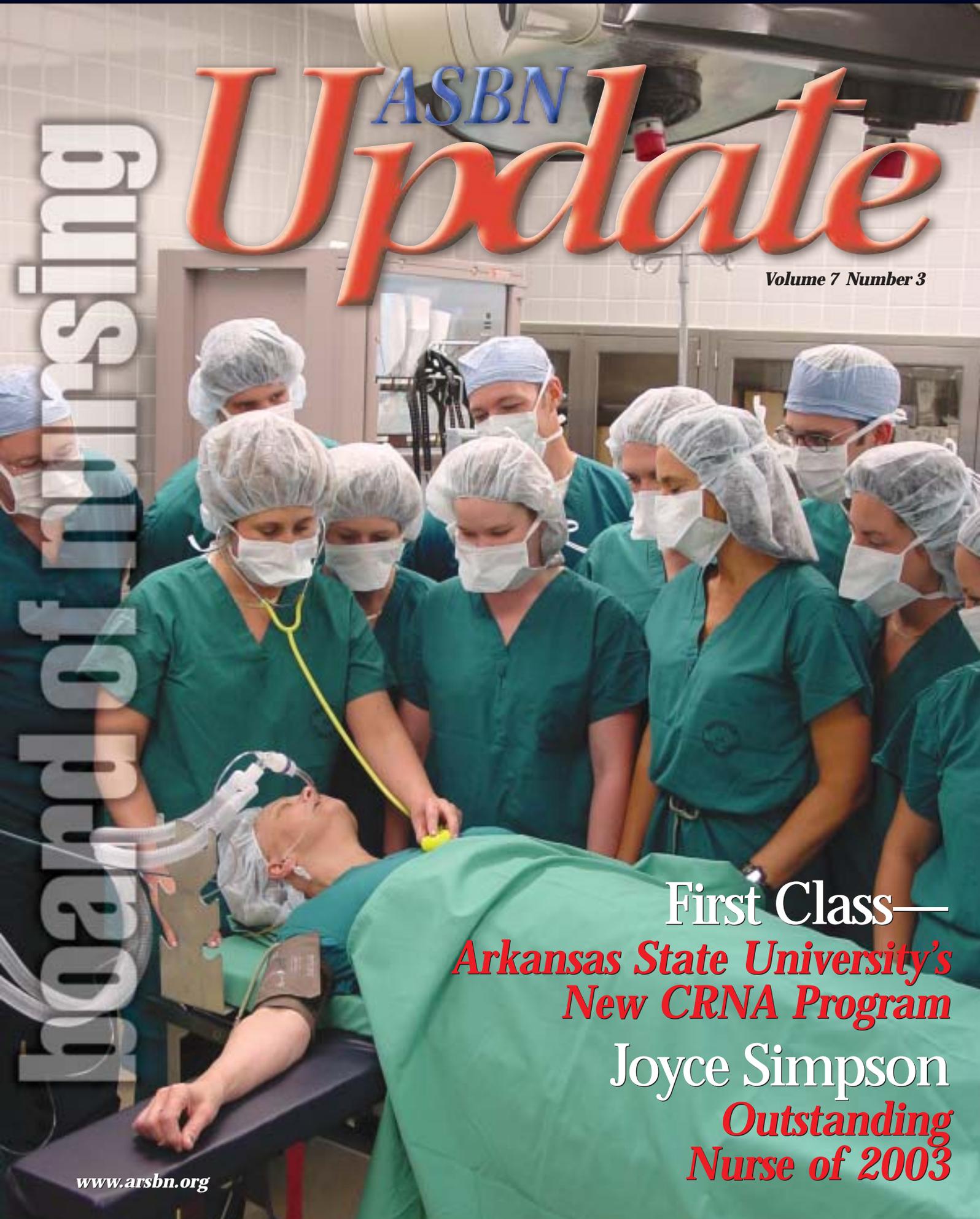


Official Publication of The Arkansas State Board of Nursing

ASBN *Update*

Volume 7 Number 3

Arkansas State Board of Nursing



First Class—
*Arkansas State University's
New CRNA Program*

Joyce Simpson
*Outstanding
Nurse of 2003*

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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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president's message

In our last edition I outlined some of the problems with our disciplinary system and how we are trying to improve it. The real problem, however, is not the system. If nurses didn't do bad things, we wouldn't need a system. As a public service, I'd like to offer Dan's Top Ten Ways to Keep Your License: (Drum roll, please!)



#10 Remember that you're a nurse 24/7/365. It doesn't matter that you were arrested for DUI on a weekend, you were still arrested, and you were still a nurse.

#9 Keep the Board notified of your current address. If you don't, you won't receive a license renewal notice, and most of us need all of the reminders we can get. More significantly, imagine flipping over a couple of more pages in your *ASBN Update* and finding out that your

nursing license has been suspended! As strange as this seems, it happens. If the Board tries to contact you at the last known address provided by you and you no longer live there, you'll miss the opportunity to answer questions that might clear up a situation, the opportunity to sign a consent agreement (basically a plea bargain) or even the opportunity to testify at your Board hearing. It doesn't matter that you left a forwarding address with the post office or that you were suddenly evicted. If you didn't give us your new address, you won't hear from us, and the Board will take action on your license whether you're there or not.

#8 Chart accurately. If you did it, chart it. If you didn't, don't. Don't chart eight hours in advance. Follow the facility's policy regarding charting late entries.

#7 If it comes down to a choice between obeying your employer or the law, go with the law. If your employer requires you do something outside of your scope of practice, something unsafe or something unethical, don't! Don't lose your license trying to keep your job.

#6 If you are under Board discipline, honor your commitments. Just last month, six nurses had their licenses suspended because they didn't take a class, write a paper, send in employer reports or follow other simple requirements. Failure to follow the Board's orders cost them their livelihoods for months!

#5 Renew your license. In case you disregarded # 9 above, go look at your license now. Do I hear an "oops"? Call us and fix it now. The longer you work on an expired license, the stiffer the penalty. And don't even *think* about lying on the late renewal form! (See # 4 below.)

#4 Tell the truth. I can't tell you how many nurses we've seen for dishonesty, which is considered unprofessional conduct. Often the lie gets you in a lot more trouble than the offense being lied about would have. In our

last hearing, a nurse applying for endorsement lied when asked if she had had any problems with her license in other states. Had she told the truth, we would have quickly realized that she had a minor offense years earlier, and a license would have been granted. Instead, it was discovered that she lied on her application, and she was placed in a long line for a Board hearing. Last month, two years after her initial application, she was granted an Arkansas license. Keep this in mind with the new continuing education rules that are now in effect. If you haven't gotten your education, tell us and get it. Lie and you may get more of an education than you bargained for!

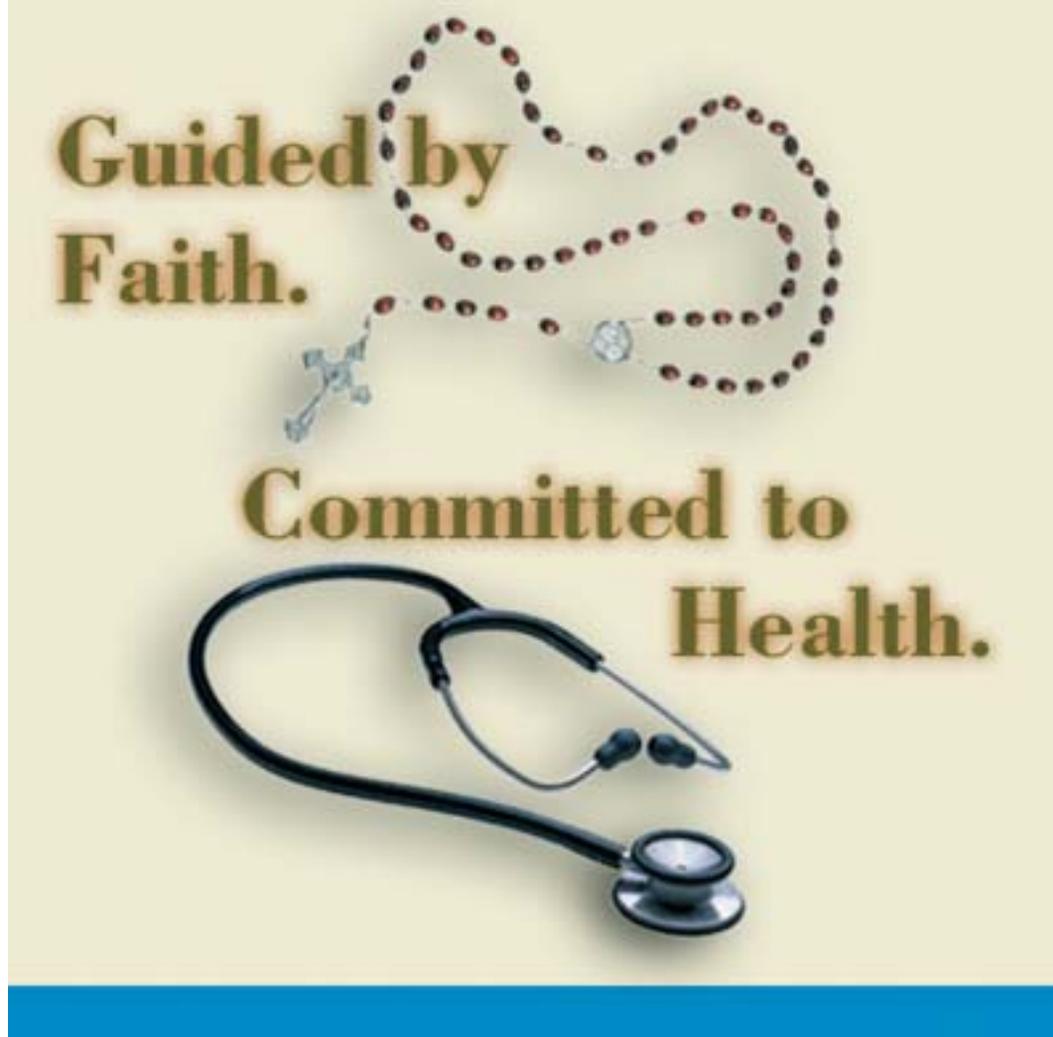
#3 Remember the "nurse" part of "office nurse." Don't buy into the myth that you're working under your physician's license. There's not a separate "Office Nurse Practice Act" that permits you to work as a telephysician, renew your license only occasionally and hand out samples or call in prescriptions on your own. If you have a question about your nursing practice, ask the Board of Nursing—not your office manager! And you, like every other nurse in Arkansas, are **required to wear a nametag** with at least your first name and the type of nurse you are (even if your employer doesn't provide one for you).

#2 Don't commit a crime. (Duh!) If you do, it's better if we hear it from you than if we read about it in the *Arkansas Democrat Gazette*, and...

#1 (and least heeded) don't do drugs! Don't do street drugs, don't do your friend's /sister's/children's/parent's drugs. Don't steal drugs, don't buy drugs, don't manufacture drugs, don't sell drugs. And, whatever you do, you *better* not take your patients' drugs! If it's already too late, again, it's better that we hear it from you. If you have a problem with drugs, report it to the Board. In most cases you will be allowed to continue practicing as long as you follow the strict treatment and monitoring program outlined in a consent agreement. (If you're offered a consent agreement, seriously consider it. If you test positive for cocaine on the job, it doesn't matter that you have a mean spouse, four children under the age of two, or that you work 140 hours a week. You were still working under the influence of drugs.)

I realize that if you're taking the time to read this, I'm probably preaching to the choir. For the majority of you, all ten of these ways to keep your license go without saying, but for an ever growing number of nurses, all ten need to be read on a daily basis. Being a little brother, I learned pretty quickly that when my big brother did something stupid, it was best if I didn't do the same thing. I hope that this list will help you learn from the mistakes of others.

Dan West, MSNA, RN



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EOE

executive director's message

As we start our second year of the *ASBN UPDATE*, I would like to share with you two topics about public protection. The first is about legislative action with its impact on protecting the public. The other topic is about one of my heroes, someone who risked her life protecting the public.



Legislation

The Board has promulgated a few new regulations as a result of legislation passed in the 84th General Assembly. Act 84 of 2003 established a nursing student loan program to be administered by the Board of Nursing. Nursing students in educational programs leading to initial licensure as an RN or LPN are eligible to apply. The individual accepting the loan must agree to work in Arkansas in an area of need for the loan to be converted to a scholarship. For each year the nurse works in Arkansas, \$2000 will be cancelled from the loan amount up to a maximum of \$6000 per person. The Board also has the authority to accept money from outside sources for this program. So if you or someone you know is a wealthy philanthropist and would like to donate, we would be happy to make your contribution available to Arkansas nursing students! Even if you have a small amount you would like to contribute to make available for scholarships, we would appreciate it. The nursing shortage is so severe, and this is one small way we can all help. Darla Erickson, Director of Accounting, is in charge of the Student Nurse Loan Program. Information is available at www.arsbn.org or you may contact Ms. Erickson at 501-686-2705 or at derickson@arsbn.org. The deadline to apply was July 1, 2003. However, if enough money is received to fund the program, applications will be taken again in May 2004.

"Failure to repay loans to the Nursing Student Loan Fund as contracted with the Board of Nursing" has been added to *ASBN Rules and Regulations* Chapter Seven as an example of unprofessional conduct. This would be effective for those who do not fulfill the in-state work requirement, do not complete their education, do not pass the licensure examination or do not repay the loan.

Another legislative mandate that is very timely is an extension on license renewals for members of the Armed Forces. Act 996 allows the extension without a late fee for service members on active duty at a duty station located outside of Arkansas. We are happy to provide such an

extension and will also defer the continuing education requirement if requested by these service members. For example, Board member Lance Black, featured on the front of the last *ASBN Update*, was, at the time of this writing, still serving our country in Kuwait. He and others serving in the Armed Forces at a duty station located outside of Arkansas would be eligible for a renewal extension upon request.

The complete legislative changes are cited elsewhere in this publication. With all the crises going on in healthcare (nursing shortage, lack of funding, SARS, disaster planning, etc.), these additions to our regulations are very timely and will be helpful to the Board in protecting the public.

Protecting the Public: A Hero Remembered

There are a lot of heroes in Arkansas. Men and women who give of their time and talents to serve in the Armed Forces, those who serve on mission fields and those who stand up and speak out for what they believe in, sometimes against all odds. Arkansas has a number of heroes, and I'd like to tell you about one of them.

Mary Ann Bitley Brewer is a 1975 graduate of the University of Central Arkansas, and she is a hero in my eyes. Mary Ann and I attended nursing school together. One day while I was working in the intensive care unit at Jefferson Regional Medical Center, Mary Ann became my patient. You see, she was working as an industrial nurse in a factory in Pine Bluff, and there was an explosion of noxious chemicals. Mary Ann was making sure that everyone got out of the factory without harm, and she stopped as she was leaving to resuscitate an employee who had passed out while leaving the facility. Because of her unselfish act of trying to save the life of a co-worker, the chemicals she inhaled caused irreversible brain damage. Mary Ann is currently in a nursing home—and will be for the rest of her life. She, in effect, sacrificed her life for another person. She is indeed a hero!

Although the Board is not in the business of recognizing heroes, we are here to protect the public. Mary Ann was doing just that as she gave her life so that someone else might live. Protection of the public—it's not something to be taken lightly. It requires a lot of guts and "true grit," the stuff heroes are made of.

Faith A. Fields

Faith A. Fields, MSN, RN



Joyce Simpson Chosen Outstanding Nurse of 2003

by Publishing Concepts, Inc., Publisher of the ASBN Update Magazine

“Her work is not something she does for a living, but what she does with living.” This is how a unit manager at Sparks Regional Medical Center describes Joyce Simpson, the Vice President of Nursing Services for Sparks Health System in Fort Smith. Because of her leadership abilities and foresight into the field of nursing, she has been chosen as the Outstanding Nurse of 2003.

Simpson began her nursing career 33 years ago as a staff nurse on a 36 bed Pediatric Unit at Sparks Regional Medical Center. After 22 years of advancing up the nursing ladder, Simpson was named Vice President of Nursing in 1992, and this is where she remains today. She is responsible for the nursing administrative duties for the 425-bed, acute care hospital and Home Health Department.

Positively influencing her staff is a major part of Simpson’s job. She had set up several initiatives for other nurses under her direction that benefit not only the nurses, but the hospital as well. A special center for women, designed and operated by women, was a dream of a staff nurse. Now, this nurse functions as the Director of The Women’s Center, and other nurses were given the opportunity in the planning and implementation processes of the center. Today, The Women’s Center offers services from mammography to urinary incontinence therapy to all women from all socioeconomic groups.

Encouraging nursing membership in professional nursing associations, promoting recruitment and retention efforts and representing nursing in the community are just a few ways Simpson contributes to the nursing profession. She is a member of the Organization of Nurse Executives and encourages other nurses to join the local, state and national professional nursing associations. She is a board member of Beginnings Birth and Women’s Health Center, the state’s first and only licensed and accredited freestanding birthing center. She is also a board member of the United Way and serves on advisory

boards of several educational institutions, such as the University of Arkansas Fort Smith, Arkansas Tech University and Carl Albert Junior College.

Simpson is also an example of a “life-long learner.” She promotes educational advancement for all nurses and has created incentives that encourage nurses to expand their professional opportunities, some of which include salary adjustments for advancing education, tuition assistance and flexible scheduling. Simpson is a strong believer in education and is pursuing her master’s in nursing. Being Vice President of Nursing and a student has shown other nurses that educational advancement is possible.

Many have called Simpson a transformational leader—one who motivates and empowers each staff member to go above and beyond the call of duty. She is an individual-minded leader, and she listens to

ideas and suggestions, both positive and negative, and counsels staff members in whatever issues they are facing. Simpson maintains a people-centered teamwork approach by encouraging staff nurses to participate on committees and decision-making groups.

Because she has been chosen as the Outstanding Nurse of 2003, Simpson has won an exciting weekend vacation to Eureka Springs. The prize package includes four days and three nights at the Inn of the Ozarks, and two one-hour massages at the New Moon Spa in the Crescent Hotel. She will also receive dinner for two at DeVito’s, passes to the Great Passion Play, a romantic carriage ride through beautiful downtown Eureka Springs and \$250 in cash from Publishing Concepts, Inc., publishers of the *ASBN Update*. We would like to thank the Eureka Springs Advertising and Promotion Commission who helped make this weekend possible. In recognition of Joyce’s advocacy for the patients and for her dedication to the field of nursing, we would like to say thank you.



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board business



May Board Meeting Highlights

At the May 15 meeting the Board took the following actions:

Granted continued full approval to the Arkansas Valley Technical Institute Practical Nurse Program.

Granted continued approval to the University of Arkansas at Fort Smith Practical Nurse Program for the experimental track allowing high school students from the Western Arkansas Technical Center to transition into the traditional PN program.

Established 50 as the minimum acceptable passing score on the Test of Spoken English (TSE) for foreign educated non-English speaking LPNs.

Approved the Nursing Student Loan Program forms, policies and procedures.

Approved the American Nurses Credentialing Center Pediatric Clinical Nurse Specialist examination for licensure as an advanced practice nurse.

Voted to not approve prescriptive

authority for the Pediatric Clinical Nurse Specialist.

Accepted the proposal for publishing the *ASBN Update* from Publishing Concepts, Inc.

Received a report from Faith Fields on the Educational Workshops that were held around the state. Covering criminal backgrounds checks and NCLEX® exams, the workshops were well attended.

BOARD MEETING DATES

August 13. . . . Disciplinary September 10. . Disciplinary October 8. . . . Board Retreat November 12 . Disciplinary
 August 14. . . . Disciplinary September 11 Business October 9. . . . Disciplinary November 13. . . . Business

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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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 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.

NCLEX® Item Development

Two Arkansas Nurses Help Develop NCLEX®

Congratulations to the following nurses who were selected by the National Council of State Boards of Nursing to participate in the NCLEX-PN® test development process.

Karen Taylor, LPN, LPTN, served on the NCLEX-PN® Examination Item Review Committee in April. This is Karen's second time to serve on this committee. Karen has been a nurse for 23 years and is currently employed with Hospice Home Care in Little Rock. She is also serving her second term on the Arkansas State Board of Nursing.

Deborah Moore, RN, served on the NCLEX-PN® Panel of Expert Nurses Committee in May. She has been a nurse for nine years and is currently the Program Chair at Northwest Technical Institute Practical Nurse program in Springdale. Prior to this appointment, Deborah was a faculty member at Northwest Technical Institute. She is an executive member of Northwest Arkansas Nursing Education Consortium and executive member, treasurer and past chair of Northwest Arkansas for Nurses.

More RNs and LPNs Needed!

The National Council of State Boards of Nursing is responsible for developing the NCLEX-RN® and NCLEX-PN® licensing examinations by utilizing contributions from nurse clinicians and educators. NCSBN encourages all nurses to become involved in the development of the exams by participating in the item (question) development program. Qualifications for participation are listed below.

Serving on an NCLEX® item writing or review panel is an excellent opportunity to network with nurses from across the country, contribute to continuing excellence in nursing practice and build new skills that are useful for professional growth.

Item development sessions are held throughout the year and include the item writing and item review panels. Item writing panelists are responsible for creating new test items that may later appear on one of the exams. Item review panelists examine both newly created and older items to help decide if the items are current and relevant to entry-level nursing practice.

All item development panels are held in Chicago and generally last three to four consecutive days. Panelists stay downtown in a deluxe hotel surrounded

by the shopping and theater districts. Most travel and food expenses are covered, and new panelists receive more than 30 contact hours of continuing education for their participation.

For more information about the NCLEX® item development program or to receive an application for the item development panels, please call the NCSBN item development hotline at 312.525.3775 or visit www.ncsbn.org.

Qualifications

Item Writers

Item writers create the multiple-choice questions, or items, used for the NCLEX® examination. To qualify, you must be:

- 1) Currently licensed in the jurisdiction where you practice.
- 2) A registered nurse (RN) with a master's or higher degree for NCLEX-RN® exam or a licensed practical/vocational nurse (LPN/VN) or RN for NCLEX-PN® exam.
- 3) Responsible for teaching basic/undergraduate students in the clinical area OR currently employed in clinical nursing practice AND working directly with nurses who have entered practice within the last 12 months.

LPN/VNs who plan to take the NCLEX-RN® examination within two years of service with NCSBN do not qualify for participation.

Item Reviewers

Item reviewers review the items that are created by item writers. To qualify, you must be:

- 1) Currently licensed in the jurisdiction where you practice.
- 2) An RN for NCLEX-RN® exam or an LPN/VN or RN for NCLEX-PN® exam.
- 3) Currently employed in clinical nursing practice AND working directly with nurses who have entered nursing practice during the past 12 months.

LPN/VNs who plan to take the NCLEX-RN® examination within two years of service with NCSBN do not qualify for participation.

NEW VIDEO *Delegating Effectively: Working Through and With Assistive Personnel*

“Delegating Effectively” is a comprehensive training program designed to help nurses and nursing students review and learn how to master delegation skills. It outlines a step-by-step approach to achieving positive client outcomes by working

effectively through and with others, specifically with assistive personnel. The facilitation program describes the benefits of effective delegation and teaches the steps of the delegation process, along with the five “rights” of delegation. This program

includes an engaging video to be used by educators and managers and is designed for every nurse in every practice setting at every level of practice.

The video includes narrative, expert opinions and dramatization of the issue, and centers on a story about the experience of a patient and her care by an RN, an LPN and a nursing assistant. As the nurse’s story unfolds, viewers get a first-hand look at how critical the skill of delegation can be. Instructor tools, including overheads, facilitator’s notes and a reference list are included.

To preview or order, call 410.335.2618 or e-mail nichecom@comcast.net. The cost is \$299.00 plus \$14.50 shipping/handling. Please visit NCSBN’s Learning Extension at www.learningext.com to view sample clips and for more details.

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Kudo’s to the Arkansas Board of Nursing

The National Council of State Boards of Nursing (NCSBN) undertook a research study of boards of nursing entitled “Commitment to Excellence” which focused on identifying best practices in nursing regulation throughout the country. Employers, nursing programs and licensees were questioned regarding dealings with the board. Board staff were surveyed regarding timeliness in licensing and other processes. The results of the study have been released and showed Arkansas to have several “best practices” relating to nursing education. Nursing programs rated the ASBN as “very satisfied” and “very helpful” on information and assistance provided by the Board. The Board received some very nice compliments from nurses, employers, associations and schools throughout the state. We strive to provide the resources and services to enhance public protection. If there are things you think we need to be doing better or more of, please do not hesitate to contact us at info@arsbn.org or 501-686-2700.

St. Joseph's: Leading-Edge Healthcare Close to Home

Now more than ever, you need look no further for state-of-the-art healthcare than to St. Joseph's Mercy Health Center in Hot Springs. West Central Arkansans can find leading edge diagnosis and treatment close to home, while experiencing personal, faith-based care surrounded by friends and family.

St. Joseph's—with its centers of excellence in women's, heart, diabetes and cancer health—offers comprehensive services comparable to the best medical centers in the country.

Here are some of some of the best reasons for staying close to home for your healthcare:

Number One in State for Cardiovascular Services

HealthGrades, the leading provider of health care quality information, recently announced in its fifth-annual hospital report card that St. Joseph's received a five-star rating for excellence in coronary bypass surgery. The HealthGrades ratings placed St. Joseph's as the number one hospital in Arkansas for cardiovascular services and among the top 10 percent of hospitals in the nation for heart care.

Randy Fale, President/CEO of the hospital, said the exceptional ratings from HealthGrades are reflective of the consistently high standard of care provided at St. Joseph's.

HealthGrades independently analyzes more than 5,000 hospitals nationwide and objectively grades performance and quality and publishes the ratings on www.healthgrades.com.

The analysis measures whether patient outcomes are better than expected, as expected, or worse than expected. Performance, by procedure, is indicated by a five-star (better than expected), three-star (as expected), or one-star (worse than

expected) rating. Receiving a Five Star designation indicates that the hospital has generally scored among the top 15 percent in the nation for that category.

Convenient, One-Stop Care at Mercy Women's and Cancer Centers

St. Joseph's new centers of excellence epitomize 21st Century health care—high-tech yet high-touch, personal medical care. Patients can experience the convenience and peace of mind of knowing all of their needs are being met in one location.

The Mercy Cancer Center, the only radiation therapy facility in Hot Springs, offers leading-edge therapy such as Intensity Modulated Radiation Therapy (IMRT) and low dose prostate brachytherapy. IMRT targets higher doses of radiation to a tumor while sparing the adjacent tissues. IMRT is a preferred treatment for many men with prostate cancer. Another new treatment option is prostate seed implants where tiny



radioactive seeds are placed permanently in the prostate to destroy cancer cells.

Radiation therapy is under the direction of Dr. David Pruitt, radiation oncologist.

The Cancer Center includes radiation therapy, chemotherapy, medical oncology, a resource center, an educational classroom, infusion center, pain management, nutritional counseling, case management and hospice. The medical oncology practices of Dr. P.K. Reddy and his new associate, Dr. Neeraj Bharany, are also located in the Center.

The Mercy Women's Center, housing offices of obstetrician/gynecologists from the Heritage Physician Group, includes the state-of-the-art Mercy Pregnancy Care Clinic, a resource library and educational classroom and a comprehensive Breast Center with the most advanced breast care diagnostic technology.

Treatment at the Breast Center includes screening and diagnostic mammography, bone density testing for osteoporosis, stereotactic breast biopsies, ultrasound for



obstetrics, gynecology and breast testing, lymphedema and continence care.

The Roland Room educational center offers educational seminars on topics spanning all aspects of women's health—menopause, osteoporosis, stress management, weight loss, prenatal classes and teen babysitting classes—and a library of health materials for women.

The lactation education program for breastfeeding mothers provides a lactation consultant, breastfeeding consultations and breast pump rental and sales.

In the Forefront of Diabetes Care

The more than 7,000 individuals with diabetes in the Hot Springs service area have a great resource for medical treatment at St. Joseph's Mercy Diabetes Center, the only hospital-based diabetes self-management center in the area.

The Diabetes Center has teamed with American Healthways, a nationally certified disease management company, to provide comprehensive inpatient

and outpatient diabetes education and programs.

Diabetes, the sixth leading cause of death by disease in the U.S., affects more than 17 million people. Another 5.9 million people are unaware they have the disease and another 16 million Americans have signs and symptoms of pre-diabetes.

The Diabetes Center staff works together with the patient's physician, continually keeping the physician informed of the patient's progress. The inpatient team consists of the patient's physician, an inpatient clinician, diabetes resource nurses, nutritional services and case management.

The diabetes outpatient service consists of a year-long education program, since teaching self-management



skills help reduce the likelihood of diabetes-related complications. After receiving a physician referral, an individual plan is established with input from the physician, the patient and the Center's clinicians.

A monthly support group that showcases the latest in diabetes management meets every third Monday from 1 to 2 p.m. in the Mercy Room.

Comprehensive Services in Hot Springs Village

St. Joseph's services also continue to expand in Hot Springs Village, providing a wider array of diagnostic and therapeutic treatment for residents.

The Mercy Medical Clinic-Hot Springs Village complex at 903 DeSoto Blvd. includes a new Cardiac Rehabilitation Center with the latest equipment and technology. Registered nurses monitor the patient's progression of recovery. The clinic also features new rooms for a variety of physician medical groups, a laboratory and an oncology treatment room.

Services include a Hearts in Motion program, an education and fitness program for heart health and the After Hours Care Clinic for non-emergent urgent care services such as accidents or illnesses that are not life threatening.

The Mercy Medical Clinic is staffed by family practice physicians, Sue Pilkington, D.O., and Rita Allbright, M.D.



Double Duty Didn't Pay

Unprofessional conduct, "which, in the opinion of the Board, is likely to deceive, defraud, or injure patients or the public, means any act, practice, or omission that fails to conform to the accepted standards of the nursing profession and which results from conscious disregard for the health and welfare of the public and of the patient under the nurse's care," according to *ASBN Rules and Regulations*, Chapter Seven, Section XV, A, 6. Examples of acts that the Board would consider unprofessional conduct include:

- Knowingly or consistently failing to make entries, destroying entries, and/or making false entries in records pertaining to the giving of narcotics, drugs or nursing care.
- Violating the confidentiality of information or knowledge concerning the patient except where required by law.
- Leaving a nursing assignment without notifying appropriate personnel.
- Engaging in acts of dishonesty which relate to the practice of nursing.

Case Facts:

- In May, Nurse A's employment with Good Care Hospital and Lots of Care Home Health was terminated when both employers learned she had accepted conflicting nursing care assignments.
- Nurse A turned in time sheets and clinical documentation to the home health agency reflecting care that was given at the same time she had accepted a twelve-hour shift assignment at the hospital.
- Good Care Hospital did not give Nurse A permission to leave the facility for extended periods of time nor did Nurse A notify the appropriate persons at Good Care Hospital that she was leaving her patient care assignment.
- Progress notes from a Lots of Care Home Health patient were left by Nurse A in a patient's room at the hospital and were given to the charge nurse by the patient.

Implications:

- Because documentation for both employers indicates the nurse was in two places at the same time, the accuracy of the documentation is questionable. Some of the home health patients denied being seen at the times recorded by Nurse A.
- Leaving medical records in a public place violated the confidentiality of the patient's healthcare records.
- Leaving the hospital without telling other unit personnel or management personnel decreased the care her assigned patients received and placed them at risk for harm.

Board Action:

Nurse A entered into a consent agreement with the ASBN agreeing to the following terms:

- Her nursing license was placed on probation for one and one-half (1^{1/2}) years.
- In the first six (6) months of probation, she must complete a "Legal and Ethical Issues in Nursing" course.
- She must notify each present and future employer in nursing of the Board's order and conditions of her probation.
- She must provide a "Performance Evaluation Report" from each nursing employer every three months.
- She cannot work outside of Arkansas without the written permission of the Arkansas State Board of Nursing and the board of nursing in the state where she wishes to work.
- She must pay a \$600 civil penalty.



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New Staff Welcomed

The Board of Nursing is pleased to announce the appointment of **Pamela Tabor** to the position of Co-Director of Advanced Nursing Practice, a half-time position job shared with Georgia Manning Lewis. Ms. Tabor has 25 years of nursing experience, beginning as an LPN. She went back to school and received a diploma in nursing, a baccalaureate and then a master's degree, graduating with honors from each of the nursing programs. She also holds advanced practice licensure in Arkansas as a women's health care nurse practitioner. Ms. Tabor also holds certification as a Diabetes Educator and Sexual Assault Nurse Examiner. Her background includes a variety of clinical experiences including research, teaching, acute care, office nursing and private practice. During her nursing education at UAMS, Ms. Tabor and her clinical group worked with the Board to develop the rules and regulations requiring nurses to wear name badges when in contact with patients.

Bernice Colston is the new Advanced Practice Secretary and Editorial Assistant. Bernice has over 14 years experience with the State, having worked with the Department of Health, Division of Vital Records and the Arkansas Public Employees Retirement System, where she was the Executive Secretary. She attended Capital City Business College and The Stenotype Institute College of Court Reporting. Ms. Colston is an effective problem-solver and an organized team player, skilled at handling multiple tasks and projects simultaneously. She comes highly recommended by her colleagues and is a welcome addition to the Board staff.

Please join us in welcoming Ms. Tabor and Ms. Colston to the Board of Nursing staff. Their email addresses are ptabor@arsbn.org and bcolston@arsbn.org.

We bid a fond farewell and best wishes to **Sharon Pickens** whom Ms. Tabor will be replacing. Sharon is returning to post-graduate studies and

will be attending the University of Central Arkansas to obtain the requisite education for eligibility for certification as a family nurse practitioner.

Q & A

Q As an APN, is it within my scope of practice to delegate calling in prescriptions to an unlicensed assistant?

A No. According to *ASBN Rules and Regulations*, Chapter Five, Section E.7., neither an APN nor RNP may delegate calling in prescriptions to unlicensed ancillary staff. Chapter Four, Section D. 3. d. reiterates this for APNs.

Q I recently went to work at a rather large, well-established medical clinic

where certified medical technicians and unlicensed, on-the-job trained personnel administer medications. I am expected to delegate injections and such to these unlicensed personnel. Is this legal?

A No. As a licensed nurse you may not delegate the administration of medication to an unlicensed personnel, and as a license holder, you are required to report to the Board persons who are practicing nursing without a license.

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Directions in the Regulation of Advanced Practice

Adapted with permission from an article written by Janet B. Younger, RN, PNP, PhD, President, Virginia Board of Nursing, for the Virginia Board's *Nursing Notes*.

The Advanced Practice Task Force of the National Council of State Boards of nursing is working to provide guidance to member boards on the regulation of advanced practice nurses. The major tenets of the National Council that have guided this work include these:

1. The purpose for regulation of advanced nursing practice is the protection of the public health, safety and welfare;
2. Regulation criteria for advanced nursing practice should reflect minimum requirements and be the least

burdensome criteria consistent with public protection;

3. The public has a right to the access of health care, and to make informed choices regarding selection of health care options through knowledge of the area of expertise, qualifications and credentials of individuals who provide health care;
4. The public has a right to rely on the credentials of health care providers in making choices and decisions regarding health care; and
5. Boards of Nursing should regulate advanced nursing practice by licensure due to the nature of the practice, which requires advanced knowledge, clinical proficiency, independent decision-making and autonomy.

The risk of harm from unsafe and incompetent providers at this level of complex care is high (Position Paper on Regulation of Advanced Nursing Practice, 2002).

Major trends as evidenced by work at the National Council are listed below in bold. Added explanations and the status of Arkansas trends are in brackets. References to the author's state of licensure, are omitted.

Combined with graduate nursing education, professional certification should be used as a qualification for licensure as long as the board of nursing has established criteria for accepting the certification and maintains control of the licensure process. When considering whether to accept certification examinations as partial fulfillment of regulatory requirements for advanced practice nursing, boards must assure the appropriateness of those examinations for regulatory purposes and not cede responsibility for those determinations to private entities. In 1995, the Delegate Assembly directed the National Council to collaborate with nurse practitioner certification organizations to determine that certification examinations were psychometri-

cally sound and legally defensible for regulatory purposes. The National Council met with nurse practitioner programs to work out a mutually acceptable process that would assure boards of nursing of the regulatory sufficiency of private APRN certification programs. Currently, the National Council's Advanced Practice Task Force has developed updated criteria for evaluating certification programs (*APRN Certification Examination Review Program, January 2002*). [ASBN Rules and Regulations Chapter Four Section III. B 5 states that applicants for licensure must provide "A statement directly from the Board approved national certifying body evidencing current certification. Section VI outlines the criteria a national certifying body must meet to be recognized by the Board for advanced practice licensure.]

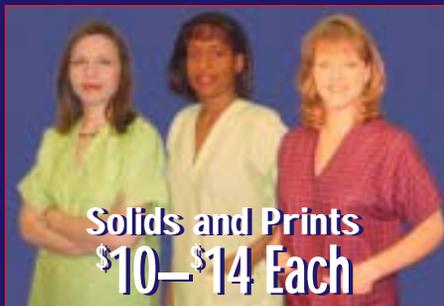
Licensure should be granted only if the concentration in the nursing education program and the area of the certification exam are congruent. In an earlier period of using certification examinations for regulatory purposes, problems arose when applicants who had not completed the relevant educational program were allowed to sit for examinations. Although that practice may be defensible when examinations are for purposes other than regulatory, it was necessary to gain assurance of clarity on that issue. In the National Council's document, *APRN Certification Examination Review Program, (January, 2002)*, criteria to be used for accreditation specify that educational requirements are consistent with the requirements of the advanced practice specialty. [ASBN Rules and Regulations Chapter Four Section III. B. 2. require that the transcript, "meets the qualifications ... in the category of advanced nursing for which the applicant is seeking licensure." To be recognized by ASBN for APN licensure, the national certifying body must have... an application process and credential

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review which includes documentation that the applicant's education is in the advanced practice nursing category being certified, and the applicant's clinical practice is in the certification category (Chapter Four Section VII B 3.)

Movement toward consistent educational requirements, titling and uniform use of terminology will improve public protection, more informed consumer health care decisions and more effective utilization of services provided by advanced practice nurses. Currently differences in requirements and titling are barriers to movement across state lines and to public reliance on advanced practice nursing. Although not specifically the concern of regulation, these differences are also barriers in reimbursement. To assist member boards in reducing these barriers, the Delegate Assembly of 2000 enacted the *Uniform Advanced Practice Registered Nurse Licensure/Authority to Practice Requirements*.

These requirements included: (1) unencumbered RN license; (2) graduation from a graduate level advanced practice program accredited by a national accrediting body; (3) currently certified by a national certifying body in the advanced practice specialty appropriate to educational preparation; and (4) maintenance of certification or evidence of maintenance of competence. Although many states already have these requirements, some jurisdictions have allowed variation, particularly in education or certification to exist. It is clear from the experience in some states that the failure to hold to the above educational requirement has been used in their legislature of those states as a rationale for restricting practice. From a regulatory standpoint, although some clinicians may be quite skilled without the educational preparation specified or the certification, the majority of clinicians need those qualifications to be competent. Also important, the public relies upon a predictable preparation as a pre-requisite for all major professions. [ASBN Rules and Regulations, after the last revision, are consistent with the *Uniform Advanced Practice Registered Nurse Licensure/Authority to Practice Requirements*.]

Licensure should be based on relatively broad categories of practice and

not sub-specialty areas. Comparatively broad preparation for advanced practice nursing should be considered the minimum preparation for legal recognition. This preparation will give the advanced practice nurse a basis on which to recognize a range of commonly occurring health problems and to practice safely. Regulators must recognize, in their public protection efforts, that advanced practice nurses who are certified in a subspecialty, such as specific disease entities, have a narrow scope of practice. This becomes problematic when they are faced with a wide variety of health disorders in practice and regulators must restrain that subspecialty APRN to practice within a narrow, specified scope of practice. It is also difficult to evaluate the validity and reliability of certification examinations administered to only a small number of candidates, which is typical of subspecialty categories. These examinations are not suitable for regulatory purposes. Additional specialized certifications may be used to expand the scope of practice within the limits of the category of practice in which the license is granted. This trend suggests that the place for disease-specific certifications is post-licensure and therefore, postmasters educationally. [Arkansas does not recognize any disease-specific certifications for licensure.]

Nurse already practicing at an advanced level when new regulation is proposed should be permitted to continue practicing in the advanced nursing category through "grandfathering" provisions. The wisdom of regulatory approaches is to acknowledge that nothing we have done in the past should limit the vision we might

have for the future. As we add requirements and expectations, we provide for those already licensed and functioning competently to continue. [Arkansas provides for endorsement of APNs without masters who were licensed in other jurisdictions prior to January 1, 2003.]

REFERENCES:

National Council of State Boards of Nursing. Position Paper on Regulation of Advanced Nursing Practice. 2002.

National Council of State Boards of Nursing. Position Paper on Regulation of Advanced Nursing Practice. 1987, 1993.

National Council of State Boards of Nursing. APRN Certification Examination Review Program. January 2002.

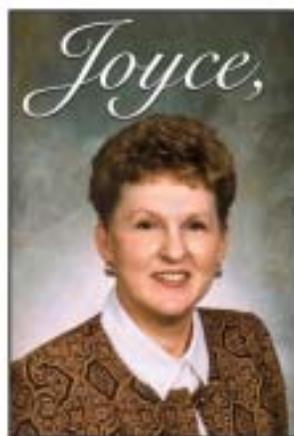
National Council of State Boards of Nursing. Uniform Advanced Practice Registered Nurse Licensure/Authority to Practice Requirements. August 2000.

Dr. Younger and Georgia Manning Lewis serve on NCSBN's APRN Task Force.

****Author's [Janet B. Younger] Note:** *The ideas above are not represented as my own, but are the work of the National Council of State Boards of Nursing as represented in and liberally taken from the works cited, for which the National Council of State Boards of Nursing holds the copyrights thereunto and which are used with permission granted by the National Council to Member Boards.*



Georgia Manning Lewis
Co-Director of Advanced
Nursing Practice



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Virginia and New Mexico— New Compact Members

Virginia and New Mexico have passed legislation to implement the Nurse Licensure Compact. This brings the total to 20 states that have currently enacted the model legislation providing for participation in the compact. Other states in the compact include: Arizona, Arkansas, Delaware, Idaho, Indiana*, Iowa, Maine, Maryland, Mississippi, Nebraska, New Jersey*, North Carolina, North Dakota*, South Dakota, Tennessee, Texas, Utah and Wisconsin (*states working toward implementation).

The goal of mutual recognition is

to simplify governmental processes and remove regulatory barriers to increase access to safe nursing care. In addition, this regulatory initiative meets the needs of a changing health care delivery environment for the following reasons:

- New practice modalities and technology are raising questions regarding issues of current compliance with state licensure laws.
- Nursing practice is increasingly occurring across state lines.
- Nurses are practicing in a variety of settings and using new tech-

nologies that may cross state lines.

- Expedient access to qualified nurses is needed and expected by consumers without regard to state lines.
- Expedient authorization to practice is expected by employers and nurses.
- Having a nurse demonstrate the same licensure qualifications to multiple states for comparable authority to practice is cumbersome and is neither cost-effective nor efficient.

“BUT, I’M A GOOD NURSE”

“But, I’m a good nurse. I take good care of my patients.” This seems to be the standard retort from respondents during their disciplinary hearings. If it doesn’t come from the respondent personally, it most assuredly is stated by their character witnesses. “But he or she is a good nurse.”

The question I pose to you is: What constitutes a good nurse? How would you define it in your own mind?

Does a good nurse report to work impaired or under the influence of drugs and/or alcohol?

Can a chronic dependency on pain killers or habitual use of marijuana, alcohol or street drugs be considered impaired or under the influence?

Does a good nurse divert 100 doses or even one dose of narcotic from patients?

Does a good nurse then falsify the medical record (a legal document) to cover the diversion? Does he/she implicate other nurses by forging their names?

Does this not put the patient in harm’s way

to be under medicated or over medicated?

Does a good nurse falsify the medical record with erroneous information with the excuse of being overworked, under-staffed or too stressed out?

Being a good nurse consists of more than a simple mastery of the techniques involved in caring for a sick patient. A good nurse must possess sound judgment, a compassionate heart, critical thinking skills, a clear head, good communication skills, problem solving skills and quite possibly the most important traits of honesty and integrity.

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.

How many of you have read the *Nurse Practice Act*? If you have not, may I recommend that you log on to the Arkansas State Board of Nursing web site at www.arsbn.org, where you can find the *Nurse Practice Act* and

other valuable information. The “practice of professional nursing” is defined under section ACA § 17-87-102. Definitions.

If you read the *Nurse Practice Act*, you will have a clear understanding as to what is expected of you as a professional and as a good nurse.

Every nurse has either recited or at least read the Nightingale Pledge. In summary it says...to live a clean healthy life, to do no harm, to maintain confidences. To be the advocate for our patients, loyal to our profession.

Both the Board and the individual professional nurse are advocates for the public. It is the public who become our patients. We owe it to our patients to be the best possible nurse we can be. If you have not already done so, while reading this, then please take some time now and define what being a good nurse is to you. If your definition is on track, then I can rest with the knowledge that I will never sit across from you at a disciplinary hearing.

Kathy Hicks RN CCP ■ Board Member, Arkansas State Board of Nursing

RN and LPN Temporary Permits for New Graduates

Graduates from approved nursing programs are eligible to receive a temporary permit. In order for a temporary permit to be issued, the graduate must submit a completed ASBN application to the Board office with the appropriate fees, register with

National Council of State Boards of Nursing for the NCLEX® exam and have clear state and federal criminal background checks.

The cost of a temporary permit is \$20.00 and will only be issued within three months following graduation. The temporary per-

mit is valid for 90 days and becomes invalid upon notification to the applicant or the Board of Nursing of the results on the first licensure examination the graduate is eligible to take after the permit is issued.

All graduates working with a

WORKSHOP Nursing Practice 2003: Know Your Nurse Practice Act

The Arkansas State Board of Nursing and the Arkansas Nurse's Association (ArNA) have joined forces and will be presenting a workshop on Nursing Practice in the year 2003 at various locations around the state this fall. The topics will include: Board of Nursing & ArNA 101, Delegation, Grounds for Discipline and the NCLEX® examination. The workshop is designed for practicing nurses and student nurses. There will be a lot of excellent information that will help you

in your daily practice. Come ask the experts the questions that you need answers to!

The registration fee is \$25.00 and may be paid at the door. Students may attend free. Upon completion of the program, 4.2 contact hours of continuing education will be awarded to each participant. The workshops will be held from 8:00 a.m.-12:00 p.m. and repeated from 1:00 p.m.-5:00 p.m. You may call the Board office at 501-686-2712 for more information.

September 17, 2003	Jefferson Regional Medical Center Henslee Conference Center, Pine Bluff
October 1, 2003	Baptist Medical Center Gilbreath Conference Room, Little Rock
October 16, 2003	White County Medical Center Hubach Center, Searcy
October 22, 2003	East Arkansas Community College Auditorium, Forrest City
November 6, 2003	UA—Hope Lecture Hall, Hope
November 20, 2003	Sparks Regional Medical Center Shuffield Education Center, Fort Smith

CONGRATU

The nursing programs with a 100% NCLEX pass rate for the year 2002 are:

- Arkansas State University—Mountain Home LPN program.
- Arkansas Tech University—BSN program.
- Foothills Technical Institute—LPN program.
- Phillips County Community College/University of AR—DeWitt—LPN program.
- Pulaski Technical College—LPN program.

NURSING PROGRAM MERGERS

On July 1, 2003, several technical institutes in the state merged with an Arkansas college or university. The mergers affecting nursing programs are:

- Cotton Boll Technical Institute merged with Mississippi County Community College. They will be known as **Arkansas Northeastern College**.

by Sue Tedford

Director of
Nursing
Education



temporary permit will specify either RN or LPN behind their signature. Titles such as GN, RNTP or LPNTP are not acceptable.

While working with a temporary permit, the graduate may function in the role for which they were educated.

LATIONS!

- Quapaw Technical Institute merged with Garland County Community College and they will be known as **National Park Community College at Hot Springs**.
- Arkansas Valley Technical Institute merged with Arkansas Tech. Arkansas Valley will now be known as **Arkansas Valley Technical Institute of ATU**.
- Foothills Technical Institute merged with Arkansas State University at Beebe. Foothills Technical Institute will be renamed **ASU Searcy**.
- Great Rivers Technical Institute merged with University of Arkansas at Monticello. Great Rivers Technical Institute will now be known as **Great Rivers Technical Institute at UAM**.
- Forrest Echoes Technical Institute merged with University of Arkansas at Monticello. Forrest Echoes Technical Institute will now be known as **Forrest Echoes Technical Institute at UAM**.



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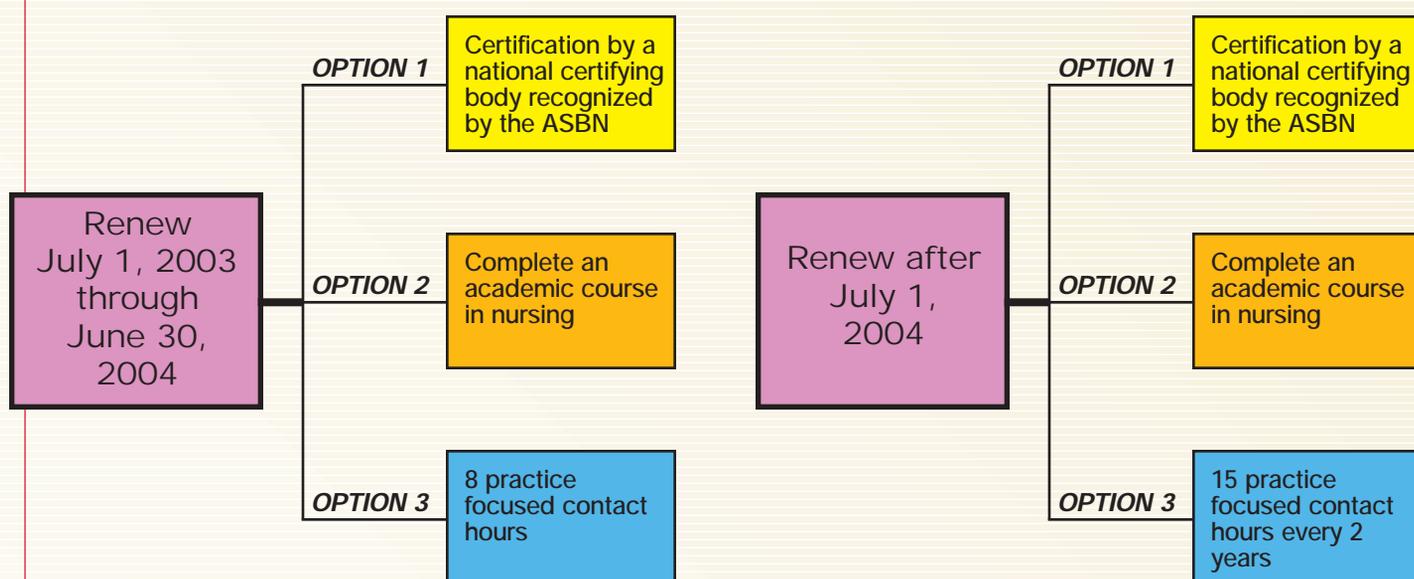
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Continued Education Requirements Now in Effect!

Everyone has been hustling around trying to make sure that they have met the new continued competency requirements for license renewal. All nurses (RNs, LPNs and LPTNs) who renew after July 1, 2003, will have to meet these requirements prior to their renewal date.

The continued competency requirements for license renewal can be met by completing one of three options.



Most individuals are meeting these requirements by obtaining the appropriate number of contact hours. Many individuals use the terms contact hour and continuing education units (CEUs) interchangeably. However, they are different. A contact hour is equivalent to either a 50 or 60 minute clock hour of continuing education and it takes ten contact hours to equal one CEU. In order for contact hours to be accepted for license renewal, they must have been obtained since the last time the license was renewed. For example, if a license is to be renewed in October 2003, the contact hours obtained between October 2001 and October 2003 will be accepted as meeting the continued competence requirements as long as they meet the other guidelines. These guidelines state that the continuing education activity must be nursing practice focused (related to your job duties) and also have received approval from a nationally recognized or state continuing education approval body recognized by the ASBN.

Contact hours can be obtained in a variety of ways. You can attend workshops or use the articles for contact hours found in many professional journals (such as *American Journal of Nursing*, *RN* and *Nursing 2003*) or on various websites. Always look at which organization approved the continuing education activity and awarded the contact hours. This organization must be on our list of "Approved Approval Bodies." The approval body list, along with an abundance of other useful information, is available on the ASBN website (www.arsbn.org).

There is no need to submit any documents to the Board as continuing education activities are completed. A percentage of nurses renewing each month will be selected for random audit. When audited, the necessary documents shall be submitted to the Board office. Keep all continuing education documents for four years.



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*DIFLUCAN: 4 pills represents a 30-day supply for some dosage forms.
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ZITHROMAX: Each Z-PAK costs \$15 (limited to 2 Z-PAKS each 30 days).



First Class— Arkansas State University's New CRNA Program

Arkansas, like most of the nation, has a severe shortage of certified registered nurse anesthetists (CRNAs). On May 28, 2003, Arkansas State University took a giant step toward solving this problem when eleven nurses began the new specialty anesthesia program. All eleven nurses in this first class completed core and support courses during the spring semester and are now immersed in the anesthesia didactic and clinical courses.

The Master of Science in Nurse Anesthesia is a twenty-eight month, seventy-one credit hour, fulltime program that prepares qualified registered nurses for entry into one of America's top ten, most heavily recruited, healthcare specialties—nurse anesthesia practice. According to estimates recently cited, there are three jobs open for every one CRNA. Nurse anesthetists take care of patients before, during and after surgical and obstetrical procedures. They stay with the patient for the entire procedure and constantly monitor body functions and modify the anesthetic as needed for the patient's comfort and safety.

Susan Campbell, MEd, MS, CRNA, initially signed on as a consultant in the search for the CRNA program administrator and later agreed to accept that position. Ms. Campbell's credentials and experience make her the perfect choice to head up the program. She received a master of science in nurse anesthesiology from Charity Hospital/Xavier University Nurse Anesthesia Program and a master's in education from Tulane University in New Orleans. She is a seasoned program director with over thirty years' experience as an educator and/or program director with nurse anesthesia programs at Duke University, Charity Hospital/Xavier University and Florida Gulf Coast.

The teaching faculty for the new class includes Sharon Previtt, MS, CRNA, an experienced CRNA educator, Sam Cron, PhD, and Andrea Rubottom, PharmD,

who teach chemistry and pharmacology. To complete the faculty, a doctorate in physiology is currently being sought.

Ranging from twenty-two years of age to forty-four, the eleven nurses making up the class are all Arkansians with the exception of one from Mississippi.

Nursing experience ranges from four years to twenty-two years, and following the national trend for nurse anesthetists, the majority of the class is female. (Fifty-five percent of the nation's 28,000 CRNAs are female.)

After completing the program and passing the national certification examination administered by the Council on Certification of Nurse Anesthetists, graduates will be eligible for licensure by the Arkansas State Board of Nursing as CRNAs. As CRNAs, they command a high degree of autonomy and enhanced professional respect. Working in collaboration with surgeons, anesthesiologists and other healthcare professionals, CRNAs can practice in every setting in which anesthesia is delivered. CRNAs practice in traditional hospital surgical suites; obstetrical delivery areas; criti-

cal access hospitals; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists and plastic surgeons; and U.S. Military, Public Health Services and Veteran's Administration healthcare facilities.

The curriculum, as you might expect, is not easy and the time away from home and family is trying for those who cannot bring along their families or commute to Jonesboro.

For twenty-eight months the nurses enrolled in the program cannot work outside the nurse anesthesia program. They spend approximately sixty hours per week split between classrooms and clinical sites where they will have administered approximately one thousand anesthetics to patients, utilizing all methods of anesthesia, by the time they complete the program. Participating clinical sites currently include:

- Saint Bernard Medical Center-Jonesboro (Primary).
 - Methodist Medical Center - Memphis (Primary).
 - Arkansas Methodist Medical Center-Paragould.
 - Regional Medical Center of Northeast Arkansas-Jonesboro.
 - St. Joseph's Regional Medical Center-Hot Springs.
 - White River Medical Center-Batesville.
- Additional sites are being expanded as the program evolves.

Admission requirements for the Arkansas State University Nurse Anesthesia Program include:

- Bachelor of science in nursing (BSN) from an accredited college or university.
- Current, unrestricted licensure to practice as a registered nurse in Arkansas.
- A cumulative grade point average of 2.75



on undergraduate and graduate course work or 3.0 on the last 60 hours of course work.

- Submission of the Graduate Record Examination (GRE) general test scores.
- A minimum of one year of experience as a registered professional nurse in a critical care setting in which time the applicant has developed as an independent decision maker capable of using and interpreting advanced hemodynamic monitoring techniques based on knowledge of physiological and pharmacological principals.

Applicants are also required to submit two letters of recommendation and write an essay outlining their personal and professional goals.

When asked why they are entering the program, the nurses' answers were varied. The following are just a few of their replies:

Cindy Hall of Cherokee Village wants to remain in rural healthcare and in her three-county service area, where there are no CRNAs. A CRNA would allow the local hospital to provide surgical services that now require the patients to drive a hundred or more miles to an unfamiliar city to obtain. Gall bladder, tonsillectomy and appendectomy are a few of the surgeries that do not require the sophistication of a hospital in a larger city.

Virginia Baltz of Pocahontas grew up with parents in the medical field. She always wanted to be in nursing and knew since high school that she wanted to be a CRNA, but she didn't want to leave the state, her home or family for the necessary training.

Todd Monroe from Brinkley has been a nurse for six years and had begun school with every intention of becoming a CRNA.

Jennifer Smith of Sidney took a summer job during high school as a certified nursing assistant at a nursing home and became convinced she wanted to become a nurse. She received her bachelor's degree and became an RN in 1989. She met many CRNAs in critical care and liked the flexibility their jobs allowed them.

Bill Crow of Mountain Home started his career as a physical therapy aide at Baptist Rehabilitation Institute. He was on the waiting list for the physical therapy program at the University of Central Arkansas when he entered school to become a surgery technician and then decided he wanted more. He likes the job and financial security the CRNA licensure can offer his new and growing family. He

also liked the fact that the degree was at the master's level.

Program director Ms. Campbell likes being a CRNA because she always felt she couldn't spend enough time with her patients. Anesthesia allowed her to work one-on-one with patients and give the time that was needed.

By the year 2010, it is projected that the U.S. will need over 35,000 CRNAs, and 33% of our current CRNAs are expected to retire by 2007. That qualifies the nurse anesthetist shortage as one of the most severe in the nursing profession.

Nurse anesthetists currently administer 65% of the 26 million anesthetics given each year. They are the sole anesthesia providers in about half of all U.S. hospitals, in almost 70% of the nation's rural hospitals and in many inner city health care facilities.

Along with the challenges and responsibilities of the degree come increased respect, autonomy and last but not least—



compensation. Starting salaries averaged about \$105,000 in a survey of CRNAs done in the year 2000 by the American Association of Nurse Anesthetists (www.aana.com).

The Nurse Anesthesia Program (NA) at ASU received accreditation on January 5, 2003, from the Council on Accreditation of Nurse Anesthesia Educational Programs.

Their next program review will be after the first class graduates on May 6, 2005, and completes the national certification examination. ASBN approval was given as "deemed status" following national accreditation. The state is fortunate to have this program with such qualified faculty and students determined to see this educational process through. We wish the program every success and good luck to all eleven of the students (although we know luck has little to do with it!).

For more information visit the ASU web site at www.conhp.astate.edu/Nursing/NA.htm.

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address change

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

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

ASBN Rules and Regulations Changes

Addition to Chapter One, General Provisions Nursing Student Loan Program

Any person who is enrolled in, or has been accepted for admission to, an approved school of nursing in this state or in a nationally accredited school outside the state, in a course of study leading to qualification as a registered nurse or licensed practical nurse shall be eligible to make application to the Arkansas State Board of Nursing for a loan according to guidelines established by the Board.

Addition to Chapter Two, Licensure, Section VIII Renewals

A. 5. Pursuant to Act 996 of 2003 and upon written request and submission of appropriate documentation, members of the Armed Forces of the United States who are ordered to active duty to a duty station located outside of this state shall be allowed an extension without penalty or assessment of a late fee for renewing the service members nursing license. The extension shall be effective for the period that the service member is

serving on active duty at a duty station located outside of this state and for a period not to exceed one year after the service member returns to the state.

Addition to Chapter Seven, Section XV

In **Disciplinary Proceedings**, A.6.s, the following example of "unprofessional conduct" has been added:

Failure to repay loans to the Nursing Student Loan Fund as contracted with the Board of Nursing.

David Eubanks, Chief Executive Officer of the Arkansas Nurses Association, moved to Texas in July to pursue his doctorate degree. He has been instrumental in cultivating a strong working relationship between ArNA and the Board, and his work on nursing and legislative issues will be missed greatly. Board member, Karen Taylor, has served as an item reviewer for NCLEX® for the second time. (See page 10 for related article.)

Fred Knight, ASBN General Counsel, recently presented the interstate compact to the Ohio Board of Nursing. In addition to being actively involved with the development of the RN/LPN Nurse Licensure Compact, Fred serves on the APRN Compact Subcommittee

Bits and Pieces

Georgia Manning Lewis, ASBN Co-Director of Advanced Nursing Practice, represents the ASBN on the APRN Task Force of NCSBN. The task force has been involved in APRN certification review (see related article on page 16) and holds an annual Roundtable with representatives from all advanced practice certifying bodies.

Calvina Thomas, ASBN Assistant Director of Nursing Education, represents the ASBN on the NCSBN Item Review Subcommittee, which reviews both newly created and older test items for currency and relevancy to entry-level nursing.

Phyllis DeClerk, ASBN Director of Nursing Practice, and Deborah Jones, Assistant Director of Nursing Practice, are both certified by the American Association of Legal Nurse Consultants. Ms. DeClerk has the distinction of being the first nurse in Arkansas to earn this certification.

Faith Fields, ASBN Executive Director, serves as secretary-treasurer of the NCSBN Compact Administrators Group and is a member of the NCSBN Examination Committee.

Sue Tedford, ASBN Director of Nursing Education, presented in a panel discussion, "The Process of Implementing Criminal Background Checks," held at NCSBN's mid-year meeting in Savannah, Georgia.

disciplinary actions

Disciplinary Actions—March, April, May 2003

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).

Each individual nurse is responsible for reporting any actual or suspected violations of the Nurse Practice Act. To submit a report or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing; 1123 South University, Suite 800; Little Rock, Arkansas 72204.

PROBATION

Branch, G Stacy Curtis Glastetter
R67629, Heber Springs
(a) (6), CP \$700

Burleson, Jimmie Lou Burleson Moore
L36179, Little Rock
(a) (1)&(6), CP \$700

Carmean, Sharon Jo Sehorn Vanwormer
L29188, Waldron, (a) (6)

Chrisco, Karon J. Hamilton Neeley
L14870, Jonesboro, (a) (6), CP \$800

Coppock, Theresa Renee Brickley
R39978, Benton, (a) (6), CP \$1000

Davis, Deborah Ann Hime
R50170, Walnut Ridge
Probation Non-Compliance

Dawes, James Williams
L28834, Clinton, (a) (4)&(6), CP \$700

Dowdy, Robert Anthony
R43024, Hope, (a) (4)&(6), CP \$700

El, Carolyn Bey
R36543, Pine Bluff, (a) (6), CP \$500

Francis, Debra Lynn Thomas Haynes
R42061, Arkadelphia, (a) (6), CP \$700

Hall, Roberta Lynn Long
R63769, L25097(exp), Camden
(a) (4)&(6)

Hinds, Lisa Ann Marschel
L35848, Benton, (a) (6), CP \$700

Home, Carrie Marie Brasuell Hamby Thompson
R37978, Van Buren, (a) (6), CP \$800

Olson, Roger Lee
R54033, Fayetteville
(a) (4)&(6), CP \$700

Richardson, Lula
R26811, Jonesboro, (a) (2)&(6), CP \$250

Thomas, Kathy Jean Simpson
L13321, Newport, (a) (4)&(6), CP \$1000

SUSPENSION

Arum, Cynthia Louise Drury
L28356, Jacksonville, Probation
Non-Compliance, CP balance \$525

Baxter, Lisa Ann
R37496, Little Rock, Probation
Non-Compliance, CP \$500

Britton, Hunter Joel
L40697, Stamps
(a) (4)&(6), CP \$1500

Carmean, Tanna Kay Watkins
L40557, Caruthersville, MO
(a) (4)&(6), CP \$800

Clark, Ann Elaine Woodard
R53433, Donaldson, Probation
Non-Compliance, CP \$300

Cooper, Tina Louise Bratton
R40868, Russellville
Board Reprimand Non-Compliance

Gaines, Neda Jean Gaines Sparks Burson
R39576, Camden, (a) (1),(2),(4)&(6), CP \$800

Jeu, Diane Elaine Cannon Coggin
R14357, North Little Rock, Probation
Non-Compliance, CP \$250

Reed, Charlotte Diana
R62603, Hot Springs
(a) (6), CP \$1000

Walsh, Dollie Jean Freeman
L34646, Houston, Letter of Reprimand
Non-Compliance, CP \$250

Wilcox, Patricia G.
L36379, Basin, WY
(a) (4)&(6), CP \$1000

REVOCACTION

Dapp, Steven Tucker
L34809, Jonesboro, (a) (6)

Holt, Betty Irene Bonds
L14471, North Little Rock, (a) (3)&(6)

VOLUNTARY SURRENDER

Andrews, Pamela Jean Strawn Smith Nance
Robertson
L12528, Paron

Beckham, Linda Elizabeth Barrett Jones
McCollum Naylor
L16670, Ivan

Bethea, Sandra Kay Fletcher
L18434, Jacksonville

Brooks, Judith Renee Rose
R45434, Bono

Cullom, Mary Jacqueline Bennett
R12048, Jonesboro

Discher, Gail Patric Thompson
L14699, Warren

Fullbright, Tammy Kay Peterson
L28048, Rison

Mills, Jo Nita
L37855, Conway

Parker, Tereasa Annelle
R65841, Benton

Polston, Jennifer Angielee Knight
L39417, Beedeville

Roberts, Jason Lynn
L40166, Bryant

Rush, Allison Lee
R62664, Pine Bluff

Safford, Ricky Von
R49697, Paris

Watts, Terri Lynne Lee
L11200, Springdale

Williams, William Hood
R35428, Little Rock

REINSTATEMENTS WITH PROBATION

Davis, Willie Annis, III
R29758, L17989 (exp), Suspension until
order met, then Probation, CP \$500

Hale, Glenda Elaine Pence
L31253, Rector, CP balance \$125

Martin, Lydia Marie
T01698, Little Rock

Meyer, James Shores
L28009, Little Rock

PROBATIONARY STATUS REMOVED

Covey, Deanna Lynn Irvin Brinkley
L36355, Royal

Darden, Betty Jo Martel
L14006, El Dorado

Elam, John Leon
R63298, Conway

Erickson, Robin Denice Brown
L19599, T01389(exp), Alexander

Holden, Alfred Clayton, Jr.
R54687, Little Rock

Kirtley, Kathy Weatherford
R49294, Benton

McKeel, Melissa Jean
L36454, Camden

Taylor, Rebecca Dawne Taylor Britt Dumas
L25791, El Dorado

Wise, Buddy Wayne
R52645, Jacksonville

REPRIMAND

Ellington, Mary L. Cunningham
L25967, Little Rock

Kubli, Connie Marie Wallace Stansberry
L18771, Conway, CP \$720

Smith, Josie Annette
L24102, Camden

Story, Doyline Williamson
L34996, Conway, CP \$750

Vennebush, Erma Sue Norton Reeves
L26711, Hot Springs

LICENSURE OR PERMISSION TO TAKE NCLEX® GRANTED

Weaver, Shannon Loreen Golson
Permission to take NCLEX-PN® granted

Davis, Denise Nicole
Permission to take NCLEX-PN® granted

Probation—1 year after license issued

LICENSURE OR PERMISSION TO TAKE NCLEX® DENIED

Brown, Vickie Arlene Davis Brown
PN Endorsement Applicant, Fayetteville

Hawkins, Tammy Violet Zimmermann Glisson
NCLEX-PN® Applicant, Melbourne

WAIVER TO MAINTAIN LICENSE DENIED

Cooper, Libby Lanelle Wilson
R25906, Van Buren

Newman, Rita Faye Cook
R32513, L23154 (exp), Hot Springs

Reschke, Krystal Renee Luther
L37705, Pocahontas, (a) (2),(4)&(6)
A.C.A. §17-87-312(f) (29), (h) (1)&(2)
Suspension Expunged, License Denied

IMPOSTER

Coleman, Kimberly R. Wynne

HOT CHECKS

Kelly Alline Chronister	R35262
Brenda Lee Jones	R54490
Angela R. Whately	R41550
Mary R. Sabine	L33206
Christy Russell	R37270
Rose Marie Dean	L30130

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