



ASBN

Volume 12 Number 5

September 2008

Update

www.arsbn.org

**President
Lepaine McHenry
Appointed to
The Governor's
Roundtable on
Health Care
and Elected Vice
President of
the NCSBN**



Publication of the Arkansas State Board of Nursing



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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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Created by
Publishing Concepts, Inc.
Virginia Robertson, Publisher
vrobertson@pcipublishing.com
14109 Taylor Loop Road
Little Rock, AR 72223

For advertising information contact:
Michele Forinash at mforinash@pcipublishing.com
501.221.9986 or 800.561.4686
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The ASBN Update's circulation includes over 48,000 licensed nurses and student nurses in Arkansas.



GOVERNOR'S ROUNDTABLE ON HEALTH CARE

I was recently appointed to The Governor's Roundtable on Health Care. The Roundtable was established to build upon successful efforts undertaken by Arkansas leaders and facilitated by the Arkansas Center for Health Improvement (ACHI) to address comprehensive health care reform in Arkansas. I'm excited for the opportunity and the privilege to represent nursing in this capacity.

The Roundtable reflects a diverse group of individuals who represent a full spectrum of perspectives, while at the same time maintaining a productive group size. There are 33 members of the Roundtable.

Mission: Improve Arkansan's health and productivity through optimal program development, community support, and empowerment of individuals.

Goal: Identify, develop, and implement achievable strategies to improve health, deliver needed health care, and enhance both worker productivity and the business climate to advance the state.

Strategy: Two groups have been established and will work "hand-in-glove" to evaluate new strategies and achieve political consensus to support future authorization and/or funding. These groups are the Governors Implementation Group, consisting of governmental executives and legislative leaders, and the Governor's Roundtable on Health Care.

Activities:

Develop consensus around proposals for consideration by the Implementation Group for deployment or for the Governor's legislative package for 2009/2011/interim.

Establish politically engaged advocates to secure support for implementation (legislative/private sector) of recommendations.

The group meets bimonthly in various locations around the state. Meetings are open to the public, and public input is sought on a variety of issues pertaining to health care in Arkansas. I would like to encourage nurses to participate in this process. This is a grand opportunity for nurses to bring pressing issues facing nurses in our state to the forefront for review and consideration. A stakeholder comment form is provided on the Web site if you have an idea or opinion you want considered by the Roundtable. Topics for future meetings include:

Consumer Input/Public Health/Overview of Health Care System

Physician Community/Business Community

Hospital Community/Insurance Representatives

Consumer Input/Safety Net Providers

Visit the Web site, <http://www.achi.net/GovRoundtable.asp>, to review the activities of the Roundtable and also to view videos of past meeting.



Governor's Roundtable on Health Care at Work

NOTE: McHenry was elected Vice President of the National Council of State Boards of Nursing (NCSBN) Board of Directors at the 2008 Delegate Assembly of the NCSBN. **CONGRATULATIONS LEPAINE!**

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Board Business

LETTER TO THE EDITOR

The article on page 16 of the July 2008 *ASBN Update* clarified preventive measures to address the problem of MRSA in the hospital and the community; included is the necessity of "regular and thorough hand washing after each patient contact..." To emphasize this most foundational principle of good nursing practice, a pair of hands are pictured doing so. However, it is interesting to note that the individual shown is wearing acrylic nails or tips (and using a bar of soap); in truth, these nails are actually considered to potentially harbor bacteria and are discouraged (or forbidden) in many healthcare settings. When I was in nursing school, it was taught that no nail polish should be worn, let alone the artificial nails, yet today many nurses do both. Your article and accompanying photo raises a question which begs clarification.

Rebecca J. Strasser, RN

EDITOR'S NOTE:

We received several similar letters from readers. The stock photo shown was incorrect in containing artificial nails and in demonstrating improper hand washing technique by using bar soap. To reduce or prevent the spread of infection, nurses and other health care professionals should use liquid soap and water or an alcohol based hand sanitizer when washing their hands, as well as maintaining short, natural fingernails. We apologize for the oversight.

Comments and suggestions are encouraged.

E-mail me at lwalker@arsbn.org.

LouAnn Walker, editor



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

SEPTEMBER 10	WEDNESDAY	DISCIPLINARY
SEPTEMBER 11	THURSDAY	BUSINESS
*OCTOBER 15	WEDNESDAY	DISCIPLINARY
*OCTOBER 16	THURSDAY	DISCIPLINARY

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

*Will decide by September if dates are needed.



THERE'S NO PLACE LIKE HOME

For a little girl who grew up in Plum Bayou, Arkansas, the last few years have been quite an adventure. The time I've spent serving as president of the National Council of State Boards of Nursing (NCSBN) has been the most challenging, yet rewarding years of my nursing career. I've been privileged to meet people considered icons in the profession and traveled to places about which I had only dreamed. Growing up, I thought LA stood for Louisiana because Arkansas and LA were the extent of my universe! I have truly been blessed to have had some of the experiences I have had as President. Indulge me for a moment as I share some of them with you.

I traveled to the Philippines to evaluate administering the NCLEX® in Manila. At her request, I met with the President of the Philippines, Gloria Macapagal-Arroyo, who is vocally and adamantly supportive of nursing. I traveled to Croatia and lectured to the nursing regulators throughout the European Union regarding nursing regulation in the United States. The Italian Nursing Regulatory boards invited me to speak in Rome so that they could learn more about the U.S. regulation of nursing practice. I've also been to Japan, Canada, London, and to Switzerland twice to represent and speak about nursing regulation. I was fortunate enough to represent the NCSBN at the first World Health Professions Conference. Sometimes, I would sit in meetings wearing earphones for translation of the many languages being spoken like you see on TV at the United Nations summits. As I sat there, I often thought to myself, "What in the heck am I doing here?! I'm from Plum Bayou!"

Although I have traveled extensively, most of the work, meetings and conferences attended and lectures given have been within the U.S. It reminds me of that Johnny Cash song that goes, "I've been everywhere man, I've been everywhere." I've joked that I think I can qualify to drive a taxi in Chicago because I've been there so many times. I've learned to write a speech on a minute's notice, complete a week's worth of work on an airplane flight and sleep sitting up. I've been blessed with the hospitality of many people around the world and have the extra twenty pounds to prove it.

My work as president involved dealing with a wide range of issues; but no matter what the topic, public protection has always been the common thread. Whether dealing with disaster preparedness, advanced practice issues, the nursing shortage, continued competency, transition to practice, global nursing mobility or whether we have enough paper for the copy machine, my intent has always been and will always be public protection.

I would not have been able to go to the places I have gone or even fulfill the office of president had it not been for the dedicated staff of the Arkansas State Board of Nursing as well as the support and encouragement of the Board of Nursing Board Members. A special thanks to all the staff who took on an extra workload to allow me to fulfill this dream. You are certainly the wind beneath my wings! I also want to thank my daughter Amy, who lent out her mother so that I could support the profession we both love, my son-in-law Keith, for graciously accepting the trinkets I bring him from my travels, and my husband, Ronnie, who at times even undertook the grueling task of laundry duty to support me in this journey.

And now, I feel kind of like Dorothy in the Wizard of Oz: "There's no place like home."

Faith A. Fields

HAVE YOU CONSIDERED SERVING ON THE STATE BOARD OF NURSING?



The Board is a thirteen member Board appointed by the Governor for four-year terms with the following designations: seven registered nurses, one of which is advanced practice with prescriptive authority, four licensed practical nurses or licensed psychiatric technician nurses, one consumer member, and one representative of the older population (age 60 or over). Board members can serve a total of two four-year terms.

Qualifications for the nurse Board members are that you have been a nurse for five years and were actively practicing for the last three years, the last two of which must be in Arkansas.

Service on the Board requires a time commitment of two days a month for about nine months out of the year.

If you are interested in serving on the Board, you can apply through the Governor's Web site, www.governor.arkansas.gov. On the left side under Services, click on the link for Board Appointments. You will then fill out an online application. It is helpful to have letters of support from your legislators and your professional colleagues. If considered, a thorough background investigation is conducted. If selected, you will receive an appointment letter from the Governor.

A continuing education opportunity for nurses.

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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 Commission on Accreditation.



Certification: ONE OPTION FOR MEETING THE CONTINUING EDUCATION REQUIREMENT

Continuing education is required for renewal/re-instatement from inactive or expired status of all Arkansas nursing licenses (and has been since July 1, 2003). There are three different options for meeting the continuing education requirement. One of the methods listed below must be completed before a nursing license can be renewed.

- 15 practice-focused contact hours from a national or state continuing education approval body recognized by ASBN, (20 contact hours from a national or state continuing education approval body recognized by ASBN for licenses that are expired or re-instated from inactive status)

- Maintenance of certification or recertification by a national certifying body recognized by ASBN,
- Completion of an academic course in nursing or related field.

In the past, the contact hour option has been utilized most frequently. However, more nurses are seeking certification in their area of specialty. In order for a certification to be used for license renewal, it must be awarded by a national certifying body recognized by ASBN. The following is a list of certifications which are accepted by the Board of Nursing for license renewal.

Certifying Body

All General & Specialty	American Nurses Credentialing Center
Addiction	International Nurses Society on Addictions
Administration	National Associate Directors of Nursing Administration in Long Term Care
Anesthesia	Council on Certification of Nurse Anesthetists American Board of Perianesthesia Nursing
Critical Care	American Association of Critical Care Nurses Certification Corporation
Case Management	Commission for Case Management Certification
Diabetes	American Association of Diabetes Educators National Certification Board for Diabetes Educators Arkansas State Board of Nursing – Diabetes Self-Management Educator
Disability	Developmental Disabilities Nurses Association
Emergency	Board of Certification for Emergency Nursing Forensic International Association of Forensic Nurses
Gastroenterology	Certifying Board of Gastroenterology Nurses & Associates
Gerontology	National Federation of Licensed Practical Nurses
Healthcare Quality	Healthcare Quality Certification Board
HIV/AIDS	HIV/AIDS Nursing Certification Board
Holistic	American Holistic Nurses' Certification Corporation
Hospice & Palliative	National Board for Certification of Hospice & Palliative Nurses
Infection Control	Certification Board of Infection Control and Epidemiology
Infusion	Infusion Nurses Certification Corporation National Federation of Licensed Practical Nurses
Legal Nurse Consulting	American Legal Nurse Consultant
Long Term Care	National Association for Practical Nurse Education & Service National Associate Directors of Nursing Administration in Long Term Care
Managed Care	American Board of Managed Care Nursing
Medical/Surgical	Academy of Medical Surgical Nurses
Nephrology	Nephrology Nursing Certification Commission
Nephrology	Board of Nephrology Examiners Nursing & Technology
Neuroscience	American Board of Neuroscience Nursing

Certifying Body *continued*

Nurse Practitioner	American Academy of Nurse Practitioners
Occupational Health	American Board for Occupational Health Nurses
Oncology Nursing	Oncology Nursing Certification Corporation
Ophthalmic	National Certifying Board for Ophthalmic Registered Nurses
Orthopedic	Orthopedic Nurses Certification Board
Pain Management	American Academy of Pain Management
Pediatric	Pediatric Nursing Certification Board
	Oncology Nursing Certification Corporation
Pharmacology	National Association for Practical Nurse Education & Service
Plastic Surgery	American Society of Plastic Surgical Nurses
Radiology	Radiologic Nursing Certification Board
Rehabilitation	Rehabilitation Nursing Certification Board
Surgery	Certification Board of Perioperative Nursing
	Association of Surgical Technologist
Transplant Coordinators	American Board of Transplant Coordinators
Urology	Certification Board for Urologic Nurses & Associates
Wound/Ostomy	Wound Ostomy Continence Nursing Certification Board
	American Academy of Wound Management
Women's Health	American College of Nurse-Midwives Certification Council
	National Certification Corporation for the Obstetric, Gynecological & Neonatal Nursing Specialties



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Kim Baltz, RN

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by Mary Trentham, MNSc, MBA, APN-BC Attorney

YOU SHOULD KNOW BETTER

Most of us will agree that spring and summer has been an allergy nightmare. Many nights, I searched the bathroom medicine cabinet for cold capsules that offered some sinus relief. Then the other day, I heard one of my children counseling his younger sibling “NEVER take any pills that dad offers you! You should know better.” Now I was interested in why such passion and concern was being expressed. My kids having this conversation are 32, 28 and 20.

It seems that the youngest one was complaining of a sinus headache and sore throat. His father, wanting to help, went to his own prescription bottle and offered him a ‘sinus pill’. His older brothers walked in and witnessed the handoff. Each proceeded to tell his own horror story that was related to accepting medication from their father. One proffered how instead of an antacid for an upset stomach, he was given milk of magnesia – ‘both bottles are blue’ was the defense. The other son relates how he took something from this well meaning father for a headache and “thought I was going to die! I couldn’t even feel my legs anymore!”

The Institute for Safe Medication Practices warns against taking someone else’s medication, stating it could interact with your own medication or cause an allergic reaction. You should take only medicine prescribed for you or given to you by your pharmacist. Do not share your medicine with other people, and do not take other people’s medicine.

In addition to just being safe by not taking medication not prescribed for you, NURSES should also avoid taking other people’s medicine BECAUSE YOU ARE A NURSE! The nurse is at risk for disciplinary action for taking another person’s medication: spouse, children, parents, friends, ANYONES! Stunned? Most nurses are when they are referred to the Board of Nursing by their employers for failing a drug screen.

Have you ever noticed how things start to happen on Friday night after the doctor’s office hours? The scenario: You work weekend option, and the evening prior, you notice a toothache that gets worse as the evening goes on. You can’t sleep for the constant aching pain. Wanting to help, your spouse offers you one of her Hydrocodone she has stashed away from her last dental procedure. Needing to sleep so you can work the next day, you take it.

The next day at work, you are selected for a random urine drug screen. No problem, you don’t use drugs. You forget about the Hydrocodone you took the night before. The next week, you are notified of your positive drug test and are now asked to submit a prescription in your name for the controlled substance you tested positive for. You can’t. It was not YOUR medication. Now you get to visit with me at the Board of Nursing.

There is the other scenario. You have a reaction to the medication. You become cognitively impaired but are unaware of the level of impairment. You make a mistake and cause harm to a patient. You are thinking ‘that would never happen to me.’ But it can. It has happened to nurses who also thought it would never happen to them. It is the public who is now at risk.

The *Nurse Practice Act* of the state of Arkansas, ACA §17-87-309 states: “(a) The board shall have sole authority to deny, suspend, revoke or limit any license to practice nursing or certificate of prescriptive authority issued by the board or applied for in accordance with the provisions of this chapter or to otherwise discipline a licensee upon proof that the person: (6) Is guilty of unprofessional conduct.” The term unprofessional conduct includes failing a drug screen requested by an employer.

Your nursing license is now flagged as under investigation. The investigation may include a detailed investigation of your nursing practice and an evaluation by an addictionologist. You may be called before the Board for a formal hearing. In the alternate, a Consent Agreement may be offered by Board staff as an informal way of resolving your violation of the *Nurse Practice Act*. Conditions of your probation may include a civil penalty, random urine drug screens during the period of probation, and/or selected courses related to the unprofessional conduct.

You may have also lost your job because of failing a drug screen. Was it worth it? Most of us would say no. Taking that one pill for a toothache, headache, muscle sprain, etc., appears such a naïve act.

The best way to protect the public also protects you. Never take medication not prescribed for you. You are a nurse. You should know better.

WELCOME new EMPLOYEES



The Arkansas State Board of Nursing welcomes new staff members Susan Moore and Matt Stevens to new positions at the Board.

Susan Moore comes to the Board as a Data Entry Secretary after working at the Arkansas Economic Development Commission in the Small and Minority Business Division. Previously, she was a federally licensed grain inspector. Moore attended the University of Arkansas at Little Rock and has two adult children. She moved to Arkansas from Milwaukee when she was in high school. When not working, she likes to sleep, do pottery, and wishes she had more time to play the guitar.

Matt Stevens is a native Arkansan from Mountain View and is the new Imaging Coordinator at the Board. He attended Pulaski and Ouachita Technical Colleges and is a Cisco Certified Network Associate. Previously, Stevens worked at IK Electric, where he replaced Internet routers for the state's Department of Information Systems and did wireless technology for Pulaski County schools. Stevens is a newlywed, having married Bridgette in June, and in his spare time, he likes to attend church, teach a youth Sunday school class, and play with his two dogs.

ASBN NOTICE OF INSUFFICIENT FUNDS

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

Bradley, Rosa Marie	L16658	Shupert, Angela	L37543
Gonzalez, Jessica	Exam Application	Sivils, June Elizabeth	L30290
Sanders, Amber	R73529	Williams, Della	L28175
Shaheed, Nathan	To1220	Williams, Sally F.	L26287

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What Every New Advanced Practice Nurse Should Know

The transition from graduate student to new advanced practice nurse (APN) can seem overwhelming. There are many decisions to make. Which certification examination should I choose? How do I register for it? How do I apply for licensure? What about prescriptive authority? How do I best protect my new career? The best way to protect the new career and licensure that you have worked so hard for is to arm yourself with knowledge. As someone who completed this process for licensure as a nurse practitioner one year ago, I have composed a few essentials to ease the transition from student to professional nurse practitioner.

The licensing process begins by choosing a certification examination. A complete list of certifications accepted by the Arkansas State Board of Nursing as a prerequisite to licensure can be found under the advanced practice section at www.arsbn.org. The corresponding Internet sites are also listed and provide instructions for applying to take the examination. Once you

have successfully passed the examination, you may apply for licensure. Remember that the registered nursing license must be maintained in addition to the advanced practice nursing license.

To be granted a certificate of prescriptive authority, a collaborative practice agreement must be established, with the original on file at the ASBN office. The collaborating physician and the back-up physician must be licensed in Arkansas with a comparable scope and practice. If the advanced practice nurse is to prescribe controlled substances, the collaborating physician must have an unrestricted Drug Enforcement Administration number. The APN's DEA number should be filed at the ASBN.

A collaborative practice agreement must detail the physician's availability for consultation or referral, include mutually agreed upon prescribing protocols, and back-up plans for client treatment in the case of emergency absence of the APN or physician. The document must be signed by *continued on page 14*

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

Send your nomination to:
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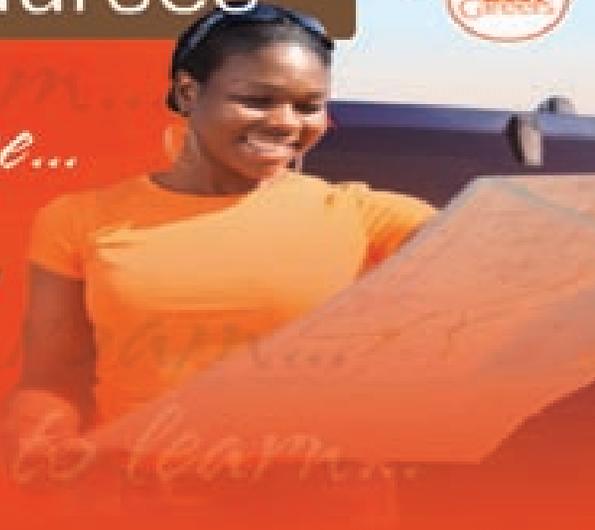
2007 Nursing Compassion Award Winner Patrick Stage, APN

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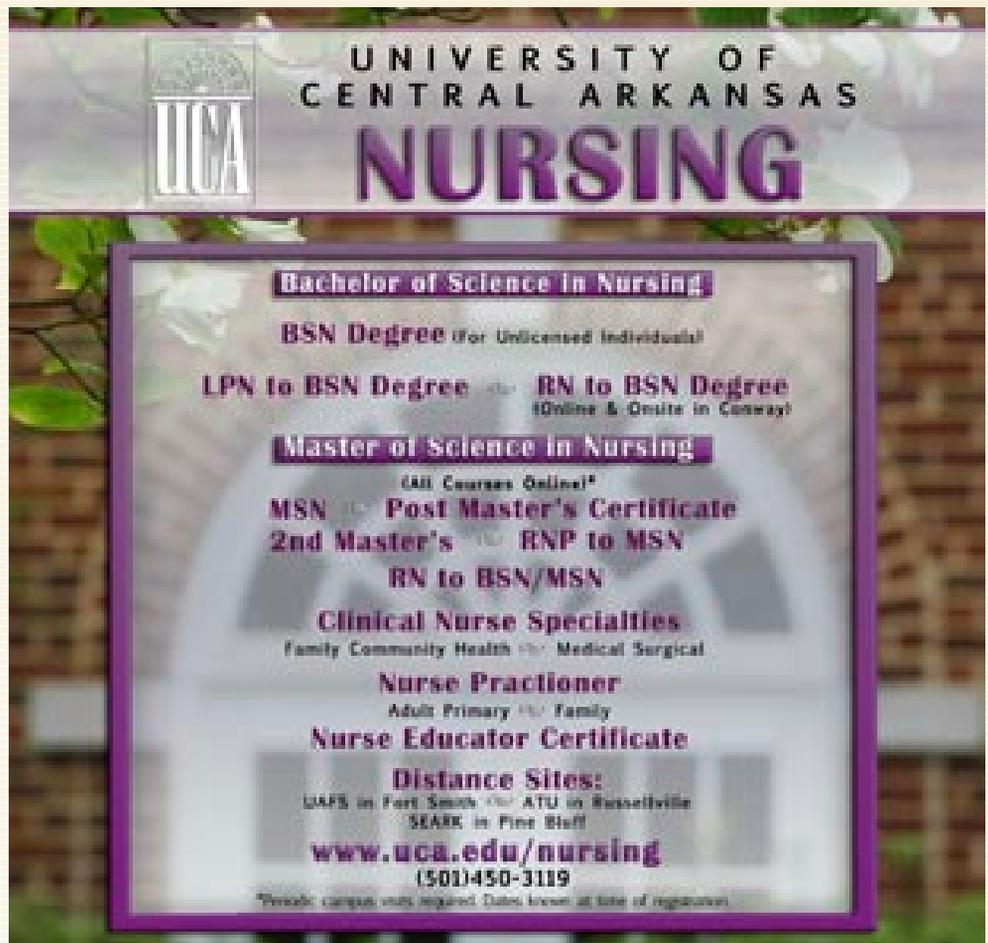
continued from page 12

the APN, the collaborative physician and the back-up physician. If for any reason the agreement must be terminated, the ASBN must be notified in writing the following business day. Upon cancellation, the APN must not exercise prescriptive privileges until a new Board-approved collaborative practice agreement is on file with the board.

Protocols for prescriptive authority must be established and readily available for review upon request. The document must include indications for and classifications of legend drugs, scheduled drugs if the APN possesses a DEA number, and therapeutic devices. The prescription of scheduled drugs is limited to schedules III-V. Protocols for prescriptive authority must be reviewed and signed annually.

To prescribe, the APN must have a medical record in which they can completely document the details of the prescription. A written prescription must include the patient's name, APN name and title, clinic telephone number, and the prescriber's identification number issued by the ASBN. If controlled substances are ordered, the DEA number must also be included. The APN may not delegate the calling in of prescriptions to non-licensed ancillary personnel. Great caution should be used when prescribing for self and family, as all prescribing guidelines apply and the medication or device must fall under the scope and practice of the APN. (See ASBN Position Statement 99-3.)

The most important thing the new APN can do to ensure appropriate practice is to be familiar with the standards set forth by the practitioners' national certifying body, as well as the ASBN Rules and the *Arkansas Nurse Practice Act*. The ASBN Web site also has links for positions statements for the decision making and delegation models to assist with practice decisions. Once you are comfortable following the guidelines set forth for practice, relax and enjoy your new career. You earned it.



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A SUCCESS STORY

MEDICATION ASSISTANTS IN TWIN RIVERS HEALTH AND REHAB IN ARKADELPHIA

Twin Rivers Health and Rehabilitation in Arkadelphia has slayed a sacred cow by employing medication assistants-certified (MA-Cs) in their nursing home in an attempt to alleviate some of the problems faced by nursing homes today. A “sacred cow” is doing things the way they have “always been done” and ignoring evidence that another method might be more successful. Many times, sacred cows keep us from thinking outside the box! The sacred cow in this instance is that only nurses can safely give medications.

Medication Assistants are utilized in over 30 states in the United States and have been proven to effectively reduce the number of medication errors in nursing homes. In 2005, the Arkansas legislature passed Act 1423 which gave authority to the Arkansas State Board of Nursing to promulgate regulations to allow unlicensed persons to give medications in nursing homes. The goal was to ensure that residents got their medications in a timely manner, improve nursing staff retention, and improve resident quality of care by freeing up the nurse to have more time with the residents. This legislation was supported by the Arkansas Healthcare Association. High staff turnover of both nurses and certified nursing assistants plague many nursing homes. The national turnover is 47 percent for nurses in long-term care, a costly problem. In most nursing homes, the nurse spends the majority of the shift passing medications. The interruptions and distractions on the nurse dur-



L to R: Katie Short, LPN; Marsha Danner, MA-C; Katy Coston, LPN

ing the medication pass are responsible for a large number of medication errors. While the nurse is giving medications, the residents are being cared for by the least educated with very little oversight by the nurse.

The project was implemented in January of 2007. There are currently eight training programs approved and 35 MA-Cs certified in Arkansas – 31 via examination certification and four via endorsement. The intention is to free up the nurse from a “pill-pushing” task to be involved in higher level patient care activities like daily observation and evaluation of the patients and oversight of the CNA. The nurse still oversees and manages the medication administration and gives medications that require nursing judgment prior to administration, but have much more time to be involved in improving the quality of the patient care. The MA-C is trained to do a repetitive task in a stable environment where the residents are taking many medications that they have been on for a long time.

We recently visited Twin Rivers at Arkadelphia to ask questions about the implementation of MA-Cs. MA-Cs have been utilized in this facility since January 2008. We interviewed the Director of Nursing, Ms. Dorrie Staal, R.N. She said that the MA-Cs have had a major impact in their facility as the facility implements a culture change to resident-centered care. The presence of the MA-Cs allows the nurse to be more involved in direct resident care. Until MA-C implementation, the nurse passed the medications, did the documentation, and made minimal assessments on the residents, which took the entire shift. Staal mentioned that the nurses have taken a leadership role in resident care and she sees them growing as leaders. She said that the nurses are recognizing resident issues and coming to her with them now – something that did not occur in the past – and states, “It makes me feel better that they [the nurses] have more time to provide direct patient care.”

In talking with the four LPNs, although they were skeptical at first, it is evident that they are sold on the MA-C. One mentions that she was just a “pill-slinger” until the MA-C came along. The nurses see themselves as using their nursing skills to improve the resident care. LPN Kim Beard states, “It’s great to be able to make assessments thoroughly without interruptions.” They mention being able to teach the CNAs ways to improve care-giving activities. They see themselves as manager of the



Front L to R: Kim Beard, LPN; Crystal Melugin, LPN • Rear L to R: Virginia Rogers, MA-C; Katie Short, LPN; Katy Coston, LPN; Julie Walker, MA-C; Marsha Danner, MA-C; Dorrie Staal, RN

medication pass. They have not given up the medication pass. The nurses still administer drugs that need nursing judgment and the controlled substances and oversee the MA-C administration, but they have so much more time now. One nurse said they now had time to go back an hour later and assess the effects of a prn medicine! The nurses mention that having good communication with the MA-Cs is critical to the success of medication assistants. All four nurses mention how stressful their jobs were until the advent of the MA-C. Two of them had considered getting out of long-term care even though they love the facility they work in. The nurses report that MA-Cs are so careful and are not interrupted or distracted like the nurses giving medications are. At Twin Rivers, it has been six months since implementation, and there have been no medication errors with the MA-Cs! MA-C Julie Walker comments that, "We can focus on medication, and nurses can focus on the patients."

The MA-Cs talk about how much they love their new role. They are so excited about what they have learned.

In fact, two of the five have decided to go on to nursing school. They see this as a career path. The administrator, Ms. Corliss Manning, mentions that there has actually been a decrease in turnover from the first of the year in the CNA population and attributes it to the MA-C. Being a CNA is not necessarily a dead-end job at Twin Rivers. The facility plans to send five more CNAs to school in the fall to become MA-Cs.

To think that the MA-C will never make a medication error is "pie in the sky." They are human, and they will make mistakes. If their mistakes are no more numerous or serious than nurses make, the medications are being given in a timely, efficient manner, the nurses are spending more time with direct patient care and are much less stressed, and the quality of the resident care is improved, is this not a WIN-WIN situation? Twin Rivers believes it is!

Footnote: There is a very interesting study out of the University of Missouri – Columbia published in *Clinical Nursing Research*, Volume 16, Number 1, February 2007 that found there were no statistical differences in medication error rate by level of credential (RN, LPN, or CMT/A).

Think about it nursing scholarship fund

Publishing Concepts, Inc. is celebrating its 15 year anniversary in 2008 with the launch of the "thinkaboutitnursing" Scholarship Foundation (TNSF). The TNSF scholarship awards will benefit students pursuing a career in nursing or nurse education.

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DAISY is an acronym for Diseases Attacking the Immune System. The Foundation was formed in January 2000 by the family of J. Patrick Barnes, who died at age 33 of complications of Idiopathic Thrombocytopenic Purpura (ITP). Members of Pat's family established The DAISY Foundation to help keep his very special spirit alive.

Pat's family was awestruck by the incredible care he received from his nurses during his eight-week hospitalization, not only the highly professional clinical skills his nurses demonstrated, but especially the compassion each nurse showed Pat and his family. So they created The DAISY Award to say thank you to nurses everywhere for the very special

things they do every day. It seems to the Barnes Family that bedside nurses take for granted the acts of kindness and caring they do for patients without even thinking. While nurses say they are "just doing their job," it is these special things that patients remember of their hospitalization and that are so appreciated. This is what The DAISY Award celebrates.

As of June 2008, 224 hospitals around North America (including Arkansas Children's Hospital and Baptist Health Medical Center) are committed to honoring their nurses with The DAISY Award, from large urban/teaching facilities to smaller community hospitals. Over 2,500 nurses have received it to date. Why is it so successful? The DAISY Foundation had three

principals in mind when they set up The DAISY Award: It should be a partnership with medical facilities, flexible so each can tailor it to meet its unique culture and values. Implementation should be turn-key for the hospitals – as easy as possible. It should provide ongoing recognition opportunities, not only during Nurses Week, but all year long as nurses do incredible work everyday.

Nurse executives report that The DAISY Award is not only a way to acknowledge outstanding nursing but is also a strategic tool in managing the nurse shortage that threatens the heart of our healthcare system. Nurses who experience DAISY presentations are very moved and motivated by them. *continued>>*

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Darla Erickson, CPA
Director of Accounting

As of January 2008, DAISY and the American Organization of Nurse Executives has entered into collaboration to ensure that the Foundation achieves its vision of having The DAISY Award in every facility that wants it and is willing to do what it takes to make it meaningful for their nurses.

For more information about the special gift each DAISY Nurse receives and about becoming a DAISY Award Hospital Partner, go to www.DAISYfoundation.org

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CHILDHOOD ASTHMA GUIDELINES EMPHASIZE DIAGNOSIS AND CONTROL

Approximately 80 percent of children with asthma develop symptoms prior to their fifth birthday. The diagnosis of asthma can be challenging in young children, and, as a result, many may not receive adequate treatment.

DIAGNOSIS, TREATMENT AND CONTROL

Asthma should be considered in children with recurrent episodes of wheezing or cough, nocturnal wheeze or cough, recurrent "chest colds" lasting more than 10 days, cough or wheezing with exercise, recurrent pneumonia or bronchitis, and recurrent chest pain or dyspnea.

The goals of asthma treatment are to maintain long-term control with the least possible amount of medication. A step-wise approach to treatment is recommended to meet these goals in all children (Figure 1). The 2007 National Institute of Health's Asthma Guidelines offer preferred therapies for children in three age-specific groups. For more information on age-specific therapies, see the National Heart Lung and Blood Institute's Expert Panel Report 3 (EPR-3) Guidelines for the Diagnosis and Management of Asthma¹.

Once asthma is diagnosed, clinical history should be used to determine asthma severity (Figure 2), which is used to help determine the appropriate initial treatment step for that child. Spirometry should be used as an adjunct to clinical history for diagnosis of asthma in children over 5 years of age.

Short-acting bronchodilators (step 1 treatment) are indicated for rapid symptom relief in all asthma patients. They should be used with long-term controller medications except in children with

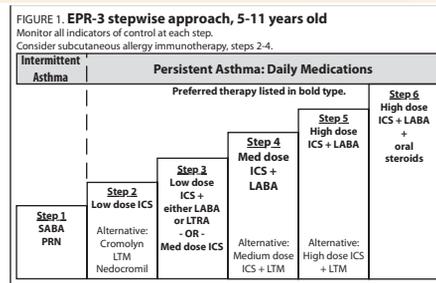


FIGURE 2. EPR-3 classification of asthma severity, 5-11 years old

Components of Severity	Persistent			
	Intermittent	Mild	Moderate	Severe
Symptoms	≤2 days/week	> 2 days/week	Daily	Throughout day
Night awakenings	≤ 2x/month	3-4x/month	>1x/week	Often - 7x/wk
SABA use	≤ 2 days/week	> 2 days/week	Daily	Several times/day
Activity limitation	None	Minor	Some	Extreme
Lung function: FEV1 FEV1/FVC	>80% >85%	>80% >80%	60-80% 75-80%	<60% <75%
Risk Exacerbations	0-2/year		>2/year	

NHLBI National Asthma Education and Prevention Program Expert Panel Report 3 (EPR-3): Guidelines for Diagnosis and Management of Asthma (Aug. 2007)

normal pulmonary function and only intermittent symptoms.

Daily inhaled corticosteroids are the preferred initial controller medications for children. Children with mild persistent asthma should begin controller therapy as indicated in step 2, and those with moderate and severe asthma should begin treatment with step 3. An initial short course of oral steroids should be considered for children with moderate to severe persistent asthma to aid in rapid achievement of control.

PATIENT FOLLOW-UP

Children with asthma should be evaluated two to six weeks after initiation of therapy to assess their response to the initial treatment. If there is not clear improvement, treatment should be adjusted and/or alternate diagnoses considered.

Children with persistent asthma should routinely have control assessed at one- to six-month intervals. The goals of asthma control are normal pulmonary function and no exacerbations. Well-controlled asthma is defined as

the need for short acting bronchodilator and/or symptoms two days or less a week; night awakenings due to asthma occurring no more than once monthly; no asthma-related limitation to the child's activities; normal spirometry; and no more than one exacerbation per year.

Those children who have symptoms that are not well controlled or are poorly controlled require a step-up in their asthma therapy. They should then be re-evaluated two to six weeks later to assess the impact of this step. Children whose asthma is well controlled for three months are candidates for a step-down in controller therapy.

A referral to an asthma specialist should be considered for children who have difficulty achieving or maintaining control, children with an exacerbation requiring hospitalization, children in whom immunotherapy is considered, and children under 5 years requiring step 3+ care (or children 5-11 years requiring step 4+ treatment).

REFERENCES

1. National Heart Lung and Blood Institute. Expert Panel Report 3 (EPR3): Guidelines for the Diagnosis and Management of Asthma. Section 4, Managing Asthma Long Term in Children 0-4 Years of Age and 5-11 Years of Age. Aug 2007. http://www.nhlbi.nih.gov/guidelines/asthma/08_sec4_lt_0-11.pdf
2. Weiler, et.al. American Academy of Allergy, Asthma and Immunology Work Group Report: Exercise-induced Asthma. Journal of Allergy and Clinical Immunology 2007 Jun;119(6):1349-58. Epub 2007 Apr 16.

Submitted by the Arkansas Foundation for Medical Care.

This article was previously published in the Journal of the Arkansas Medical Society.

WHAT THE FUTURE HOLDS

Is there a place for robots in nursing education? This was the question Debi Sampsel, RN, executive director, Nursing Institute of West Central Ohio, and Carol A. Holdcraft, DNS, RN, assistant dean, College of Nursing and Health at Wright State University, posed during a recent seminar hosted by the National Council of State Boards of Nursing. They brought in RP-7, a robot that can perform case studies, review charts and provide long distant family care visits. It is similar to a video phone where students, nurses and doctors can view and discuss what's going on miles, if not time zones, away. All that is needed is an Internet connection.

According to Garfield Jones, Vice President of InTouch Health®, the company that manufactures and provides support for RP-7, there are currently 200 RP-7 robots in the world. Their function is not to replace nurses; rather, extend the limited resources that are currently available. For example, robots like RP-7 are being used in small, rural hospitals where a specialist is not available; one can be contacted and view the situation without ever leaving their hospital for an instant consultation. It is also being used as an educational tool for training nursing students and in the military hospitals.

But how responsive would the nursing community be to robots in their field? Dr. Sampsel and Dr. Holdcraft conducted a survey where nursing students and faculty interacted with RP-7 by receiving clinical instructions and training scenarios. There was a high acceptance for RP-7 by both faculty and students for use of the robot as an acceptable form of technology for teaching nursing courses. Future study



questions have been developed to learn more about its capability, including if expert faculty can use RP-7 as a teaching mentor to novice faculty and teaching assistants.

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Flu shots are not one-size-fits-all.

The Centers for Disease Control and Prevention recommends specific flu vaccines based on age and health status. By making sure your patients get the right vaccine, you can help keep them well.

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Visit www.afmc.org/vaccines for a printable handout of the CDC guidelines and other tools and information for you and your patients.



This material was prepared by Arkansas Foundation for Medical Care Inc. (AFMC), the Medicare Quality Improvement Organization for Arkansas, under contracts with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services, and the Arkansas Department of Human Services, Division of Medical Services. The contents presented do not necessarily reflect their policies. The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act. QP2-ASBN.FLU.AD.4-10/08



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This month marks the 5th annual National Preparedness Month, a nationwide effort held each September to encourage Americans to take simple steps to prepare for emergencies in their homes, businesses and schools. The Ready Campaign and its DHS partner Citizen Corps ask Americans to take important preparedness steps. These steps include: getting an emergency supply kit, making a family emergency plan, being informed about the different emergencies that could occur and their appropriate responses, as well as taking the necessary steps to get trained and become engaged in community preparedness and response efforts. More information, including an emergency supply kit checklist and a family emergency plan template, is available on the Ready Web site (ready.gov) or by calling 1-800-BE-READY.

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The Arkansas Department of Information Systems notified the Board of Nursing that our telephone verification system for individuals attempting to verify an Arkansas nursing license will soon be inoperative. The telephone verification system is archaic, not supported technologically and is very costly to operate. Verifications will still be available by subscription with the Information Network of Arkansas (www.arkansas.gov/sub_services.php) or through Nursys® (www.nursys.com). The online "push technology" verification, when it becomes available, will allow you to receive certain information for free. In addition, www.nursys.com is working to provide a free service to the public.



APNS AND VERIFICATION OF CERTIFICATION FOR LICENSE RENEWAL

The Arkansas State Board of Nursing *Rules*, Chapter Four, Advanced Practice Nursing, Section II, Qualifications for Licensure, E. Renewals 2.b.states that "An applicant for renewal of an advanced practice license shall submit to the Board: Proof of current national certification in the appropriate APN specialty through an ongoing certification maintenance program of a Board approved certifying body."

Many APNs are paying for verification of certification to be sent directly from the certifying body to us. That is the requirement only for initial advanced practice licensure, but it is not necessary for renewal. When APNs receive their certification, it's a paper document and usually a certification card. A photocopy of this document or card sent to us is all that is required to meet the Board's requirement for renewal. If you are still renewing via paper-and-pencil, you must send evidence of current certification with the renewal form. If you are renewing online, it is not necessary to send us verification of certification. A certain number of APNs who renew online are audited each quarter and required to send the Board evidence of current certification. If you have questions about this, please contact Dr. Jackie Murphree at 501-686-2725 or e-mail jmurphree@arsbn.org.



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Doctor of Nursing Practice (DNP) Degree — HOW WILL IT AFFECT ME?

There is a rumor floating around that by the year 2015 everyone who is an advanced nurse practitioner must have a Doctorate of Nursing Practice (DNP). That's not exactly true!

In 2004, the American Association of Colleges of Nursing (AACN) member institutions "voted to move the current level of preparation necessary for advanced nursing practice roles from the master's degree to the doctorate level by the year 2015." If you want more information about this movement, go to the AACN Web site www.aacn.nche.edu/DNP and review documents and frequently asked questions.

Once the nurse is issued a license to practice, it cannot be rescinded unless the license holder does not pay the renewal fees or does not meet the requirements set forth by the Board. The Board could conceivably, in the future, decide to propose requirements that a nurse seeking an advanced practice educa-

tion have a DNP, but without specific statutory changes, the Board could not require an increased level of education for current licensees.

It is within each state's jurisdiction to have requirements that may include a higher level of education. At the present time, no state board of nursing has adopted the DNP as the entry into practice requirement for an advanced practice license. There is always a possibility that a state board of nursing or a national certifying body could require additional educational requirements for reinstatement or renewal of a license or certification that has lapsed. Any such change would require either a rule or law change. If a state enacts a requirement for the DNP, advanced practice nurses moving to that state may not be able to obtain the license, depending on how the requirements are written.

According to the AACN, there are 53 DNP programs in 32 states and the

District of Columbia and 160 new DNP programs in the process of being developed. To date, there are 122 DNP graduates, and yes, Arkansas does have a few APNs with their DNP.

Although Arkansas does not have a DNP program at this time, there is a preliminary plan being developed for such a program. The program will most likely be a statewide consortium of the schools that currently prepare advanced practice nurses, and a component of the program would include a post-master's DNP, where there would be a transition for the APN with a master's degree into the program. For those persons who call the Arkansas State Board of Nursing office wondering about whether or not they should pursue an advanced practice nursing master's degree in light of the DNP movement, the answer is "YES"! If you have questions, contact Dr. Jackie Murphree at 501-686-2725 or e-mail jmurphree@arsbn.org

Arkansas Nursing Programs with 100 Percent Pass Rate

Kudos to the following nursing programs for achieving 100 percent pass rate on NCLEX® during the past fiscal year (July 1, 2007-June 30, 2008).

RN Programs

- Southeast Arkansas College (ADN) – Pine Bluff
- University of Arkansas (ADN) – Monticello
- University of Central Arkansas (BSN) - Conway

PN Programs

- Arkansas State University – Searcy
- Crowley's Ridge Technical Institute – Forrest City
- North Arkansas College – Harrison
- Phillips County Community College – Dewitt

Arkansas Medication Assistant Programs with 100 Percent Pass Rate

Kudos to the following medication assistant programs for achieving 100 percent pass rate on the certification exam during the past year (July 1, 2007-June 30, 2008).

- Arkansas State University – Mountain Home
- Ouachita Technical College – Malvern

REGISTER ONLINE AT WWW.ARSBN.ORG

SCHEDULE

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

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

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

FEBRUARY 19

St. Vincent Primary
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Little Rock

APRIL 17

Baxter Regional Medical Center
624 Hospital Drive
Mountain Home

SEPTEMBER 24

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

OCTOBER 21

Baptist School of Nursing
11900 Colonel Glenn Road
Little Rock

NOVEMBER 20

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

NURSING REGULATION AND PRACTICE

Continuing Education Workshop

CONTINUING EDUCATION

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



REGISTRATION FORM

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

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

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

Brazzell, Janet Gertrude Eckart
R14378, Maumelle
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty - \$600

Dykes, Ashlee Joann
L47444, Texarkana
A.C.A. §17-87-309(a)(4)&(6)
Probation – 1 year
Civil Penalty - \$600

Holt, Lisa Sue Boling
R71474, Marion
A.C.A. §17-87-309(a)(6)
Probation – 2 years
Civil Penalty - \$1,000

Huitt, Haley Celeste
L45048, Jersey
A.C.A. §17-87-309(a)(6)
Probation – 18 months

Vogelpohl, Angela Marie Anderson Francis
R69207, L39508(exp), North Little Rock
A.C.A. §17-87-309(a)(2),(4)&(6)
Probation – 3 years
Civil Penalty - \$2,500

Ward, Tamara Timbs
R16546, Hot Springs
A.C.A. §17-87-309(a)(6)
Probation – 3 years

SUSPENSION

Bailey, Valkyrie Diane Sutton
R49994, L26411(exp), Fort Smith
Probation Non-Compliance
Reinstated to Suspension – 3 years,
followed by Probation – 2 years
Civil Penalty - \$2,500 + prev. bal.

Johnson, Erin Laine Provence Devine
R50200, Texarkana
Probation Non-Compliance
Suspension – 2 years, followed by
Probation – 3 years
Civil Penalty - \$2,500 + prev. bal.

Mitchell, Marie Emma Thieme
L25746, Marianna
Letter of Reprimand Non-Compliance
Suspended until terms are met

Molnaird, Lillian Michael Hudson
L37656, Ward
A.C.A. §9-14-239
May 19, 2008

Moore, Virginia Sue Griffen
L39055, Horatio
A.C.A. §17-89-309(a)(6)&(9)
Reinstatement, followed by
Suspension – 3 years, to be followed
by Probation – 2 years
Civil Penalty - \$2,500

Primm, Karen Ann Duke
R41237, L24869, Jonesboro
A.C.A. §17-87-309(a)(4),(6)&(9)
Suspension – 2 years, followed by
Probation – 3 years
Civil Penalty - \$2,500

Puckett, Helen Louise Nugent
R71743, L41612, Republic, MO
Probation Non-Compliance
Reinstatement, followed by
Suspension – 3 years, to be followed
by Probation – 2 years
Civil Penalty - \$2,500 + prev. bal.

Roberts, Mary Jeanette Rodgers
L39222, Paragould
Letter of Reprimand Non-Compliance
Suspended until terms are met

Williamson, Kristiana Louise
L46080, Malvern
Letter of Reprimand Non-Compliance
Suspended until terms are met

VOLUNTARY SURRENDER

Bell, Tina Lee Hill Keistler Morris
Thompson
L31775, De Witt
June 3, 2008

Duran, Tara Dawn Treat
L41727, Batesville
June 5, 2008

Dykes, Raquel Lea Nestlehut White
R43357, A01420, P01706, PAC
01345, Conway
May 14, 2008

Graves, Johnny Lee
L43302, Hot Springs
May 30, 2008

Gully, Crystal Ann Patterson
L42553, Fayetteville
June 12, 2008

Jewett, Eric Glenn
L42944, Little Rock
April 30, 2008

Jones, Amy Wetzler
L39901, Lake Village
May 27, 2008

Ingle, Bridgette Sue Jones
R40095, L26947 (exp), Marianna
May 14, 2008

Mashburn, Christi Jean Schlinker
L40574, Powhatan
May 30, 2008

McTigrit, Brandilynn Yvonne Lee
L43783, El Dorado
June 9, 2008

West, Carol Lynn
L29208, Jacksonville
May 22, 2008

Weston, Amber Carlene Elder
L43930, Mount Ida
May 9, 2008

REINSTATEMENTS

Holland, Georgia Ann Hall
L31859, Bryant
May 30, 2008

REPRIMAND

Addison, Paula Jane Cornish
R50981, Texarkana
A.C.A. §17-87-309(a)(1)&(a)(9)
April 10, 2008

Hooks, Angela Carol Britt
L33904, Hampton
A.C.A. §17-87-309(a)(6)
April 17, 2008

Jones, Rainell Roberta
L47346, Altamonte Springs, FL
A.C.A. §17-87-309(a)(1)&(a)(2)
April 25, 2008

McKelvy, Connie Jane Hawley
L30169, Bluff City
A.C.A. §17-87-309(a)(6)&(a)(9)
April 11, 2008

Pickerill, Roslyn Ruth Tefft
PN Applicant, Springdale
A.C.A. §17-87-309(a)(6) and
§17-87-104(a)(1)(g)
Board Reprimand
Civil Penalty - \$570

Rainbolt, Olan Harvey, Jr.
L45530, Monticello
A.C.A. §17-87-309(a)(6)
February 28, 2008

Spencer, Marilyn Elizabeth Woodard
L43736, Clarksville
A.C.A. §17-87-309(a)(6)
April 16, 2008

REVOCAION

Griffin, Ricky Lamar
R63757, L33193 (exp), West
Memphis
June 12, 2008

PROBATIONARY STATUS REMOVED

Cruce, Rhonda Paulette Crain Dendy
L32336, Fort Hill
May 23, 2008

Miller, Christina Lynn Gray Strell
R72693, Little Rock
May 23, 2008

Renfro, Julia Alice Lovett
R50186, L29088 (exp), Camden
May 23, 2008

Rogers, Misty Michelle Thompson
L43981, Fort Smith
May 23, 2008

APPEAL DENIED

Golden, Donna Jeanne Wheeler Lawson
R50231, L15532 (exp), Drasco
June 11, 2008

Rainbolt, Olan Harvey
L45530, Monticello
June 11, 2008

ONLINE ASSOCIATE OF SCIENCE DEGREE WITH A FOCUS IN REGISTERED NURSING

Arkansas' licensed practical nurses now have an opportunity to complete registered nursing education in an online format. The University of Arkansas Community College at Batesville (UACCB)

began offering an online Associate of Science Degree with a focus in registered nursing in January 2007 and is proud of the success of the program and the accomplishments of its first graduating

class.

Eight students completed the first class through this distance education opportunity: six from the Batesville area and two from northwest Arkansas. Students appreciated the concepts of adult learning found in the online environment. Throughout the 11-month program, the class demonstrated high motivation, independent learning, and appreciation of the autonomy provided by the online environment. These students were ambitious, focused, and self-sufficient. All graduates successfully completed the NCLEX-RN® and are employed as registered nurses in various nursing areas.

One advantage of online courses includes allowing the student the flexibility to focus on classroom assignments at a time that meets his needs and to attend clinical with minimal travel. The faculty facilitates the courses for student learning. Internet-based exams and other activities move the students through the required classroom content in the 11-month program at an even pace. The students have the responsibility and the freedom of working class assignments into their schedules as they see fit. Another advantage of online courses is that students attend clinical with minimal travel. Students should plan to meet on campus or in the clinical setting each semester; however, faculty make every effort to keep student travel at a minimum.

The UACCB administration and faculty congratulate the graduates of the first online LPN to RN class. In addition, we look forward to continuing to provide this online educational opportunity for Arkansas' licensed practical nurses for many years in the future.



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609 West Maple Avenue, 6th Floor • Springdale, AR 72764



FAQ's

FREQUENTLY ASKED QUESTIONS

Q: What can a nurse with a temporary license do? Does the RN have to sign behind the nurse with a temporary license?

A: Nurses who hold temporary licenses may perform all functions within the scope of practice for which they are educationally prepared. Nurses perform their duties based on licensure. Another nurse does not need to validate the signature of a nurse holding a temporary license. As always, the nurses' experience and competency should be taken into consideration when making assignments. New graduates would not function at the same level as a nurse with years of experience.

Q: I have been told that I can lose my license if two physicians file a complaint against me with the Board of Nursing.

A: The Arkansas Nurse Practice Act ACA §17-87-309(a) gives the Arkansas State Board of Nursing sole authority to deny, suspend, revoke, or limit any license to practice nursing or certificate of prescriptive authority issued by the board. The ASBN will investigate any written complaint that is submitted. Disciplinary action is taken based on the facts of the case and not the number of complaints received.

Q: I finished renewing online and the screen came up with a confirmation number, should I save this?

A: Definitely. Always print and save your confirmation number until you receive your new license. This serves as your receipt or proof that you made the transaction online and what date and time it occurred in case of a problem. It is very rare, however in the case some-

thing goes wrong with processing the transaction and the data is not received or lost, this will keep you from having to pay a late fee and face possible disciplinary action. If a transaction does not show up on the computer system and you do not have the confirmation number, it will be treated as if the transaction was never made.

Q: According to the requirements for continuing education, it must be practice-focused. What does that mean?

A: Practice-focused means that the content of the continuing education must be related to the field in which you practice. For example, a nurse working the pediatric area can only count continuing education related to the pediatric population.

Q: How long is my prescriptive authority valid? *continued on following page*



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continued from previous page

A: You are not required to renew prescriptive authority in Arkansas. The authority to prescribe is valid as long as the individual maintains her/his advanced practice license and collaborative practice agreement.

Q: Who may give and accept verbal or telephone orders?

A: The Arkansas State Board of Nursing acknowledges that the best interests of all members of the health care team are served by having the licensed physician,

licensed dentist, or advanced practice nurse holding a certificate of prescriptive authority write all orders on the patient's medical record. Although a licensed nurse relating verbal and telephonic orders to a licensed nurse may have become accepted practice, neither the ASBN Nurse Practice Act nor the Rules specifically address this issue.

Verbal orders transmitted over the phone place the licensed nurse at greater risk. Employing facilities should have policies and procedures to guide the licensed

nurse.

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

Other professional disciplines' practice acts may provide that their licensees can accept orders within their scope of practice. The governing board of the discipline should be contacted for specifics.

CAREER OPPORTUNITIES

ASSOCIATE / ASSISTANT PROFESSOR OF NURSING Southern Arkansas University, Magnolia

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

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

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

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

Office of Human Resources, Southern Arkansas University, P.O. Box 9288, Magnolia, AR 71754 or email to HR@saumag.edu

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