

# ASBN *Update*

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board of nursing

**Karen Buchanan RNP/Board Member**



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# ASBN Update

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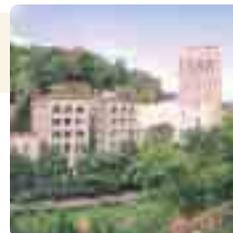
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## executive director's message

**I**t's been a year now since the terrorists attacks of September 11, 2001. Most have gotten back into their normal routine, but the remembrance of those tragic events changed our lives immeasurably. We took the time to consider what really was important to us and held our children a little closer. We were reminded



that life is short and how essential it is to keep the main thing the main thing. We know that the main thing for the Board of Nursing is protection of the public. The Board of Nursing and Board staff work diligently to implement the public protection measures outlined in the *Nurse Practice Act of the State of Arkansas*. This has been the time for reflection, a time to look closely at the services we

provide to our licensees. Our goal is to give you the best, most easily accessible services possible. Take a look at what we're doing.

Remember when nurses waited months after graduation to take the licensure exam and then months to get the results? Graduates can now register online for the exam and receive their authorization to test via email. Results of the exam will be available to boards of nursing almost immediately after testing. My, how things have changed! I'm looking forward to the time when results are given to exam candidates as soon as they complete the exam, and a paper license is unnecessary because employers and the public will have access to licensure data online. That day is not so very far off.

There is a wealth of information on the ASBN website. There are downloadable forms, online renewal, online address change, applications, regulations, duplicate license requests and much, much more. Is there something you'd like to see added to the website? Let us know!

Board staff have been making presentations throughout the state on the NCLEX® examinations, delegation, grounds for discipline and other topics related to nursing regulation. We hope to continue these presentations in a more coordinated manner with regional workshops, offering continuing education contact hours in collaboration with the Arkansas Nurses Association. This is just another way

we are trying to make sure we are communicating with you.

Continuing education has been the topic of a majority of our presentations recently. Hopefully the "word is out" and all nurses understand what will be expected upon license renewal in the coming years. If you need more information about the new requirements than is provided in this *ASBN UPDATE*, access [www.arsbn.org](http://www.arsbn.org). Click on continuing education for several important documents. Audits to monitor compliance with the CE requirements will begin after July 1, 2003. Everyone should begin maintaining their continuing education documentation now.

If you renew between July 2003 and June 2004, you should have completed eight contact hours of practice-focused continuing education in the two years prior to renewal (or have national certification or an academic course). Beginning in July 2004, everyone should expect to maintain documentation of at least 15 practice focused contact hours (or certification or academic course) every two years. A full description of the requirements was printed in the last *ASBN UPDATE*. (Past issues of the *ASBN UPDATE* are available under the Publications link at [www.arsbn.org](http://www.arsbn.org).)

We are extremely proud of the *ASBN UPDATE* and our ability to share information with you through this quarterly journal sent to all licensees. We hope that you find it helpful.

The Board is committed to communicating its public protection mission. Your input is essential to help us determine that our communication efforts are meeting your needs. Call, write or email us with comments, suggestions and feedback. We want to hear from you!

While we have met the challenges of the past year, our greatest challenges lie ahead: to discern how to do more with less; to think faster and better; to be more efficient; and to leap tall buildings in a single bound. The future will certainly hold many challenges and opportunities for the Board of Nursing. We stand poised and ready to meet those challenges.

A handwritten signature in cursive script that reads "Faith A. Fields".

Faith A. Fields, MSN, RN

# president's message

**D**ecade 2000 nursing shortage has been well publicized and articulated in almost every way imaginable. The current dilemma focuses on, "What to do?" Proposed answers reveal both collective agreements and opinion differences. National leaders, governors, congressmen and legislators across our nation have joined the crusade to address the issue.



Those actively seeking to end this shortage have finally realized it is rapidly accelerating. In Fall 2000, the National Council of State Boards of Nursing issued the statement, "Reducing standards to expedite entry does not adequately protect the public." This pointedly voids the temptation to deregulate. In January 2001, the same Board stated, "Failure to maintain standards of practice will lead to an increase in errors, increased risk for patient harm, and a lack of public confidence."

Two key parameters set this shortage apart from those of yesteryear: nurses' dissatisfaction with their profession and a stiff competition from other careers for would-be nurses. To find sustainable solutions to these issues, in addition to continuing to address the all too familiar ones of salaries, benefits, child-care, personal time off, and continuing professional development, will require creativity and a substantial financial investment.

The history of nursing is characterized by cyclic shortages. The cycles have taken a toll on incumbent faculty, evidenced by the small number of "seasoned" faculty now teaching. I would be grossly remiss if I did not say "thank you" to the nursing faculties; they are truly healthcare champions.

Employers of nurses are at the forefront of this shortage. They too, are experiencing new challenges of historical significance in their attempts to maintain financial viability and respond to physicians, nurses and allied health workforce issues.

Short-term strategies to increase school enrollments are operationalized across the nation and in some Arkansas schools. Enrollments are trending up and graduation rates will follow. To sustain this trend, we must have a vision facilitated by a long-term plan and supported by an adequate, committed financial investment. That vision must hold the promise of answering, "How many nurses do we have and how many do we need?"

In 2001, the legislature established the Arkansas Legislative Commission on Nursing and charged it with addressing the shortage. The Commission is preparing its final report with visionary recommendations of a future Arkansas nurse workforce.

The ASBN has worked to ensure an adequate supply of

competent, licensed nurses with the following initiatives:

- Ensuring that internationally educated nurses meet Arkansas standards.
- Participating at state and national levels to address workforce issues, supply demands and faculty interests.
- Declaring a moratorium on opening new schools of nursing.
- Enforcing the *Arkansas Nurse Practice Act* that includes provisions for criminal background checks on licensure applicants and disciplinary action on licensees.
- Participating in a national databank that reflects individual nurses' licensure status.
- Implementing the interstate compact for nursing licensure.
- Increasing staff to accommodate the increasing administrative functions and responsibilities.
- Serving on the Arkansas Legislative Commission on Nursing.

These initiatives are clearly in step with national initiatives of:

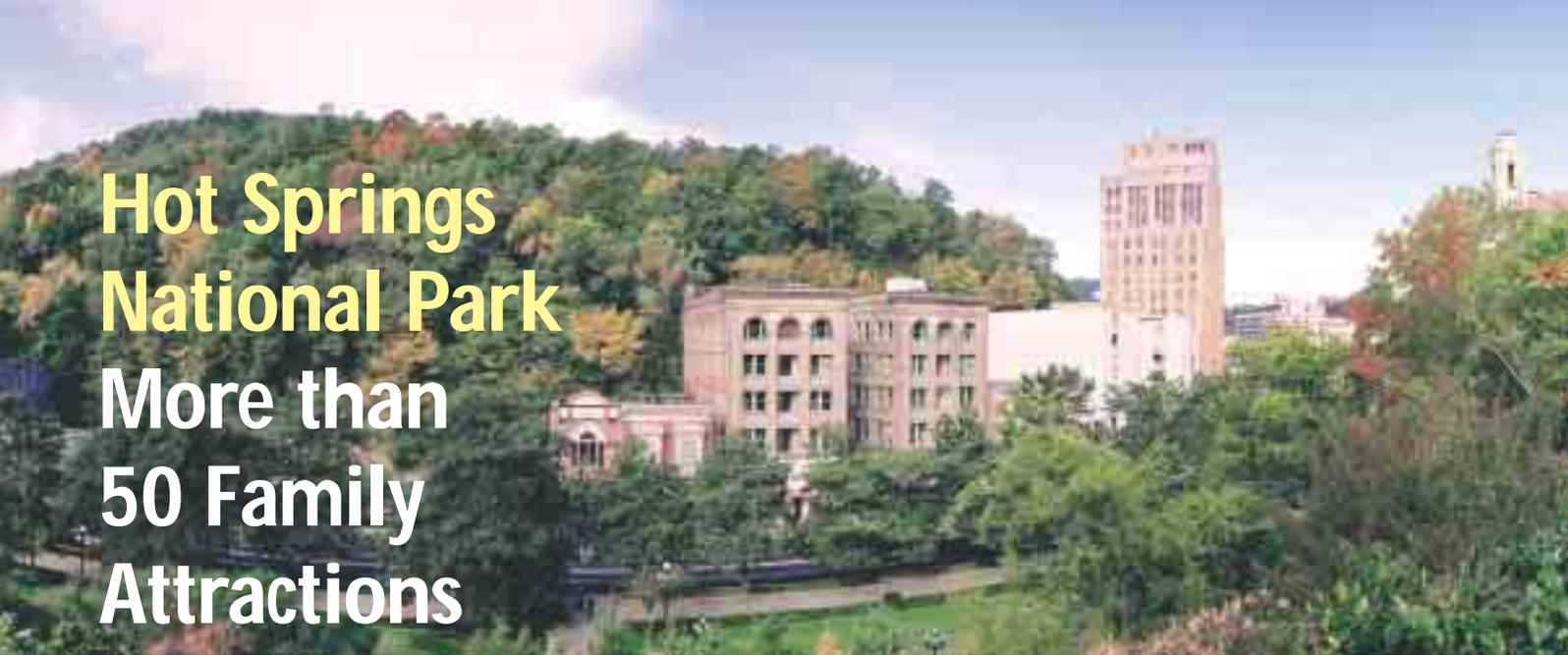
- Acknowledging that nurses are central to the health system.
- Promoting nursing as a career.
- Modifying the healthcare environment to promote positive relationships between employers, physicians and nurses.
- Creating new patient care delivery models.
- Establishing measurement systems that track the relationship of nurse staffing mix to patient outcomes.
- Implementing retention strategies.
- Establishing "nursing centers" for the purpose of collecting and reporting data outcomes to give direction for recruitment and retention.

In conclusion, the right of every citizen to receive safe, competent and compassionate nursing care must be protected. This is never so imperative than during times of extreme nurse shortage and dwindling financial resources. Today's nurses are providing care under complex circumstances and under the ever-present stress. In order to curtail our shortage, we must address these issues with vigor. With great care, together we must craft a nursing workforce vision and design long-term initiatives to ensure a stable supply of nurses and faculty.

The legacy of nursing is exemplified in our capability to continue as the principal caregiver in a dynamic healthcare domain. It is a pivotal role. In the end, the solution will be in direct proportion to the investment expended by those who have the awesome responsibility of making those decisions. Those decisions will affect all who follow.



Shirlene W. Harris, PhD, RN



# Hot Springs National Park

## More than 50 Family Attractions

## Just a Short Drive Away.

About an hour Southwest of Little Rock, Hot Springs has long been the state's favorite spot for families to get away.

"America's Spa" offers an outstanding array of things for families to enjoy together—from the excitement of hands-on educational attractions to the three sparkling lakes that surround the city like a jeweled necklace.

Hot Springs already has more than 50 family attractions, the famed thermal waters, three sparkling blue-water lakes, the Ouachita National Forest, 200 great restaurants and 4,000 hotel and motel rooms. Two of its newest attractions—Magic Springs and Crystal Falls Theme Park and Garvan Woodland Gardens—have solidified Hot Springs' reputation as Arkansas' favorite tourism destination according to Steve Arrison, executive director of the Hot Springs Advertising and Promotion Commission. "Magic Springs and Garvan Woodland Gardens simply add to the array of things to do." The \$27 million Magic Springs and Crystal Falls total renovation and expansion, which was reopened to the public in 2000, continues to grow. The park's management continues to add at least one major new attraction each year. This summer included the inauguration of Big Bad John, a fourth roller coaster ride built around a mining shaft concept. It joins the other new ride, Dr. Dean's Rocket Machine, which proved a hit last year. The park has dozens of exciting rides and the largest water park complex in Arkansas.

Garvan Woodland Gardens, a massive natural arboretum on the shore of beautiful Lake

Hamilton, had its grand opening the first week in April this year.

The beautifully landscaped acreage contains miles of wandering trails through a woodland setting that showcases literally hundreds of the flowers, trees and other plants that make Arkansas such a "Natural State."

### Hot Springs' attractions are plentiful.

The Mid America Science Museum, a see-touch-and-do experiment in fun, features dozens of hands-on exhibits that make the world of science and nature fun. The museum is located off Highway 270 West in the Mid America Park section of town.

A trip to the top of Hot Springs Mountain Tower, which sits on Hot Springs Mountain above Bathhouse Row, is a thrilling experience with a view 70 miles in all directions that takes in the natural beauty of the city and its forested mountain surroundings.

Other exciting things to do include the Bathhouse Show and Music Mountain Jamboree family music shows, Maxwell Blade's magic theater, fine art galleries and antique shops.

The Arkansas Walk of Fame has plaques honoring such famous Arkansans as Johnny Cash, Maya Angelou, Dizzy and Daffy Dean, Jo Ann Castle, Lum 'n' Abner and many others.

The beautiful lakes that surround Hot Springs are home to the Belle of Hot Springs riverboat, which offers leisurely lunch and dinner cruises while passengers take in the beauties of Lake Hamilton, as well as places that rent water toys. Fine dining establishments and affordable lodging are plentiful on the lakes.

The Educated Animal Zoo has gained worldwide attention recently as the result of Calvin Trillin's charming feature article in *The New Yorker Magazine*, and it's open daily for the

whole family to enjoy. The Arkansas Alligator Farm and Petting Zoo is celebrating its 100th anniversary as a place where visitors can have fun while strolling its shady grounds. The kids will love petting and feeding the pygmy goats, tame deer and other gentle animals.

Adults will find the excitement of Oaklawn Jockey Club irresistible. Live thoroughbred racing attracts thousands from February to April, and simulcast racing from all over the nation is available the rest of the year, with Oaklawn's famous collection of restaurants serving up its world-famous corned beef and other delectable items to enjoy while pondering your next wager.

Hot Springs has been a historic mecca for more than 450 years, and there's loads of history all around to make your stay more enjoyable. The historic Fordyce Bathhouse is a must, with its turn-of-the-century opulence restored for a trip back to a more leisurely time when visitors from all over the globe made the pilgrimage to Hot Springs for its famous healing waters.

The waters are an education in themselves, and there are hot-water display springs along the gracious Grand Promenade behind the bathhouses. The beautiful thermal water cascade in Arlington Lawn Park attracts thousands weekly to dip their toes into water that emerges at the rate of nearly a million gallons a day from the 47 natural springs on the side of Hot Springs Mountain.

Whether your family's tastes run to miniature golf, Josephine Taussaud's Wax Museum, the National Park Aquarium, the wonderfully whimsical world of Tiny Town, walking and hiking in the National Park, or simply relaxing in a thermal bath, Hot Springs is waiting just an hour's drive to the southwest. Just one more reason it's great to live and work in Central Arkansas.

# 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](http://www.arsbn.org). All reissued licenses will have duplicate 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.

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### Upcoming Events

**November 1, 2002**

**William T. Cashdollar  
Distinguished Visiting  
Professor Lecture**

Barbara K. Spring, PhD  
Missoula Demonstration Project

**December 5, 2002**

**Beverly H. Brown  
Distinguished Visiting  
Professor Lecture**

Ellen B. Rudy, PhD, RN, FAAN  
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# CE Approval Bodies

Act 86 of 2001 requires nurses to complete certain continuing education requirements in order to renew their licenses. In addition to being practice-focused, the continuing education must be recognized by a Board approved continuing education approval body. An approval body of continuing education helps to ensure that the educational activity meets certain minimum standards so that the participant is getting quality continuing education.

When considering a continuing education activity, the brochure or information about the activity will list the organization that is the approver body. The ASBN will accept continuing education approved by the following bodies, provided that the appropriate documentation and contact hour assignment have been made.

This list is on the Continuing Education link at [www.arsbn.org](http://www.arsbn.org) and will be updated as needed.

- |  |  |  |
|--|--|--|
| All State Boards of Nursing  | Colorado Nurses Association  | Naval School of Health Sciences  |
| Academy of General Dentistry   | Connecticut Nurses Association   | Nebraska Nurses Association  |
| Academy of Medical-Surgical Nurses                                     | Continuing Education Coordinating Board for<br>Emergency Medical Services      | New Hampshire Nurses Association   |
| Accreditation Council for Continuing Medical<br>Education              | Delaware Nurses Association  | New Jersey State Nurses Association  |
| Alabama State Nurses Association (except<br>MEDCEU effective 4/17/02)  | Dermatology Nurses Association   | New York State Nurses Association  |
| Alaska Nurses Association  | Emergency Nurses Association   | North Carolina Nurses Association  |
| American Academy of Nurse Practitioners                                | Georgia Nurses Association   | North Dakota Nurses Association Continuing<br>Nursing Education Network                  |
| American Association of Diabetes Educators                             | Indiana State Nurses Association   | Office of Long Term Care (Arkansas)  |
| American Association of Occupational<br>Health Nurses                  | International Association for Continuing<br>Education and Training             | Ohio Nurses Association  |
| American Association of Respiratory Care                               | Joint Commission on Allied Health Personnel<br>in Ophthalmology                | Oncology Nursing Society   |
| American College Health Association                                    | Louisiana State Nurses Association   | Pennsylvania Nurses Association  |
| American College of Nurse-Midwives                                     | Maine State Nurses Association   | Radiation Control and Emergency<br>Management—AR Department of Health                    |
| American Holistic Nurses Association                                   | Maryland Nurses Association  | Rhode Island State Nurses Association  |
| American Nephrology Nurses Association                                 | Massachusetts Nurses Association   | Society of Gastroenterology Nurses and<br>Associates                                     |
| American Nurses Credentialing Center                                   | Minnesota Nurses Association   | Society of Urologic Nurses and Associates  |
| American Society of Ophthalmic Registered<br>Nurses                    | Mississippi Nurses Foundation, Mississippi<br>Nurses Association               | South Carolina Nurses Association  |
| American Society of PeriAnesthesia Nurses                              | Missouri Nurses Association  | Tennessee Nurses Association   |
| American Society of Plastic and Reconstructive<br>Surgical Nurses      | Montana Nurses Association   | Texas Nurses Association   |
| American Society of Radiologic Technologists                           | National Association of Board of Examiners of<br>Long Term Care Administration | United States Air Force Nurse Corps  |
| Arizona Nurses Association   | (NAB)—National Continuing Education Review<br>Service                          | United States Army Nurse Corps<br>Approval Unit—Academy of Health<br>Sciences—U. S. Army |
| Arkansas Nurses Association  | National Association of Orthopaedic<br>Nurses                                  | Utah Nurses Association  |
| Association of PeriOperative Registered Nurses                         | National Association for Practical Nurse<br>Education and Service              | Vermont State Nurses Association   |
| Association for Professionals in Infection<br>Control and Epidemiology | National Board of Certified Counselors   | Virginia Nurses Association  |
| Association of Rehabilitation Nurses                                   | National League for Nursing  | Washington State Nurses Association  |
| Association of Surgical Technologists                                  | National Association of Social Workers   | West Virginia Nurses Association   |
| Association of Women's Health, Obstetric and<br>Neonatal Nurses        |  | Wisconsin Nurses Association   |
|  |  | Wound Ostomy & Continence Nurses Society   |

## CE Contact Hour Quick Check

LICENSE EXPIRATION DATE	CONTACT HOURS NEEDED AT NEXT RENEWAL	CE ACCRUAL PERIOD STARTS
On or Before 6/30/03	none	
Between 7/1/03 and 6/30/04	8	Birth month that falls between 7/1/01 and 6/30/02
After 7/1/04	15	Birth month that falls on or after July 2002

## Frequently Asked Questions

**Q** Although I haven't worked, my license has been active for years. When I renew my license, how many continuing education contact hours do I need?

**A** 15 contact hours during the two-year period immediately preceding the renewal date.

**Q** I am an LPN going back to nursing school. Will any of my courses count for continuing education contact hours?

**A** Yes. Completion of nursing courses will be accepted as continuing education. One semester credit hour will be equivalent to 15 continuing education contact hours. RN's returning to nursing school can also count nursing courses as continuing education. General education courses will not be accepted.

**Q** My license is on inactive status. How many continuing education contact hours do I need?

**A** You are not required to have continuing education if your nursing license is inactive.

**Q** My license has been on inactive status for the past eight years, and I would like to re-enter nursing practice. 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.

**Q** I hold licenses in other states that require continuing education for renewal. Can I use the contact hours earned in other states for Arkansas?

**A** You may if they meet the Arkansas State Board of Nursing's approval and practice focused requirements.

**Q** As an APN, I am required to get continuing education to maintain national certification. Will this new requirement be in addition to my advanced practice continuing education contact hours?

**A** No. Certification or re-certification during the renewal period is acceptable to meet the ASBN requirements.

**Q** Since I will not be sending my continuing education certificates to the ASBN, how will I verify to the ASBN that I have completed the continuing education requirements?

**A** You must declare on the renewal form that you have completed the continuing education requirements. Audits will be done to determine compliance.

**Q** I received my first (initial) Arkansas license in August 2002. My birthday is in July of an odd year. I understand that on the Arkansas biennial renewal cycle, my license will be renewed in July 2003, only eleven 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 that first renewal period. This is true for persons who received their initial license by endorsement or examination and whose first renewal period is less than two years.

**Q** I have worked in labor and delivery for the past five years, but I'm interested in gerontology. Will my attendance at a gerontology workshop count as my continuing education requirement?

**A** No. The requirement is for practice-focused continuing education. Your continuing education must be related to labor and delivery.

**Q** My hospital requires that I attend yearly fire safety and infection control in-services and that I maintain CPR certification. Will that count as my continuing education?

**A** No. In-service programs and CPR certification are not acceptable for continuing education.

**Q** I am not practicing nursing currently. How do I determine what "practice-based" CE to select?

**A** If you are not currently practicing nursing, then you can select content of interest to you or content related to what you might want to pursue when you return to nursing.

**Q** What is the difference between inservice education and continuing education?

**A** As defined by the American Nurses Association in the 2000 *Scope and Standards of Practice for Nursing Professional Development*, inservice educational activities are "learning experiences provided in the work setting for the purpose of assisting staff members in performing their assigned functions in that particular agency or institution (p.24)."

Continuing education is "systematic professional learning experiences designed to augment the knowledge, skills, and attitudes of nurses and therefore, enriches the nurses' contributions to quality health care and their pursuit of professional career goals" (p.24).

Continuing education enhances practice, while inservice meets requirement needed to function in a specific work setting. For example, an educational activity to inform nurses about the concept of patient-controlled analgesia (PCA), the advantages/disadvantages, patient education, medications, dosage and side effects would be continuing education. An educational activity to inform nurses about policies related to use of the PCA pump, the documentation required, procedures to access medication, change-out/add medication or discontinue pump would be inservice.

*continued on next page*

**Q** I have not been able to find an Arkansas approved continuing education course on the Internet. I work 100 or more hours each 2 weeks and need to complete the CE at home using Internet courses. Please give me the e-mail address of some approved sites.

Listed below are some Internet sites that meet the Board's approval criteria. You need to make sure the offerings meet your practice focus.

[www.nursingeducation.com](http://www.nursingeducation.com)

[www.medscape.com](http://www.medscape.com)

[www.westernschools.com](http://www.westernschools.com)

[www.nurseweek.com](http://www.nurseweek.com)

[www.nursingspectrum.com](http://www.nursingspectrum.com)

<http://nursingworld.org/ce/cecatalog.cfm>

[www.nursingcenter.com](http://www.nursingcenter.com)

Another option to consider is the nursing journals such as *Nursing 2002*, *RN* and *American Journal of Nursing*

**Q** I would like to know what the CE requirements are for an LPN who is no longer practicing but would like to keep an active license, due to the possibility of PRN/contract work?

**A** You must complete 15 contact hours of board approved continuing education per two year renewal period. Since you are not working in nursing, the topics can be anything of interest to you. If you are planning to do PRN/contract work as a nurse, the topics would need to be related to your practice.

**Q** How many contact hours must I have to renew my license in June 2003?

**A** If your license is up for renewal June 2003, you do not need any continuing education for that renewal period. In June 2005, you will need 15 practice-focused, Board-approved contact hours of continuing education that you have completed between July 2003 and June 2005 (or meet one of the other options—certification or academic course).

### Sue Tedford Appointed

The Board of Nursing is pleased to announce the appointment of **Sue A. Tedford**, MNSc, APN, CNS, RN, as the Director of Nursing Education. Ms. Tedford's nursing experience includes 18 years as a nurse educator on faculty with the Jefferson School of Nursing in Pine Bluff, where she coordinated the senior level and taught Maternal Newborn, Critical Care, Leadership and Management. She has practice experience in acute, long term and home health care. Ms. Tedford is a certified clinical specialist in medical-surgical nursing. She is a member of the National League for Nursing, Sigma Theta Tau and the American Association of Critical Care Nurses. With 22 years combined experience in practice and education, Ms. Tedford is well versed in nursing practice, nursing education and the role of the Board of Nursing.

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## Business meetings were not held in June, July or August.

Board President Shirlene Harris and Vice President Karen Taylor served as delegates to the 2002 Delegate Assembly of the National Council of State Boards of Nursing. Board members Lance Black and Pam Crowson also attended as alternate delegates.

The delegates considered international administration of the NCLEX® at the annual meeting held August 12 -17. International NCLEX® administration would not occur before August 1, 2004, and then only if reports regarding security, fiscal analysis, country selection criteria and a needs assessment are approved by the 2003 Delegate Assembly.

### Other recommendations adopted by the delegates were:

- Revisions to the 2002 Model Nursing Practice Act and Adoption of Amendments to the 2002 Model Rules/Regulations for Nursing;
- Revisions to “alternative mechanism element” for the Uniform Advanced Practice Registered Nurse (APRN) Licensure/Authority to Practice Requirements;
- Nurse Licensure Compact for Advanced Practice Nurses; and
- A plan to enhance relationships among education, practice and regulation.

### BOARD MEETING DATES

October 9.....Strategic Planning	November 13 .....Disciplinary	January 8.....Disciplinary	February 12.....Disciplinary
October 10.....Disciplinary	November 14.....Business	January 9.....Business	February 13.....Disciplinary

*The public is invited to attend ASBN Meetings. Groups of more than five should contact LouAnn Walker at 501.686.2704*



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To begin with, it means we offer an excellent beginning to a new graduate's nursing career. Our new graduate nurses begin their careers with an outstanding orientation to meet their individual needs. Each new graduate is assigned a preceptor with a well mapped-out orientation plan. Postgraduate education is provided to new graduates in all areas including Medical-Surgical, Critical Care, Women and Children, Emergency Services, Rehabilitation, Perioperative Services and Behavioral Health.

As our nurses move forward in their careers, BAPTIST HEALTH offers a clinical ladder that challenges our nurses to be the best they can be. The BAPTIST HEALTH Clinical Ladder for Registered Nurses offers two tracks. For nurses who want to excel clinically in their specialty, they can choose the Clinical Track; for Registered Nurses who desire to move into management, they can choose the Administrative Track. Both of these tracks encourage, challenge and motivate our nurses to be leaders in our healthcare system as well as in our community. Each career track is represented with councils that support and develop these roles.

The Clinical RN III Council has developed our annual Nursing Symposium. Our fourth symposium is scheduled for October 4, 2002. This is a day devoted to "filling the cups" of our nursing staff. The Nursing Symposium offers continuing education not only for our own nursing staff but also to nurses around the state. Each year there are various education sessions as well as a nationally known speaker that entertains and educates attendees. This is only one of the many continuing education opportunities offered by BAPTIST HEALTH.

The counterpart to the Clinical RN III Councils is the Administrative RN III Council, which is educating and developing our future nursing managers. As BAPTIST HEALTH looks to and plans for the future with decreased employee turnover and higher retention, we recognize our front line managers are key to employee satisfaction. With that in mind, BAPTIST HEALTH is educating our front line care givers to be front line leaders.

To assure that our employees are happy, satisfied, safe and proud, we have several communication tools we use to listen to our employees' ideas, concerns and issues. We have monthly employee forums where our staff have the opportunity to meet with BAPTIST HEALTH leaders. We also conduct an annual employee survey that is designed and measured by an outside company. The information from this survey is used to make action plans each year to meet the needs and desires of our employees. Two new benefits that have come specifically as a result of employee feedback include Weekend Staffing and Holiday Pay.

BAPTIST HEALTH has also been

named as one of the 'Most Wired' hospitals in the nation. Our BAPTIST HEALTH Employee Net is a great communication tool. Employees can access the Employee Net at many locations throughout the system and are kept up-to-date on current events throughout the system.

In a time when the nursing shortage continues to grow, BAPTIST HEALTH offers solutions not only for our own hospitals but for our state as well. The BAPTIST HEALTH Schools of Nursing and Allied Health has grown over the last couple of years to meet the ever-increasing need for nurses. The BAPTIST HEALTH system has expanded not only in the number of nursing students but also faculty and space. The faculty works very closely with the hospital staff to assure the clinical experience our students receive prepares them well for the challenges ahead in their nursing careers. The BAPTIST HEALTH Schools of Nursing and Allied Health also supports our hospital staff by offering continuing education that is free and easy to access.

Our Patient Care Technician role is



another way that BAPTIST HEALTH supports the careers of our future nurses. The PCT role is an employment opportunity that grows with the employee as they advance in their nursing program. This is a program designed to be flexible with the constant-changing school schedule. It allows nursing students to get hands-on experience, work in many different specialties and begin to build relationships in the hospital.

As BAPTIST HEALTH commits to "All Our Best" for our nursing staff, it allows us to provide the best healthcare to our patients and families. BAPTIST HEALTH is a comprehensive healthcare system with over 100 points of access. BAPTIST HEALTH Rehabilitation Institute has scored in the 99th percentile in patient satisfaction for the last nine quarters. BAPTIST HEALTH Medical Center—Heber Springs received the Compass Award for their Home Health services; BAPTIST HEALTH Medical Center—Little Rock was named the "Best Hospital" in the *Democrat-Gazette* Readers' Choice Awards. Our BH Community Clinics lead the way in offering free, easy access to healthcare to those who cannot afford healthcare.

BAPTIST HEALTH offers career opportunities in Medical-Surgical, Critical Care, Women and Children, Emergency Services, Perioperative Services, Rehabilitation, Behavioral Health, Long Term Care, Education and Home Health. Our nursing staff is made up of all BAPTIST HEALTH employees. We do not use outside agencies which ensures a greater continuity of services and a stable work environment.

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# DECISION MAKING MODEL

*The following position statement, the Decision Making Model, is provided as a special pull-out section for reference when making decisions about your scope of practice.*

*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.*

The profession of nursing is a dynamic discipline. Practice potentials change and develop in response to health care needs of society, technical advancements, and the expansion of scientific knowledge. All licensed nurses share a common base of responsibility and accountability defined as the practice of nursing. However, competency based practice scopes of individual nurses may vary according to the type of basic licensure preparation, practice experiences, and professional development activities.

The parameters of the practice scopes are defined by basic licensure preparation and advanced education. Within this scope of prac-



tice, all nurses should remain current and increase their expertise and skill in a variety of ways, e.g., practice experience, in-service education, and continuing education. Practice responsibility, accountability, and relative levels of independence are also expanded in this way.

The licensed nurse is responsible and accountable, both professionally and legally, for determining his/her personal scope of nursing practice. Since the role and responsibilities of nurses, and consequently the scope of nursing practice, is ever changing and increasing in complexity, it is important that the nurse makes decisions regarding his/her own scope of practice.

## THE PRACTICE OF NURSING

### **The Practice of Professional (Registered) Nursing:**

*The delivery of health care services which require assessment, diagnosis, planning, intervention, and evaluation fall within the professional nurse scope of practice.*

The performance for compensation of any acts involving:

- the observation, care and counsel of the ill, injured or infirm;
- the maintenance of health or prevention of illness of others;
- the supervision and teaching of other personnel;
- the delegation of certain nursing practices to other personnel;
- administration of medications and treatments

where such acts require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical and social sciences. ACA § 17-87-102 (2) (A-E)

### **The Practice of Advanced Practice Nursing:**

*The advanced practice nurse shall practice in accordance with the scope of practice defined by the appropriate national certifying body and the standards set forth in the ASBN Rules and Regulations. The advanced practice nurse may provide health care for which the APN is educationally prepared and for which competence has been attained and maintained.*

The delivery of health care services for compensation by professional nurses who have gained additional knowledge and skills through successful completion of an organized program of nursing education that certifies nurses for advanced practice roles as advanced nurse practitioners, certified nurse anesthetists, certified nurse midwives, and clinical nurse specialists. ACA § 17-87-102 (3)

### **The Practice of Registered Nurse Practitioner Nursing:**

The delivery of health care services for compensation in collab-

oration with and under the direction of a licensed physician or under the direction of protocols developed with a licensed physician. ACA § 17-87-102 (4) (A)

### **The Practice of Practical Nursing:**

The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including observation, intervention, and evaluation, fall within the LPN/LPTN scope of practice.

The performance for compensation of acts involving:

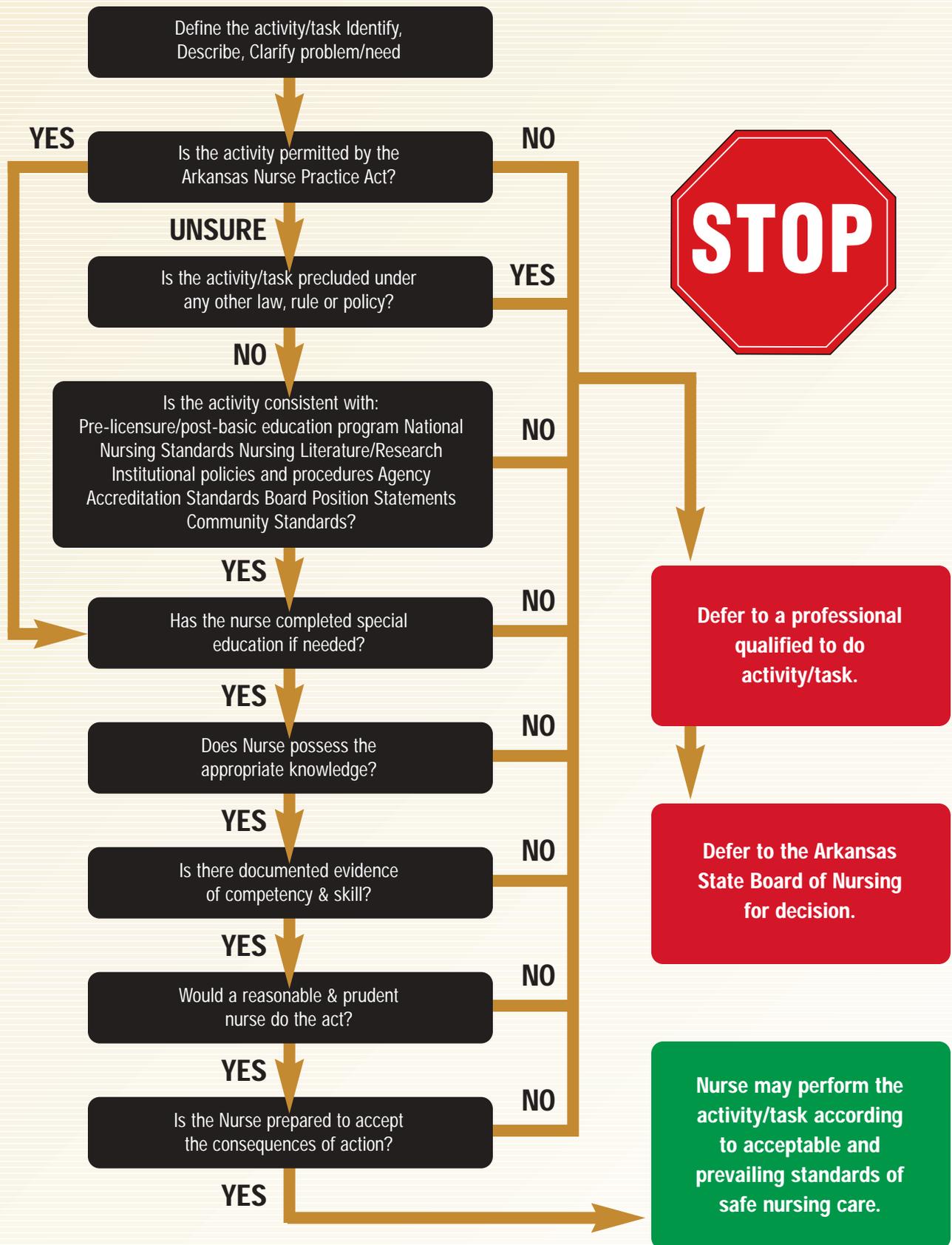
- the care of the ill, injured, or infirm;
- the delegation of certain nursing practices to other personnel under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician or a licensed dentist, which acts do not require the substantial specialized skill, judgement, and knowledge required in professional nursing. ACA § 17-87-102 (5)

### **The Practice of Psychiatric Technician Nursing:**

The performance for compensation of acts involving:

- the care of the physically and mentally ill, retarded, injured, or infirm;
- the delegation of certain nursing practices to other personnel the carrying out of medical orders under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician or a licensed dentist, where such activities do not require the substantial specialized skill, judgement, and knowledge required in professional nursing. ACA § 17-87-102 (6)

# SCOPE OF PRACTICE DECISION MAKING MODEL



# DECISION MAKING PROCESS

## 1. Define the Activity/Task:

Clarify what is the problem or need?  
Who are the people involved in the decision?  
What is the decision to be made and where (what setting or organization) will it take place?  
Why is the question being raised now?  
Has it been discussed previously?

## 2. Is the activity permitted by Arkansas Nurse Practice Act?

No—Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision.  
Yes—Go to Question # 5—Special education needed?  
Unsure— Go to Question # 3—Precluded by other law, rule, or policy?

## 3. Is activity/task precluded under any other law, rule or policy?

No—Go to Question #4—Consistent with....  
Yes—Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision.

## 4. Is the activity consistent with:

Pre-licensure/post-basic education program  
National Nursing Standards  
Nursing Literature/Research  
Institutional policies and procedures  
Agency Accreditation Standards  
Board Position Statements  
Community Standards?  
No—Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision.  
Yes—Go to Question # 5—Special education needs?



## 5. Has the nurse completed special education if needed?

No—Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision.  
Yes—Go to Question # 6—Possess appropriate knowledge?

## 6. Does nurse possess appropriate knowledge?

No—Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision.  
Yes—Go to Question #7—Documented competency?

## 7. Is there documented evidence of competency & skill?

No—Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision.  
Yes—Go to Question #8—Reasonable & prudent nurse?

## 8. Would a reasonable & prudent nurse perform the act?

No—Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision.  
Yes—Go to Question #9—Prepared to accept consequences?

## 9. Is nurse prepared to accept the consequences of action?

No—Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision.  
Yes—Nurse may perform the activity/task according to acceptable and prevailing standards of nursing care.

# GUIDELINES for DECISION MAKING

The nurse is constantly involved in the decision-making and problem solving process, whether as a staff nurse or a manager, regardless of the practice setting. Although their perspectives are different the process is the same. The following steps are basic to the process.

### **Clarify:** What is the problem or need?

Who are the people involved in the decision?  
What is the decision to be made and where (what setting or organization) will it take place?  
Why is the question being raised now?  
Has it been discussed previously?

### **Assess:** What are your resources?

What are your strengths?  
What skills and knowledge are required?  
What or who is available to assist you?

### **Identify Options:** What are possible solutions? What are the characteristics of an ideal solution?

Is it feasible?  
What are the risks?  
What are the costs?  
Are they feasible?  
What are the implications of your decision?  
How serious are the consequences?

### **Point of Decision:** What is the best decision? When should it be done?

By whom?  
What are the implications or consequences of your decision?  
How will you judge the effectiveness of your decision?

# APPLICATION OF GUIDELINES FOR DECISION MAKING

## **Clarify what it is you are being asked to do:**

- Gather facts that may influence the decision.
- Are there written policies and procedures available to describe how and under what conditions you will perform this task?
- Does the new responsibility require professional judgement or simply the acquisition of a new skill?
- Is this a new expectation for all RNs? LPNs? LPTNs?
- Has this been done before by others in your unit or health care facility?
- Is it just new to you?
- What about the other facilities in your community or region?
- What are the nurse manager's expectations about you or other RNs, LPNs, LPTNs, becoming responsible for this procedure?
- When will this become effective?
- Will there be an opportunity to help you attain the needed clinical competency?
- Who will be responsible for the initial supervision and evaluation of this newly performed task?
- Will you be given additional time to learn the skill if you need it?

## **Assess:**

- Are you clinically competent to perform this procedure?
- Do you currently have the knowledge and skills to perform the procedure?
- Have you had experience in previous jobs with this procedure?
- Who is available to assist you who has that skill and knowledge?
- Is that person accessible to you?
- Do you believe you will be able to learn the new skill in the allotted time?
- How can you determine that you are practicing within your scope of nursing?
- What is the potential outcome for the patient if you do or do not perform the procedure?

## **Identify options and implications of your decision.**

### **The options include:**

- The responsibility/task is not prohibited by the Nurse Practice Act.

If you believe that you can provide safe patient care based upon your current knowledge base, or with additional education and skill practice, you are ready to accept this new responsibility.

You will then be ethically and legally responsible for performing this new procedure at an acceptable level of competency.

If you believe you will be unable to perform the new task competently, then further discussion with the nurse manager is necessary.

At this point you may also ask to consult with the next level of management or nurse executive so that you can talk about the various perspectives of this issue.

It is important that you continue to assess whether this is an isolated situation just affecting you, or whether there are

broader implications. In other words, is this procedure new to you, but nurses in other units or health care facilities with similar patient populations already are performing? To what do you relate your reluctance to accept this new responsibility? Is it a work load issue or is it a competency issue?

At this point, it is important for you to be aware of the legal rights of your employer. Even though you may have legitimate concerns for patient safety and your own legal accountability in providing competent care, your employer has the legal right to initiate employee disciplinary action, including termination, if you refuse to accept an assigned task. Therefore, it is important to continue to explore options in a positive manner, recognizing that both you and your employer share the responsibility for safe patient care. Be open to alternatives.

In addition, consider resources which you can use for additional information and support. These include your professional organization, both state and national, and various publications. The American Nurses Association Code for

Nurses, standards on practice, and your employer's policies and procedures manuals are valuable resources. The Nurse Practice Act serves as your guide for the legal definition of nursing and the parameters that indicate deviation from or violation of the law.

## **Point of decision/Implications. Your decision may be:**

**Accept** the newly assigned task. You have now made an agreement with your employer to incorporate this new responsibility, under the conditions outlined in the procedure manual. You are now legally accountable for its performance.

**Agree** to learn the new procedure according to the plans established by the employer for your education, skills practice and evaluation. You will be responsible for letting your nurse manager know when you feel competent to perform this skill. Make sure that documentation is in your personnel file validating this additional education. If you do not believe you are competent enough to proceed after the initial inservice, then it is your responsibility to let the educator and nurse manager know you need more time. Together you can develop an action plan for gaining competency.

**Refuse** to accept the newly assigned task. You will need to document your concerns for patient safety as well as the process you use to inform your employer of your decisions. Keep a personal copy of this documentation and send a copy to the nurse executive. Courtesy requires you also send a copy to your nurse manager. When you refuse to accept the assigned task, be prepared to offer options such as transfer to another unit (if this new role is just for your unit) or perhaps a change in work assigned tasks with your colleagues. Keep in mind though, when you refuse an assignment you may face disciplinary action, so it is important that you be familiar with your employer's grievance procedure.

**For additional information on the Nurse Practice Act, Rules and Regulations, and Position Statements see the ASBN web page: [www.arsbn.org](http://www.arsbn.org).**

Approved: November 1998

Revised: January 1999



# Karen Buchanan

## RNP/Board Member

**B**eing a nurse is something that I wanted since I was a ninth-grade student at Hector High School. I really did not know what was involved,



but I knew that I wanted to provide a service to others and wanted to make a difference. My life has been so rich because I am a nurse.

I describe myself as an “Old Registered Nurse Practitioner,” as I graduated in 1975 from the University of Arkansas School of Nursing with a baccalaureate degree and registered nurse practitioner certification. This was only the second graduating class for RNPs in Arkansas. Since graduation I have been employed as an RNP at Millard-Henry Clinic in Russellville. When I started my career, few physicians and even fewer patients had even heard of a nurse practitioner. I was frequently asked by patients how long would I have to “practice” before I would be a “real nurse.” Fortunately, I worked with a group of physicians who

had the vision to recognize the contributions that nurse practitioners could make to patient care. Since I was the first nurse practitioner in our clinic, I was able to develop a job description based on my interests and patients’ needs. These areas were obstetrics and patient education, which have continued to evolve and expand.

Patient education is so very rewarding for me. Knowledge is power, and this power allows us to control our choices and improve the outcomes. I feel I have the opportunity to impact the quality of patient’s lives, especially with diabetes education. I am also a childbirth educator, which is always exciting and rewarding. It is a special privilege to teach expectant parents about pregnancy, labor and delivery.

I see all obstetrical patients for their initial history, physical, lab work and patient education. A true gift I have been given is the ability to hear fetal heart tones at a very early gestational age. It is hard to describe the joy felt when fetal heart tones are heard very early, especially with prior pregnancy loss or infertility. Sharing in this miracle of life still brings tears to my eyes. My longevity at one location is now allowing me to see second-generation obstetrical patients. This continuity of care across the years is unique in a smaller community.

Since I love teaching, it has been natural to expand to working with nursing students. I have served as a preceptor for nursing students from Arkansas Tech University, the University of Central Arkansas and the University of Arkansas for Medical Sciences. I strive to expose students to a positive role model and provide them with positive mentoring.

My work environment is one where I am actually surrounded by physicians in a true collegial relationship. Our roles complement each other and are never competitive. The physicians with whom I work know how much I respect and appreciate them, and I feel the same from them. Another role that I fulfill is that of being a member of the Board of Nursing.

Being a member of the Arkansas State Board of Nursing has been one of the most challenging and rewarding experiences of my life. I am so fortunate to be involved with Board members and staff who demonstrate the greatest commitment to the health and welfare of the citizens of Arkansas.

Balancing time and energy is difficult for all of us. I am truly blessed to have a wonderful, supporting family. My greatest blessings are my husband, Kenneth, our three children—Jennifer Krentz, Josh and Jessica—my son-in-law, John Krentz, and grandson, John Samuel. My priorities to faith, family and profession enable me to continue to maintain this balance.

Being a nurse has allowed me to become involved with patients and minister to their physical, emotional and spiritual needs. Patients quickly recognize if we care about them and enjoy what we’re doing, not only by what we do, but how we do it. A warm smile, a pat on the back or a hug lets patients know I care about and enjoy seeing them. I want to be remembered as a person of integrity. I have a plaque in my office that reads—“Integrity—We make a living by what we get, we make a life by what we give.”

I am blessed to be a nurse, and I know that I have the greatest job in the world.

## APN News from NCSBN

At the 2002 National Council of State Boards of Nursing Delegate Assembly held in Long Beach, CA, two actions related to advanced practice were approved.

The Nurse Licensure Compact for Advanced Practice Registered Nurses was approved and is viewed as a significant step toward states developing mutual recognition of advanced practice nursing licenses. A state must be a member of or simultaneously enter the RN and LPN licensure compact to be eligible for the APRN compact. The foundation for the compact is the Uniform Advanced Practice Registered Nurse (APRN) Licensure/Authority to Practice Requirements, and there are no plans for Arkansas to pursue signing on to the advanced practice compact until other states have adopted these core requirements.

The Delegate Assembly approved revisions to the "alternative mechanism element" for the Uniform Advanced Practice Registered Nurse (APRN) Licensure/Authority to Practice Requirements. After January 1, 2005, alternative mechanisms to certification would end. Some states allow alternative mechanisms (e.g. preceptorships and continuing education) to national certification when a specialty certification examination is not available. Arkansas has always required a Board approved, national certification examination, along with completion of an advanced practice education program, for licensure.

The need for broad preparation for APNs as the minimum preparation for entry into advanced practice nursing was addressed. Certification in a subspecialty can be obtained after credentialing in a generalist category has been completed.

The Position Paper on Regulation of

Advanced Practice Nursing, adopted by the NCSBN Board of Directors in May 2002, addresses the need for broad preparation of advanced practice nurs-

es, regulatory responsibilities and the evaluation of certification programs. The paper can be found at NCSBN's website, [www.ncsbn.org](http://www.ncsbn.org).



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# Revisions: ASBN Rules and Regulations, Chapter Four

At the May 1, 2002, Advanced Practice Committee meeting, revisions to the *Arkansas State Board of Nursing Rules and Regulations*, Chapter Four, Sections II, III, VIII and IX were approved. The ASBN adopted these changes at the September 12, 2002, business meeting. The rule-making process will be initiated according to the Administrative Procedures Act and will include a public hearing/comment period.

Changes in Section II make the rules consistent with the National Council of State Boards of Nursing's Uniform Advanced Practice Registered Nurse Licensure/Authority to Practice Requirements. Grandparenting of currently recognized APNs would be permitted by endorsement under "Qualifications for Licensure." The addition reads, "Applicants for advanced practice licensure by endorsement shall have met the educational and certification requirements of the ASBN at the time of their initial licensure in the other jurisdiction." (Applicants for advanced practice licensure by examination must complete a graduate level advanced practice nursing education program after January 1, 2003.)

Section III adds that the applicant for advanced practice licensure by endorsement must have a current unencumbered advanced practice license/authority to practice in another jurisdiction.

Temporary permits by examination and by endorsement may be issued to qualified applicants who have no violations on the Arkansas State Police criminal background check. The temporary permit becomes invalid if there is an offense listed on the federal criminal background check or upon notification of the results of the certification examination. To be consistent with the *Nurse*

*Practice Act of the State of Arkansas*, it states, "In no event shall the permit be valid in excess of six (6) months."

Section III. E. clarifies certification requirements for APN licensure renewal. Proof of participation in a certification maintenance program will meet the requirement for those certifying bodies that do issue expiration dates.

Section III. F. 2. stipulates that the advanced practice license lapses when the national certification upon which licensure was granted expires.

Section III. G. 2. stipulates that the APN license shall be placed on inactive status when the RN license is placed on inactive or retired status.

Section III. H. provides for a retired status for APNs whose RN licenses have been placed on retired status. During the time that the APN license has been

placed on retired status, the APN shall not practice nursing and shall renew the retired license biennially. Provisions for reinstatement and disciplinary proceedings are outlined.

Section VIII. I. clarifies that the certificate of prescriptive authority will lapse if the national certification upon which licensure is based expires.

In Section IX, term limits for Prescriptive Authority Advisory Committee members were removed, as there is no statutory provision for limits on the number of terms that a member could serve.

The full text of the proposed changes can be found at [www.arsbn.org](http://www.arsbn.org) under the Rules and Regulations link. Serving on the APN Committee are Hope Hartz, ANP, chair; Karen Buchanan, RNP; Dr. Becky Lancaster, CNS; Kay May, ANP; and Joni Yarnell, CNM, ANP.

## Position Available

### DIRECTOR OF ADVANCED NURSING PRACTICE

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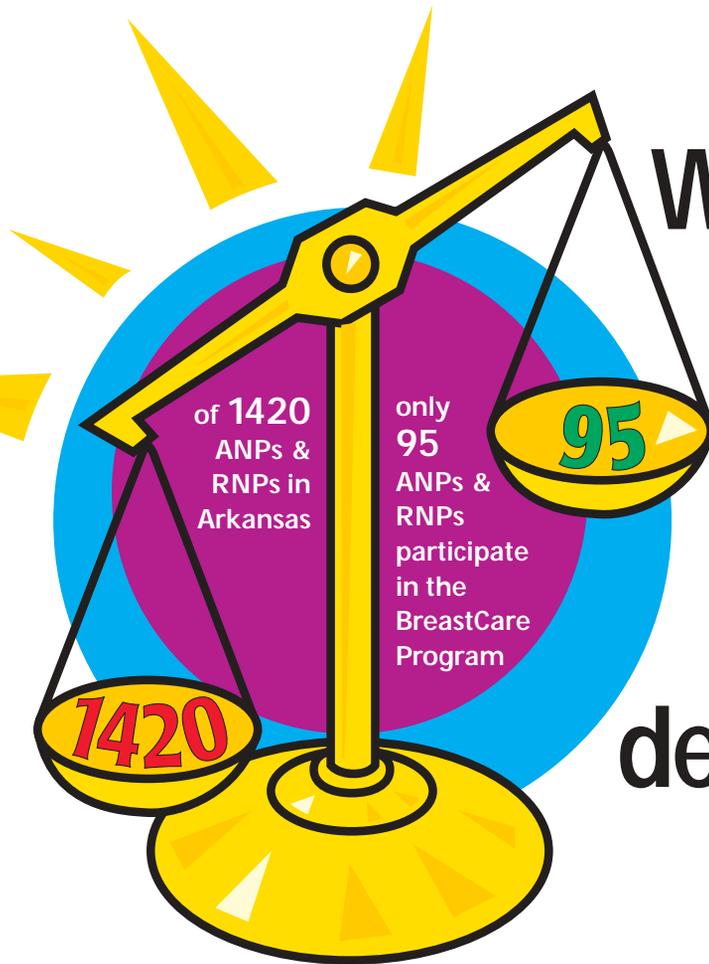
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to find out how  
you can become a  
participating provider.

# address change

## RECEIVE ASBN UPDATE, BUT NOT RENEWAL FORM? OR HAVE A NEW ADDRESS? A NEW NAME?

Although you received this *ASBN Update*, your current address may not be on file with the Board. The addresses on this journal were derived from a program that incorporates United States Postal Service address changes. But, the ASBN must mail all official mail—licenses and renewal forms—to the last address you submitted to the Board.

Pursuant to the *ASBN Rules and Regulations* Chapter Two Section X, a licensee shall immediately notify the Board in writing of an address change. The change may be made online at [www.arsbn.org](http://www.arsbn.org), faxed to 501.686.2714 or mailed to the Board office. The Board does not accept address changes by telephone or e-mail. There is no fee for an address change.

A licensee whose name has legally changed may apply for a replacement license by submitting the current license(s), the required fee of \$10.00, and a copy of the marriage license or court order for each license. (The court order must specifically state the new name to be used.) For your convenience, use this form for either an address or name change.

### IT IS IMPERATIVE THAT THE BOARD HAVE YOUR CURRENT NAME AND ADDRESS

On all changes, please provide the following:

SS #:	<b>ADDRESS CHANGE / NO FEE</b> (Or online at <a href="http://www.arsbn.org">www.arsbn.org</a> )
LICENSE #:	NAME:
I DECLARE MY PRIMARY STATE OF RESIDENCE TO BE:	NEW ADDRESS:
SIGNATURE: (MUST BE SIGNED)	CITY, STATE, ZIP, COUNTY
<b>NAME CHANGE</b> (Certified copy of marriage license or court action must accompany fee.)	
CURRENT NAME:	ENTER LICENSE NUMBER AND ENCLOSE \$20.00 FOR EACH LICENSE HELD.
ADDRESS:	LPN _____ \$20.00 _____
CITY, STATE, ZIP, COUNTY	LPTN _____ \$20.00 _____
FORMER NAME (LAST, FIRST, MIDDLE, MAIDEN):	RN _____ \$20.00 _____
	APN _____ \$20.00 _____
	RPN _____ \$20.00 _____
	TOTAL _____

## Shirley Neal wins "Weekend in Little Rock"



"Weekend in Little Rock" winner Shirley Neal, of Farmington AR, with husband Alvin, shown receiving the prizes from David Brown, Vice President Sales, Publishing Concepts, Incorporated.

## RENEW ONLINE! SAVE TIME!

Online renewals are now available to advanced practice nurses as well as to registered nurses, licensed practice nurses and licensed psychiatric technician nurses. Nurses renewing online do not have to mail in the renewal application.

Renewing online is fast, safe and hassle free. There are some restrictions and a credit card is needed. ASBN's site uses 128-bit encryption to protect credit card information. **Be aware** that data has to be entered in the exact format requested (i.e. mm/dd/yyyy) for the renewal process to work properly.

APN online renewal applications will be audited periodically. If audited, the APN will need to provide the ASBN with verification of current, advanced practice national certification. Advanced practice nurses holding an RN license in a compact state (AZ, DE, ID, IO, MD, ME, MS, NC, NE, SD, TX, UT, WI) that is their primary state of residence must complete and mail in the APN renewal application.

## NCSBN Selects Arkansas Nurses as NCLEX® Panel Members

The Examination Committee of the National Council of State Boards of Nursing chose four Arkansas nurses to participate in the development of NCLEX® questions.

Karen Taylor, LPTN and LPN, served as a NCLEX-PN® Item Reviewer. Karen is Vice President of the Board and sits on numerous ASBN committees. Karen is also a member of the Case Managers Association, which allows her to work as a case coordinator to assure quality care and cost containment. Her clinical specialty is in oncology, with a specific interest in dealing with death and dying. She has worked approximately fourteen years both with adults and children in the oncology setting. For the last nine years she has worked with hospice patients.

Deborah Harris, RN, also served as a NCLEX-PN® Item Reviewer. Deborah has worked at Phillips Community College of the University of Arkansas as an LPN instructor since 1994. Her specialty is in medical-surgical nursing. Deborah lives in Stuttgart with her husband and two

children. This was her second time to serve on the NCLEX® panel.

Karen Goree, RN, was selected as an NCLEX-RN® Item Writer. She has been an RN for twenty years with the majority of these years spent teaching and working with new graduates. She is the Assistant Director of Nursing at the Arkansas State Hospital.

Jackie Archer, RN, served as a member of the NCLEX-PN® Item Reviewing Session for April 2002. Jackie is an ICU nurse at St. Vincent's Health Care System and also works for Semper Care. This is her third time serving on the NCLEX® panel.

The NCLEX® examinations (NCLEX-RN® and NCLEX-PN®) are developed by hundreds of nursing professionals and testing specialists. There are three different panels:

- Item Writers—nurses that write the test questions with the assistance of the test service.
- Item Reviewers—nurses that review the test questions and answers submitted by the item writers.
- Panel of Judges—nurses that recom-

mend the passing standard to the Board of Directors.

By participating as an NCLEX® examination writer, item reviewer or panel judge, nurses will:

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- Learn how the nurse licensure examinations are developed.

Application forms and information on the qualifications to be a volunteer can be found at [www.ncsbn.org](http://www.ncsbn.org). The qualifications for each panel are listed at the end of the application. Essentially, in order to qualify you must either work in a clinical setting with newly licensed nurses OR you must be a faculty member. If you have additional questions, send an e-mail to [nclexinfo@ncsbn.org](mailto:nclexinfo@ncsbn.org) or call NCSBN at 312-787-6555, Ext. 496.

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# nursing education programs

## NCLEX-RN® and NCLEX-PN® Licensure Exam Results 2001

RN ASSOCIATE DEGREE	2001	
	NUMBER TAKING	PERCENT PASSING
AR State University	40	75.0
East AR Community College	25	72.0
Garland County Community College	48	91.7
Mid-South Community College	10	60.0
Mississippi County Community College	28	71.4
North AR College	29	96.6
NorthWest AR Community College	28	78.6
Phillips Community College/U. of A.	22	86.4
SEARK College	14	78.6
Southern AR University	38	86.8
University of AR CC/Batesville	17	88.2
University of AR at Little Rock	60	91.7
Westark College	70	94.3
ARKANSAS TOTAL—ADN	429	85.0
NATIONAL TOTAL—ADN	41,567	85.3
BACCALAUREATE DEGREE		
AR State University	49	81.6
AR Tech University	12	91.7
Harding University	22	95.5
Henderson State University	25	68.0
University of AR—Fayetteville	28	92.8
University of AR for Medical Sciences	70	92.9
University of AR at Monticello	14	85.7
University of AR at Pine Bluff	7	100.0
University of Central AR	43	72.1
ARKANSAS TOTAL—BSN	270	85.1
NATIONAL TOTAL—BSN	24,792	86.0
DIPLOMA		
Baptist School of Nursing—Little Rock	61	78.7
Jefferson School of Nursing—Pine Bluff	28	71.4
Har-Ber School of Nursing—Springdale	18	100.0
ARKANSAS TOTAL—DIPLOMA	107	80.0
NATIONAL TOTAL—DIPLOMA	2,310	86.2
<b>ARKANSAS TOTAL—ALL PROGRAMS</b>	<b>806</b>	<b>84.7</b>
<b>NATIONAL TOTAL—ALL PROGRAMS</b>	<b>68,724</b>	<b>85.5</b>

LPN	2001	
	NUMBER TAKING	PERCENT PASSING
AR State University—Newport	14	78.6
AR State University—Mt. Home	12	91.7
AR Valley Technical Institute	40	85.0
Baptist School of Practical Nursing	44	90.9
Black River Technical College	15	100.0
Cossatot Technical College	20	80.0
Cotton Boll Technical Institute	31	77.4
Crowley's Ridge Technical Institute	12	91.7
ASU Technical Center	22	95.5
Foothills Technical Institute	29	96.6
Forest Echoes Technical Institute	16	93.8
Great Rivers Technical Institute	13	76.9
Mid-South Community College	14	78.6
North Arkansas College	17	100.0
Northwest Technical Institute	10	90.0
Ouachita Technical College	28	82.1
Ozarka Technical College	17	94.1
PCC/U of A—DeWitt	1	00.0
Pulaski Technical College	18	88.9
Quapaw Technical Institute	16	100.0
Rich Mountain Community College	20	85.0
SAU Tech—Camden	33	87.9
SouthArk Community College	30	86.7
Southeast AR College	31	87.1
University of AR CC- Batesville	26	96.
University of AR CC—Hope	10	90.0
University of AR CC—Morrilton	10	100.0
Westark College	11	100.0
LPN EQUIVALENCY		
LPTN	3	66.7
Partially Completed RN	19	94.7
RN Test Failure	21	100.0
TOTAL—LPN EQUIVALENCY	43	95.4
<b>ARKANSAS TOTAL</b>	<b>603</b>	<b>89.4</b>
<b>NATIONAL TOTAL</b>	<b>34,571</b>	<b>86.5</b>

Source: NCSBN jurisdiction program summary of first-time candidates regardless of where they took the examination. Passing percentages reported reflect all campuses of a college combined.

## Schools Score 100% in 2001

The ASBN is pleased to announce that the following nursing education programs achieved a 100% pass rate for the NCLEX® during the calendar year 2001.

### RN Programs

Har-Ber School of Nursing—Springdale  
University of Arkansas—Pine Bluff

### LPN Programs

U of A Community College—Morrilton  
Westark College (U of A-Fort Smith)  
North Arkansas College—Harrison  
Black River Technical College—Pocahontas  
Quapaw Technical Institute—Hot Springs

# disciplinary actions

## DISCIPLINARY ACTIONS – JUNE AND AUGUST 2002

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

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.

### LETTER OF REPRIMAND

Burks, Doris Delores Green  
L16655, (a) (6), ED  
Carson, Lisa V. Marchbanks Thompson  
L26228, (a) (6)  
Clarke, Roxie Jeanette Jones  
R08349, (a) (6), ED  
Cliff, Linda Jane Stewart  
L16013, (a) (6)  
Daniels, Mary Lee Lilly  
R28966, (a) (6), ED  
Fortenberry, Regina D. Simmons  
L39094, (a) (6) & (9), ED  
Gill, Janice Lorene Harris  
L16941, (a) (6) & (9)  
Hawkins, Janice Kathleen  
L31888, (a) (6)  
Hice, Rebecca Ann Hindman Gill  
R41631, (a) (6) & (9), ED  
Hill, Terry Rene Eason  
R37998, (a) (6) & (9), ED  
Hodgkin, Charles Durward  
R40704, C00826, (a) (6)  
Locke, Nancy Jane Johnson  
R41111, (a) (6)  
Mars, Helen Margarita Bartsch  
L30462, (a) (6), ED  
Reed, Brandy Ann  
L37442, (a) (6)  
Stewart, Shirley Ann Stewart Polk  
L20694, (a) (6)  
Tate, Linda Faye  
L07337, (a) (6), ED  
Terry, Paul Keith  
L29398, (a) (6)

### PROBATION

Arum, Cynthia Louise  
L28356, (a) (6), CP \$700  
Bowers, Joyce Randell Rhodes  
LPN Endorsement Applicant  
(a) (1) & (6), CP \$500, ED  
Collins, Sandra Dee Burns  
L35418, (a) (4) & (6), CP \$500  
Evans, Cathy Leigh Wellman Hale  
R50607, (a) (6), CP \$1400  
Ford, James Daniel  
R62699, (a) (4) & (6), CP \$1000  
Landrum, Dianne Lynn Mosher  
R51236, (a) (6), CP \$700  
Lawson, Glenda Gay Davis  
R32748, (a) (6) & (7), CP \$600  
Leach, Brandi Suzanne Hendrix Shaver  
R51541, (a) (2) & (6), CP \$800  
Lile-Castle, Lizabeth Ann  
R12193, (a) (4) & (6), CP \$600

Loosbrock, Penelope Jean Abraham  
R32618, (a) (4) & (6), CP \$500  
McBryde, Martha Ann Easley  
R30864, (a) (4) & (6), CP \$800  
Nipper, Leslie Gail Stokes  
L31470, (a) (4) & (6), CP \$600  
Ozment, Glenda Lynn Adams Hall  
Bateman  
R55990, (a) (6), CP \$700  
Pickard, Deborah Lynn Capshaw  
R15189, (a) (4), (6) & (9)  
Robinson, Shannon Steffy  
L37901, (a) (2) & (6), CP \$700  
Staggs, Stacy Annette Liles  
L39065, (a) (4) & (6)  
Strickland, Ruthann Grimsley  
R13164, (a) (6), CP \$700  
Syfrett, Barbara Lylette Smith  
R63391, (a) (4) & (6), CP \$800  
Yates, Judith Anne Yates Lahman  
R64745, A01623, (a) (6), CP \$1000  
Yeager, Marsha Renee Dubois Orrell  
L21976, (a) (2) & (6), CP \$700

### SUSPENSION

Byers, Lisa Brooks  
R65286, Probation non-compliance  
Dodd, Paul Taylor  
L29984, Failure to pay child support  
Edington, Steven Nolan  
R53191, (a) (4), (6) & (9), CP \$800  
Eggers, Autumn Marie Pavelko  
R50569, Probation non-compliance  
Henderson, Leasa Joy Nichols  
L39731, Reprimand non-compliance, CP \$500

Schultz, Jennifer Susanne Shipman  
R44461, (a) (4), (6) & (9), CP \$500  
Sullivan, Melonie Dawn  
L34675, Probation non-compliance

### VOLUNTARY SURRENDER

Billings, Tracy Lee  
R28427  
Callahan, Lisa Renee Jarrett Leakey Kellett  
L31746  
Dobbins, Julie Renee  
R45092  
Douell, Ronald David  
R64075  
Harper, Linda Gay Turner  
R13495  
Hicks, Danny Ray  
T01495  
Johnson, Delta Jean Crafton Lucie  
R41119, L27633 (expired)

Layton, Pamela Elaine Baggs Burdin  
L28783  
Martin, Brian William  
R64956  
Martin, Debbie Lynn Muncrief  
L13591  
Sauders Beavers McClard  
L13591  
Martin, Heather Anne Cockman Johnston  
L33220  
Nantze, Debra Fay Phillips  
R19638, P00911  
Pruitt, Jennie Renee  
L32705  
Robinson, Rose Marie  
R44696  
Williams, Thomas Dwayne  
L32163

### PROBATIONARY STATUS REMOVED

Case, Pamela G. Baldwin Cupp  
L15752  
Clay, Frankie Jacquelynn  
R37856  
Hicks, Shirley Diane  
L27216  
Moore, Linda Faye Miller  
R13512

### REINSTATEMENT TO PROBATIONARY STATUS

Robinson, Linda Jo  
L09209  
Subject to payment of all fees, ED

### 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 Darla Turner at 501.686.2705 if any are employed in your facility.

Bagwell, Barbara Flynn.....L34049  
Northcross, Gloria.....L22173  
Sivils, June.....L30290  
Stinnett, Carly.....L40908

### CHILD SUPPORT OBLIGATIONS AND YOUR NURSING LICENSE

Federal and state laws require the state to suspend your nursing license if you are in arrears on court-ordered child support obligation. The Office of Child Support Enforcement administers this program. If you become delinquent in your child support obligation, the Child Support Enforcement office will notify the ASBN of the delinquency, and ASBN will be required to suspend your nursing license.

# Bioterrorism Update: Smallpox

Concern that smallpox may be used as a biological weapon of mass destruction has prompted healthcare personnel to provide information regarding this disease. Smallpox is a viral disease characterized by a skin rash and a high death rate. It is caused by an *Orthopoxvirus variola*, a large enveloped DNA virus. The last occurrence of endemic smallpox was in Somalia in 1977. After a successful public health vaccination campaign, smallpox was declared eradicated in 1980.

It is conceivable that smallpox could be reintroduced into the population during an act of bioterrorism. Release of an aerosol would be the most likely route of transmission, according to the New York Health Department. In aerosol form, the virus remains very stable and would spread easily.

This highly contagious disease is spread from one person to another primarily through saliva droplets and is most contagious during the first week. The incubation period is typically 7-19 days.

*It is conceivable that smallpox could be reintroduced into the population during an act of bioterrorism.*

Symptoms of smallpox include:

- High fever.
- Fatigue.
- Severe headache.
- Backache.
- Malaise.
- Delirium.
- Vomiting and diarrhea.
- Rash, raised and pink on the skin, starting on the mucosa of the mouth and pharynx, then face, forearms, trunk and legs. The rash turns to pus-filled lesions that become crusty on the eighth or ninth day. Scabs form 8-14 days after onset, leaving depressions and depigmented scars primarily on the face which has more sebaceous glands.

Clinical clues to distinguish smallpox from chickenpox are as follows:

- Smallpox has many more lesions on the face and extremities than on the trunk.
- Smallpox lesions are more common on the palms and soles.
- Smallpox lesions are round, well circumscribed and are all at the same stage of development. They appear as a single crop.
- The smallpox patient appears toxic or moribund.

If a diagnosis of smallpox is made, exposed persons would need to be isolated immediately. Smallpox is transmissible from person-to-person by exposure to respiratory secretions (particularly from coughing patients), contact with pox lesions or by contaminated clothing or bedding (less common).

In the event of a large-scale smallpox outbreak due to a bioterrorist attack, there may be

massive numbers of victims. In this case, there may be a need to cohort patients due to limited availability of respiratory isolation rooms. If this is done, then all patients should receive smallpox vaccine or vaccine immune globulin within 3 days of exposure.

All healthcare workers providing direct patient care to persons with smallpox should be vaccinated. If the vaccine is unavailable, then only staff who previously received smallpox vaccine (e.g., persons born before 1972 or persons who were in the military before 1989) should be caring for patients with smallpox.

The only weapons against the disease are vaccination and patient isolation. Vaccination before exposure or within 2 to 3 days after exposure affords almost complete protection against the disease. Vaccination as late as 4 to 5 days after exposure may protect against death. Because smallpox can only be transmitted from the time of the earliest appearance of rash, early detection of cases and prompt vaccination of all contacts is critical.

## References:

1. NYC Department of Health Research Update; Medical Treatment and Response to Suspected Smallpox; Information for Health Care Providers During Biologic Emergencies, July 2000, available at: <http://www.ci.nyc.ny.us/html/doh/html/cd/smallmd.html>
2. Medline Plus Medical Encyclopedia, October 2001, Updated by: A.D.A.M. editorial (10/17/01). Previous review: Camille Kotton, M.D., Infectious Diseases Division, Massachusetts General Hospital and Brigham and Women's Hospital, Boston, MA. Review provided by VeriMed Healthcare Network (9/3/01). Available at <http://www.nlm.nih.gov/medlineplus/ency/article/001356.htm>

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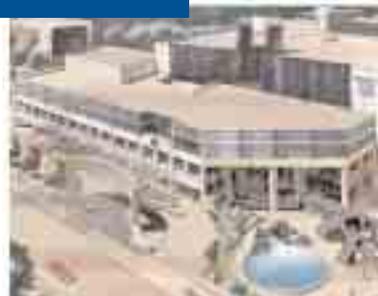
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