

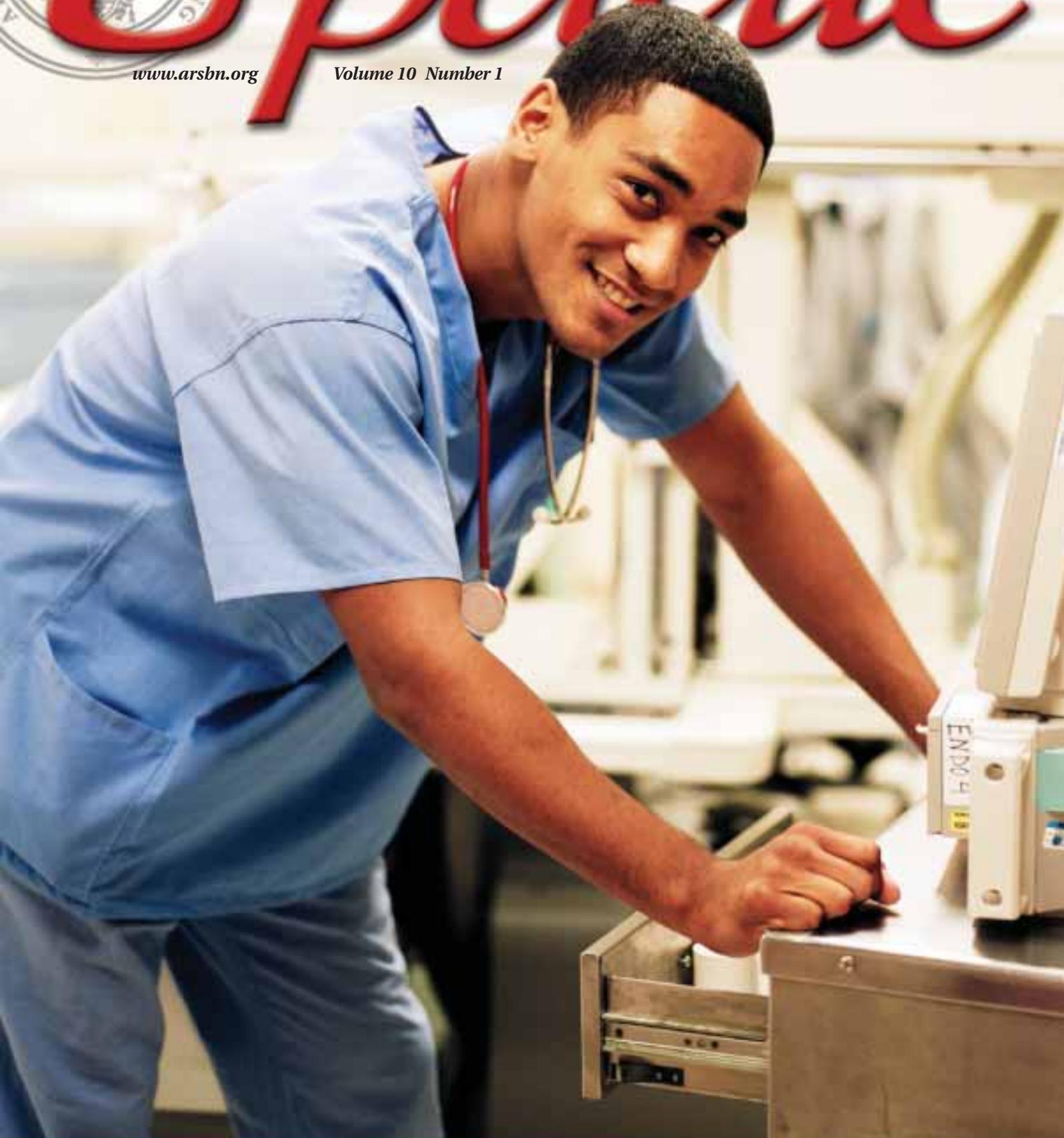


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The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing.

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

President's Message • 4

Executive Director's Message • 6

From the Editor • 7

Consumer Directed Care Act of 2005 • 8

Board Highlights • 9

Frequently Asked Questions • 13

Mandatory Online Renewals • 13

Hot Check Notice • 13

ASBN Disciplinary Method • 15

Ethics Are ALIVE and WELL in Nursing Practice • 19

Renewing Your License with Continuing Education • 22

FYI • 23

ASBN Workshops for 2006 • 24

Disciplinary Actions • 29

Classified Ads • 30



photo by Kelley Cooper, photographer, Arkansas Children's Hospital



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Entries received by February 15th will go into the drawing to win dinner for two courtesy of Publishing Concepts, Inc. Good luck and good hunting!



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Some New Year's Resolutions from the Board

Happy New Year! It's hard to believe that another year has come and gone. As the newly elected president for 2006, I have the honor and privilege of sharing with you the Board of Nursing's strategic plan. Board members met in October of 2005 to discuss state and national issues and to determine the direction the Board should take for the coming years. We brainstormed what we would like the perception of the Board to be. I think we could all agree with what the Board arrived at: that we want to put safe, quality patient care as our first priority. How we accomplish that is the hard part!



The Board will vote on the specifics of the strategic plan at our January Board meeting but here's a sneak preview of what we are currently discussing as priorities. Becoming more efficient and timely in our work processes continues to be important to the Board. Board members want to research best practices from around the nation to ascertain what we could be doing that we are not. We want to research alternatives to current processes and continue the hard work that we have been doing in the past.

Another issue near and dear to the Board is the growing shortage of nurses in our state. There is not a lot that the Board can do in this regard but we will be diligent in encouraging those that can make a difference to assist in any way that they can. Enhancing recruitment activities for young people, increasing the diversity of the workforce, and facilitating retention of nurses in the profession are just a few of the ideas discussed. We plan to continue to work with the legislature, the Arkansas Nursing Workforce Planning Group, the Arkansas Hospital Association, Arkansas Healthcare Association, and others who are deeply concerned

about this issue.

In the future, the Board will be further developing the information technology infrastructure of the agency. We plan to "go paperless" in the coming year for our meetings. As soon as the details can be worked out, we will be changing our procedures so that you will no longer automatically receive a paper renewal application. License renewal will primarily be done online. In the not too distant future then we may discontinue paper licenses altogether! Your license, which is the actual authority to practice, may be "virtual." You will be able to access the information online or by phone but would not have an actual paper document that can be stolen or forged. However, we have to also work on our disaster planning and decide whether being without a physical license would be in the best interest in a disaster or pandemic situation.

In the next year we will be implementing the medication assistive personnel (MAP) regulations. Board member Lepaine McHenry has been appointed by the National Council of State Boards of Nursing (NCSBN) to the Practice, Regulation, and Education committee that is studying the MAP issue on a national level. We will discuss continuing competency in nursing and how best to evaluate that. Board staff member Sue Tedford has been appointed by the NCSBN as chair of the national task force on continued competency.

Rest assured that we have big plans and lots to do in the coming years to carry out our mission of public protection. Let us hear from you about what we can do better to ensure that the public is protected.

Pamela Crowson

Executive Director's Message



I hope Santa was good to you this past year! Here we go again. One year down and working on another one. Don't the years go by fast? I thought I would never reach 21 years old and now it seems like the years go by so fast that I barely get the nativity scene packed up until it's time to put it out again. Isn't it funny how, when you're young, time just drags by...but when you're older you come to realize just how time flies and our little slice of life becomes dearer. We realize how fortunate we are to have been born in a free country and that freedom is not really free. We become more cognizant that we have just a short time to make an impact in this world, influence a life or "make your mark in the world."

At this past year's Sigma Theta Tau International meeting there were a number of presentations of nurses that have made quite an impact in their corners of the universe. Nurses from around the globe spoke about their amazing work in those areas that you only hear about on the Oprah show. How babies in Uganda are outfitted with a charm necklace to ward away the evil spirits because they believe that is what makes a child ill. Witch doctors are the accepted means of healthcare in that country.

Did you know that Africa has 11% of the world's population and 76% of the world's individuals infected with HIV? Were you aware that many in that country believe that if the man who has AIDS has intercourse with a virgin that he will be cured? So now Africa is seeing an increased incidence of AIDS in eight to ten year old girls who are raped in an attempted cure in that male dominated culture. Women are afraid of being tested because of the stigma of the

disease. Breastfeeding is expected in Africa so if a mother is not breastfeeding, it is automatically known that there is a problem with her. So, women with AIDS may breastfeed their babies for fear of being ostracized and the cycle goes on and on.

Botswana, which has a decent economy in South Africa, was under the threat of closing its diamond mines because they were losing so many workers to AIDS. Well, that got the attention of the European countries and they started pouring in money for anti-retrovirals. Then they made a policy that anyone who came for healthcare was automatically tested and treated for AIDS. It's funny how, when you start messing with the economy, action gets taken.

Maybe something will have to happen to the economy in America before the "powers that be" pay attention to the nursing shortage. Maybe we'll have to see healthcare institutions closing wings or facilities before someone will take the nursing shortage seriously. Maybe people will have to turn somewhere else for their healthcare. As a good friend from Ohio told me, "I take estrogen that is made out of horse urine to keep me from having hot flashes, glucosamine that is used on dog food to keep my knees working, hoof cream for my dry skin and emu oil for my joints. Maybe I should be seeing a veterinarian instead of a doctor...." But then again she said, "Veterinarians don't take Medicare!" Until next time, stay healthy!

Faith A. Fields

Faith A. Fields, MSN, RN

When renewing your Advanced Practice Nurse license, please read the complete application. Several APNs send in a renewal application, yet not submit documentation supporting current national certification (refer to page two of the application under "Advanced Practice Nurses (CRNA, ANP, CNM, & CNS)" section). Renewals cannot be completed without this required information. This creates additional work for the license department, as well as causing an undue delay in your renewal.



The following pharmacology information was taken directly from the Arkansas State Board of

Pharmacy's December 2005 Newsletter which is accessible via their website (www.state.ar.us/asbp):

Generic Substitution

To address the growing number of inquiries regarding the Board's interpretation of generic equivalence, the following regulation speaks specifically to this practice. It is important to point out that unrated drug products are not substitutable unless the substitution is authorized by the prescriber. Examples of unrated drug products include medications such as Nalex[®]-A, Chlorex-A, Coldex-A, Rhinacou-A, and Blanex-A tablets. Although these products may be linked by your software as substitutes for each other since they contain the same ingredients in the same strengths, they are not rated products and therefore they may not be substituted or interchanged unless authorized by the prescriber.

07-00-0006 – Generic Substitution

The Arkansas State Board of Pharmacy recognizes Federal Food and Drug Administration's (FDA) Approved Drug Products with Therapeutic Equivalence Evaluations "Orange Book" as the basis for the determination of generic equivalency within the limitations stipulated in that publication. If FDA approves a drug product as bioequivalent and publishes that product with an "A" (AA,

AB, AN, AO, AP, and AT) rating in the "Orange Book," an Arkansas pharmacist, or any pharmacist dispensing drugs to patients in Arkansas, may substitute that product consistent with law. Conversely, if the drug product is "B" rated, is changed from an "A" rating to a "B" rating, or is not rated, the pharmacist may not substitute without the consent of the prescribing practitioner. When a pharmacist substitutes a bioequivalent drug product for the drug prescribed, the patient shall be notified of the substitution by a pharmacist involved in the dispensing process. (June 21, 2001) Arkansas State Police,

Electronic Prescriptions Received Via Fax

During the October Meeting, Emdeon Corp, formerly WebMD, made a presentation to the Board highlighting electronic prescribing and security measures incorporated into the process of electronic prescribing to ensure valid electronic signatures for prescriptions. A topic of concern during this discussion was the fact that most pharmacies are not currently set up to receive electronic prescriptions directly to a computer in the pharmacy. Because of this, processing companies that transmit the electronic prescriptions to pharmacies must transmit the prescription to the fax machine in the pharmacy much like a computer generated request for refill authorizations, which a computer faxes to a prescriber. At the end of this discussion, the Board decided that electronic prescriptions that are submitted by prescribers electronically and received in a pharmacy on a fax machine are considered electronic prescriptions and do not require a handwritten signature. If there are any questions about the legitimacy of the prescription, it should be treated like a phoned-in prescription and the pharmacist must verify it with the prescriber. It is important to note that this process is only for non-controlled medications. Currently, the process for CS (controlled substances) is being determined by DEA; therefore, electronically produced prescriptions for CS must be printed out and signed by the prescriber before being faxed to the pharmacy or given to the patient.

ATTENTION RNs:

The National Council of State Boards of Nursing (NCSBN) expects to begin mailing a practice analysis survey to 20,000 randomly selected RNs beginning in January 2006. The results of the survey will be used to describe the practice activi-

ties of experienced nurses in order to investigate whether there is a core set of nursing competencies for all RNs. The researchers encourage all selected nurses to participate. This is your opportunity to impact RN practice.

The nursing professionals who respond to the surveys will be asked to determine the importance of each of the activities listed in the post entry-

level nursing activity statements. The data collection process is anticipated to begin in January 2006. All nurses receiving the survey are strongly encouraged to complete and return it as their participation in this study offers a unique opportunity to contribute to the nursing profession.

For more information visit the NCSBN website at www.ncsbn.org

Consumer Directed Care Act of 2005

The Consumer Directed Care Act was passed during Arkansas' 2005 Legislative Session. This Act allows consumers to direct unlicensed personnel to perform health maintenance activities that allow the consumer to live at home. A physician, advanced practice nurse, or registered nurse must determine that the

activity is one that can safely be performed in the home by a designated care aide under the direction of a competent adult or caretaker. The competent adult consumer or the caretaker of an incompetent adult or minor child can then hire, train, and supervise the designated care aide in performing the health maintenance

activity in the consumer's home. This exemption from the Nurse Practice Act does not include persons living in nursing homes, assisted living, residential care, intermediate care, or hospice care facilities.

The Arkansas State Board of Nursing along with the Governor's Home Health Care Service Agency Advisory Council, the Arkansas Health Care Association, the Arkansas Residential Assisted Living Association, and representatives from many interested organizations developed Rules for the implementation of the Consumer Directed Care Act.

Arkansas State Board of Nursing Rules Chapter 5

G. Exclusions:

These sections shall not be construed to apply to:

8. Health maintenance activities performed by a designated care aide in the home as defined in the Consumer Directed Care Act of 2005, A.C.A. §17-87-103 (11).

H. Consumer Directed Care

1. Health maintenance activities may be provided by a designated care aide for a competent adult at the direction of the adult or for a minor child or incompetent adult at the direction of a caretaker.
2. Caretaker means a person who is directly and personally involved in providing care for a minor child or incompetent adult, and the parent, foster parent, family member, friend, or legal guardian of the minor child or incompetent adult receiving care.
3. Designated care aide means the person hired by the competent adult or caretaker to provide care for the competent adult, minor child, or incompetent adult.
4. Health maintenance activities mean activities that the minor child or adult is unable to perform for himself or herself.
5. The attending physician, advanced

continued on Page 24

Board Business

The public is invited to attend ASBN Meetings. Groups of more than five should contact Carmen Sebastino at 501.686.2730

BOARD MEETING DATES

FEBRUARY 1 DISCIPLINARY
 FEBRUARY 2 DISCIPLINARY
 MARCH 8 BOARD RETREAT (A.M.)
 DISCIPLINARY (P.M.)
 MARCH 9 DISCIPLINARY
 APRIL 12 DISCIPLINARY
 APRIL 13 DISCIPLINARY
 MAY 10 DISCIPLINARY
 MAY 11 BUSINESS
 JUNE 14 DISCIPLINARY

JUNE 15 DISCIPLINARY
 AUGUST 9 DISCIPLINARY
 AUGUST 10 DISCIPLINARY
 SEPTEMBER 13 DISCIPLINARY
 SEPTEMBER 14 BUSINESS

OCTOBER 11 DISCIPLINARY
 OCTOBER 12 DISCIPLINARY
 NOVEMBER 8 DISCIPLINARY
 NOVEMBER 9 DISCIPLINARY



Board HIGHLIGHTS

At the November 2005 Board meeting the Board took the following actions:

- Granted continued full approval to the University of Arkansas Community College at Batesville Associate of Applied Science Degree in nursing program until the year 2010.
- Accepted the University of Arkansas at Pine Bluff Department of Nursing Biannual Low Pass Rate Progress

Report.

- Approved revisions to the ASBN Rules, Chapter 5, section G. Exclusions to include health maintenance activities performed by a designated care aide in the home as defined in the Consumer Directed Care Act of 2005.
- Approved revisions to the ASBN Rules, Chapter 5, adding section H. Consumer Directed Care 1-8 as submitted to the Consumer Directed

Care Task Group as amended.

- Approved the changes to the Rules to allow a temporary permit to be issued prior to the criminal background check for endorsements.
- Moved that the Arkansas State Board of Nursing conduct a complete review of the Nurse Practice Act and Rules every ten (10) years beginning in 2008.
- Moved that if a quorum will be available to meet on the Tuesday

continued on Page 13

Important Information

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 Monday thru Friday:
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Naomi Bryant
Examination Coordinator
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 Carmen Sebastino
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Disciplinary Assistant

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Education Secretary
 Leslie Suggs
Disciplinary Assistant
 Pamela Tyler
Receptionist/Cashier
 LouAnn Walker
Executive Assistant
 Nancy Walker
Licensure/Renewals

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.

MANDATORY ONLINE RENEWALS

Just wanted everyone to have a heads up of the changes coming to the Arkansas State Board of Nursing. We are in the process of converting to online renewals only. This will mean you will no longer receive those pink forms in the mail to complete. Instead we will be mailing a postcard reminding you to go online to renew your license.

The online renewals have been available for some time with many people taking advantage of this option. However, we will soon be changing the process so everyone will go online for license renewal. We are always looking for ways to improve. Online renewals are not only more efficient, but also are more cost effective.

It is easy, convenient, and faster than the paper renewal. If you do not have a computer at home, many places of employment will allow you to renew at work, or there is always the local library. The mandatory part is not yet in effect. However, we would encourage you to renew online now and see how easy the process can be. We are working hard to make this an easy transition and hope you will enjoy the benefits of online renewal.

Board Highlights continued from Page 9

before the January meeting to hear disciplinary cases.

- Approved the revised policies II-31 (Temporary Permit- Endorsement Applicants- Issuance), VIII-12 (Waiver for Continuing Educational Requirements), IX-1 (Processing Applications) and delete policy IX-15 (Criminal Records Check Fee Processing.)
- Approved the revised policy V-12 (General Guidelines for Board Business Meetings, Calendar.)
- Delegated to the Executive Director to issue cease and desist orders as deemed necessary for compact licensees.

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
McKee-Murphy, Bobbie	L14764
Shaheed, Nathan	T01220
Sivils, June Elizabeth	L30290
Williams, Sally F.	L26287

FAQ

Frequently Asked Questions

Q. I do not plan to practice nursing anymore, but do not want to give up my license. What are my options?

A. If your license is current, you can place your license on Inactive Status or Retired Nurse Status. If you place your license on Inactive Status, you can't sign your name as RN, LPN, or LPTN depending upon your licensure. There is not a charge to place your license on inactive status, but there is a \$10 fee if you choose to reactivate your license. You are not required to obtain continuing education while on inactive status. However, once you return to nursing you must have 20 contact hours instead of 15. If you have been inactive for 5 years or more, you must have a refresher course. If you choose the Retired Nurse status, you can still sign your name as RN, LPN, or LPTN depending upon your licensure. There is a \$10 fee to be changed to this status and a biennial fee of \$10 to maintain the Retired Nursing status. You will still receive newsletters and publications.

—Submitted by Darla Erickson

MARK YOUR CALENDARS FOR THE Arkansas State Board of Nursing Scholarship Fund

2nd Annual Golf Scramble • June 9, 2006
Eagle Hill Golf & Athletic Club • **Pool party, barbeque, and band to follow!**

ASBN Disciplinary Method: Findings from a Two Year Study

The Arkansas State Board of Nursing (ASBN) implemented an additional disciplinary method to its licensure disciplinary process in 1997. In 2003 the Board employed an additional attorney to specifically focus on consent agreements. Up to that time, most nurses were disciplined using a formal hearing through the ASBN and Attorney General Mike Beebe's office. The newer method, signing a formal consent agreement with ASBN, is now used, especially for nurses who are first-time nurse practice act violators, without a disciplinary hearing.

As part of my senior capstone project through Harding University's B.S.N. program, I worked with Faith Fields, ASBN Executive Director, to review computerized databases of disciplined nurses from July 1, 2003 through June 30, 2005. I did a descriptive retrospective study that incorporated ASBN records to find out if the disciplined nurses had any disciplinary reoccurrences through October 11, 2005.

The total number of disciplined nurses was 323. Between them, they held 358 nursing licenses (some held two, i.e. LPN and RN) at the same time. All types of nursing licenses, including temporary licenses, were

found in the group. The total number of disciplined nurses with advanced practice licenses was too small (n = 8; 2.2%) to draw conclusions. The focus of this study then became the RN & LPN groups.

Most disciplined nurses were female (n = 296; 82.7%) and held RN



licenses (n = 207; 57.7%). Ages ranged from 20 to 70 years with the largest group (n = 226; 70%) being between 30 and 49 years. Most were white (n = 281; 87%) followed by African-American (n = 23; 7.3%). This profile of disciplined nurses matched the profile of previous ASBN studies.

I compared the disciplinary hearing RN/LPN groups with the consent agreement RN/LPN groups (see table). Both groups had some disciplinary

reoccurrences. Both groups had similar percentages of reoccurrences and non-reoccurrences. The group's percentages are close and the effectiveness of one disciplinary method over another was unable to be determined. However, the trend is that they are equally effective.

I further looked at the groups for gender and license type trends. Males who had a "hearing" and females who had a "consent agreement" were less

likely to have a disciplinary reoccurrence. Both RN (84.4%) and LPN (83%) groups who had a "consent agreement" had similar effectiveness with no disciplinary reoccurrences. When a "hearing" was held, RNs (3.8%) had less disciplinary reoccurrences than LPNs (31.5%); the "hearing" method appears more effective for the RN group.

My study is preliminary and hopefully can provide the foundation for future studies of Arkansas disciplined nurses. Initial trends are that consent agreements seem to be as effective as the disciplinary hearing method. Not only is the "consent agreement" method more congruent with current additional treatment methods, it also is more cost effective for the disciplined nurse, the ASBN Board and staff, as well as taxpayers. *The Board wishes to express their appreciation to Ms. Boyles for her work.*

Comparison of Disciplined Nurses' Type of Initial Disciplinary Proceeding with Disciplinary Reoccurrences

Type of Initial Disciplinary Proceeding	Presence of Disciplinary Reoccurrences		
	Reoccurrence	Non-Reoccurrence	Total
"Hearing" Group	9 (18.8%)	39 (81.2%)	48
"Consent Agreement" Group	44 (16%)	231 (84%)	275

ETHICS Are ALIVE and WELL in Nursing Practice

My job at the Board of Nursing is to meet with nurses who have violated the Arkansas Nurse Practice Act. Many times these violations can involve ethical issues that put the nurses license at risk. I recently started thinking about what we have been taught as nurses about what ethics are and how we stay ethical in today's super busy world of health care. Questions that have been around for many years continue to plague many like abortion, informed consent, dignity, health and well being, and vulnerability of our patients. Now we have added issues like which patient will get the limited numbers of organs, genetics, cloning and persons who do not practice at the level of care required in today's health industry. Morality and ethics are not defined as the same thing, although go hand in hand in many instances.

Ethics are defined by Black's Law Dictionary as of or relating to moral action, conduct, motive or character, as well as duties of conduct, containing precepts of morality that are professionally right or conforming to a professional standard. Morals are defined as those things which pertain to our character, conduct, intention and social relations. These feelings are enforceable only by the conscience or by the principles of right conduct, which are not always dictated in man's laws. Moral actions are considered to be only those in which men have knowledge to guide them and a will to choose for themselves.

As nurses, we need ethics to help give us guidance for decision making concerning so many matters in our practice. The ANA has a very detailed Code of Ethics available on their web site. While codes of ethics can serve to guide practice, it takes more than knowledge of general rules to ensure

ethical practice. Sensitivity and receptivity to ethical questions must be a part of the basic nursing education and should evolve as each nurse develops their own expertise of practice.

Almost every group of physicians, nurses and other professionals now

have a Code of Ethics to cover their own practice. Many facilities also have in place a Code of Ethics or Mission Statement which they expect their employees to follow. These codes give guidance for decision making concerning the above mentioned

matters of ethics and many more. The Codes serve as a means of self-evaluation and self-reflection regarding ethical nursing practice and provides a basis for feedback and peer review. These Codes help nurses delineate what nurses must know about their ethical responsibilities, informs other health care professionals and members of the public about the ethical commitments of nurses and upholds the responsibilities of being a self-regulating profession. These Codes can serve as an ethical basis from which to advocate for quality practice environments with the potential to impact the delivery of safe, competent and ethical nursing care.

While codes of ethics can serve to guide practice, it takes more than knowledge of general rules to ensure



ethical practice. Sensitivity and receptivity to ethical practice. Sensitivity and receptivity to ethical questions must be part of nurses' basic education. Nursing practice involves attention to ethics at various levels: the individual person, the health care agency or program, the community, society and across the world.

Nurses have become more autonomous in their practice as a function of the development of nursing knowledge, research and changing patterns of patient care. Nurses have greater opportunities to provide benefit to people and communities through integrated team work and this can only be done with clear and respectful communication which is essential to providing quality care. Nurses continue

to be leaders in health promotion and primary health care, in both rural and urban areas. The biological and genetic revolution, as well as other emerging technologies, raise profound changes in the human capacity to control disease and human reproduction, as well as govern access to health information. The public will need knowledge and ethical guidance to make well-informed choices about appropriate use of these advances. The many changes in health care management, types of health care coverage and so on involves the values of efficiency guided by outcome measures and often a re-orientation of priorities.

The ability of the nurses to engage in ethical practice in everyday work and to deal with ethical situations, problems and concerns can be the result of decisions made at a variety of levels- individually, through your organizations, regionally, nationally and across the health care world. The

continued on Page 28

Renewing Your License with Continuing Education

The law requiring continuing education for license renewal became effective July 1, 2003. This law requires completion of continuing education prior to renewal of a nursing license. The requirement can be met by completing one of the following options:

- Obtaining the required number of practice-focused contact hours from a nationally recognized or state continuing education approval body recognized by the ASBN
- Maintenance of certification or re-certification by a national certifying body recognized by the ASBN
- Completion of an academic course in the nursing or a related field

Since implementation of the continuing education requirements, some nurses have renewed their license without being aware of the requirement. They attested to completing the required continuing education by signing the statement: "I affirm that the contents of this document are true and correct to the best of my knowledge and belief, and that I have met the continuing education requirements for license renewal." Signing this statement without completing the required continuing education is a violation of the Nurse Practice Act. The nurse may be charged with violation of ACA §17-87-309 (a)(1) "guilty of fraud or deceit in procuring or

attempting to procure a license to practice nursing."

In an attempt to make licensees consciously aware of the continuing education requirements, each licensee must now submit a list of the completed continuing education along with the renewal form. Below is an example of the form that must be submitted.

CONTACT HOUR OPTION:

Date: this should be the date listed on the certification of completion. Do not list the date the activity was started or submitted to the company.

Title: include the full title of the educational activity.

Name of Approved Provider: this information should be the accrediting organization and not the company or sponsor of the activity. The name of the accrediting organization is always located on the certificate. There will be a statement similar to: "This activity has been approved for continuing education by (this is where the approved provider is found) ..." The most common approved provider of nursing continuing education is the American Nurses Credentialing Center's Commission on Accreditation (ANCC) but there are many other acceptable providers. The approved provider must be one of the organizations found on the "ASBN Approved Approval Bodies" list. This list

can be found on the ASBN webpage (www.arsbn.org).

Number of Contact Hours: this information is always listed on the certificate. Fifteen practice-focused contact hours are required for on-time renewals. A late renewal or reinstatement must complete 20 contact hours prior to renewal.

CERTIFICATION OPTION:

This option is met by meeting the requirements of one of the ASBN approved national certifying organizations. The certification must be current at the time of renewal. Examples of acceptable certifications are CRNA, CCRN, and CCM. For a complete list of acceptable certifications see the ASBN webpage. The certification option is not met by completing ACLS, PALS, or NRP. These courses are allowed ten contact hours but do not meet the standards for the certification option.

ACADEMIC OPTION:

This option is met when a nursing or related course is completed with a grade of "C" or better. Prerequisite courses for a nursing program such as microbiology, nutrition, and anatomy and physiology do not count. One college-credit hour is equivalent to 15 contact hours. Most nursing courses are two or more credit hours; therefore, an on-time renewal requires only one nursing course.

Continuing education for license renewal is required by law and must be completed prior to renewal of any nursing license. A nursing license will not be renewed if the continuing education is not completed. Completing the required continuing education is not difficult. There are many Internet sites with acceptable programs as well as nursing journals, home-study programs, and workshops. Nursing practice is dynamic. As healthcare professionals we must meet the challenge of keeping abreast of the changes. Continuing education is one method of doing this.

CONTACT HOURS OPTION – 15 hours (20 hours late or inactive renewal)

Date	Title	Name of Approved Provider	Number of Contact Hours

CERTIFICATION OPTION

Name of Certification	Name of Certifying Body	Date of Certification	Date of Certification Expiration

ACADEMIC OPTION

Name of Course	Institution/School	Completion (month/year)	Number of Credit Hours	Grade Obtained

FYI

A change was made to the Rules to expedite licensure of nurses coming to Arkansas from other states. Thanks to the Arkansas Hospital Association for bringing this issue to the Board's attention. Nurses from other states may now be issued a temporary permit prior to the Board receiving the state criminal background check results. This change was extremely helpful when individuals came to Arkansas from Alabama, Mississippi, and Louisiana after Hurricane Katrina. The rule follows:

CHAPTER TWO

LICENSURE: R.N., L.P.N., AND L.P.T.N.

SECTION VI

TEMPORARY PERMITS

A. ENDORSEMENT AND EXAM APPLICANTS

1. ASBN shall be authorized to issue a temporary permit for a period not exceeding six months. This temporary permit shall be issued only to those applicants who meet all other qualifications for licensure by the ASBN ~~and upon whom results of the Arkansas State Police criminal background check have been received showing no violations listed in ACA § 17-87-312.~~

2. The temporary permit shall immediately become invalid upon receipt of information obtained from the federal criminal background check indicating any offense listed in ACA §17-87-312 or upon notification to the applicant or ASBN of results on the first licensure examination he or she is eligible to take after the permit is issued.

3. Falsification of the applicant's criminal record history shall be grounds for disciplinary action by the Board.

B. FEES AND APPLICATIONS

1. The temporary permit fee shall be submitted with the application.

2. The fee is not refundable.

Effective December 1, 2005

~~August 1, 2003~~

The Legal Basis for Nursing Practice: 2006



The 2006 workshops, designed for nurses and nursing students, will be presented around the state by the staff of the State Board of Nursing.

The workshop will cover topics such as:

- Documentation
- Electronic Medical Records
- Laws that Nurses Should Know (including liable, slander, malpractice, negligence, Good Samaritan, business corporation, and practicing outside scope of practice)
- Medication Assistive Persons (MAPs)
- Substance Abuse
- NCLEX

Each workshop will be held from 8:30 a.m. to 3 p.m. and will award 6.3 contact hours. The cost is \$45.00 (lunch will be provided). Pre-registration is required. We look forward to seeing you at one of these workshops.

DATE	CITY	LOCATION
February 16 <i>Registration due by Feb. 9</i>	Arkadelphia	Henderson State University Garrison Center – Lecture Hall 1100 Henderson Street
April 4 <i>Registration due by Mar. 28</i>	Little Rock	St. Vincent Infirmary Medical Center Center for Health Education #2 St. Vincent Circle
September 27 <i>Registration due by Sept. 20</i>	Jonesboro	St. Bernard's Regional Medical Center Auditorium
November 29 <i>Registration due by Nov. 22</i>	Fort Smith	To be announced

REGISTRATION FORM *The Legal Basis for Nursing Practice: 2006*

Registration must be received one week prior to date of workshop. All fees are non-refundable.

Name: _____ License Number: _____

Home address _____

Street

City

State

Zip

Home phone: _____

Work phone: _____

Please check the workshop you will be attending: February 16 – Arkadelphia
 September 27 – Jonesboro

April 4 – Little Rock
 November 29 – Fort Smith

Please mail \$45 check (payable to Arkansas State Board of Nursing) and registration form to: Arkansas State Board of Nursing, 1123 S. University, Suite 800, Little Rock, AR 72204

continued from Page 8

practice nurse, or registered nurse must determine a designated care aide under the direction of a competent adult or caretaker can safely perform the activity in the minor child's or adult's home.

6. Home shall not include nursing home, assisted living facility, residential care facility, an intermediate care facility, or hospice care facility.
7. Health maintenance activities that are not exempted by the

Consumer Directed Care Act of 2005 include:

- a. Physical, psychological, and social assessment which requires nursing judgment, intervention, referral, or follow-up;
- b. Formulation of the plan of nursing care and evaluation of the client's response to the care rendered;
- c. Tasks that require nursing judgment or intervention;

- d. Teaching and health counseling;
- e. Administration of any injectable medications (intra-dermal, subcutaneous, intramuscular, intravenous, intraosseous, or any other form of injection) or intravenous therapy.

- f. Receiving or transmitting verbal or telephone orders.
8. The designated care aide must demonstrate the ability to safely perform the health maintenance activity.

continued from Page 20

complex issues in nursing practice have both legal and ethical dimensions. An ideal system of law would be compatible with ethics, in that adherence to the law should never require the violation of ethics. There may be situations in which nurses need to take collective action to change the law that is incompatible with ethics.

It would be a copyright violation of the ANA's copyright to include their Code of Ethics here, but you may view it for free by visiting the web site of the American Nurses Association. The eight primary values they espouse are: safe, competent and ethical care for your patient or client, the health and well-being of both the nurse and her patient, a patient's right of choice, dignity for both the patient and the nurse, confidentiality of the medical information of all, justice, accountability and quality practice environments.

The next time you are required to make an ethical decision in your practice, consider these values in making your determination. A value is a belief or attitude about the importance of a goal, an object, a principle or a behavior. Values may conflict and refer to ideals that are desirable in ourselves and not simply as a means to get something else. Nurses must recognize and respect the inherent worth of each person and advocate for respectful treatment of all persons, including themselves. Nurses should collaborate with nursing colleagues and other members of the health team to advocate for health care environments conducive to ethical practice and to the health and well-being of clients and others in the setting. If a nurse does this in a way that is consistent with their professional role and responsibilities, she will be practicing her vocation in an ethical matter that will protect her, as well as her patients.

Disciplinary Actions

November 2005

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

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

PROBATION

Cain, Jennifer Denise
Piaquadio

L36591, Barling
A.C.A. §17-87-309(a)(6)
Probation – 2 years
Civil Penalty – \$800

Combee, Eva Jo Gilbert

R42976, Bauxite
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years
Civil Penalty – \$900

Duggan, Bobbi Leeanne

Johnson Hampton
L38127, Benton
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years

Emmett, Martha Bradbury

L23504, Royal
A.C.A. §17-87-309(a)(6)
Probation – 2 years
Civil Penalty – \$900

Harper, Valerie Jean Halpin

L36366, Blytheville
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$500

Harrison, Brenda Jo Stubbs

L44411, Bald Knob
A.C.A. §17-87-309(a)(4)&(6)
Probation – 1 year

Hedlund, Sandra Kay

R62618, Pea Ridge
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years
Civil Penalty – \$500

Henderson, Tasha Dawn

Childers Page
L35451, Searcy
A.C.A. §17-87-309(a)(4)&(6)
Probation – 3 years
Civil Penalty – \$1,000

Jenkins, Mona Ann Hensley

L23829, Bradford
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years
Civil Penalty – \$900

Linn, Mariah Elizabeth

L43601, Edgemont
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years
Civil Penalty – \$900

Martin, Dana Lee Fisher

R40721, Malvern
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$500

McClothlin, Molly Kathleen

Roche
R73836, Cabot
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$400

Moore, Jefferson Wilburn, Jr.

L44423, Batesville
A.C.A. §17-87-309(a)(2)
Probation – 1 year
Civil Penalty – \$500

Shipman, Bobbie Carlene Noel

(Glover)
L27114, Paragould
A.C.A. §17-87-309(a)(6)
Probation – 2 years
Civil Penalty – \$900

Thomasson, Adrienne Nanette

L26225, Stuttgart
A.C.A. §17-87-309(a)(6)
Probation – 18 months
Civil Penalty – \$800

West, Tina Marie Bulfone

Stewart
R43490, Hot Springs
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$800

SUSPENSION

Carroll, Janet Marie Hallmark

Beard
R52484, L21854(exp),
Jonesboro
Probation Non-Compliance
Suspension – 6 months, fol-
lowed by Probation – 2 years
Civil Penalty – \$1,000

Ford, Cheryl Ann Kimbrough

L24366, North Little Rock
Letter of Reprimand Non-
Compliance
Suspension – until previous
terms are met

Haynes, Kerry Marie Kuyper

L39291, Malvern
Probation Non-Compliance
Suspension – 2 years, followed
by
Probation – 3 years
Civil Penalty – \$2,500 + balance

Joplin, Shannon Lee Ulmer

Knight
R52779, Jonesboro
Probation Non-Compliance
Suspension – 3 years, followed
by
Probation – 2 years
Civil Penalty – \$2,000 + balance

Peoples, Ashley Michelle Lovell

R70912, Bryant
A.C.A. §17-87-309(a)(4)&(6)
Reinstate to Suspension – 2
years, followed by
Probation – 3 years
Civil Penalty – \$2,500

Randall, Sue Bradley Ogden

R53099, L11826 (Inactive),
Little Rock
Probation Non-Compliance
Suspension – 5 years, followed
by
Probation – 2 years
Civil Penalty – \$2,000 + balance

Renfro, Julia Alice Lovett

R50186, L29088(exp), Camden
Probation Non-Compliance
Suspension – until previous
course is complete, followed by
Probation – 2 years
Civil Penalty – additional \$800

Whiteley, Elsie Lynn Cone

L33349, Springlake
Probation Non-Compliance
Reinstate to Suspension – 2
years, followed by
Probation – 3 years
Civil Penalty – \$2,500 + balance

VOLUNTARY SURRENDER

Bittle Donna Leigh Scarbrough
R27584, Lonoke

Bomar, Roger Carroll

L26795, Rose Bud

Branch, Phillip Scott

L38696, Pine Bluff

Calhoun, Jamie Elizabeth

Whitten
R52652, Hot Springs

Hardin, Doyce Watson

R31670, Malvern

Henry, Pamela Wilf

L32533, Jacksonville

Hooks, Christy Jane

R37270, North Little Rock

Lewis, Katherine Burr

L35114, Benton

Locke, Nancy Jane Johnson

R41111, Benton

Lynch, Misty Renee Sykes

R54466, Sherwood

Martin, Barbara Ann Busby

L27988, Oil Trough

Ridlon, Linda Jeanne Prescott

R15063, DeQueen

Stell, Karen Elaine

R56840, Hamburg

Whatley, Sandra Denise

Whatley Mote
R29652, Los Angeles, CA

Winston, Stephanie Paige

Sturch
R38176, Jonesboro

REINSTATEMENT WITH PROBATION

Brown, Jimmy William

L24304, De Witt
Reinstatement, followed by
Probation – 1 year

Jensen (Massengill), Robin Ford

R19163, Russellville
A.C.A. §17-87-309(a)(4)&(6)
Reinstatement, followed by
Probation – 2 years
Civil Penalty – \$800

Loosbrock, Penelope Jean

R32618, Texarkana
Reinstatement, followed by
Probation – 3 years

Whitaker, Eilea Louvet Douthet

L37463, Jonesboro
Reinstatement, followed by
Probation – 3 years

REPRIMAND

Cole, Jamae Marie Brown Gates
R65453, L34822(exp), Bay

Dickerson, Terri Lynn Sims

Brotherton
R63370, L28776(exp), Ozark
Jackson, Barbara Lynne Harris
L08115, De Valls Bluff

Jenkins Ledora Whitfield

R54173, Blytheville

McCaa, Jessica Ann Dennison

Hampton
L39175, Jacksonville

Reed, Brandy Ann Jones Hicks

L37422, Paris

Short, Jessica S.

R72147, Gosnell

REVOCAION

Cook, Sybil Joanne Cook Jones

Lengel
R41075, Ward
November 9, 2005

Rein, Wendy Michelle Walters

L30249, Hollister, MO
November 9, 2005

PROBATIONARY STATUS REMOVED

Davis, Denise Gail Hynds

L14402, Story
November 3, 2005

Hall, Roberta Lynn Long

R63769, L25097(exp), Camden
October 17, 2005

Rowton, Jay Neal

R65339, Texarkana
October 17, 2005

Strong, Tina Renee Cleveland

L39912, Mineral Springs
October 25, 2005

WAIVER GRANTED

Deweese, Sonja Charisse

Johnson
Dermott, PN Applicant
November 9, 2005

Patterson, Julie Jennifer

Hettinga
Hot Springs Village, RN
Endorsement
November 9, 2005