

# ASBN *Update*

Volume 9 Number 1

board of nursing



*Discipline—*  
A Difficult but  
Necessary Part of  
Public Protection

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# ASBN Update

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*The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing.*

**EXECUTIVE DIRECTOR** Faith A. Fields, MSN, RN

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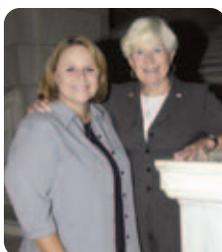
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**on the cover**

Representative Sandra Prater from Jacksonville and Representative Shirley Borhauer from Bella Vista are registered nurses as well as Arkansas legislators. The 86th General Assembly of the Arkansas Legislature convenes in January 2005.

# president's message

**B**y the time you read this, the ASBN will have elected a new president for 2005. This past year has been very challenging and rewarding for me, and I have learned a lot about myself and my abilities. This will be my eighth and final year on the Board, and I am writing about a few of the accomplishments and changes that have occurred since I was appointed.



The focus of this issue is discipline, and there have been numerous changes in this area. Several years ago, we established uniform drug testing criteria, so that nurses under Board order are being tested for an extensive panel of drugs. We've hired a nurse attorney, Ruthanne Murphy, RN, JD, to enter into consent agreements with licensees who are under investigation. We developed staff guidelines that allow staff to approve requests for waivers.

ASBN Update was started in 1997 and was sent out quarterly to employers and subscribers. Once a year, it was sent to every licensed nurse at the Board's expense. Today, thanks to a contract with Publishing Concepts, Inc. (PCI), it has become a full-color, 32-page magazine sent to all nurses every other month at no expense to the Board.

In 1998, the Board's website was launched and has been regularly improved and expanded. Today, most business can be conducted online. Employers can check licensure status, and new graduates can check NCLEX® results within 72 hours of taking the test instead of waiting six to eight weeks like I did 21 years ago.

Legislation was passed in 1999 for state and federal criminal background checks on all new licensees and applicants for endorsement from another state. People who have been convicted of certain felonies may now be barred from nursing in Arkansas.

One of the biggest changes was the implementation of the Nurse Licensure Compact in 2000, which allows nurses to work in other compact states without having to obtain a license there. Today there are 17 states in the compact, including neighbor states Texas, Mississippi, and

Tennessee. Continuing education requirements were established in 2001 requiring nurses renewing a license to have completed 15 contact hours of CE within the past two years.

The Nursing Student Loan/Scholarship was started in 2002 with a sizable contribution from then Senator Brenda Gullett's general improvement funds and is regularly contributed to by PCI with each issue of ASBN Update. In December 2003, the Board and PCI co-sponsored the first annual Nursing Expo to raise awareness of nursing and the nursing shortage.

The ASBN received the 2000 Outstanding Member Board Award from the National Council of State Boards of Nursing (NCSBN). Assistant Director of Nursing Practice, Debbie Jones, was recognized by the Arkansas Nurses Association in 2002 for Outstanding Contributions. Director of Education, Sue Tedford, MNsc, APN, was named ARNA's Nurse of the Year in 2003, and in 2004 the ASBN received ARNA's Distinguished Service Award. Many of our staff serve on NCSBN committees, and in 2004, Board member Karen Taylor was elected to the NCSBN Committee on Nominations.

We have accomplished a lot in a short period of time. In closing, I want to say how honored I am to have served on the ASBN and to have been president this past year. My heartfelt thanks to Governor Huckabee for the appointment. I have said many times since becoming a Board member, no amount of money could equal what I've been given with this opportunity. I'm also grateful to the ASBN staff and board members for their support and hard work. I've learned so much during my two terms on the Board. I feel very privileged to have been associated with such a distinguished group of people. I wish the new president, Dan West, all the best.

*Lawana Waters*

Lawana Waters, RN

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## executive director's message

This issue of the *ASBN Update* focuses on discipline—a very difficult but, unfortunately, necessary part of public protection. Jana L. McConnell, an Arkansas registered nurse and, at that time, a graduate student at the University of Arkansas for Medical Sciences, worked with ASBN Information Services Administrator Ed Sweeten to research the nursing database and profile the disciplined RN in Arkansas. The average disciplined RN in Arkansas is female, 43.9 years of age, and married; holds an associate degree; and has held an Arkansas nursing license for 10.55 years. Before you start making any assumptions about this nurse, it may interest you to know that the average non-disciplined Arkansas RN is female, married, and 46.5 years of age with an



associate degree for 12.75 years. So there is not a great deal of difference between the two. Ms. McConnell's study noted an interesting finding that two percent of the total male RN population has had disciplinary action taken against them compared to 0.24% of the female RN population. This disproportionate male disciplinary representation was noted in several other states as well.

Disciplinary cases are rapidly increasing in this state as well as all over the nation. In 1998, the ASBN took 94 disciplinary actions against licensees. In 2004, there were 321 disciplinary actions taken by the board and 281 letters of warning issued. Over eight hundred complaints against nurses were investigated and closed in FY 2004. For the first four months of FY 2005, there had been over 400 complaints handled and another 400 pending.

In the late 1980s, the board placed the first license on probation. Before that time, if a nurse was found guilty of violating the nurse practice act, the license was

suspended—period—end of story. Through the years as more information has become available regarding the disease of addiction, system failures, patterns of behavior and changes in the board members and the *Nurse Practice Act* itself, the Board has begun handling disciplinary cases differently. Of the FY04 disciplinary actions taken, 147 of the licensees were placed on probation. Consent agreements were added as a method of dealing with violations in the mid 1990's. The board ratified 135 consent agreements in FY2004.

Board members and staff do not relish taking action on a nurse's license. We do, however, take very seriously our public protection mission. A number of nurses have contacted the board to say, "You saved my life." One nurse commented that, "I started out using the drug and then the drug started using me. Thank you for saving me from myself." Knowing that some will cease their self-destructive acts and the patients they care for will be protected as a result of licensure action makes handling disciplinary cases worthwhile.

So what is up with all this discipline? Is the board getting tougher on crime or is crime increasing that much? Are facilities just getting better at reporting misconduct, or do we have a more informed public that expects more out of the professionals who care for them? The short answer is that I don't know. I do know that the literature reflects that 10% of the general population has an addiction problem. I do know that over 90% of the cases we deal with are substance related. I also know that 10% of the nursing population would add up to around 4600 nurses, and if this is true, we are just scratching the surface.

*Faith A. Fields*

Faith A. Fields, MSN, RN



### GEORGIA MANNING LEWIS, DIRECTOR OF ADVANCED PRACTICE NURSING, RESIGNED EFFECTIVE DECEMBER 1, 2004

Georgia was the first Director of Advanced Nursing Practice for the Board of Nursing, appointed to the position in July 1997. I could not begin to list all of her accomplishments but to name a few biggies. It was Georgia's idea to find a company that would publish the newsletter, saving the board tens of thousands of dollars annually. It went from being "The Nameless Newsletter" to the top-notch publication that it is today. She has staffed the Prescriptive Authority Advisory Committee, the advanced practice and telenursing committees, written regulations, given lectures, served on NCSBN committees, and much, much more. She has certainly made her mark on the face of advanced practice regulation in Arkansas and will be sorely missed. We wish her well as she starts this new chapter of her life.



by Darla Erickson  
Director of Accounting

## Nursing Student Loans Awarded

Thirty-four participants have been chosen for the Nursing Student Loan Program. The ASBN received 145 applications for this year's program. The number of loans/scholarship grants awarded was limited to the funds available to the Board for this project, and decisions were made based on financial need and academic considerations.

Each loan/scholarship participant was funded at a maximum of \$1000 per academic year. Participants may be qualified for loan cancellation at a rate of the full amount of one year's loan, plus accrued interest, for each year of practice in Arkansas. The loans may be changed into scholarship grants by working full-time as an RN or an LPN in qualified employment in the state of Arkansas. Qualified employment is defined as "Full-time engagement for compensation in a position, which requires licensure as an RN or LPN by the Arkansas State Board of Nursing as a prerequisite in the job description."

This program is funded by donations to a fund designated for the sole purpose of helping nursing students with their education expenses. In the past, the Board received donations from sources that will no longer be available. In light of the probable decrease in donations, the ASBN may temporarily discontinue the distribution of funds after this year to allow the fund balance to increase before implementing the program again. However, this policy could be reversed if the ASBN received donations substantial enough to administer the program sooner. (So if you are a wealthy philanthropist, and are looking for a good cause, contact me at [derickson@arsbn.org](mailto:derickson@arsbn.org)).

The Nursing Student Loan Program is truly a worthwhile project, and we are glad to be able to help students who desire to join the nursing profession. Congratulations to the new participants in this year's program.

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## New Staff Welcomed

ELLEN HARWELL is the new Receptionist/Cashier. Ellen comes highly recommended by her colleagues and is a welcome addition to the Board's staff. Ellen worked for E.C. Barton & Company in Jonesboro as their receptionist for four years. Ellen has four children and resides in Bryant with her husband Rick. Please join us in welcoming her to the Board of Nursing staff.

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## information technology

by Ed Sweeten  
Information Systems Administrator



## Great News From the IT Department

I am pleased to announce that the ASBN has modified the Interactive Voice Response (IVR) system to allow for verification of certificates of prescriptive authority. This is in response to requests received from our customers using the current system. The new system will go online as soon as the final testing phase has been completed.

In order to use the IVR system, you will need certain information that includes the license type (RN, LPN or certificate of prescriptive authority), license or certificate of prescriptive authority number, and the first few letters of the last name.

Using the IVR to verify licenses and prescriptive authority status is a very simple and convenient process. First, call the IVR phone number (501.682.2200) to access the system. Enter the required information following the voice prompts. After you enter the information, the system will indicate by voice prompt if the license or certificate is expired or active and the expiration date. If an RN license was verified, the system will respond whether a certificate of prescriptive authority is held, the advanced practice license type(s), and the expiration date(s). After the information is given, you will be voice prompted with three options. Press one to repeat the information, two to verify a different license, or nine to exit the system and end the call.

The ASBN is always striving to improve our processes to better meet the needs of our customers. One of the ways we accomplish this is through direct feedback from those using these services. If you have suggestions on how to improve our services feel free to send an e-mail to us through the Contact Us link on our website, [www.arsbn.org](http://www.arsbn.org).

### ASBN RECEIVES DISTINGUISHED SERVICE AWARD

During the Arkansas Nurses' Association Annual Meeting in Hot Springs, the Board of Nursing was awarded the 2004 Distinguished Service Award. In a collaborative effort to provide continuing education for nurses across the state, the ASBN and ARNA presented numerous workshops in the major geographical areas of the state. The meetings were very well attended with positive feedback from the participants. The content was applicable to all categories of nursing, including nursing students. The Board of Nursing enjoys a strong collaborative relationship with the Arkansas Nurses' Association and was honored to receive such recognition.

# board business



## BOARD MEETING DATES

January 12th . . . . . Disciplinary      February 9th . . . . . Disciplinary      March 9th . . . . . Disciplinary  
 January 13th . . . . . Business          February 10th . . . . . Disciplinary      March 10th . . . . . Disciplinary  
*The public is invited to attend ASBN Meetings. Groups of more than five should contact LouAnn Walker at 501.686.2704*

# board meeting highlights

At the November 2004 Board meeting, the Board took the following actions:

- Granted continued approval to the Arkansas State University Technical Center Practical Nurse Program until the year 2009, with a follow-up letter in six months regarding progress made on questions related to international students.
- Granted continued full approval to the Southeast Arkansas College Associate of Applied Science Degree in Nursing LPN/LPTN-to-RN Transition until the year 2009.
- Granted initial approval to the Arkansas Rural Nursing Education Consortium (ARNEC) Associate of Science in Nursing Program. ARNEC shall send quarterly reports to the Board providing an evaluation, analysis and changes made in regard to all aspects of the program until full approval status has been granted.
- Granted approval to the Eleanor Mann School of Nursing, University of Arkansas in Fayetteville Masters in Nursing Program.
- Moved that the Arkansas State Board of Nursing rescind Position Statement 98-5 regarding Out of State Orders so that nurses may now carry out orders received from physicians who are not licensed in Arkansas.
- Voted to increase licensure fees to \$75.00 for RNs and \$65.00 for LPNs and LPTNs effective July 1, 2005.
- Elected new officers, who are: President Dan West, Vice-President Pamela Crowson, Treasurer Robert Curry and Secretary Darlene Byrd.

# important information

## OFFICE LOCATION / TELEPHONE NUMBERS / OFFICE HOURS

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 8:00—12:00, 1:00—4:30

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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.

# Rebsamen Medical Center

**R**ebsamens Medical Center is a non-profit, 113 bed acute care hospital located in the direct center of Jacksonville, AR. With approximately 500 employees, Rebsamen has consistently offered the residents north of Little Rock with a unique blend of treatment which incorporates personal care with the latest in advanced technology. Rebsamen is committed to growing in its community as they continue their mission of providing personal healthcare for your family by extending their vision of developing a family of caregivers to become your community hospital.

Located approximately 15 minutes from the state capital in Little Rock, Jacksonville is a close knit community of 30,000 residents just minutes from all

the perks of a big city. Jacksonville has 9 elementary schools, one middle school, 2 junior highs, and 2 high schools. Jacksonville is also home of the Little Rock Air Force Base which employes 6,678 people and is the largest C-130 base in the world.

Rebsamen is a partner in the establishment of Jacksonville Medical Clinic and Cabot Medical Clinic, and recently announced its plans for a 13,000 square-foot medical imaging center in Cabot. The center will include MRI, CT scanner, and ultrasound as well as physician office space. The facility, which will be completed in fall of 2005, is another example of more than 40 years of commitment by Rebsamen to providing quality healthcare to this region.

Rebsamen's new wellness program *Go Healthy* has been a huge success already with over 325 employees enrolled. *Go Healthy* offers employees the opportunity to reduce healthcare deductibles by achieving goals of stress reduction, weight-loss, decreased cholesterol, and stopping smoking. Rebsamen encourages healthy lifestyle changes by providing free classes on the above topics, at the hospital. Rebsamen also offers a variety of healthy food choices at their new café "Season's Bistro".



Childcare dresses up at halloween and trick-or-treats all Rebsamen departments.

## Rebsamen's On-site Childcare Center



Clifford visited the childcare during a book fair.



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Rebsamen has a monthly birthday party for all employees where a gift is given to those employees with a birthday.

# Management of Pediatric Overweight: A Nursing Guide

For the past three decades, pediatric overweight has been increasing at an alarming rate. The American Academy of Pediatrics recommends that all pediatric patients have their body mass index (BMI) calculated and plotted yearly<sup>1</sup>. In 2003, the Arkansas Legislature passed Act 1220, which mandates that public schools include children's BMI in health reports to

loss attempts; amount of time spent in sedentary behaviors and physical activities; body image and self-esteem; motivation to change; eating practices; and any family problems, emotional difficulties, or depressive symptoms.

## Treatment

When the assessment is complete, the nurse should communicate information to the family as simply as possible, answer any questions, and explain any risk factors. If the child and family are motivated, help them set goals that target problem behaviors and foster permanent change. Let the child and family pick the behaviors that would be the easiest to change first. Positive reinforcement, nonfood rewards, and praise for meeting goals are the cornerstones of behavioral therapy for an overweight child<sup>2,3</sup>.

Possible child or teen goals include:

- Exercise (play hard) one hour daily.
- Eat a combination of at least five fruits and vegetables daily.
- Limit foods high in fat, sugar, and calories.

Suggested goals for parents and families could include:

- Have home-cooked meals regularly.
- Provide only healthy, nutritious food choices at home.
- Monitor goals daily and offer praise.

Weight should be monitored at home every two to four weeks. Children should have repeat physical exams every two to three months. Praise families for making behavior

changes and adjust or add goals if needed. Permanent, healthy lifestyle behavioral change is difficult and requires reinforcement, but it can be done.

The Arkansas Foundation for Medical Care is partnering with Arkansas Children's Hospital Fitness Clinic, the University of Arkansas for Medical Sciences, the Arkansas Department of Human Services, the Arkansas chapters of the American Academy of Pediatrics, and the American Academy of Family Physicians to help healthcare providers meet the rising demand for evaluation and treatment for pediatric overweight.

*Dr. Karen Young is assistant professor of pediatrics at the University of Arkansas for Medical Sciences, medical director of Arkansas Children's Hospital Fitness Clinic, and a partner with the Arkansas Foundation for Medical Care.*

This article is adapted from the March 2004 issue of the Journal of the Arkansas Medical Society. To read the full article, go to [www.afmc.org](http://www.afmc.org) and click on Professionals, then AMS Articles.

## References

1. American Academy of Pediatrics, Committee on Nutrition. Policy statement: Prevention of pediatric overweight and obesity. *Pediatrics*. 2003; 112:424-430.
2. National Institute for Health Care Management Foundation Forum. Childhood obesity – Advancing effective prevention and treatment: An overview for health professionals. April 9, 2003. Available at <http://www.nihcm.org/ChildObesityOverview.pdf>
3. Barlow S, Dietz W. Obesity evaluation and treatment: Expert committee recommendations. *Pediatrics*. 1998; 102(3):29.



parents. Nurses can play a critical role in helping children and families tackle pediatric overweight.

## Assessment

Once BMI is calculated, the patient's values can be plotted on the growth chart for their gender and age. If the patient is in the category of "At Risk of Overweight," the nurse should focus on family history, blood pressure, total cholesterol, large changes in BMI, and family or patient questions. If these are areas of concern, the child should be monitored closely and healthy lifestyle choices should be promoted<sup>2</sup>.

A detailed history should be taken, focusing on age of onset of overweight; parent and child perceived causes of weight gain; previous weight

# NC STAFFING

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company's nurses but the company itself.

In 2001, Ann Adams, a Registered Nurse, founded NC STAFFING to link highly-qualified medical staff with health care facilities in Arkansas. Since then, NC STAFFING has expanded to Memphis, TN and Houston, TX. This

determined company knows what hospitals look for in their nursing staff and it has built a reputation for providing it. Its nurses are among the very best in the country — fully qualified,

tested for knowledge and skills, and individually matched to each hospital's specific requirements.

The company believes that trusting your nursing career to a staffing company shouldn't be a leap of faith. That's why it offers premium salaries for all its nurses. It also offers medical, dental and life insurance for full-time employees, merchant discounts, referral bonuses and a host of other benefits and perks that no other staffing company can match.

When hospitals require temporary medical staff to fill an immediate need, NC STAFFING jumps right in. The company provides the highest level of personnel and services not only to augment staffing, but also to give its clients the peace of mind of knowing that their patients are being cared for by the very best. There is truly no other company quite like NC STAFFING.

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*Ann H. Adams, RN, MBA  
Founder and President, NC Staffing*



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# Addiction in Healthcare Professionals

Healthcare professionals have always had the responsibility of caring for their patients, not only by direct care, but also by the example of their lives and personal conduct. Misuse of alcohol or any form of drug addiction among those of us who have the privilege of holding a license is an occupational problem that causes the same concern as a criminal act in a policeman or judge. The license itself grants us access to and administration of the very substances that lead us to addiction, yet provide care and relief for our patients. This social and professional concern demands that extraordinary action be taken to ensure that the impaired nurse, doctor, dentist or pharmacist is detected, treated, and rehabilitated.

The door has been opened for many questions surrounding the addicted healthcare professional. Let's concentrate on the nursing profession. What are the signs and symptoms of an addicted nurse? How prevalent is this problem? What do you do if you suspect a nurse of having a problem? What happens to the nurse who does have a problem?

Chemical dependency is the single most frequent disabling illness for the medical professional, and as such, poses a major problem for the professions. This does not mean, however, that the disease of chemical dependency occurs more frequently in nurses than it does in the general population. The statistics show us that the rate of addiction for the general population is approximately 10%, which is basically the same as the rate for the nursing profession. What this tells us is that most of us working in the profession will at some time during the course of our career either work with, hear of, or have a relationship with someone suffering with this disease. Some signs and symptoms of the addicted nurse are as follows:

- Works long hours.
- Administers most of the pain medication.
- Asks for the patients who are taking

- the most pain meds.
- Has wide mood swings with frequent trips to the bathroom.
- Wears long sleeves when everyone else is wearing short sleeves.
- Their patients complain of not receiving pain relief.

- Looks unkempt, appearance deteriorates.
  - Isolates and withdraws from activities.
- The purpose and mission of the nursing board is to first and foremost protect the public, but it is also the duty and obligation of every nurse to protect

## Letter from a Disciplined Nurse

by Sheila Spence, LPN

When I received a letter saying that I had to come to the nursing board, I was scared to death. I had been in the nursing field for so long that I thought if they take my license, I would not know what to do. Nursing is all I know how to do. I never thought my actions in my personal life would affect my nursing career — after all I hadn't hurt anyone but myself. I met with Ms. DeClerk and Ms. Jones and found out what I had to do to get my nursing life back on track. I entered into a consent agreement with the Board and began to do what was required of me. During this time, I became more aware of my actions in my personal as well as my professional life. I have become a better and stronger nurse.

The only thing about the disciplinary process is once you make a mistake, it follows you for the rest of your life. When potential employers check your license and see that flag, the response is "Oh, your license is flagged." This may affect whether you get the job or not. If you want to further your education, past disciplinary action could affect your chances of being accepted into an RN program.

Becoming a nurse doesn't make you any less human; after all, we are all humans and humans make mistakes. No one is perfect. I do feel that making a mistake doesn't mean that you pay for it for the rest of your life. Therefore, I don't think that a nurse's license should be flagged forever. In my case, I made a mistake. I am aware of that mistake, and I wish I could turn back the hands of time and redo that part of my life. I would never make the same mistake twice. I know of other nurses that are in almost the same situation, and I wish I could make them see what they are doing to themselves and their families.

by Carol Bowers, RN  
Director  
Marketing Administration  
Talbott Recovery Campus

patient safety and report any suspicions of a colleague working in an impaired fashion. We often have concerns of what will happen to "that" nurse if we report them? Will I be sued; will the nurse lose his/her license? The outcome is not the issue. The issue is to protect the patient. While you are protecting the patient, you are very likely saving this nurse's life. You are stopping the disease process, which is something an addicted nurse cannot do without help. Intervention, treatment, aftercare, and monitoring work; these actions protect the public, save the life of the nurse with this disease, and allow the nurse to remain in nursing, if that is the appropriate outcome. The only thing you can do "wrong" is to do nothing at all.

What happens to the nurse's license? I will answer this question by sharing a little of myself. In 1982, I was in the midst of my disease. I was diverting Demerol for my own use, and I was praying for some way to stop what I was doing. I could not stop on my own. On Saturday, December 4, 1982, two Georgia Bureau of Investigation agents with guns and handcuffs met me at the hospital. I was fired, searched, handcuffed, and taken to jail. The arresting officer was a lady who met me at the jail, something she did not need to do. She told me everything would be OK, and that I needed to call Dr. Doug Talbott, something else she did not need to do. I entered treatment at Talbott Recovery Campus, remained in treatment for four months and was monitored for an additional four years. I was given probation by the state, and my nursing license was put on probation for four years.

My life has changed so dramatically, I cannot even begin to share all the changes. I will be forever grateful to the woman who arrested me, for the Board of Nursing for putting my license on probation, and to Dr. Talbott at Talbott Recovery Campus. I am still a nurse, but more importantly, I am alive, and I am happy 22 years later.

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## Drug Dependence and Abuse

Having been a registered nurse for over thirty years, I have seen nurses who have become addicted to their own prescriptions, diverted drugs for their own use, and stolen drugs to sell to others. But, when I became a member of the ASBN staff, I was not prepared for the devastation and carnage I have since witnessed in my fellow nurses. It has caused me great sadness to see what this illness has cost these people and how prevalent these issues are in the field of nursing in all states, not just ours.

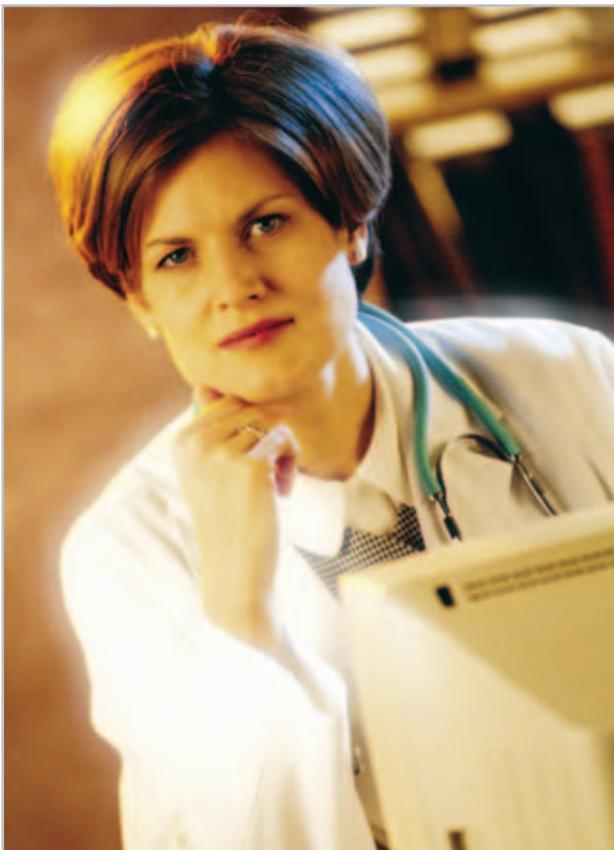
Since coming to the board staff, I have met with nurses who have lost their children, their homes, their jobs, their dignity, and their self worth as a result of the abuse of various drugs. I have come to better understand that

this is a disease and one that destroys lives just as dreadfully as cancer or diabetes. Drug abuse and drug dependence represent different ends of the same disease process. This disease process can not only cost you your nursing license, but your livelihood. This disease process can cause you to end up in our court systems—even in our prison systems.

Drug abuse and dependence is a disease and NOT a character defect. Different people will be affected by drugs in different ways, and some people are more prone to addiction than others. As healthcare professionals, it is important to remember that a person being treated for this condition requires the same respect as a person with any other medical condition.

A person who abuses drugs frequently does not realize that they have a problem. It frequently falls to family members or co-workers to confront the illness head on with the abuser. The signs and symptoms displayed by the person depend on what substances the person has abused. Many agents cause a change in the level of consciousness—usually a decrease in responsiveness. Frequently, people taking the drug don't recognize the changes in their behavior, but co-workers and family members do.

Intervention is possible, but a professional should offer the treatment, recommendations, and follow up. Coming off these agents is frequently accompanied by many unpleasant effects and should be done under the



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by Ruthanne Murphy  
Attorney



supervision of experienced healthcare providers.

The initial evaluation by an addictionologist is just the first step in battling drug abuse. Follow up with drug avoidance will be essential to the treatment of this illness. Support groups contribute significantly to the success of battling addiction. The twelve step program, which helps give the addict strength and the emotional support to overcome the addiction, is taught effectively in many of these groups.

Finally, prevention of this illness involves avoiding places frequented by drug abusers and not associating with known drug abusers. I have spoken with so many nurses who have been picked up by the police for drug use while riding in the car or associating with a member of the opposite sex who is a known drug abuser. Don't think because you are a healthcare professional, you are too smart to get caught up in this horrible mess. Knowledge about drug use and abuse is key to preventing abuse in the first place and avoiding relapse among those who are recovering.

Treatment of drug dependence and abuse requires a long-term outlook. A person with a history of drug abuse must be constantly on guard to avoid individuals and situations that include drugs. There is no such thing as casual use for them.

It would seem unnecessary to be said, but it is so much easier never to start down this road. This path is full of pain, regret, remorse, humiliation, and loss. Stay clean, stay vigilant for yourself, your family, and for your nursing career. The cost of drug abuse is way too high for any of us.

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# The *Disciplinary* Process

ASBN received 732 complaints between July 1, 2003, and June 30, 2004. The two primary sources of complaints are employers and reports from the Office of Long Term Care. However, the Board can and does receive complaints from individual nurses, the public, law enforcement, other regulatory agencies, and boards of nursing in other states. Other sources of complaints are from the staff reviewing applications, documents submitted to the Board, and nurses reporting themselves. Anonymous complaints are accepted and investigated, however, if the complainant does not give sufficient information, the Board staff cannot conduct an investigation.

The grounds for disciplinary action are defined and described in the ASBN Rules and Regulations, Chapter Seven, Section XV. Reviewing this section will be helpful in determining if the nurse has violated the *Nurse Practice Act* or the *ASBN Rules and Regulations*.

Complaints to the Board must be submitted in writing. A legible hand written or typed letter to the Board should include the following:

- Nurse's name and license type (LPN, LPTN, RN, APN).
- Where the nurse works or where the offense occurred.
- An objective description of what the nurse has done or failed to do.
- If known, the complainant should include some type of unique identifier such as license number, social security number, address, or date of birth of the nurse.

Staff review all written complaints received by the Board. A request or subpoena is sent to the appropriate persons or facilities when additional information is needed. The nurse who is named in the complaint may be sent a request to respond to the allegations in the complaint. Upon receipt of all of the information, staff must determine if there is evidence that the *Nurse Practice Act* or the *ASBN Rules and Regulations* have been violated. If no evidence of viola-

tion is found, the case is closed.

The *Nurse Practice Act* A.C.A. §17-87-309(a) gives the ASBN sole authority to deny, suspend, revoke, or limit any license to practice nursing or certificate of prescriptive authority issued by the board or applied for in accordance with the *Nurse Practice Act*.

- The Board may **deny approval** of an applicant to take the NCLEX® or endorse from another state. Denial is usually based on dishonesty, action in another state, or conviction of a crime that prohibits the individual from holding a nursing license. A list of crimes that bar one from holding a nursing license can be found in the *Nurse Practice Act* ACA §17-87-312.
- **Letters of Warning** can be issued by Board staff to inform the nurse the Board is concerned about his/her actions and if they are not corrected may lead to disciplinary action in the future. This is not a disciplinary action.
- **Letters of Reprimand** are issued by the Board staff when a nurse has violated the *Nurse Practice Act* or the *ASBN Rules and Regulations*. The nurse may be required to take courses or write papers related to the violation.
- The Board issues **Board Reprimands** after a formal hearing. This reprimand may also require the nurse to

pay a civil penalty, take a course, or write a paper related to the violation.

- **Probation** allows nurses to continue to work while under close supervision of their employers and the ASBN for a specified period of time. Nurses are ordered to inform their employers of the disciplinary actions and to complete specific requirements. Requirements may include, but are not limited to, paying a civil penalty, taking continuing education courses, writing papers, obtaining quarterly evaluations from the employer, submitting personal reports to the Board, or retaking the licensure examination. If the violation is related to substance abuse or abuse-potential drugs, the nurse may be required to enter a treatment program and have random drug screens.
- **Suspension** takes away a nurse's license for a specific period of time. The nurse may be ordered to complete requirements similar to those described under probation. After successfully meeting the requirements of the suspension, the nurse may request license reinstatement. Once reinstated, a probation period may follow to ensure that the nurse returns to safe nursing practice.
- **Revocation** of a nursing license is permanent. The person cannot ever prac-

## DISCIPLINARY Q&A

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

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

by **Deborah Jones**  
Assistant Director of Nursing Practice



tice nursing in Arkansas again. If the person holds two licenses, such as an LPN and RN, action is taken on both licenses.

- Nurses may **voluntarily surrender** their nursing licenses to avoid or delay disciplinary action. A voluntary surrender of licensure is for a minimum of one year. At the end of the year, a request for license reinstatement can be submitted. The issues that caused nurses to voluntarily surrender their licenses must be addressed prior to reinstatement.

All disciplinary action is:

- Public information.
- Made a permanent part of the nurse's record.
- Reported in the *ASBN Update* and on the website.
- Reported to the National Council of State Boards of Nursing Disciplinary Data Bank and shared with all state boards of nursing.
- Reported to the Healthcare Integrity and Protection Data Bank.

Certain disciplinary actions are reported to the Office of Inspector General and may result in the nurse being excluded from working in Medicare or Medicaid funded facilities.

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. Disciplinary action against a nurse's license is one method used to protect the public from unsafe nursing practice. The ASBN cannot fulfill their mission without the assistance of nurses, employers, and the public. The *ASBN Rules and Regulations'* description of unprofessional conduct requires nurses to report violations of the *Nurse Practice Act* to the Board.



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# The Road Ahead—Always Be on the Lookout

Ann Landers once said, “The naked truth is always better than the best-dressed lie.”

Well, here is the truth:

- (a) Some nurses will try scams to obtain prescription medications.
- (b) Some nurses will forge prescriptions to obtain medications.
- (c) Some nurses will alter written prescriptions to obtain a greater quantity of prescription medications.
- (d) Some nurses will steal prescription medications from current stock.
- (e) Some nurses will divert prescription medications by telephoning new prescriptions or refill authorizations for their personal use.
- (f) Some nurses will steal medications while on duty.
- (g) Some nurses will come to work in an impaired state and/or abuse drugs or alcohol while on duty.

This list is frightening. But this list includes only a few of the ways you may be compromised in the world of drug abuse. The abuse of prescription drugs—especially controlled substances—is a serious social and health problem in the United States today. As a healthcare professional, you share responsibility for solving the prescription drug abuse and diversion problem.

Prescription drug diversion can best be defined as the obtaining of prescription medications for illicit purposes. This is accomplished by a variety of methods by a variety of offenders, and can include deception or outright theft. Prescription drug abuse accounts for a large percentage of the overall drug problem in the United States, representing a close challenge to cocaine addiction. The abuser may be a person close to you, a co-worker, a friend, or even a relative.

Other methods of diversion can include forgery of prescriptions after stealing prescription pads or altering the quantity prescribed on a prescription, inappropriate entry into a Pyxis system, signing out inappropriate amounts of

controlled substances, and signing out controlled substances without a physician's order.

Does this really happen? Yes it does!!!

Defend your practice. You have worked long, hard hours to obtain your level of licensure. Make yourself aware of the many diversion tactics that are used. The most effective methods of combating prescription drug abuse are education and communication. Nurses must be aware of the gimmicks and techniques used by drug abusers to obtain controlled substances. The Drug Enforcement Administration has pamphlets available that describe how to recognize drug abusers, that lists common characteristics of drug abusers, and that detail methods of operation of drug abusers. Pharmacy Services and Drug Control (PS & DC) of the Arkansas Department of Health also has information available including *Rules and Regulations Pertaining to Controlled Substances, Guidelines for Prescribing Controlled Substances*, telltale signs of drug abuse, and characteristics of illicit prescriptions. The staff of PS & DC welcomes your questions.

Nurses who unlawfully appropriate medications for their own use are stealing. The consequences of this type of action are oftentimes a criminal conviction combined with disciplinary action by the licensing Board. The U. S. Chamber of Commerce reports that one in four employees steal from the workplace when the stakes are high and supervision is low. In a recent report of surveys conducted by academics, as many as 43% of workers admitted stealing from their employer. The FBI reports that employee theft is one of the fastest growing crimes in America. This is more than legal pads or pens. Unfortunately, employees may also be diverting controlled substances for personal use or trafficking. They too, may forge prescriptions from an unattended supply of pads, they may phone in refills for a co-conspirator in crime (even their spouse or

significant other), or approve refills for themselves.

Certainly an article of this size cannot list all that should be accomplished by you as the responsible person for your practice and the *control* and *accountability* of potential substances of abuse in your practice. Suggestions would include the following:

- Know and comply with facility policies and procedures.
- Ensure policies and procedures are consistent with state and federal laws.
- Maintain proper records and security (double-lock) for all controlled substances.
- Secure all prescription pads in a facility to limit access to the general staff.
- Sign in medications (nursing home settings) as soon as they are delivered and secure them immediately in a locked system.
- Initiate a double check system for ordering medications.
- Audit controlled substance records to ensure that signatures are not documented merely to make the count “right.”
- Monitor record keeping to ensure that records and wastage are consistent with amounts signed for.
- Ensure that two licensed personnel visually audit the controlled substances at shift change. Beware of one nurse counting from the record and the other from the drawer or lockup.
- Know the rules and regulations for the administration of “as needed” medications.
- Ensure each nurse completes and reviews a Pyxis activity report at the end of shift as required by facility policy and procedure.
- Witness and sign the controlled substance administration record ONLY when you actually witness a wastage.
- Administer only medications you have procured, not those provided to you by another nurse.
- Understand that if requested to provide a drug screen as a result of a con-

by *Phyllis DeClerk*  
Director of Nursing Practice



and *Clyde C. Frazier, Jr., PD*  
Arkansas Department of Health  
Pharmacy Services and Drug Control

trolled substance discrepancy and the test indicates a positive result for drugs for which you have no prescription, you must accept the consequences of your actions.

- Be fully aware of policies and procedures of hospice organizations for which you are employed regarding wastage as opposed to surrender of controlled substances in the event of death of your patient (these differ from residence to long term care facility).
- If employed as director of nursing in a long term care facility, be aware of policy and procedure and ultimate responsibility regarding surrender of discontinued controlled substances to the Arkansas Department of Health.

Just as you are licensed to drive a vehicle and must follow the rules of the road and always drive defensively, so is your practice of nursing. You must always be vigilant of where you have been, where you are going, and what is up ahead. Never allow yourself to get into situations that promote diversion and drug abuse.

*For specifics on controlled substance requirements or further information regarding drug diversion, please do not hesitate to contact:*

Arkansas Department of Health  
Pharmacy Services and Drug Control  
4815 West Markham Street, Mail Slot #25  
Little Rock, Arkansas 72205-3867  
(501) 661-2325 FAX (501) 661-2769

*Dr. Frazier is the Work Unit Leader, Senior Pharmacist Investigator at the ADH Pharmacy Services and Drug Control.*

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# Professional Boundaries in Nursing

Boundary issues are everywhere for nurses. Issues on the continuum range from stopping to buy a few groceries for a home-bound client, to accepting a personal gift from a client, to having a friendship with a former client, to having a sexual relationship with a current client. Although there is more gray area than black and white when studying boundaries, nurses can make thoughtful decisions when provided with information about the fundamentals of boundaries. This article is intended to highlight some of the basics. Nurses are encouraged to read additional information and have discussions with colleagues to broaden their understanding of the topic.

Boundaries are defined as limits that protect the space between the professional's power and the client's vulnerability. Maintaining appropriate boundaries controls this power differential and allows for a safe connection between the professional and client based on the client's needs.

The need for maintaining appropriate boundaries arises from the nature of the nurse-client relationship. Like other professional relationships, the client places his or her confidence in the nurse who possesses special knowledge, expertise, and authority. In addition, the client is vulnerable in so far as he or she has a nursing care need which the nurse has the ability to meet. It is imperative that the nurse be aware of this power differential and ensure that the nurse's actions are intended to meet the nursing care needs of the client.

The maintenance of boundaries need not be seen as an impediment to the professional relationship, but rather as facilitating it. Maintaining professional boundaries protects the safe space in the relationship and thereby enhances the building of the trust which is essential to enable clients to reveal their needs.

A boundary violation occurs when a nurse, consciously or unconsciously, uses the nurse-client relationship to meet personal needs rather than client needs. This violation breaches the fundamental nature of care that obligates the professional to place clients' needs first. It is helpful to view this as a process or a "slippery slope" rather than an

end result or a "crossing the line." This provides an opportunity for the nurse to heed warning signs which will allow the nurse to take steps to reevaluate the relationship with the client and to reestablish appropriate professional boundaries. It also prevents ignoring, normalizing or dismissing relatively minor or less visible boundary violations. The minor violations may be damaging to the relationship and left unexamined, the minor violations can be repeated and expanded.

Four elements characteristically appear in boundary violations: role reversal, secrecy, double-bind, and indulgence of professional privilege.

## • Role Reversal

Role reversal occurs when the client takes care of the nurse as the nurse looks to the client for satisfaction and gratification, rather than the nurse placing client needs first. The nurse may not be consciously aware of this role reversal or may attempt to justify it by contending his or her actions are for the client's benefit. Example: A client becomes a nurse's chemical dependency.

## • Secrecy

Secrecy involves the nurse keeping critical knowledge or behavior from the client and/or others or selectively sharing information. Example: A nurse takes a client into his or her home and tells the client the nurse's employer cannot know about this or the nurse will lose his or her job.

## • Double-Bind

A double-bind consists of two sets of messages which contradict each other while they discourage the receiver of the messages from noticing the inconsistency. The client is left feeling caught in a conflict of interest: any attempt at resolution places the client at risk of loss. The client is torn between the desire to terminate the relationship and the realization that this will end any form of help from the professional. The double-bind contains an implied threat. A sense of guilt and fear of possible abandonment by the professional blocks the client from taking action. The double-bind constricts the client from using all available options and thus limits growth. Examples: 1) A nurse makes negative comments about other nurses caring for a client

who has development of trust as a therapeutic goal. 2) A nurse tells a therapy client that they may begin a personal relationship when the client is no longer in therapy.

## • Indulgence of Professional Privilege

Indulgence involves using information obtained in the relationship with a client for the benefit of the professional. Because the professional has authority over the client's situation, that professional is susceptible to extending the privilege of his or her position to intrude on the client. However, access to information does not constitute a right to it. This access is a professional privilege; it is not a professional right to use the information for one's own benefit. Example: Using proximity to post-partum mothers to locate a baby for adoption by the nurse.

To avoid boundary violations, it may be helpful to be aware of "warning signs". In isolation these do not necessarily indicate a problem, but if repeated or if several warning signs are present, the nurse should reevaluate his or her actions.

- ◆ **Perception:** The nurse should ask: Is this what other nurses would do? How would this appear to others (peers, family, superiors)? How does this appear to the client?
- ◆ **Time:** The nurse should consider the quality and quantity of time spent with the client. Does it vary from that spent with other clients? Is the nurse spending "off duty" time with the client?
- ◆ **Meeting time and place:** Is the location of the interaction appropriate to the relationship? Would you provide nursing service to other clients in this location? If there is a legitimate, therapeutic need to meet at an unusual time, has it been made known to others and documented?
- ◆ **Gifts:** Does the gift giving create a sense of obligation on the part of the recipient? Is this a routine part of your practice regardless of the age or gender of the client? Is the gift of a personal nature, given to one nurse or a general gift given to a group of caregivers? Does the facility have a policy regarding gifts?
- ◆ **Forms of address:** Has there been a change in the way the client is addressed or how this client is addressed in relation to others?

- ◆ **Personal attire:** Has the nurse's style of dress changed with more attention paid to personal appearance?
- ◆ **Making exceptions:** In general the nurse should carefully consider the therapeutic purpose in making exceptions in helping a client or family member. Another type of exception to note would be the nurse who changes assignments to care for a particular client.
- ◆ **Internal cues:** Learning to recognize and trust internal cues is important. A nurse should seek guidance if he or she is in a situation which raises questions in the nurse's mind. When in doubt, check it out. Nonverbal behavior, the nurse's or the client's, may provide helpful insight. Does the nurse become defensive if questioned about the interaction with the client?
- ◆ **Meeting personal needs:** In addition to recognizing that the client's needs must come first, the nurse should be aware of his or her own social and emotional needs and take affirmative steps to have those needs met away from work. Thoughts such as "I only feel appreciated at work" or "Only I can help this client" indicate the nurse may be meeting his or her needs through clients.
- ◆ **Dual relationships:** The nurse enters a nurse-client relationship in order to provide the client with nursing services. Nursing services would not include, for example, dating, baby-sitting or entering a business relationship with clients.
- ◆ **Confidentiality:** The nurse should maintain confidentiality by not using or sharing confidential information unless it is for a legitimate therapeutic purpose.
- ◆ **Choosing sides:** Is the nurse taking sides with the client against the client's significant others? The nurse should ask: "What is the value in taking sides?" How can the nurse assist the client in looking at all sides of the issue to utilize his or her own problem solving skills?
- ◆ **Self-disclosure:** While professionals want to be perceived as caring, self-disclosure is rarely helpful or necessary. The nurse should consider the client need served by the self-disclosure and determine whether personal issues shared with the client are brief, resolved and related to what the client is experiencing.
- ◆ **Touch:** Touching is an integral part of many nursing interventions. Touch may be a component of another action, e.g. checking a blood pressure, or may be therapeutic in and of itself. Touch, however, should

not be used indiscriminately. The nurse should be clear in his or her own mind why touch is called for and communicate this to the client.

- ◆ **Communication:** It is the responsibility of the nurse to establish and maintain boundaries and to communicate this to the client. In addition, the nurse should be able to communicate to others the nature of the relationship with the client. Is the nurse keeping secrets with or about the client? Does the nurse fail to document or report negative information about the client?

This is not an exhaustive list but should be instructional for all nurses. A nurse in any practice setting will encounter boundary issues. With forethought, planning, communication, and evaluation, the nurse can take steps to ensure a boundary issue does not progress to a boundary violation.

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## Spotlight ON DISCIPLINARY STAFF

PATTY SMITH is one of two Disciplinary Assistants and has been employed with the Board since 2002. Patty is responsible for monitoring the compliance of licensees to Board directives, issuing disciplinary letters, and other functions within the department. Patty resides in Little Rock.



LESLIE SUGGS is one of two Disciplinary Assistants and has been employed with the Board since February 2001. She is responsible for mailing the appropriate documents regarding voluntary surrenders and reinstatements of licensure, as well as preparation for board hearings. Leslie lives in Benton with her husband Michael. They have two children, Olivia and Jagger.



CARMEN SEBASTINO is the Data Entry Secretary in the Disciplinary Department, she has been with the Board since July 2004. Carmen started with the Board as the Receptionist/Cashier. Carmen enters all Disciplinary data into the computer databases, issues subpoenas, answers Freedom of Information requests, and performs other functions within the department. She is bilingual in Spanish, including reading and writing. Carmen resides in Cabot with her husband. She has a son and daughter and three grandchildren.

## NCLEX-PN® May be Taken If Part of RN Program Completed

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of the following:

- LPTN to LPN: LPTNs who completed an ASBN approved LPTN program after March 18, 1980, may be admitted provided they are otherwise qualified.
- NCLEX-RN failures: graduates of Board approved RN programs, upon submission of an official transcript directly from the school and a copy of their RN examination failure results, may be admitted provided they are otherwise qualified.
- Portion of RN program: Candidates who have completed equivalent courses in an ASBN

approved program of nursing may be admitted provided they are otherwise qualified. The candidates must provide evidence verifying successful completion of classroom instruction and clinical practice substantially similar to the minimum requirements for practical nursing programs that includes:

- Successful completion of coursework in an RN education program approved by the ASBN or a similar board in another state.
- Academic courses with clinical components in medical-surgical,

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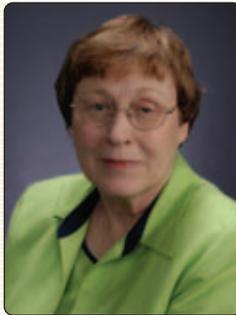
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## ASBN Workshops for 2005

We are in the process of finalizing our plans for our 2005 workshops. The workshop targeting nursing management is planned for the Little Rock area in June. Workshops designed for all nurses and nursing students will be held in the following cities. We look forward to seeing you at one of these workshops.

DATE	CITY	LOCATION
March 15	Little Rock	St. Vincent Infirmary Medical Center Center for Health Education #2 St. Vincent Circle
April 21	Monticello	Gipson University Center 517 University Drive (Green Room)
June 16	Batesville	UACCB 2005 White Drive (Independence Hall Auditorium)
September 29	Magnolia	SAU 100 East University St. (Grand Hall)
October 6	Jonesboro	St. Bernard's Regional Medical Center Auditorium 505 East Washington St.
November 15	Fort Smith	Sparks Regional Medical Center 1311 South I St. (Shuffield Education Ctr)
December 1	Northwest Arkansas	TBA

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# New Educational Program Directors

by Sue Tedford  
Director of Nursing Education



According to *ASBN Rules and Regulations* Chapter Six, Section III, A. 2, the Board shall be notified of major changes affecting nursing education programs, one such change being the director of the programs. Below is the listing of new educational program directors.

## Savannah Daniel, MSN, RNP, RN

Ms. Daniel was appointed Interim Chair of the University of Arkansas at Pine Bluff Nursing Program. Prior to this appointment, she served as assistant professor of nursing at UAPB. She also has extensive clinical experience in oncology and currently operates her own consulting company, Daniel Nursing Consulting Oncology.

Savannah obtained her bachelor of science in nursing degree from University of Nebraska at Omaha in 1975 and her master's of science in nursing in 1982 from the University of Central Arkansas.

Ms. Daniel is certified as an advanced oncology nurse by the Oncology Nursing Certification Corporation and has written numerous grants related to cancer education.

Savannah and her husband, Ben, reside in Pine Bluff. They have three children and six and a half grandchildren. In her spare time she takes care of her elderly parents.

Education of others has always been a focus of Ms. Daniel's career. She enjoys the role of educator because it is one way "to make a difference".

## Jill Hasley, RN, APRN, MNsc

Ms. Hasley has been appointed as Program Director of the Arkansas Rural Nursing Education Consortium (ARNEC) LPN/LPTN to RN transition program. She has

3 1/2 years of teaching experience from Southern Arkansas University and over ten years clinical experience in the maternal/child area.

Jill has made many educational presentations to the community on topics such as safety, the nursing shortage, and the role of the nurse practitioner. She is a member of the Arkansas Nurses Association, the National Association of Pediatric Nurse Practitioners and Sigma Theta Tau. She was appointed by Board President Dan West to the ASBN Education Committee to assist in addressing educational topics presented to the Board.

## Ramonda Housh, APN, RNP, RN

Ms. Housh was appointed Chair of Black River Technical College Nursing Program. Prior to this appointment, she worked as a pediatric nurse practitioner in a pediatric clinic in Conway and Jonesboro.

In 2003, Ms. Housh completed her master's of science in nursing from the University of Arkansas for Medical Sciences. She graduated from Arkansas State University with a bachelor of science in nursing in 1993.

Ramonda is a member of Sigma Theta Tau and National Association of Pediatric Nurses and Practitioners.

Ms. Housh and her husband, Eric, reside in Pocahontas with their two children, Dylan, age 10, and Sydney, age 7.

## Clint McBryde, BSN, RN

Mr. McBryde has been appointed Practical Nurse Program Coordinator at the University of Arkansas Community College at Batesville. Prior to this appointment he was a full-time faculty member at the college. He obtained a bachelor's of sci-

ence in nursing from the University of Central Arkansas in 1997.

His clinical experience has been in home health, hospice, orthopedics, general med-surg, pediatrics, emergency room, and the operating room.

Mr. McBryde's thoughts on teaching are, "I enjoy teaching the fundamentals to PN students. These skills and procedures make such a difference in the daily lives of the client. Often in the realm of professional nursing we get bogged down with the paper and pen and lose touch with our therapeutic abilities. I am reminded of this every time I stand before my class. I feel this is a place where I can make a difference."

## Golden M. Tradewell, PhD, RN

Dr. Tradewell was appointed as Chair of the Department of Nursing at Southern Arkansas University. She comes to SAU from McNeese State University in Lake Charles, Louisiana. While at McNeese State University, she served as an Assistant and Associate Professor. Dr. Tradewell obtained her PhD from Louisiana State University in 2002. She also holds a bachelor's of science in nursing, master's of science in nursing, and a master's of arts in social science in psychology.

Her clinical experience is in hospice and home health. She has also participated in mission trips to Akil, Yucatan, Mexico, and Nicaragua. She is a member of Phi Kappa Phi Honor Society and was nominated as Distinguished Faculty for the College of Nursing in May of 2002.

Dr. Tradewell served as co-editor of *F.A. Davis' PN-NCLEX Review*, which will be published in spring of 2005. She has also published in many other textbooks.

## Disciplinary Actions—October, November 2004

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). Probation periods vary and may include an impaired-nurse contract with an employer and/or drug monitoring and treatment programs.

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

### PROBATION

Allen, Shakeylla Starr  
L41259, Little Rock  
(a)(6), CP \$500  
Barnett, Patricia Naoma  
Vandenbiggelear  
R64958, Malvern  
(a)(4)&(6), CP \$1,000  
Bowles, Rebecca Joyce Paxton Skarda  
R64422, T01500 (exp), Benton  
(a)(4)&(6), CP \$600  
Boyle, Janice Marie Oldham  
L32356, Centerton  
(a)(2),(4)&(6), CP \$800  
Brown, Milford Anthony  
R34042, C00623, Russellville  
(a)(6), CP \$1,500  
Burnett, Holly Ann Darling  
L42940, Jonesboro  
(a)(4)&(6), CP \$700  
Burns, Pamela Raye Coday  
R34339, Stamps  
(a)(6), CP \$900  
Course – Legal & Ethical Issues in  
Nursing  
Bynum, Ginger Leigh Root  
L39776, Little Rock  
(a)(6), CP \$400  
Cass, Jack Richard  
C01459, West Helena  
(a)(6), CP \$1,000  
Chapman, Joi Maureen Ussery  
L24298, Conway  
(a)(2),(4)&(6), CP \$1,000  
Cunningham, Lyle Wayne  
L25943, De Witt  
(a)(4)&(6), CP \$700  
Dallas, Patty Jayme Nichols  
R33742, Searcy  
(a)(4), CP \$500  
DeShazier, Travis Fitzgerald  
L30618, Pine Bluff  
(a)(6), CP \$500  
Fullbright, Tammy Kay Peterson  
L28048, Star City  
(a)(2),(4)&(6), CP \$800  
Gatewood, Peggy Jo Branscum Barrett  
Gilkey  
R43087, Paragould  
(a)(6), CP \$500  
Jackson, Melissa Yolanda Bailey  
R70127, Delight  
(a)(4)&(6), CP \$800  
Course – Setting Healthy Boundaries  
Kirby, Kelly Loutisha Kirby Herndon  
R51421, Fort Smith  
(a)(4)&(6), CP \$800  
Locke, Nancy Jane Johnson  
R41111, Benton  
(a)(4)&(6), CP \$1,200  
Long, Linda Jean Wharton  
R29858, Little Rock  
(a)(4)&(6), CP \$800  
Mayo, Kimberly Dawn Marshall  
Mathis  
R42180, Little Rock  
(a)(4)&(6), CP \$1,200

McCown, Courtney Elizabeth  
L43037, Maumelle  
(a)(2),(4)&(6), CP \$800  
McDermott, Patrick W.  
L41168, Blytheville  
(a)(6), CP \$500  
Mobley, Harold Blaise  
R44371, Morrilton  
(a)(6), CP \$600  
Course – Turning Conflict into  
Cooperation  
and Ethics of Nursing Practice  
Mooney, James Ray  
R71995, El Dorado  
(a)(6), CP \$500  
Parnell, Stephanie Diann Voller  
R55215, Russellville  
(a)(6), CP \$700  
Parrett, Sarah Luella Reiter  
R71788, Mountain Home  
(a)(2)  
Pickett, Christi Deann Statler  
R44915, Bauxite  
(a)(2),(4)&(6), CP \$900  
Plafcan, Theresa Ann Godair  
R44414, L22659(exp), Carlisle  
(a)(6), CP \$700  
Rambo, Robin Elizabeth  
L37626, Springdale  
(a)(4)&(6), CP \$600  
Rowton, Jay Neal  
R65339, Texarkana  
(a)(6), CP \$500  
Scott, Rhonda Marie Martin  
R63322, Rogers  
(a)(2),(4)&(6)  
Smith, Jessie Benjamin  
L36047, Little Rock  
(a)(2),(4)&(6), CP \$750  
Snipes, Tara Ann  
L40970, North Little Rock  
(a)(4)&(6), CP \$800  
Stark, Jill Loraine Pennington  
L38652, Heber Springs  
(a)(6), CP \$800  
Strong, Tina Renee Cleveland  
L39912, Mineral Springs  
(a)(6), CP \$400  
Travis, Dawn Elizabeth  
R63469, Fayetteville  
(a)(2),(4)&(6), CP \$1,000  
Turnbull, Rexann Loper Masterson  
R25080, Percy  
(a)(6), CP \$700  
Ware, Stephanie Gail Bradford  
R64790, Hensley  
(a)(6), CP \$300  
Williams, Judith Louise Sowell  
L41241, Bald Knob  
(a)(6), CP \$600  
Wyant, Tarra Denise Tilden  
L38984, Marion  
(a)(6), CP \$500

### SUSPENSION

Artis, Serena Lee Terrell  
L39599, Idabel, OK  
Cornish, Christy Jo Price Dougan  
L34444, Benton

Probation Non-Compliance  
CP \$250 plus previous balance  
Mills, Sherry Kaye Hensley  
R68073, Holiday Island  
(a)(1),(6)&(7)  
Nixon, Allison Beth Beasley  
R65073, Ashdown  
Probation Non-Compliance  
CP \$1,000  
Venzant, Tamara Michelle Johnson  
R67038, L34962(exp), Camden  
Probation Non-Compliance  
CP \$1,000 plus previous balance  
Whitfield, Cammy Gail Knapp  
Lemmond  
L42252, Mountain View  
(a)(6), CP \$1,000  
Williams, Carol Patricia Carwell  
L41468, Hornlake

### VOLUNTARY SURRENDER

Barnett, Susan L. Briggs  
R54366, Benton  
Carter, Phyllis Lynne Carter Parette  
Tinkle  
A01055, R28884, P01100, Pine Bluff  
Curry, Christopher Allen  
L39654, Mansfield  
Giese, Shelley Rene Lewis  
R55815, Fort Smith  
Hamby, Rebecca Alene Hamby Wyant  
R30368, Lonoke  
Johnson, Kimberly Dawn Rushing  
L36330, Wynne  
Jones, Rita C. Shewmake Hendrixson  
L27214, Monticello  
Lybrand, Micki Jo Mooney Brisbin  
R49997, Hot Springs  
Nipper (Brasel), Leslie Gail Stokes  
L31470, Dierks  
Reedy, Lisa Jo Norton  
R55359, Bauxite  
Ruff, Kenneth Eugene  
R67942, L33744, Whitehall  
Rush, Kathryn Sue Rush Irvin  
R24610, North Little Rock  
Smith, Stacy Christine Grant  
R52261, Glenwood  
Wilkerson, Stefanie Michelle Conaster  
L39935, Murfreesboro  
Wright, Kara Beth Fenwick Dixon  
R45440, Fort Smith

### REINSTATEMENTS WITH PROBATION

Cullom, Mary Jacqueline  
R12048, Osceola  
CP \$750  
O'Neal, Charles Lester  
R15988, Benton

### REPRIMAND

Grover, Shelley Kathryn  
L38004, Hindsville  
(a)(6)&(9), CP \$390

### REVOCAION

Clark, Nelda Gail  
R32868, Jonesboro  
(a)(2),(4)&(6)  
Eggenberger, Lisa Rose  
R32868, Bartlett, TN  
(a)(4)&(6)  
Fannin, Cecile Ann Woodward  
L24272, Greenbrier  
(a)(2)&(6)

### PROBATIONARY STATUS REMOVED

Cullum, Francilla Gail  
L35296, Conway  
Davis, Denise Nicole  
L41650, Pine Bluff  
Harper, Nikki Anne Malak  
R25373, Maumelle  
Hudson, Christina Marie Jinks  
R64481, Bauxite  
Johnson, Maye Rene  
R33417, West Helena  
Knapp, Lillian Kay Thompson  
Risley Smith  
R28694, Tuckerman  
Williams, Edwina Mattie  
Hill Bell  
L15644, Little Rock

### WAIVER GRANTED

Boston, Marsha Lynn Carter  
PN Applicant, Ft. Smith  
Paxton, Robyn Marie Westfall  
PN Applicant, Benton

### 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 Erickson at 501.686.2705 if any are employed in your facility.

Bradley, Rosa Marie  
L16658  
Bratton, Tracey Michelle  
L34278  
Garay, Tracey  
L37878  
McKee-Murphy, Bobbie  
L14764  
Shaheed, Nathan  
T01220  
Sivils, June Elizabeth  
L30290  
Williams, Sally F.  
L26287

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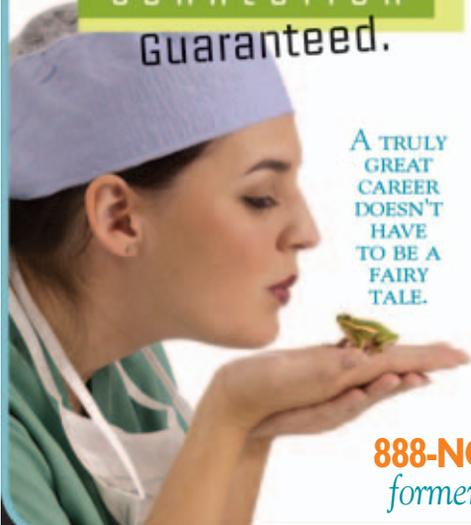
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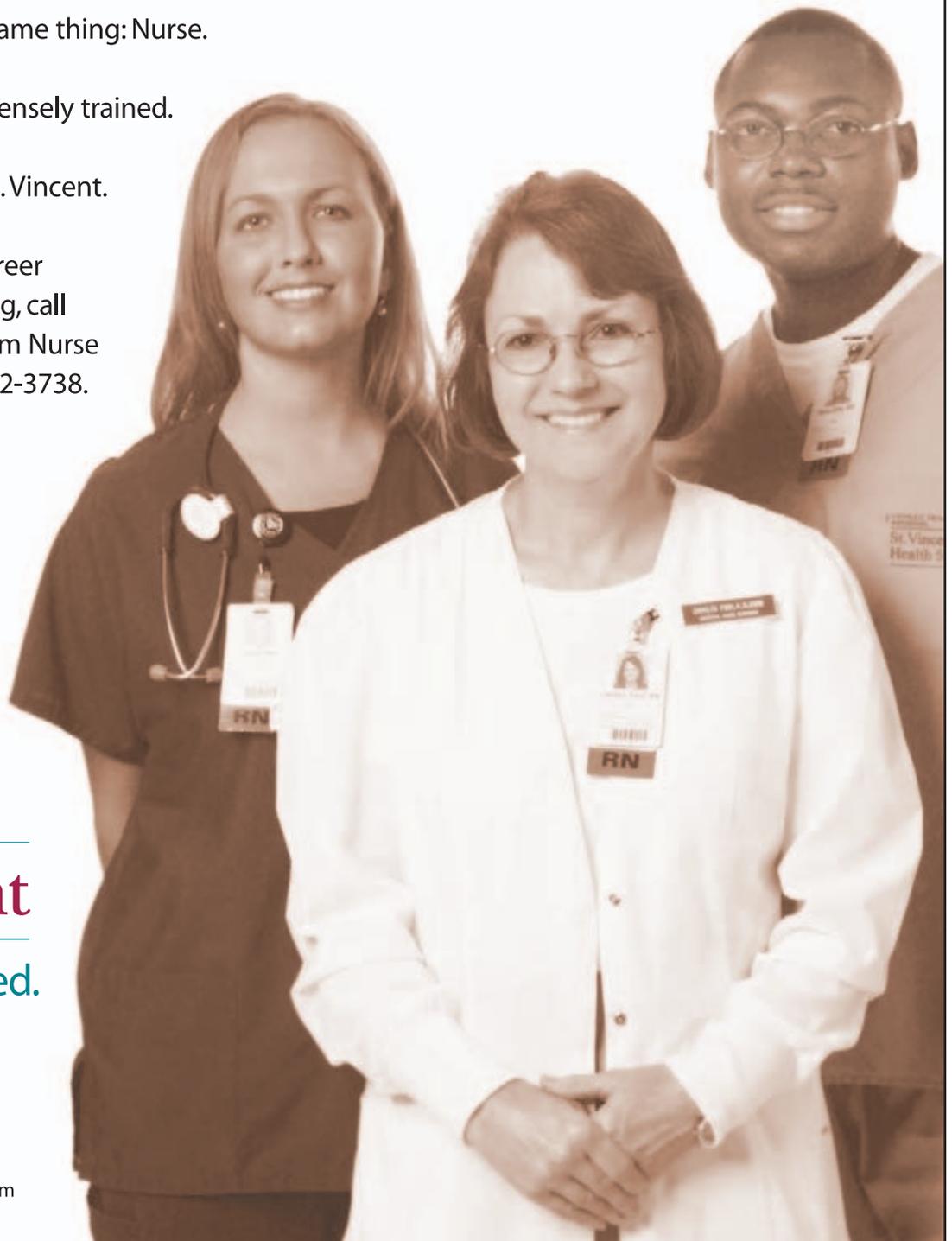
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