, conducting an on-boarding pilot project with experienced nurses, modifying the clinical ladder program based on results of a nursing survey, establishing a CNE foundation, recognition of National Certified Nurses Day and International Year of the Nurse, and creating a Professional Development Fund for UAMS nurses.

While the creation of a CNE will move UAMS Medical Center forward on the journey to Magnet designation, the needs of our patients, community, nursing staff, and organization will determine our goals. Ultimately, the unwavering commitment to nursing excellence at UAMS Medical Center is the driving force that keeps us moving forward in the right direction in good times and bad.

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Image of Nursing Council Members



UAMS Nurse presenters at 2009 Research Day



2009 Research Day



2009 Professional Practice Fair



2009 Professional Practice Fair

GOV. BEEBE APPOINTS THREE NEW MEMBERS TO THE ARKANSAS STATE BOARD OF NURSING

Gov. Mike Beebe recently appointed three new members to the Arkansas State Board of Nursing. They are:



Peggy Duncan Baggenstoss, of Fordyce, is a licensed practical nurse at Millcreek of Arkansas in Fordyce. She fills the position for one of the licensed practical nurses or licensed psychiatric technician nurses on the Board. Baggenstoss earned a nursing

certificate from Red River Vo-tech in Camden. She is a member of the Arkansas Licensed Practical Nurse Association and the Fordyce Civitan Club. Baggenstoss has worked as a nurse at Ouachita Medical Center in Camden, Union Medical Center in El Dorado, St. Vincent Health Systems in Little Rock, and fulfilled a dream

by serving as a travel nurse in Oregon. Baggenstoss is married, has two grown daughters two stepchildren and three grandchildren. She replaces Peggy Morgan on the Board.

Karen J. Holcomb, of Pine Bluff, is a registered nurse and fills the

position for one of the diploma registered nurses on the Board. She received her nursing diploma from Jefferson School of Nursing in Pine Bluff and bachelor's degree in gerontology from the University of Arkansas at Pine Bluff. Her certifications include AHA Mid-Management Certification, ACLS and

BLS. She is a clinical nurse manager in the orthopedics and urology unit at Jefferson Regional Medical Center in Pine Bluff. Previously, she worked in the cardiac step-down unit and quality management and special procedures departments at JRMC. Holcomb is a third generation nurse and said, "I love taking care of patients and want to serve on the Board to help make a difference in ensuring patient safety." She is married to Danny Holcomb and has two children. Holcomb replaces Kathy Hicks on the Board.

Richard A. (Rick) Spivey, of Greenbrier, is a licensed practical nurse and fills the position for one of the licensed practical nurses or licensed psychiatric technician nurses on the Board. Spivey earned a nursing certificate from Petit Jean Technical College in Morrilton. He has certifications as a mental health paraprofessional and as an American Red Cross CPR/FA instructor. He works at Salem Place Nursing Center in Conway and Greenbrier Nursing Center. Spivey previously worked at Conway Regional Hospital as a scrub nurse and in the medical/surgery unit. Spivey has been recognized by the Arkansas Licensed Practical Nurse Association for leadership as an LPN in long-term care. He replaces Lori Eakin on the Board.



L to R: Peggy Baggenstoss, LPN; Rick Spivey, LPN; Karen Holcomb, RN

certificate from Red River Vo-tech in Camden. She is a member of the Arkansas Licensed Practical Nurse Association and the Fordyce Civitan Club. Baggenstoss has worked as a nurse at Ouachita Medical Center in Camden, Union Medical Center in El Dorado, St. Vincent Health Systems in Little Rock, and fulfilled a dream

position for one of the diploma registered nurses on the Board. She received her nursing diploma from Jefferson School of Nursing in Pine Bluff and bachelor's degree in gerontology from the University of Arkansas at Pine Bluff. Her certifications include AHA Mid-Management Certification, ACLS and

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Trend Shows Younger Nursing Workforce

One of the favorable trends shaping the nursing workforce is the growing number of younger nurses entering the workforce. Since 2003, there has been a steady increase in nurses ages 23 to 25 entering the workforce with significant growth noted in 2008. Also noted was a surge in RN employment in hospitals, increasing by nearly 250,000 since 2007. For more information, please see: <http://news.nurse.com/article/20100201/NATIONAL02/102080007/-1/frontpage>.
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Update

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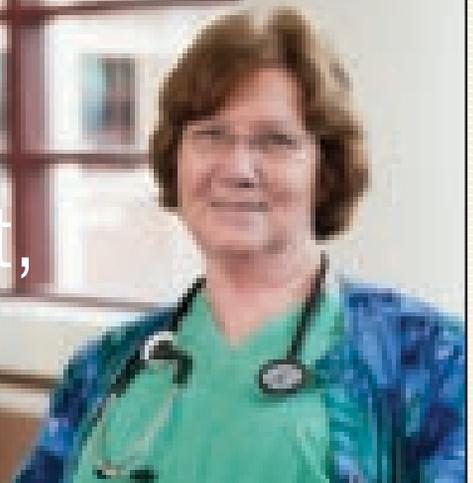
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When the task force was charged with developing regulations for the medication assistant program, part of its vision involved the foresight



of paperless renewal, just like we are moving toward with our licensed nurses. The initial certification card the MA-C receives is the only one a person will receive. This alleviates the costs of printing and postage upon

renewal. Following the same principal of the initial issuance of a nursing license, MA-C's are set-up to renew on a biannual cycle based on a person's birth month and whether born in an odd or even year. Therefore, the initial certification timeframe may not be for a full two years. The MA-C will receive a notice by mail to the last known address on file approximately 60 days prior to expiration as a reminder she needs to renew online no later than the last day of their birth month.

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F A Q S



In my new role I will eventually be doing some procedures requiring conscious sedation. My prescriptive authority entails only schedule III-V. Do I need to write for this sedation medication as a verified verbal order from the physician or do I need to write up a protocol between my collaborating physicians and myself? What would be acceptable practice?



You will have to write the order for the Schedule II drug as a verified verbal order from your collaborating physician. You cannot have protocols between the physicians and you for Schedule II drugs – APN prescriptive authority does not allow the APN to prescribe Schedule I and II controlled substances. CRNAs fall under a different set of rules, as most are considered agents of the institution they are working for and are granted authority under the institution’s DEA number as described in Title 21 CFR 1301.22– they can order any drugs including controlled substances in connection with anesthetic agents – for pain, nausea, etc during the pre-, intra-, and post-op periods - if the CRNA has not been given that “agent” authority by the facility, then they would give all orders as verbal orders from a supervising physician.



How do compact licenses work?



If your primary state of residence is in a compact state you can hold a license in that state only. You may work in any other compact States on that compact license. Single state licenses are issued to persons who live in a non-compact state and want to work in Arkansas or to a nurse whose license is encumbered (under disciplinary order) and does not have permission to work outside the state.



I have only had my license for one year- Will I need the entire 15 contact hours of continuing education?



If your initial license is valid for less than two years, you do not need continuing education with the first renewal.



I have noticed that when we are short of staff, some nurses will “pre-chart” medications and treatments. When I asked them about it, they said it was an accepted practice. Is that right?



No. “Pre-charting” is never acceptable practice. Documentation of an entry prior to medication being administered, treatment being performed or an assessment being made is considered “falsification” and is a violation of the Nurse Practice Act. “Pre-charting” endangers the health and safety of the patient and is illegal, unethical and destroys the credibility of the nurse. While some view this practice as a “time saver,” it is dishonest and increases the risk of errors or omissions in the delivery of safe patient care.

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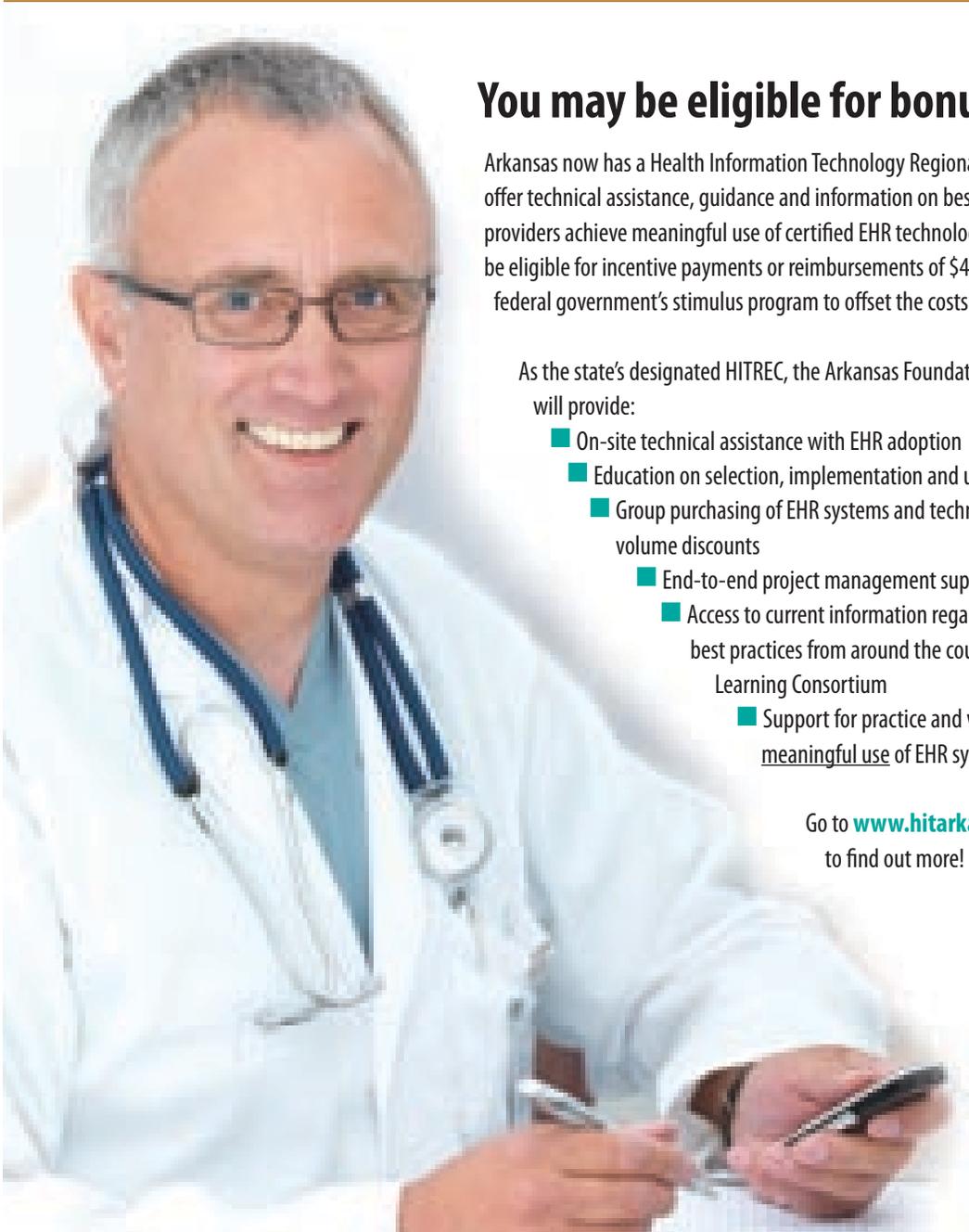
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POSITION STATEMENT 97-1

STAPLING AND SUTURING SUPERFICIAL WOUND CLOSURE

Statutory Definition

Arkansas Code Annotated §17-87-102 defines

“Practice of professional nursing” as: “. . .the performance for compensation of any acts involving the observation, care, and counsel of the ill, injured, or infirm; the maintenance of health or prevention of illness of others; the supervision and teaching of other personnel; the delegation of certain nursing practices to other personnel as set forth in regulations established by the Board; or the administration of medications and treatments as prescribed by practitioners authorized to prescribe and treat in accordance with state law, where such acts require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical, and social sciences”.

“. . .the Practice of practical nursing” means the performance for compensation of acts involving the care of the ill, injured, infirm or the delegation of certain nursing practices to other personnel as set forth in regulations established by the board under the direction of a registered professional nurse, an advanced practice nurse, a license physician, or a licensed dentist, which acts do not require the substantial specialized skill, judgment, and knowledge required in professional nursing;”

“Practice of psychiatric technician nursing” means the performance for compensation of acts involving the care of the physically and mentally ill, retarded, injured, or infirm or

the delegation of certain nursing practices to other personnel as set forth in regulations established by the board, and the carrying out of medical orders under the direction of registered professional nurse, and advanced practice nurse, a licensed physician, or a licensed dentist, where such activities do not require the substantial specialized skill, judgment, and knowledge required in professional nursing.”

Position Statement

Numerous inquiries regarding the roles of nurses in the performance of stapling, suturing, or application of tissue adhesive have been received by the Arkansas State Board of Nursing. After study of the issues and concerns, the Arkansas State Board of Nursing issued the following position statement:

Stapling and Suturing

The performance of stapling, suturing or application of tissue adhesive for superficial wound closure, as delegated by the attending surgeon in the operating room, is within the scope of nursing practice; however, the suturing of muscle, nerve, fascia, or tendon is not within the scope of their practice

Nurses who perform stapling, suturing or application of tissue adhesive for superficial wound closure are responsible for having adequate preparation and experience to perform such acts and shall have documented competency with performance of such procedures. The nurse is responsible for documentation of educational

preparation and for maintaining continuing competency.

In the performance of stapling, suturing, or application of tissue adhesive for superficial wound closure, the nurse should:

- 1) Have knowledge of the potential complications and adverse reactions, which may result from the procedure(s),
- 2) Have the knowledge and ability to recognize adverse reactions and to take appropriate nursing intervention as indicated, and
- 3) Perform the procedure(s) in accordance with the established written agency policies and procedures, which are consistent with the definition of “professional nursing practice”, “practice of practical nursing” and “licensed psychiatric technician nurse” as stated in Arkansas Code Annotated §17-87-102.

Determining Scope of Practice

Arkansas Code Annotated § 17-87-309 and ASBN Rules, Chapter 7, Section IV, A.6.f., holds all nurses individually responsible and accountable for the individual’s acts based upon the nurse’s education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform.

Adopted March 13, 1997
Revised November 2001



NURSING STUDENT LOANS AWARDED

The participants have been chosen for the ASBN Nursing Student Loan Program – Nursing Educator Loan. This program allows students to continue their nursing education by providing loans that may be forgiven. Nine applicants were accepted into the program this year.

Applications were processed by the Arkansas Department of Higher Education. All eligible applications were considered by the Arkansas State Board of Nursing.

Recipients must commit to teaching full time in a nursing education program in Arkansas. Program participants may be qualified for loan cancellation by teaching



as agreed for one year for each loan received.

This program is funded by donations maintained in a separate Nursing Student Loan Program – Nursing Educator Loan account of the Arkansas State Board of Nursing and by a transfer of funds from the Arkansas State Board of Nursing’s operating fund balance to this designated fund.

If you are interested in more information about the program, please visit www.arsbn.org and select the link on our homepage. Congratulations to the new participants in this year’s program.

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SOUTH ARKANSAS COMMUNITY COLLEGE AWARDED GRANT FOR NURSING AND ALLIED HEALTH PROGRAMS

The U.S. Department of Labor recently announced that South Arkansas Community College in El Dorado was granted \$3,520,612 for nursing and allied health programs. The American Recovery Reinvestment Act of 2009 funds the grant. Projects funded through these grants will be conducted in partnership with the public workforce system, businesses and other organizations to guarantee that training leads to jobs.

Hilda L. Solis, Secretary of Labor, said, “The Recovery Act funded grants announced will ensure thousands of workers across the nation can receive high-quality training and employment services, which will lead to good jobs in health care and other industries offering career-track employment and good pay and benefits.”

In this sixth and final round of competitive grants made available for employment and training through the Recovery Act, South Arkansas Community College receives one of only two grants awarded in Arkansas.

The full statutory citations for disciplinary actions can be found at www.arsbn.org under Nurse Practice Act, Sub Chapter 3, §17-87-309. Frequent violations are ACA §17-87-309 (a)(1) "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;" (a)(2) "Is guilty of a crime or gross immorality;" (a)(4) "Is habitually intemperate or is addicted to the use of habit-forming drugs;" (a)(6) "Is guilty of unprofessional conduct;" and (a)(9) "Has willfully or repeatedly violated any of the provisions

of this chapter." Other orders by the Board include civil 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				REPRIMAND
<i>Armbrust, Brenda Jean Robertson Campbell</i> R31186, Little Rock A.C.A. §17-87-309(a)(4)&(6) Probation - 2 years Civil Penalty - \$1,100	<i>Hatchett, Nina Joline Garrett Callahan</i> L42453, Siloam Springs A.C.A. §17-87-309(a)(6) Probation - 1 year Civil Penalty - \$500	<i>Taylor, Cynthia M.</i> L49626, Cave City A.C.A. §17-87-309(a)(2) Probation - 1 year	<i>Fortner, Maria Adell Moore</i> R34428, Newport December 15, 2009	<i>Atkinson, Aubrey Danielle</i> L48335, Bella Vista A.C.A. §17-87-309(a)(6) November 12, 2009
<i>Brooksher, Joslyn Huffstutler</i> R82288, Fayetteville A.C.A. §17-87-309(a)(6) Probation - 1 year Civil Penalty - \$1,000	<i>Hogue, Cristy Diane Boudra</i> R55493, Redfield A.C.A. §17-87-309(a)(2),(4)&(6) Probation - 2 years Civil Penalty - \$1,000	SUSPENSION <i>McCaghren, Julie Anna Dean</i> L27573, Caddo Gap A.C.A. §9-14-239 December 21, 2009	<i>Gilmore, Ann Elizabeth Rogers</i> L44703, Conway December 28, 2009	<i>Bales, Duane Allen</i> L44746, Mountain Home A.C.A. §17-87-309(a)(6) November 3, 2009
<i>Brown, Lisa Dale Rakestraw</i> R39943, Jacksonville A.C.A. §17-87-309(a)(4)&(6) Probation - 2 years	<i>House, Morgan Sue</i> PN Applicant, Fayetteville A.C.A. §17-87-309(a)(2),(4)&(6) Probation - 2 years	<i>Murillo, Leslie Carol Freeman Beene Stevens</i> L34826, Jacksonville A.C.A. §17-87-309(a)(4)&(6) Suspension - 2 years, followed by Probation - 3 years Civil Penalty - \$2,500	<i>Rhodes, Janet Lynn McMullan</i> R74241, Little Rock December 17, 2009	<i>Berti-Fox, Cynthia Ann</i> L49340, De Queen A.C.A. §17-87-309(a)(1)&(2) November 5, 2009
<i>Downing, Linda Jean Jones</i> R49385, Bryant A.C.A. §17-87-309(a)(6) Probation - 1 year Civil Penalty - \$400	<i>Jenkins, Stacy Marie Bauer</i> L36449, Mountain Home Probation Non-Compliance Probation - 1 year Civil Penalty - \$500	<i>Pruitt, Scotty J.</i> R72459, L38509(exp), Walnut Ridge A.C.A. §17-87-309(a)(1),(6)&(9) Suspension - until eligible for Illinois reinstatement and cleared from OIG list, followed by Probation - 1 year Civil Penalty - \$500	<i>Segeda, Janis Kay</i> R40244, Little Rock November 20, 2009	<i>Boren, Tanya Rochelle</i> L49496, Mena A.C.A. §17-87-309(a)(1)&(2) November 16, 2009
<i>Evans, Constance Renee</i> RN Applicant, Benton A.C.A. §17-87-309(a)(2),(4)&(6) Probation - 1 year	<i>Jungers, Bernice Marie Trobaugh Lawrence Heritage Harris</i> L28546, Bradford A.C.A. §17-87-309(a)(2),(4)&(6) Probation - 2 years Civil Penalty - \$1,000	<i>Shupert, Angela Marie Kirk Ford</i> L37543, Howe, OK Letter of Reprimand Non-Compliance Suspension - until terms are met	<i>Sliger, Julie Sue Nooner</i> L41906, Hot Springs November 18, 2009	<i>Canada, Larichia Nicole</i> L49618, Camden A.C.A. §17-87-309(a)(1)&(2) November 12, 2009
<i>Fisher, Montie Ray</i> L48531, Cedarville A.C.A. §17-87-309(a)(6) Probation - 1 year Civil Penalty - \$800	<i>Marsh, Kimberly Kay Keech Whitney</i> R66699, Waldron A.C.A. §17-87-309(a)(6) Probation - 1 year Civil Penalty - \$1,700	<i>Tucker, Laura Ann Lewis</i> R45428, Conway A.C.A. §17-87-309(a)(4)&(6) Suspension - 6 months, followed by Probation - 3 years Civil Penalty - \$1,500	<i>White, Kathrine</i> L47491, Quitman December 7, 2009	<i>Diddle, Steven R.</i> L40384, Fayetteville A.C.A. §17-87-309(a)(6) November 12, 2009
<i>Ford, Valerie Kaye</i> R40018, L27865(exp), Batesville A.C.A. §17-87-309(a)(4)&(6) Probation - 3 years Civil Penalty - \$2,500	<i>Nickels, Mary Beth Hubbard Hobbs</i> R67747, Fayetteville A.C.A. §17-87-309(a)(4)&(6) Probation - 3 years Civil Penalty - \$3,000	<i>Weiss, Dianna Lynne Deaton Meserole</i> L31021, Amity Letter of Reprimand Non-Compliance Suspension - until terms are met	<i>Woods, Alice Lee Wright</i> L24639, Crossett November 20, 2009	<i>Flores, Peggy Sue</i> L49375, Mena A.C.A. §17-87-309(a)(1)&(2) November 5, 2009
<i>French, Elizabeth Ann French Bair</i> R50539, Newark A.C.A. §17-87-309(a)(2),(4)&(6) Probation - 3 years Civil Penalty - \$500 + prev. bal.	<i>Pridgeon, Nekita Viola</i> R77985, L43285(exp), Pine Bluff A.C.A. §17-87-309(a)(4),(6)&(9) Probation - 1 year Civil Penalty - \$500	<i>Watt, Sara Ann Edwardson</i> R74056, L43079(exp), Poughkeepsie December 28, 2009	REINSTATEMENTS WITH PROBATION <i>Coppock, Theresa Rene Brickley</i> R39978(exp), Benton A.C.A. §17-87-309(a)(4)&(6) Reinstate to Probation - 2 years Civil Penalty - \$1,000	<i>Fortner, Maria Adell Moore</i> R34428, Newport A.C.A. §17-87-309(a)(1)&(6), §17-87-207(c)(2) and Rules Civil Penalty - \$112.50 November 16, 2009
<i>Gardner, Lee Alice Day</i> R72776, Springdale A.C.A. §17-87-309(a)(6) Probation - 1 year Civil Penalty - \$1,000	<i>Rece, Dana Lynn Grantham Brown Davis</i> L39634, Walnut Ridge A.C.A. §17-87-309(a)(2)&(6) Probation - 1 year Civil Penalty - \$500	VOLUNTARY SURRENDER <i>Burroughs, Suzanne Adele Steffey</i> L23779, Hot Springs January 11, 2010	<i>Wyatt, Sara Ann Edwardson</i> R74056, L43079(exp), Poughkeepsie December 28, 2009	<i>Franks, Amy Rachelle</i> R84745, Springdale A.C.A. §17-87-309(a)(1)&(2) December 3, 2009
<i>Garrett, Nichole Lynn</i> L46644, Watson, OK A.C.A. §17-87-309(a)(6) Probation - 1 year Civil Penalty - \$500		<i>Della, Bobby Eugene</i> L47211, Knoxville December 7, 2009	<i>Haley, Patti Dawn Hadley</i> R54019, Cabot Reinstate to Probation - 6 months November 18, 2009	<i>Hammer, Bryan Lynn</i> L49076, Mayflower A.C.A. §17-87-309(a)(1)&(2) November 5, 2009
			<i>Harrison, Christy Ann Glass Defoure</i> A01573, P01729, R52710, Fort Smith Reinstate to Probation - 2 years November 18, 2009	<i>Huddleston, Natasha Dawn</i> R84448, Fayetteville A.C.A. §17-87-309(a)(1)&(2) November 5, 2009
			<i>Jobb, Julie Anne Scott</i> R66287, Fayetteville Reinstate to Probation - 3 years November 18, 2009	<i>Jagers, Ashley Deneen</i> R84884, Jonesboro A.C.A. §17-87-309(a)(1)&(2) December 3, 2009

Continued on next page

REPRIMAND

Lairamore, Betty Ann Newsom
L38598, Booneville
A.C.A. §17-87-309(a)(6)
November 12, 2009

McKinzie, Amonda Demese
L49314, Pine Bluff
A.C.A. §17-87-309(a)(1)&(2)
November 5, 2009

Mahfouz, Marie Annette Perry Haneline
R84490, L27902, Fort Smith
A.C.A. §17-87-309(a)(1)&(2)
November 5, 2009

Morgan, Stephanie Carol Earnest Dixon
R83983, L39965, Sherwood
A.C.A. §17-87-309(a)(1)&(2)
November 2, 2009

Olivier, Shelisi Moniece Jefferson
R84449, New Iberia, LA
A.C.A. §17-87-309(a)(1)
November 5, 2009

Raines, Bonnie Sue
L49581, Perryville
A.C.A. §17-87-309(a)(2)
November 12, 2009

Reimer, Amanda Nicole Smith
L43451, Fort Smith
A.C.A. §17-87-309(a)(6)
November 12, 2009

Richardson, Shirley Louise Vaughn
L16039, Franklin
A.C.A. §17-87-309(a)(6)
November 12, 2009

Russell, Katherine G.
R25262, Springdale
A.C.A. §17-87-309(a)(6)
November 16, 2009

Russell, Kissy Shawntee
L49600, Little Rock
A.C.A. §17-87-309(a)(1)&(2)
December 3, 2009

Schwartz, Wendy Marie
L49527, Salesville
A.C.A. §17-87-309(a)(1)&(2)
November 16, 2009

Shipley, Amanda Jean
R84744, Jonesboro
A.C.A. §17-87-309(a)(1)&(2)
November 16, 2009

Smith, Nancy Ann Wagner
L33376, Alexander
A.C.A. §17-87-309(a)
(1),(2)&(6)
November 19, 2009

Tarkington, Christopher Edward
R84594, North Little Rock
A.C.A. §17-87-309(a)(1)&(2)
November 5, 2009

Thompson, Shirley Renee Sexton Robinson
T01467, North Little Rock
A.C.A. §17-87-309(a)(6)
November 15, 2009

PROBATIONARY STATUS REMOVED

Broach, Stacy Lynn Wagner Ball, Lindsey Raye
L46968, North Little Rock
December 1, 2009

Cagle, Leslie Lynn Hunter
L37752, Conway
November 19, 2009

Dixon, Judy Carol McFadden Neal
R36227, McCrory
December 10, 2009

Hudspeth, Melissa Ann Price Bradley
R79968, L20457(exp),
Redfield
December 1, 2009

Jackson, Laura Margaret Hendricks
L45061, Springdale
December 1, 2009

Juengal, Donna Lee Sims
R42286, Benton
December 15, 2009

King, Polly Marie King Reeder
R15532, Maumelle
December 3, 2009

McCash, Jo Ann Dooley
L30537, Farmington
December 1, 2009

Martin, Nancy Kay Lietzke
R43298, Farmington
December 1, 2009

Offutt, Phyllis Ann Hall
L31383, Pine Bluff
December 1, 2009

Orman, Angienettie Galliher Glover Purdy
L30024, De Witt
December 1, 2009

Pearson, Leah Kristin Farnell
R67043, Benton
December 1, 2009

Pennington, Sibley Ann Holmes
R40190, Fort Smith
December 15, 2009

Riddle, Gregory Clay
L37697, Hot Springs
December 15, 2009

Robinson, Patricia Ann Hicks
L29100, Hot Springs
December 1, 2009

Rogers, Robin Ashley Dendy
L40981, Royal
December 1, 2009

Shaver, Karl C.
R48580, Hindsville
December 1, 2009

Stockman, Katherine Elizabeth
R53894, Springdale
December 1, 2009

LICENSURE DENIED

McCullough, Frances Lynn
P00674, R20357, Little Rock
January 13, 2010

WAIVER GRANTED

Baker, Kadena Ann
PN Applicant, Roland, OK
January 13, 2010

Inman, Casey Jo Burrus
PN Applicant, Ash Flat
January 13, 2010

Oporum, Zainab Jenniffer
PN Equivalency Applicant,
Little Rock
January 13, 2010

Williams, Sharon Marie Washington
RN Applicant, Marianna
January 13, 2010

IMPOSTERS

Gilbertson, Sherry A.
Cease and Desist Order
December 7, 2009



ARE YOU MOVING?

Chapter 2, Section XI, of the Arkansas State Board of Nursing Rules requires that all licensees immediately notify the Board in writing of an address change. So that you do not miss important time sensitive information, such as an audit notice or other important licensure information, please be sure to notify the Board immediately whenever you change addresses. You may change your address online utilizing the online address change form under Change of Address found on the Board's Web site, www.arsbn.org. The Board will not accept address changes by telephone. There is no fee for an address change.



IS YOUR COMPUTER FULL OF SPAM?

Of all the questions I get, most are about e-mails. E-mail is one of the most common ways to contract a virus or at least one of the most abused ways. Most of the time, e-mails contain other malicious programs, such as "spy bots,"

not expecting it, I don't open it—even if it is coming from a friend. Some very clever spam will log itself in your inbox and then search your contacts and send itself to you from a name you know. If my best friend is a school teacher

someone you know, or it would have the person's name on it. The e-mail is a generic virus sent to millions of e-mail addresses hoping someone will open it.

There are plenty of e-mails out there offering discounted medicine, and they don't even sell anything! There is also the infamous UPS e-mail. It states that a package was not delivered to you, and you need to print this invoice and take it to your local UPS store to get your package. This is a clever way to talk you into opening the zip file attached to the e-mail, so just don't open it. It doesn't matter if you are expecting a package from UPS. Unless you gave UPS your e-mail address and told the company to give you e-mail notifications, then they have no way to send you an e-mail about a package. Most people don't think that through and end up with a nasty virus.

This brings me to my next point; do not give your e-mail address out to just anyone. Every Web site and every questionnaire you fill out asks for it, but be wise who you give it to. Most sites say they won't give your address away, but there's never a guarantee. People will sell your e-mail address to companies that try to send you e-mail to get you to buy things. This can result in a lot of e-mails you don't want.

Does that mean you should never give it out? No, of course you can give it out. Just be selective. To your bank, YES; to your best friends, YES; to the guy selling hats on the corner who will give you half off of the hat if you fill out his questionnaire and give him your e-mail address, NO.



Spy bots will track where you go on the Internet. Some of these don't hurt you. Spy bots were originally designed to show researchers what people are interested in.

which we talked about in the last issue of the ASBN Update. Spy bots will track where you go on the Internet. Some of these don't hurt you. Spy bots were originally designed to show researchers what people are interested in. For example, if you searched for "Sony TV" on Google, did you also search for "Panasonic TV"? That was the intent anyway. And like many things that were invented without malicious intent, they were soon used for gathering data on what Web sites to bring down or even to send back credit card numbers, but we will get more into that in the next issue of ASBN Update. The way I approach e-mail is to suspect everything. If I'm

(football coach actually), I might expect to get several e-mails a week from him about our fantasy football team or other football related issues. But, if I get an e-mail from him with a subject line of "Meet singles in your area now," I can guess it is not from him. He knows I'm married, and that I don't want to meet any singles in my area or in any area for that matter. So, use wise judgment and don't open e-mails that do not make sense—delete them. Once you open the message, it might be too late.

If you don't know the person who sent you an e-mail, then don't open it. I don't care if it says "An old classmate sent you an e-card." It is not from

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NCLEX® Pass Rates: An Investigation Into the Effect of Lag Time and Retake Attempts

Anecdotal information received by NCSBN suggests that candidates who delay taking the NCLEX examinations after becoming eligible experience a lower pass rate than those who take the examinations early in their eligibility period. This observation has been supported by NCLEX data in a study conducted by NCSBN in 2007 (www.ncsbn.org/delaystudy2006.pdf).

In a more recent study, investigating the relationship between a delay in taking the NCLEX and candidate pass rates, NCSBN psychometric staff discovered that the number of NCLEX attempts is an additional variable that plays a part in this delay (lag time) pass rate relationship. Using examination lag time and number of NCLEX attempts as moderator variables, researchers found that the lag time pass rate relationship is stronger for candidates who have fewer NCLEX attempts than those with high attempts. This data pattern was consistent across both NCLEX examinations. The current study illustrates that the delay pass rate relationship may not be one of cause and effect; additional variables, such as candidates' confidence in their own abilities and level of preparedness may also play a role. A full report of the new delay pass rate study is available at www.ncsbn.org/1233.htm. If you have any questions or comments, please contact Ada Woo, PhD, senior psychometrician, NCLEX® Examinations, at awoo@ncsbn.org.

-National Council of State Boards of Nursing

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- Sharon, APN



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- 3 years of RN experience, preferably in pediatrics or neurosurgery
- Minimum of 1,000 hours in an advanced nursing practice role or a student APN-NP role
- Current RN and APN-NP license
- National certification as an APN-NP in the specialty of pediatrics
- Current prescriptive authority certificate granted by the ASBN in accordance with all state and federal laws



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