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Update

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UAMS Fast-track Graduate now serving the United States Public Health Service



A circular logo for the 5th Annual Nursing Expo. The text inside the circle reads: "www.thinkaboutitnursing.com", "5th Annual NURSING EXPO", "DEC. 1st 2007", and "Clear Channel Metroplex • Little Rock".

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



SATURDAY, DECEMBER

1st, 9am-3pm

At the Clear Channel Metroplex
Event Center, Little Rock

**JOBS IN HEALTHCARE,
NURSING, ALLIED HEALTH
AND MORE!**



NEW ASBN PRESIDENT

It's an exciting opportunity to serve you as the President of the ASBN. I can remember as a young girl growing up in Southwest

Arkansas, my mother telling me that she wanted to be a nurse, because she never had the opportunity. Her influence throughout my childhood is what led me to become a nurse. Once I graduated from high school, I only knew of one thing I wanted to become and that was a "nurse." After graduating from nursing school in 1981, I have had the opportunity to experience nursing education at the Associate, Baccalaureate, and Masters levels. With these varied experiences, I have developed an appreciation for life-long learning, continued competency, and the importance of professional image.

The first twelve years of my career was spent in the Acute Care, Long Term Care, and Psych Mental Health areas both as a clinician and administrator. This has increased my awareness of the economic impact of recruitment and retention of nurses. In 1993, I moved into the higher education arena while providing independent legal consultation. This change in focus reinforced the need for increased knowledge in the standards of nursing practice, ability to deliver safe and effective care, and transition of student nurses into practice.

The issues I faced in 1981, as a new nurse, are a far cry from the demands facing nurses today. The complexity of patient care, explosion of technology, expansion of regulatory oversight, changing role of the nurse, and nursing shortage pose amazing challenges for the healthcare environment.

Since my appointment to the ASBN, I have chaired the Consumer Directed Care Task Force and Medication Assistant Personnel Task Force for the development of rules and regulations for

implementation of these unlicensed assistive personnel roles. I have also chaired the nursing education committee which oversees the approval of nursing education programs in the state. I am currently serving on the National Council of State Boards of Nursing (NCSBN) Practice, Regulation, and Education Committee. We have been engaged in important and useful work essential to the profession. This has involved studies on Evidence Based Nursing Education for Regulation, Elements of Nursing Education, Development of Medication Aide Curriculum, Transition to Practice, and Simulation. Our most recent work includes a Faculty Shortage Survey, Comparison of Faculty Qualifications, and feasibility of a Transition to Practice Model.

As a regulator charged with public protection at the state and national level, it is of utmost importance that collaboration exist and continue between nursing professionals in regulation, education, and practice. This collaborative effort at the local, state, and national level is essential to seek solutions for challenges facing our profession.

With almost 47,000 licensees here in AR, we are continually challenged with a shortage of nurses, faculty shortage, poor salaries for nurses and nursing faculty, and nursing retention. These challenges have led to increased workloads for both the nurse and faculty; longer work shifts; reduction in student enrollment due to shortage of faculty; inability to recruit nurses and faculty; and the difficulty of retaining nurses and faculty. We have an incredible task before us but firmly believe the key is getting stakeholders to the table; actively collaborating, and strategically pursuing innovative solutions.

Important Information

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LOST OR STOLEN LICENSE

A listing of all lost or stolen licenses can be found at www.arsbn.org. All reissued licenses will have "DUPLICATE LICENSE" stamped on them. Employers are urged to inspect the original license from a job applicant and verify the nurse's identity with a photo ID.

New Officers for Arkansas State Board of Nursing Elected for 2007/2008

New officers were elected to the Arkansas State Board of Nursing during the Board Business Meeting on September 12, 2007.

Lepaine McHenry, Registered Nurse, was elected to serve as President. She has been a RN for 25 years. McHenry completed her Associate of Science in Nursing at Southern Arkansas University, a Bachelors of Science in Nursing at the University of Arkansas and a Masters of Science with a Major in Nursing from the University of Oklahoma. She completed her studies as a Clinical Nurse Specialist in Psychiatric Mental Health Nursing. She holds certification as a LTC Nurse Administrator and is a licensed nursing home administrator. She is Vice President of the National Association of Directors of Nursing Administration in Long Term Care. She serves as an adjunct faculty member at the University of Arkansas Eleanor Mann School of Nursing.

Kathy Hicks, Registered Nurse CCP, was elected to serve as Vice President. She graduated with a Diploma in Nursing from the Mercy Hospital School of Nursing in Cedar Rapids, Iowa. Hicks is the Compliance Auditor at Northwest Health System in Springdale.

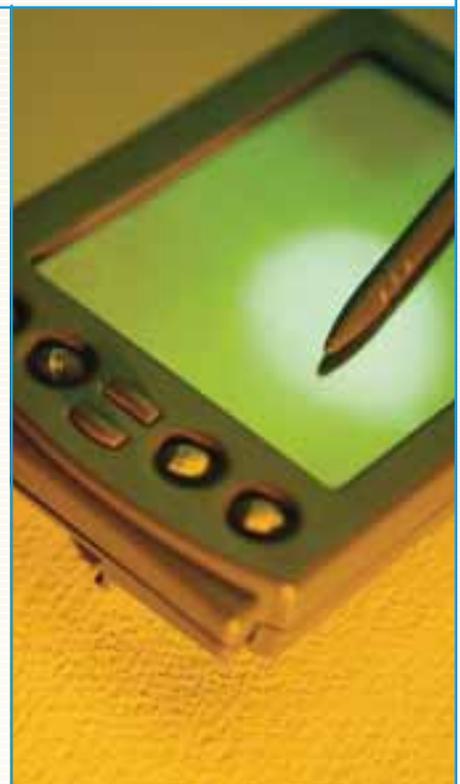
Peggy Morgan, Licensed Practical Nurse, was elected to serve as Secretary. She is a graduate of Cotton Boll Vo-Tech School of Practical Nursing and is employed with the Mississippi County Health Department.

Cassandra Harvey, Registered Nurse, was elected to serve as Treasurer. She is a graduate of the East Arkansas Community College and a member of the Arkansas School Nurse Association. Harvey is employed as a school nurse with the Brinkley School District.

BOARD MEETING HIGHLIGHTS

At the September 2007 Board meeting the Board took the following actions:

- Granted Continued Full Approval to the Phillips Community College of the University of Arkansas Associate degree in Nursing Program until the year 2012.
- Granted Continued Full Approval to the Baptist Health School of Nursing Diploma of Nursing Program until the year 2012.
- Granted Continued Full Approval to the North Arkansas College Practical Nurse Program until year 2012
- Granted Continued Full Approval to the Practical Nurse Program of St. Vincent Health System until the year 2012.
- Accepted the analysis of low pass rate and plan to resolve the problem for East Arkansas Community College.
- Approved the revision to the School Nurse Roles and Responsibilities Practice Guidelines as submitted by the Nurse Practice Committee.
- Approved a pilot study of First time pre-employment positive drug screen Guidelines submitted by the Nurse Practice Committee. The guidelines will be re-evaluated in one year.



The public is invited to attend ASBN Meetings. Groups of more than five should call and ask for Calvina Thomas, at 501.686.2701

Arkansas for Nursing Meets

Vicky Morris,
Public Information Specialist



On September 5, 2007, the Arkansas for Nursing held their mid-year meeting to discuss NCLEX® pass rates and improvements made in Arkansas nursing schools. Nurse recruiters and nursing educators had a chance to lunch together and discuss topics such as actions taken to improve the nursing shortage and program improvements. The newly developed "Odyssey Program" from Arkansas Children's Hospital aimed at experienced nurses mentoring new nurses was a hot topic. This new program hopes to give new graduates the confidence and

knowledge necessary for making the transition from graduation to the workplace.

Arkansas Tech University has started Nursing Orientation 101 for all freshman that have declared nursing as their major. Dr. Rebecca Burris, Professor and Chair of ATU Department of Nursing, said "The aim will be to inform students so they have a thorough grasp on what is involved in the field of nursing. This teaches that nursing is great, but also not always as flexible as they may have expected." The students are required to write a paper explaining the reasons why they want to be a nurse.

UAMS is working toward MAGNET status which will provide a vehicle for disseminating successful nursing practice and strategies. UAMS is one of several health-care institutions in the state actively pursuing MAGNET status.

The new president of the group, Kim Porter, presented the outgoing president, Susan Erickson a plaque in recognition of her outstanding leadership and dedication for serving as president from 2001 through 2006.

To learn about getting involved with this organization, you can log onto www.arkansasnursing.com



Kim Porter, President presents Susan Erickson with a plaque for her years served from 2001-2006.

Lt.j.g. Stacey McBryde



Lt.j.g. Stacey McBryde, daughter of Bob and Barbara McBryde of North Little Rock, Arkansas, is a 2004 graduate of the College of Nursing at the University of Arkansas for Medical Sciences. She also holds a bachelor degree in communications from Arkansas State University. Stacey grew up in El Dorado, Arkansas, graduating from El Dorado High School in 1986. Prior to pursuing a career in nursing, Stacey worked in advertising and marketing for nine years.

"The fast-track program at UAMS allowed me to complete my BSN in a year – a real plus for someone like myself going through a career change. The small class size allowed for more interaction between the students and professors. Also, the collective life experiences of my classmates (since we were all "career-switchers") added to the class discussions.

Nursing offers many varied career opportunities, not to mention unparalleled job security. As a nurse officer in the U.S. Public Health Service Commissioned Corps, I have professional opportunities across the Nation with various federal agencies. Before my current assignment as Policy Advisor at headquarters for the U.S. Public Health Service, I worked as a staff nurse on the medical-surgical floor of an Indian Health Service hospital in Whiteriver, Arizona. Nursing is a wonderful and rewarding profession. You get to provide care to those who need our help the most."

UAMS Fast-track Graduate now serving the United States Public Health Service

Lt. j.g. Stacey McBryde, a registered nurse with the U.S. Public Health Service in Rockville, Maryland, joined the *USNS Comfort* for a medical mission that started in mid-June. The *USNS Comfort* is a U.S. Navy hospital ship that departed Norfolk, Virginia on June 15, to begin a medical, public health and oral health mission in Latin America and the Caribbean. McBryde, a 2004 graduate of UAMS College of Nursing, is on the *USNS Comfort* until mid-October.

Lt. j.g. McBryde serves on a multi-disciplinary team of 19 officers of the U.S. Public Health Service Commissioned Corps. The Commissioned Corps protects, promotes and advances the health and safety of the nation. With more than 6,000 officers, the Commissioned Corps is one of the nation's seven uniformed services, and is part of the U.S. Department of Health and Human Services (HHS).

The four-month mission of the *USNS Comfort* is to provide oral and primary care health in communities near where the ship docks. The Commissioned Corps officers are working with the U.S. Navy, Army and Coast Guard, as well as with Project Hope, a non-profit organization working to make health care available around the globe with an emphasis on children's health, and with Operation Smile, a non-profit organization focused on repairing childhood facial deformities.



The Commissioned Corps team consists of two dentists, four dental hygienists, six physicians, two nurses, one environmental health officer, one engineer, one pharmacist, and one veterinarian. Commissioned Corps officers aboard the *USNS Comfort* are gaining valuable experience in treating indigenous patients in environments with

few resources—skills that will be useful as officers provide care to vulnerable populations back in the United States.

For more information on the United States Public Health Service, go to www.usphs.gov.

The Commissioned Corps officers are working with the U.S. Navy, Army and Coast Guard, as well as with Project Hope, a non-profit organization working to make health care available around the globe with an emphasis on children's health...

FAQS

Q My license expired 2 weeks ago. How many contact hours do I need to reactivate my license?

A When a nursing license is expired or inactive you must complete either 20 contact hours, an acceptable academic course or an ASBN approved certification prior to reactivation.

Q I have not worked in nursing for the past eight years and I would like to re-enter nursing practice. My license is on inactive status (or expired). What do I need to do?

A To renew your license you must have completed twenty (20) practice-focused contact hours within the past two years and complete a Board approved refresher course or an employer competency orientation program. You must obtain a temporary permit to practice while taking the refresher course or competency orientation program. This temporary permit is only valid for attendance in the refresher course or orientation program. You cannot “work” on this permit. (ASBN Rules Chapter 2, Section VII.C.3.b. & 4)

Q I received my first (initial) Arkansas license in November, 2005. My birthday is in March of an even year. I understand that to get into the Arkansas biennial renewal cycle, my license will be renewed in March, 2006, only five (5) months after my initial license. How many continuing education contact hours will I be required to have?

A None. If the first renewal cycle is less than 24 months, there is no continuing education requirement for the first renewal period. This is true for persons who received their initial license by endorsement or examination and the first renewal period is less than two years.



HOW MUCH DOES IT COST?



We sometimes get questions about how much certain items cost. You can usually find this information on the form for the type of application you are completing. Also, for your convenience we are including a copy of our Fee Schedule in this publication.

Although this printed version is current today, this schedule, like everything else in life, changes on occasion. However if you need to know a fee, your best bet would be

to check our website at www.arsbn.org under "Fee Schedule." This is a quick reference to all our charges, and the schedule is updated whenever changes are made, so you will always be sure to have the most current information. If you have a question regarding fees, check our website first. Chances are good you can save yourself some time and get the answers you need.



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FEE SCHEDULE

	RN	APN*	RNP*	LPN	LPTN	MA-C
Certificate of Prescriptive Authority (APN)	---	\$150.00	---	---	---	---
Certified Copy of Records	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	---
Duplicate License/Certification	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
License/Certification by Examination	\$75.00	---	---	\$75.00	---	\$35.00
License/Certification by Endorsement	\$100.00	---	---	\$100.00	\$100.00	\$65.00
Original License	---	\$100.00*	---	---	---	---
License by Examination for International Nurses	\$125.00	---	---	\$125.00	---	---
License/Certification Reinstatement (Late renewal penalty)	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$50.00
License/Certification Renewal	\$75.00	\$40.00*	\$40.00*	\$65.00	\$65.00	\$40.00
License Certification/ Verification	\$30.00 (provided for jurisdictions outside the USA)	\$30.00	30.00	\$30.00 (provided for jurisdictions outside the USA)	\$30.00 (provided for jurisdictions outside the USA)	\$30.00
PN Equivalency Examination	--	--	--	\$115.00	--	--
Reinstatement from Inactive Status**	\$10.00 (plus license renewal)	\$10.00 (plus license renewal)	\$10.00 (plus license renewal)	\$10.00 (plus license renewal)	\$10.00 (plus license renewal)	\$10.00 (plus license renewal)
Retired Nurse License	\$10.00	\$10.00	---	\$10.00	\$10.00	---
Temporary Permit	\$25.00	\$25.00	---	\$25.00	\$25.00	---

*Must also hold a valid RN license.

**Documentation of continuing education may be requested.

(effective 7.1.2007)



ASBN

HOT CHECK NOTICE

The following names appear on the ASBN records for checks returned to the ASBN due to insufficient funds. If practicing in Arkansas, they may be in violation of the Nurse Practice Act and could be subject to disciplinary action by the Board.

Please contact Chiquita Hadley at 501.686.2716 if any are employed in your facility.

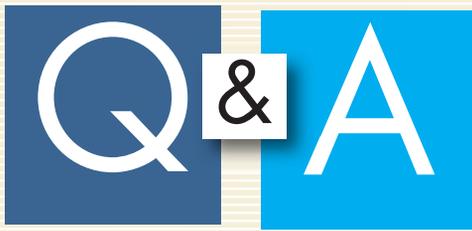
Bradley, Rosa Marie	L16658
Gonzalez, Jessica	Exam Application
Mulhernin, James	L28486
Sanders, Amber	R73529
Shaheed, Nathan	T01220
Shupert, Angela	L37543
Sivils, June Elizabeth	L30290
Williams, Della	L28175
Williams, Sally F.	L26287

LICENSE VERIFICATION

Arkansas Nursing License Verification Options

The Arkansas State Board of Nursing provides the following options for individuals attempting to verify an Arkansas nursing license.

- 1.) **Phone Verification. Public (free).** Call 501.682.2200 put in license number and # sign. Listen for instructions.
- 2.) **Information Network of Arkansas. Public (subscription required).** Call 501.324.8900 or go to http://www.arkansas.gov/sub_services.php for more information.
- 3.) **Nursys® Nurses' verification.** Go to www.nursys.com. If the original state of nurse licensure is not a Nursys® participant, contact the original state licensing board.



regarding professional boundaries and sexual misconduct

What if a nurse wants to date or even marry a former patient? Is that considered sexual misconduct?

The key word here is former, and the important factors to be considered when making this determination are:

- What is the length of time between the nurse-client relationship and the dating?
- What kind of therapy did the client receive? Assisting a client with a short-term problem, such as a broken limb, is different than providing long-term care for a chronic condition.
- What is the nature of the knowledge the nurse has had access to, and how will that affect the future relationship?
- Will the client need therapy in the future?
- Is there risk to the client?

What if a nurse lives in a small community? Does this mean that he or she cannot interact with neighbors or friends?

Variables such as the care setting, community influences, client needs, nature of the therapy provided, age of the client and degree of involvement affect the delineation of behavioral limits. All of these factors must be considered when establishing boundaries, and all contribute to the complexity of professional boundaries.

The difference between a caring relationship and an over-involved relationship is narrow. A professional living and working in a remote community will, out of necessity, have business and social relationships with clients. So setting appropriate standards is very difficult. If they do not relate to real life, these standards may be ignored by the nurse or simply may not work. However, the absence of considera-

tion of professional boundaries places the client and nurse at risk.

Do boundary violations always precede sexual misconduct?

Boundary violations are extremely complex. Most are ambiguous and difficult to evaluate. Boundary violations may lead to sexual misconduct, or they may not. In some cases, extreme sexual misconduct, such as assault or rape, may be habitual behavior, while at other times, it is a crime of opportunity. Regardless of the motive, extreme sexual misconduct is not only a boundary violation, it is criminal behavior.

Does client consent make a sexual relationship acceptable?

If the client consents, and even if the client initiates the sexual conduct, a sexual relationship is still considered sexual misconduct for the health care professional. It is an abuse of the nurse-client relationship that puts the nurse's needs first. It is always the responsibility of the health care professional to establish appropriate boundaries with present and former clients.

Continued on Page 22

2008 Board Meeting Dates

JANUARY 16	WED.	BUSINESS	SEPTEMBER 10	WED.	DISCIPLINARY
JANUARY 17	THURS.	DISCIPLINARY	SEPTEMBER 11	THURS.	BUSINESS
FEBRUARY 13	WED.	DISCIPLINARY	*OCTOBER 15	WED.	DISCIPLINARY
FEBRUARY 14	THURS.	DISCIPLINARY	*OCTOBER 16	THURS.	DISCIPLINARY
MARCH 12	WED.	BOARD RETREAT	NOVEMBER 12	WED.	DISCIPLINARY
MARCH 13	THURS.	DISCIPLINARY	NOVEMBER 13	THURS.	DISCIPLINARY
APRIL	NO MEETINGS SCHEDULED		DECEMBER	NO MEETINGS SCHEDULED	
MAY 14	WED.	DISCIPLINARY	*Will decide by September if dates are needed		
MAY 15	THURS.	BUSINESS			
JUNE 11	WED.	DISCIPLINARY	Other Meeting Dates		
JUNE 12	THURS.	DISCIPLINARY	March 4-5	NCSBN Mid Year Meeting Chicago, IL	
JULY	NO MEETINGS SCHEDULED		August 5-8	NCSBN Annual Meeting Nashville, TN	
AUGUST 13	WED.	DISCIPLINARY			
AUGUST 14	THURS.	DISCIPLINARY			

Ark. RN - Emergency Department

FDA MEDWATCH and NURSES: PARTNERING FOR PATIENT SAFETY

The Internet is full of helpful clinical information resources for the busy nurse, whether practicing in a large health system or community setting, but perhaps none with such potential importance as the FDA's MedWatch website, www.fda.gov/medwatch.

The nurse who 'bookmarks' the MedWatch homepage can rapidly find timely and clinically useful safety information - safety alerts, public health advisories, recalls, withdrawals, and important labeling changes - that can provide the nurse with new safety information that may contribute to both safer medical care and to patient safety. This same FDA medical product safety 'gateway' allows the nurse access to FDA's Center for Drug Evaluation and Research [CDER] Drug Information staff and further links to safety information from the FDA centers that oversee medical devices [from implants and IV pumps to MRIs and diagnostic tests], biological products [including blood products and vaccines] and dietary supplements.

Medwatch also provides a service that sends out clinically useful safety alerts in the flash of an e-mail. At present, over 62,000 subscribers to the MedWatch E-list receive a concise e-mail message about important labeling changes for drugs [for example, black box warnings or newly discovered drug-drug interactions], class 1 recalls, announcements of product tampering or counterfeit products, and public health advisories. Surprisingly, many nurses remain unaware of this free service.

"It's free, it's easy to subscribe, it's private and confidential," says Norman Marks, M.D., Medical Director of the MedWatch program. "We don't share the nurses' name with anyone. This is a message straight from FDA to the practitioner." All one has to do is go to www.fda.gov/med-watch and there on the homepage is a yellow box that says 'Subscribe to receive safety alerts'. Just click on it, fill in the blanks, and that's it.

REPORTING IN TO FDA

The Web site supports and facilitates the reporting to FDA of serious problems that a clinician suspects may be associated with the medications and devices used in daily care. The Web site allows for easy and rapid completion of the voluntary adverse event reporting, offering the busy nurse a way to submit a report to FDA on serious adverse

events, product quality problems, and product use errors that are suspected to be associated with FDA-regulated products.

A few voluntary reports, sent to FDA from individual clinicians -- in Oregon, Texas, Ohio, or Georgia, for example -- are entered into an FDA database and trigger a safety signal. This signal, on further investigation, may lead to an FDA regulatory action - a labeling change or recall - that protects patients from unnecessary harm, but allows for the continued availability of the medical product for the potential benefit of the remainder of the population.

In 2006, over 22,000 voluntary reports for drugs and therapeutic biological products and over 3,000 for medical devices were received directly by FDA through the MedWatch adverse event reporting program.

Nurses can still report directly to MedWatch by mail or fax [download the FDA 3500 form at <http://www.fda.gov/medwatch/getforms.htm>] or call the MedWatch toll-free number, 1-800-FDA-1088, to submit a report directly to FDA.



WHAT HAPPENS TO YOUR REPORT?

Each adverse event or product use error report for a drug or medical device goes into a computerized database. The post-marketing risk assessment staff of safety evaluators and epidemiologists uses that data to develop a more formal investigation, a science-based process where the outcome, whether it follows an evaluation of several weeks to several months, may lead to FDA action that results in recommendations for safer use of that product.

Once a modified use strategy and labeling change has been agreed upon by the FDA and the manufacturer, it is the MedWatch program that takes the lead in getting that information out to providers and their patients immediately in the form of the MedWatch Alerts. “These alerts are important safety information for the busy nurse who would want to know now rather than waiting for a recall letter or ‘Dear Healthcare Professional’ letter to show up days or weeks later. We want nurses to know that they can get that type of important safety information just by subscribing to our E-list,” says Marks.

FIND TIMELY AND CLINICALLY USEFUL SAFETY INFORMATION - SAFETY ALERTS, PUBLIC HEALTH ADVISORIES, RECALLS, WITHDRAWALS, AND IMPORTANT LABELING CHANGES – THAT CAN PROVIDE THE NURSE WITH NEW SAFETY INFORMATION THAT MAY CONTRIBUTE TO BOTH SAFER MEDICAL CARE AND TO PATIENT SAFETY.

MedWatch has partnered with drug reference resource providers such as ePocrates, Lexi-Comp and Thomson Micromedex in order to facilitate the placement of new safety labeling changes from FDA regulatory actions into the electronic [i.e. computer- or PDA-based] and paper-based resources used by nurses in their daily care. “In many cases, this clinically important safety information – changes to the contraindications, warnings, boxed warnings, precautions, and adverse reactions sections of the professional label – will be available within a few days to weeks

of an FDA action,” Marks said.

“Our commitment at the FDA and our MedWatch program is to provide nurses and other healthcare professionals with timely safety information, ideally at the point of care, where providers and their patients make shared decisions about care. That’s our part of the deal,” says Marks. “Our nurse col-

leagues’ part, we hope, is to appreciate the value of this timely safety information and recognize that it is their recognition, and voluntary reporting to FDA, of serious and unsuspected drug and device product problems that allows us to spot those early safety signals that will lead to new safety information and to improvements in patient safety.”

National Scholarship Program Aims to Boost Minority Representation Among Nursing Faculty

The Johnson & Johnson Campaign for Nursing's Future announced plans for a national scholarship program to boost the number of qualified nursing faculty from minority groups under represented in the profession, ADVANCE for Nurses reports.

Launched in partnership with the American Association of Colleges of Nursing (AACN), the program will offer minority students financial assistance, mentorship and leadership development support to ensure successful completion of degrees and adequate preparation for faculty roles. To qualify for the program, students must come from racial and ethnic minority backgrounds, be accepted to an accredited full-time master's or doctoral nursing program, and agree to teach in a U.S. nursing school after graduation. The program will provide scholarship recipients with \$16,500 for tuition and other educational costs and \$1,500 to cover the cost of traveling to and attending an annual leadership conference. According to AACN statistics, racial and ethnic minorities make up just 10.5 percent of full-time nursing faculty. Officials expect the scholarship program to boost minority representation in nursing education in part because it is modeled on a successful AACN program launched in California in 2006 that is currently helping 17 minority nursing students complete doctoral and master's programs.

For information on this program and other scholarship opportunities, please go to the Educational Resource portion of the ASBN website at www.arsbn.org

Things Are Changing: Faster Criminal Background Checks

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

It has been taking three or more months for the Board of Nursing to receive the results of criminal background checks. However, things are changing! Beginning January 1, 2008, the criminal background forms and associated fees will be submitted to the Board of Nursing instead of the State Police. The best part of this change (besides the decrease in associated fees) is the results of the background checks will be received within two to three weeks.

The important changes to the process are:

- Submit the state form and fingerprint card to ASBN, 1123 S. University, Ste. 800, Little Rock, AR 72204
- Two separate cashier's checks or money orders. **No personal checks.**
- Fees:
 - o State form - \$22.00 made payable to ASBN
 - o Fingerprint card - \$19.25 made payable to Arkansas State Police

New forms can be downloaded from the ASBN webpage (www.arsbn.org) under the "forms" link. Remember, these changes do not go into effect until January 1, 2008, so please do not submit any background checks to the Board of Nursing office prior to that time. Criminal background checks submitted to the wrong agency or with incorrect fees will be returned to the applicant.

Continued from Page 16

How can a nurse identify a potential boundary violation?

Some behavioral indicators can alert nurses to potential boundary issues, for which there may be reasonable explanations. However, nurses who display one or more of the following behaviors should examine their client relationships for possible boundary crossings or violations.

EXCESSIVE SELF-DISCLOSURE – The nurse discusses personal problems, feelings of sexual attraction or aspects of his or her intimate life with the client.

SECRETIVE BEHAVIOR – The nurse keeps secrets with the client and/or becomes guarded or defensive when someone questions their interaction.

"SUPER NURSE" BEHAVIOR – The nurse believes that he or she is immune from fostering a nontherapeutic relationship and that only he or she understands and can meet the client's needs.

SINGLED-OUT CLIENT TREATMENT OR CLIENT ATTENTION TO THE NURSE – The nurse spends inappropriate amounts of time with a particular client, visits the client when off-duty or trades

assignments to be with the client. This form of treatment may also be reversed, with the client paying special attention to the nurse, e.g., giving gifts to the nurse.

SELECTIVE COMMUNICATION – The nurse fails to explain actions and aspects of care, reports only some aspects of the client's behavior or gives "double messages." In the reverse, the client returns repeatedly to the nurse because other staff members are "too busy."

FLIRTATIONS – The nurse communicates in a flirtatious manner, perhaps employing sexual innuendo, off-color jokes or offensive language.

"YOU AND ME AGAINST THE WORLD" BEHAVIOR – The nurse views the client in a protective manner, tends not to accept the client as merely a client or sides with the client's position regardless of the situation.

FAILURE TO PROTECT CLIENT – The nurse fails to recognize feelings of sexual attraction to the client, consult with supervisor or colleague, or transfer care of the client when needed to uphold boundaries.

Arkansas' Number One Job Opportunity: **NURSING**

Have you ever thought about nursing? Well, now is the time to start. Nursing allows great flexibility, competitive salaries and benefits, and you can practice anywhere in the country. There's also a great sense of fulfillment with nursing. Nothing feels better than knowing that you made a difference in someone's life.

Nursing has become the fastest growing profession in America today. According to the U.S. Bureau of Labor Statistics, nursing is the largest health-care occupation in the nation with 2.3 million jobs, but the need for more nurses is continually rising. With the aging of the "Baby Boomers" the need for nurses becomes more critical every day. Of the 13,629 LPNs in the Arkansas workforce, 37% are over 50 and will leave the workforce within 10 years. The 25,724 Arkansas RNs include 9,268 who are 50 years or older and can be expected to leave the workforce within 10 years. By 2020, the projected RN shortage is expected to be 800,000, which means nursing is a career in demand, and that translates into higher pay and better working conditions for nurses. Arkansas' nurse shortage is expected to be even greater than the national average due to the state's health care statistics including the number of elderly in the state and patients without insurance who are living in poverty.

So you can see that, in Arkansas, we are not exempt from the shortage of nurses. That's exactly why the Think About It Nursing Expo was created five years ago. If you are currently a nurse looking for a new job, a nursing student looking to explore opportunities after graduation, a high school senior looking into nursing schools, or if you are just looking for a career change, you need to be at the Clear Channel Metroplex on Saturday, December 1,

2007. At the Expo all major hospitals and employers of nurses from all over the state will be recruiting for those jobs and providing information about the healthcare industry in general. For more information, call Michele at 1-800-561-4686 or visit www.think-aboutitnursing.com.

Having a career in nursing allows you to touch people's lives when they need it most. Nursing is a rewarding profession that can provide endless opportunities for your life. The question is not *why* nursing, but why *not* nursing?

Disciplinary Actions

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.

Sept 2007

PROBATION

Baker, Shirley Anne Spears

R42297, Little Rock
Probation Non-Compliance
Probation - 3 years
Civil Penalty - \$500 + previous \$1,500

Bell, Tina Lee Hill Keistler Morris
Thompson

L31775, De Witt
A.C.A. §17-87-309(a)(2),(4)&(6)
Probation - 3 years
Civil Penalty - \$1,000 + previous

Breaker, Amanda Barrett Halk

R67158, Jonesboro
A.C.A. §17-87-309(a)(4)&(6)
Probation - 3 years
Civil Penalty - \$1,500

Butler, Tamra Jean Endsley

R22136, Hope
A.C.A. §17-87-309(a)(2),(4),(6)&(7)
Probation - 5 years
Civil Penalty - \$2,500 + previous

Cabaniss, Amanda Belle

R79823 (Inactive), North Little Rock
A.C.A. §17-87-309(a)(6)
Probation - 1 year
Civil Penalty - \$500

Cagle, Leslie Lynn Hunter

L37752, Conway
A.C.A. §17-87-309(a)(1),(4)&(6)
Probation - 2 years
Civil Penalty - \$1,000

Gerot, Liza Michelle Murphy

R32923, L20538(exp), Conway
A.C.A. §17-87-309(a)(6)
Probation - 1 year
Civil Penalty - \$700

Gully, Crystal Ann Patterson

L42553, Maud, TX
A.C.A. §17-87-309(a)(4)&(6)
Probation - 3 years
Civil Penalty - \$2,000

Harrison, Christy Ann DeFoure Glass

A01573(exp), PAC01437(exp),
P01729(exp),
R52710(exp), Bald Knob
A.C.A. §17-87-309(a)(4)&(6)
Probation - 2 years
Civil Penalty - \$1,000

Holeman, Christina D. Binz

R63816, Little Rock
A.C.A. §17-87-309(a)(4)&(6)
Probation - 2 years
Civil Penalty - \$1,200

Hudspeth, Teresa Ann Snider

R65013, L23570(exp), Dover
A.C.A. §17-87-309(a)(4)&(6)
Probation - 2 years
Civil Penalty - \$1,000

Judd, Patricia Jean

R34514, L26495(exp), Paragould
A.C.A. §17-87-309(a)(2)&(6)
Probation - 3 years
Civil Penalty - \$1,500

Lewis, Marianne

R29833, Springdale
A.C.A. §17-87-309(a)(4)&(6)
Probation - 3 years
Civil Penalty - \$1,500

Mainard, Kara Lynn Westerfield

R21424, Little Rock
Probation Non-Compliance
Probation - add'l 2 years
Civil Penalty - \$500

Wear, Brent Shayne

R49378, Benton
A.C.A. §17-87-309(a)(4)&(6)
Reinstate to Probation - 3 years
Civil Penalty - \$2,000

White, Carrie Joy

R54497, Little Rock
A.C.A. §17-87-309(a)(6)
Probation - 18 months
Civil Penalty - \$750

Wilkinson, Alpha Sun Smith

R69752, Fort Smith
A.C.A. §17-87-309(a)(6)
Probation - 2 years
Civil Penalty - \$1,000

SUSPENSION

Allison, Andrea Michelle Wait

R30646, Van Buren
Probation Non-Compliance
Suspension - 6 months, followed by
Probation - 3 years
Civil Penalty - \$1,000 + previous

Christensen, Julie Ann

L29950, Hot Springs
Probation Non-Compliance
Suspension - 3 years, followed by
Probation - 2 years
Civil Penalty - \$2,000 + balance

Emerson, Lisa Densie McAdams Butler

L38882, Fouke
Probation Non-Compliance
Suspension - 3 years, followed by
Probation - 2 years
Civil Penalty - \$2,000 + balance

Frachiseur, James Kelly

R45441, Rogers
Probation Non-Compliance
Suspension - 4 years, followed by
Probation - 3 years
Civil Penalty - \$3,500 + balance

Harrison, Christy Ann DeFoure Glass

A01573(exp),
PAC01437(exp), P01729(exp),
R52710(exp), Bald Knob
A.C.A. §17-87-309(a)(4)&(6)
PAC suspended until terms of probation
are met

Hogland, Michelle Raye

L39075, Springdale
A.C.A. §17-87-309(a)(4)&(6)
Suspension - 2 years, followed by
Probation - 2 years
Civil Penalty - \$2,000

Marchant, Jr., Joe Weldon

R51366, Muldrow, OK
Probation Non-Compliance
Suspended until terms are met

Metheny, Marie Horvath

R56045, L20587(Inactive), Cardwell,
MO
Probation Non-Compliance
Suspension - 2 years, followed by
Probation - 2 years
Civil Penalty - \$2,000

Molnaird, Lillian Michael

L37656, Ward
A.C.A. §9-14-239
September 7, 2007

VOLUNTARY SURRENDER

Anderson, Celisa Gail Helmer Baer

R41605, Springdale
September 12, 2007

Dennis, Jana Elizabeth Shook

R66261, Van Buren
September 5, 2007

Gardner, Wendy Renee James

L25660, Weiner
August 16, 2007

Hicks, Linda Yvette Stokes Sims

R70058, Searcy
August 1, 2007

Mitchell, Cathy Jane Leathers

L25306, Black Rock
July 24, 2007

Pace, Dawn Kathleen Rich

R36244, L24085(exp), Hot Springs
September 6, 2007

Rhoades, Mischell Lynn Brooks Jefferson

L22510, Yellville
August 30, 2007

Riddle, Gregory Clay

L37697, Hot Springs
August 10, 2007

Wisniewski, Jeannie Renee Delancey

McGee
L28836, Atkins
August 30, 2007

REINSTATEMENTS WITH PROBATION

Knight, Laurie Leigh Baker

R54464, Bentonville
Reinstatement to Probation - 1 year

REINSTATEMENTS

Barrett, Kathryn Mary Kidwell

R14137, Oak Grove, LA
April 20, 2007

Tammel, Inas Lena Day

L42147, Mountain View
March 16, 2007

REPRIMAND

Dornahoe, Brenda Gale Grier

L14029, Arkadelphia
July 27, 2007

Fields, Leon Elliott, Jr.

L42270, Little Rock
August 16, 2007

Gaines, Gwendolynn Louise Berry

L24918, Mansfield
July 27, 2007

Tidwell, Gloria Fulmer Carlisle

R55488(exp), L19168(exp), Rison
August 7, 2007

Walters, Melissa Ann Mogenson

L40148, Malvern
September 7, 2007

Wilson, Woodrow Phillip

L30381, Hot Springs
August 21, 2007

PROBATIONARY STATUS REMOVED

Carter, Dondi Karen Doyle Goodlive

R54891, North Little Rock
August 17, 2007

Foss, Linda Katherine

L35241, Jasper
August 17, 2007

Garrett, Tracie Rene

R31647, Greenbrier
August 30, 2007

Grimmett, Hal, Robert

R70767, Maumelle
August 30, 2007

Hampton, Lavona Gaylene Todhunter

Franklin
L31962, Lowell
September 7, 2007

Herren, Katherine Elaine Koger Stout

L40421, Mountain Home
August 9, 2007

Ireri, Sheri Rosemary

R70893(exp), L41740(exp), Lorton, VA
August 13, 2007

Jeu, Diane Elaine Coggan Cannon

R14357, North Little Rock
August 30, 2007

Knox, Lena Mae Todd

R21931, L11280(exp), Jacksonville
August 9, 2007

Manues, Teresa Kay Davis

R43288, Pangburn
August 17, 2007

Mooney, James Ray

R71995, El Dorado
August 17, 2007

Payne, Debra Faye Graham

L30419, Prescott
September 9, 2007

APPEAL DENIED

Novotna, Magdalena
R79374, Rogers

WAIVER GRANTED

Pool, Diane Lynn
PN Applicant, Booneville

Wolfenbarger, Paulita Arlene Jenks

PN Applicant, Rector

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.	Unprofessional Conduct
10:45 a.m.	Nursing Laws
11:30 a.m.	Lunch
12:15 p.m.	Chemical Dependency
1:15 p.m.	Criminal Backgrounds
1:45 p.m.	Break
2:00 p.m.	Delegation
3:00 p.m.	Break
3:05 p.m.	NCLEX



FEBRUARY 19

St. Vincent Infirmiry
Two St. Vincent Circle
Little Rock

APRIL 17

Baxter Regional Medical Center
624 Hospital Drive
Mountain Home

SEPTEMBER 24

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

OCTOBER (TBA)

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

Nursing Regulation and Practice is sponsored by the Arkansas State Board of Nursing. Pre-registration is required so register online today. A registration form will be e-mailed upon request. If you have questions, contact the Board of Nursing at 501.686.2700 or e-mail lwalker@arsbn.org.



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.



ARKANSAS STATE BOARD OF NURSING
www.arsbn.org



by **Jackie Murphree**, EdD, MNsc, RN
Assistant Director for Advanced Practice Nursing

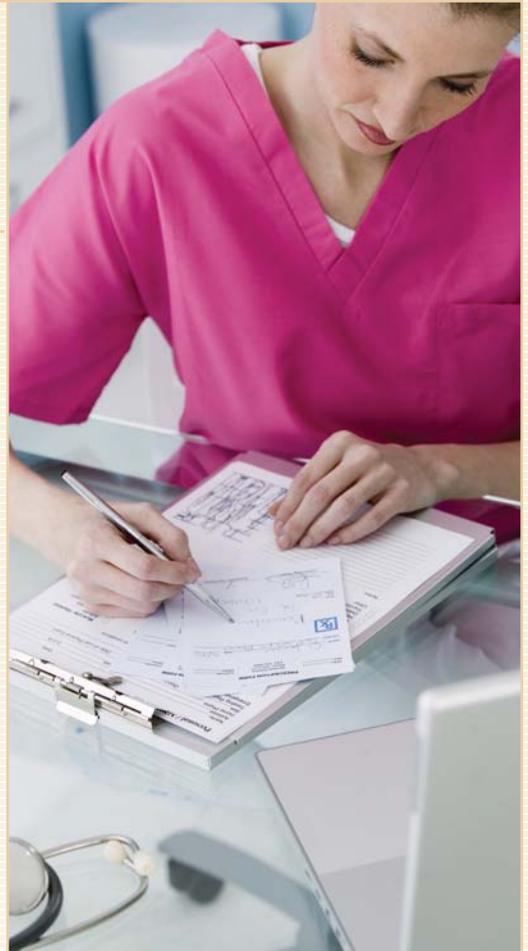
APNS AND ADHD DRUGS

Effective July 10, 2007, certain ADHD drugs were added to the Preferred Drug List that the State of Arkansas Medicaid program now has in place. These drugs include Adderall, Adderall XR, Focalin, Focalin XR, Concerta, Daytrana and Ritalin. These drugs are all schedule II controlled substances. Other ADHD medications that fall into this category, but are not on the preferred list, include Dexedrine, Vyvanse, Methylin, Medadate CD, and Ritalin LA, also schedule II controlled substances.

It has come to the Board's attention from the pharmacist who administers and monitors the Preferred Drug List for

the State of Arkansas Medicaid program that they are having many requests from nurse practitioners to be able to write prescriptions for these drugs. In fact, it has been discovered in the review of patient profiles that several of these prescriptions have actually been filled under APN Medicaid Identification numbers. These cases are under investigation at this time.

REMINDER – under Arkansas law, APNs are only allowed to prescribe controlled substances in schedule III – V. Physicians must write any schedule II medications and sign the prescription personally.



Sandy Murphy

Sandy Murphy is Arkansas State Board of Nursing's new staff member. She took early retirement from Southwest Airlines after one of their main offices in Little Rock closed and is happy to be joining the offices at ASBN. Murphy says, "I am glad the Board is here to regulate nursing and protect the public. It is a worthwhile endeavor and I am honored to be here." She is married with two adult children and five grandchildren. She enjoys art and music- her husband is a local jazz musician. Murphy will be handling receptionist/ cashier responsibilities for the Board and will be the first person you see when you walk through our doors.