



ASBN

# Update

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Volume 11 Number 1



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Publication of the Arkansas State Board of Nursing

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

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Recruitment

Education

cover: Sabrina Spradlin, 2006 Nursing Compassion Award Winner

# President's Message



Dan West, RN

**Y**ou may have noticed Chapter 8 of the ASBN Rules in the last issue of the *Update*. Chapter 8 gives the rules which apply to medication assistant. Medication Assistants certified, also known as MA-C are a direct result of the legislature passing Act 1423 of 2005 into law. A full copy of Act 1423 may be viewed by going online at:

<http://www.arkleg.state.ar.us/ftp/root/acts/2005/public/act1423.pdf>

A hard working group of individuals from nursing, education, professional associations, long term care and other stakeholders have been meeting for months to develop and finalize these rules for qualifications, training, certification and discipline of the medication assistant. The Arkansas State Board of Nursing has already been receiving inquiries from medication assistants in other states wishing to endorse into the state. Our staff has begun continuing education programs to educate the public regarding this new certification.

Act 1423 of 2005 gave the Board of Nursing authority and responsibility to publish rules and implement certification for medication assistants in what they termed "designated facilities." The Arkansas State Board of Nursing has defined a designated facility to be a nursing home.

The Arkansas State Board of Nursing expects training for MA-C's to be available by mid-Spring 2007 and testing for this certification to be available in early Summer 2007. To qualify for this certification, you must be a CNA currently working in a nursing home.

With the legislative session beginning in January, we will have much more information coming to you about the changes which affect your practice. Stay tuned...

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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 LICENSE" stamped on them. Employers are urged to inspect the original license from a job applicant and verify the nurse's identity with a photo ID.



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# Executive Director's Message

*Faith A. Fields*

Faith A. Fields, MSN, RN



## RULES, RULES, RULES...

**T**he latest airline restrictions allow you to take liquids or gels on board a plane if they contain less than three ounces. Each passenger may fill their personal clear one quart Ziploc bag with as many three ounce liquid containers as it will hold. You cannot use a gallon sized bag and I'm not sure you can even use a Glad brand bag instead of a Ziploc bag! If the container inside the bag is a 4.6 ounce container but there's only a smidgen left in it (ie: less than three ounces), it will be confiscated as the rule is three (3.0) ounce containers or less. (By the way did you know that most deodorants are 4.6 ounces?) I'm sure there are valid reasons, like public protection, for such rules although sometimes they don't make sense to mere mortals like me. The rules themselves have made an impact on industry as there are probably many people like me running to Wal-Mart in the wee hours of the night to get a small deodorant so you don't have to check your luggage.

Maybe our rules seem like they don't make sense to you sometimes too. An unlicensed person can perform a dressing change, but if that dressing change requires a medicated ointment to be applied, that's not allowed. Documents required for an application must be received directly from the source and cannot be sent to the nurse and then brought to us. Any nurse that wants to perform something that was not explicitly taught in their nursing education program must be document proficiency and being competency checked on that new practice. Why would we be so picky? Maybe protection of the public is not just for the airline industry? And maybe it's not so bad after all....



2006 Advocate of the Year Award given in recognition of their support and contributions to the advanced practice nurses of Arkansas. Mr. Fred Knight and Mrs. Faith Fields spent many hours over the past year interpreting the Advance Practice Scope of Practice to individuals and groups within the state. The award was presented by the Arkansas Nurses Association Advanced Practice Nurses Council.

# Board Business



Standing L to R: Robert Currie, LPTN; Peggy Morgan, LPN; Stephanie Rockett, RN; Dan West, RN; Kathy Hicks, RN; Cassandra Harvey, RN; Lori Eakin, LPN; Lepaine McHenry, RN; Frank Fusco, Rep. of Older Population, Seated L to R: Karen Taylor, LPN; Pamela Crowson, RN, Consumer; Darlene Byrd, APN; Tracy McLaughlin, RN

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

## BOARD MEETING DATES FOR 2007

March 14	Board Retreat	September 13	Business
March 15	Disciplinary	October 10*	Disciplinary
April	No Meetings Scheduled	October 11 *	Disciplinary
May 2	Disciplinary	November 14	Disciplinary
May 3	Business	November 15	Disciplinary
June 13	Disciplinary	December	No Meetings Scheduled
June 14	Disciplinary		
July	No Meetings Scheduled	NCSBN Mid Year Meeting New Orleans, LA	
August 1	Disciplinary	NCSBN Annual Meeting Chicago, IL	
August 2	Disciplinary		
September 12	Disciplinary	*Will decide by September whether dates are needed.	



## AN IMPORTANT PIECE OF THE COMPETENCY PUZZLE

**A**nursing career almost always begins the same way: graduation from a nursing program, pass the NCLEX, and receive a license to practice nursing. New graduates are up-to-date on the latest and greatest and considered to be competent practitioners. As a nurse starts their career and it progresses through the years, how is competence maintained? This question is one that state boards of nursing have been wrestling with for years and many states require a practitioner to work a minimum number of hours as a nurse and/or complete specific continuing education in order to renew a nursing license.

Clinical experience plays a key role in competency, but alone it does not ensure competency. An important piece of the competency puzzle is continuing education and for it to be effective, the right learning activity must be selected an effort must be exerted into the learning process. As of July 2003, Arkansas began requiring continuing education prior to license renewal. The continuing education requirement must be fulfilled in one of the following options:



15 practice focused contact hours from a nationally recognized or state continuing education approval body recognized by the ASBN \*\*

OR

Maintenance of certification or re-certification by a national certifying body recognized by ASBN \*\*

OR

Completed academic course in nursing or related field \*\*

Nursing is a dynamic profession that is constantly changing and as a responsible practitioner, maintenance of competency is not optional. At this time there is no true measure of competency beyond the licensure exam. Some type of competency assessment may be implemented in the future, but until then we will continue to rely on the current standards: continuing education, practice hours, requirements and standards set by other regulatory agencies.

\*\* NOTE: The ASBN webpage at [www.arsbn.org](http://www.arsbn.org) contains all of the specific requirements for each of these continuing education options.

2006 **NURSING**  
**Compassion**  
AWARD WINNER:

# Sabrina Spradlin

Nurses care for the sick. They work holidays or overnight shifts when everyone else is away- they offer a warm smile and care for the sick. Their dedication and sacrifice to the nursing profession often goes unnoticed. Once in a while a nurse stands out among them all as someone that shows extra compassion and goes the extra mile by pro-

Children's Hospital, she was nominated by Donny and Sara Bradley of Conway, who experienced her compassion first hand when their newborn baby boy, Bradon, was admitted to the NICU.

The award was presented to Spradlin at Arkansas Children's Hospital on December 13, 2006 by Faith Fields,

Communications at Arkansas Children's Hospital, and Executive VP and COO Scott Gordon.

The award was instituted by Publishing Concepts in conjunction with co-sponsors Arkansas Farm Bureau and KATV Channel 7 as a way for grateful patients and family members to show their appreciation for the care



*Excerpt from nomination letter: - by Sarah and Donny Bradley*

The day we met Sabrina Spradlin we arrived at Arkansas Children's Hospital Neonatal Unit with nothing but burdens, grief and devastation. Our two-month premature newborn, one day old at the time, was diagnosed with a disease called Hydrops Fetalis, and his chance of survival was not good. Looking back, Sabrina made us take one day at a time, not allowing us to "break down" or "give up." Sabrina took our precious miracle baby, Bradon, and cared for him as if he were her own. She was constantly buying him things and any spare moment she had, she didn't use for herself...but for our baby. As we got to know Sabrina over the 2 1/2 months stay at Children's, we become more and more impressed and attached. Many times after putting in a 12-hour shift, Sabrina would still find the time and energy to give to our family after work. We will never forget all that she has done for our family and the many other families she helps on a daily basis. To this day, our nurse, our child's care-giver, remains our friend forever. She is the most dedicated nurse we have ever met.

viding care and concern to their patients that is above the ordinary. Sabrina Spradlin is that nurse.

Spradlin, a resident of Delight, Arkansas, has been awarded the 2006 Nursing Compassion Award as a dedicated Arkansas' Caregiver. A nurse in the Neonatal Unit of Arkansas

Executive Director of the Arkansas State Board of Nursing and President of the National Council of State Boards of Nursing and Virginia Robertson, President of Publishing Concepts, Inc. Also attending were Ken Tillman, representing the Arkansas Farm Bureau, as well as Dan McFadden, Director of

given them by Arkansas nurses. From the hundreds of worthy submissions and short essays, 48 finalists were chosen from all over the state, with Spradlin being chosen as the winner. Along with a recognition plaque, Spradlin received a seven-day continuing education Caribbean cruise for two.



## Arkansas State Board of Nursing Elects New Officers for 2007

Following the November 8th and 9th Disciplinary Hearings, the Arkansas State Board of Nursing held elections for their new 2007 officers.

Dan West, a RN from Conway, was elected to serve as President on the Board. Mr. West has served in this position two previous times before in 2005 and in 2003; the only board member to

ever service three terms. Mrs. Lepaine McHenry, RN, will serve as Vice President. Stephanie Rockett, RN from Bryant will take over duties of Secretary. Kathy Hicks, RN from Rogers will serve

as Treasurer.

The Board will have their next Disciplinary Hearings on January 10th. They will take care of other Board Business on January 11th.



Staff Member

*Remembered*

The Arkansas State Board of Nursing offices will not be the same. On Wednesday November 8, 2006 we lost our dear co-worker and friend, Nancy Walker. She worked in the nurse licensure department and many nurses in the state of Arkansas had the pleasure of renewing their licenses with her assistance. After 21 years of service to the Arkansas State Board of Nursing, she will definitely be missed and our deepest sympathies go out to her family and friends.

# The Pap Test

## Still Routine. Still Important.

When detected early, cervical cancer is one of the most treatable cancers with a five year survival rate of 92 percent.

The Centers for Disease Control and Prevention estimates half of the women diagnosed with cervical cancer have never been screened and an additional 10 percent have not been screened in the past five years. BreastCare, a program of the Arkansas Department of Health and Human Services, provides coverage for breast and cervical cancer screening for eligible women. Refer your patients to 1-877-670-2273 for eligibility determination.

Although some women are receiving the new HPV vaccine, the Advisory Council for Immunization Practices only recommends it for females

between ages 9 and 26. The vaccine does not replace the routine Pap test. It's still important to include a Pap test as part of a woman's physical examination.

### Pap Facts

- Cervical cancer screening should begin approximately three years after a woman becomes sexually active, but no later than 21 years old.
- Women over 21 years of age should have a Pap test at least once every three years after three consecutive negative tests.
- Women 70 years of age who have had at least three consecutive normal Pap tests and no abnormal results in the last 10 years may decide to stop screening.

Source: American Cancer Society

A Message from  
**Arkansas Cervical Cancer Task Force**  
Arkansas Department of Health and Human Services

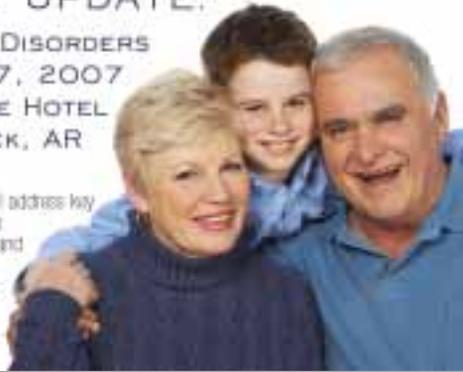
[www.ArkansasCancerCoalition.org](http://www.ArkansasCancerCoalition.org) and click on Cervical Cancer Task Force

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## GERIATRIC MEDICINE UPDATE:

FALLS AND GAIT DISORDERS  
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## Letter From a New Nurse

I am entering the nursing workforce as a brand new graduate and I can look back on my clinical experiences remembering all of the wonderful nurses who helped me along the way. They helped to settle my nerves on those very first days of clinical in various settings. I can also remember those nurses who with just a glance in my direction would make me want to find the nearest supply closet and hide in it for the rest of the day. Unfortunately, as I am preparing myself mentally to enter the workforce, it is the memories of these intimidating experiences that I take with me and add to the stress of my transition. If I could make some suggestions on what would be most helpful to me during this transition it would be directed to both the facilities and experienced nurses.

To the facility that I will enter, I ask to be given an appropriate amount of time for orientation of at least a couple of months. Orientation needs should include hands on training for all of the equipment that I will be using and a mentor to work with me when I start working on my specified unit. Let me gain experience and confidence in my abilities by easing me into the unit with smaller patient loads and then gradually increase the number of patients and complexity of disease processes.

Once I start working on my assigned unit, I would like to remind the experienced nurses that I am not only transitioning from student to nurse, I am learning a whole new facility with all of its subtle differences in charting and organization. I am still learning the floors and where all of the units are



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located, not to mention where various supplies are and the facility's policies and procedures. I am a true novice with limited experience and I have the greatest respect for the experienced nurses. I am open to advice on just about everything. You have a vast clinical knowledge base and I would be most grateful if you would let me draw from it, as mine is somewhat limited. If you are not sure how to help me, start with communication. If you see me, say hello and ask me how my transition is going, but be prepared for me to answer you. Remember if I look puzzled or lost, I probably am--please offer to help. Please do not assume that I know how to do everything right away. I may be asked to do procedures that I did not have the opportunity to complete during my clinical experiences in nursing school, and I will have questions. Above all, try to be patient... you were once where I am. Remember what it was like to be brand new to such a wonderful and challenging profession.

I am nervous and excited to be embarking on this wonderful transition from student to nurse. Thank you for helping me to make it through this important time in my career. With your help, I will become the best nurse that I can. I value your wisdom and am here to help you. Together we can make a difference in the lives of our patients and their families. Hopefully, one day I can take all that I have learned from you and combine it with my own experiences to help another new nurse transition into the profession down the road.



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Ellen Krantz  
5 West Transitional Care Unit LPN II

# “They Are Working Under My License”

**T**he Board frequently gets questions regarding someone “working under my license.” Nurses have a belief that when they delegate a task to an unlicensed person or make assignments to co-workers they are responsible for the other person’s actions. Physicians make statements regarding the unlicensed person working in their office working “under the

Professional practice laws known as Practice Acts are passed by state legislators. Each state’s practice act for the same profession may differ making it necessary to learn a new practice act when the licensee moves to a different state. In part, the act establishes the requirements for licensure, general scope of practice of the profession and who has the authority to issue, renew, or discipline the license. The practice

addition ambulating, positioning, turning, personal hygiene and reinforcement of health teaching planned and/or provided by the registered nurse can be delegated.

Tasks that shall not be delegated are also included in the *ASBN Rules Chapter 5*. Any part of the nursing process, assessment, diagnosis, care planning, interventions, evaluation and teaching are not to be delegated. The

Nurses have a belief that when they delegate a task to an unlicensed person or make assignments to co-workers they are responsible for the other person’s actions.



physician’s license.” If you were riding with someone who is stopped for speeding and cannot produce a license for the officer, do you say, “That’s okay officer, they were driving under my license and I told them to speed?” If you do, I’m sure the officer will continue writing the ticket just the same. Just as the driver’s license is issued to one individual and valid only for one individual so is your professional license.

A professional practice license is a privilege bestowed upon those who have completed the educational and licensing requirements of the State.

act does not give the license holder the authority to transfer their license privileges to anyone.

The *Arkansas Nurse Practice Act* does allow the licensed nurse to delegate certain nursing tasks to an unlicensed person who is competent to perform the task. A list of nursing tasks that can be delegated is found in the *ASBN Rules Chapter 5 – Delegation*. Basic data collection such as vital signs, weight, activities of daily living, intake, output, urine test, and hematest are among the tasks that can be delegated to unlicensed assistive personnel. In

unlicensed person cannot administer medications, intravenous therapy or blood products unless they are authorized to do so as a medication assistant-certified. The licensed nurse cannot accept an order that is relayed from the authorized prescriber through an unlicensed person.

Individuals who practice nursing without a license are subject to prosecution of a misdemeanor. The court could order the unlicensed person to pay a fine up to \$500.00 and spend thirty (30) days in jail. In addition the ASBN could hold an administrative

hearing and fine the unlicensed person \$1,000.00 per day that they practice nursing without a license.

Nurses should become very familiar with the criteria for delegation of nursing tasks to unlicensed personnel that are described in the *Rules Chapter 5*. The nurse must delegate the right task, to the right unlicensed person, for the right patient, under the right circumstances, using the right communication, and be available for the right supervision. Nurses who delegate nursing tasks are responsible and accountable for ensuring that the delegation was appropriate. Unlicensed persons are responsible and accountable for competent performance of the nursing care that is delegated to them including calling the delegating nurse for assistance if

the client's condition or needs change. When the nurse has delegated appropriately and responded appropriately to new information or requests for assistance the unlicensed person is responsible for their own actions and mistakes.

When assigning nursing care to other licensed personnel, the nurse is responsible for making appropriate assignments. The assigning nurse should match the patient care needs with the nurse who has the appropriate scope of practice and skills to carry out the patient's care. The assigning nurse is to be responsive to requests for assistance and make assignment changes when the patient care needs change. The title of the assigning nurse could be Charge Nurse, Director of Nursing, Supervisor or Chief Nursing Officer. All are

responsible for ensuring the patient has the right person assigned to their care. When the assigning nurse has assigned appropriately and responded appropriately to new information or requests for assistance the nurse accepting the assignment is responsible for their own actions and mistakes.

Each person caring for a patient is responsible for knowing their personal scope of practice. Each person is responsible for asking for assistance when asked to do a task outside of their personal scope of practice and for reporting changes in the patient's condition or needs to the appropriate person. When all healthcare workers work within their scope of practice, no one has a need to "work on your nursing license."

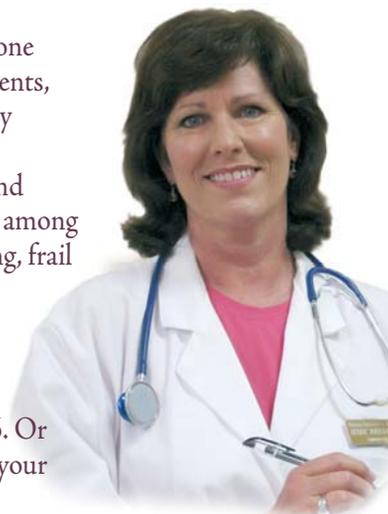
# Great Nurse?

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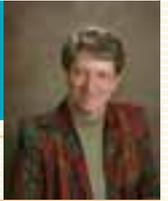
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# 2 PAGE FEATURE

# ST.VINCENT REHAB

# BOARD MEMBER PROFILE



## Darlene Byrd, APN, RNP

### How long have you been a nurse?

For 17 years I have been a registered nurse and an APN for 10 years. I am also licensed as a RNP.

### What kinds of Nursing care have you provided?

My experience as a registered nurse includes surgical/trauma intensive care, coronary care and home health. As an advanced practice nurse, I am certified as a Family Nurse Practitioner. I provide primary care, minor acute and chronic care, and occupational health care.

As a RNP, I managed and directed a mobile health clinic before going back to school to get my master's degree. I also have worked on health policy issues affecting APN's for 10 years.

### What is something that you have learned as a board member?

Serving on the Arkansas State Board of Nursing is an awesome responsibility and very humbling. I don't find it

easy to sit in judgment of colleagues. However, I am charged with upholding the mission of the ASBN, which is to protect the public and act as their advocate in the effective regulation of nursing. I read and listen to the evidence of the nurses appearing before the board, and I know the decisions made will have a direct impact on the nurse's ability to practice their profession and provide for their families. I pray before every discipline hearing for God to give me an open mind and clear understanding and lead me to make the right decisions.

### What is your greatest strength?

My greatest strength is to know where my strength comes from and depend on the Lord to lead and guide me.

### One word to sum me up:

Dedicated

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## Preventing Complications in Diabetic Patients: Blood Pressure Control Essential

Renal failure and cardiovascular disease are all too common in patients with long-standing diabetes. Diabetes is also the most common cause of amputation and blindness in adults in the United States. Many complications of this disease could be prevented or decreased in severity through effective control of hypertension.

Nearly 60% of patients with type 2 diabetes have hypertension. Achieving and maintaining the blood pressure target of <130/80 may be the most cost-effective intervention to reduce macrovascular complications.<sup>1</sup> The Centers for Disease Control and Prevention has advised health professionals that the benefits of aggressive control of hypertension may exceed the benefits of aggressive glycemic control.

### Recommended Therapy: ACE-I, ARBs

Because of their beneficial effects on glomerular filtration, angiotensin-converting enzyme inhibitors

(ACE-I) and angiotensin receptor blocking (ARB) agents are preferred for treating hypertension in patients with diabetes, according to American Diabetes Association (ADA) clinical guidelines. In fact, ACE-I and ARBs have been shown to reduce the progression of diabetic nephropathy beyond the benefits of blood pressure reduction.

### Other Preventive Measures

- National ADA guidelines target an LDL level <100 for all patients with diabetes. However, the American College of Physicians (ACP) guideline recommends all diabetic patients receive statin therapy regardless of LDL levels.
- Avoiding nonsteroidal anti-inflammatory agents can protect glomerular blood flow.
- Low-dose aspirin (75-162 mg a day) is useful for preventing cardiovascular complications for diabetic patients over

40 or who have additional risk factors.

- Referral to a nephrologist early in the course of kidney failure (estimated GFR <60 ml/min) can prolong the function of the existing organs and reduce the need for last-minute use of artificial shunts. The US is currently last among industrialized nations in the use of native vessels for chronic hemodialysis.
- Healthy lifestyle changes such as avoiding excessive salt, increasing physical activity, avoiding smoking, maintaining a healthy weight, and alcohol in moderation.

Many performance measurement programs have clinical metrics for the care of diabetic patients. Some examples include blood pressure measurement at every routine visit, annual urine testing for proteinuria and serum creatinine, HbA1c testing at least two times a year, HbA1c control, annu-

al comprehensive foot exams, smoking cessation if needed, annual lipid testing, annual eye exams, and up-to-date immunizations for influenza and pneumococcus. An electronic health record system, which can provide a list of patients who are in need of health maintenance services.

AFMC offers clinical tools and patient education materials to help your team provide effective care for patients with diabetes. Visit [www.afmc.org/tools](http://www.afmc.org/tools).

### References

1. The CDC Diabetes Cost-Effectiveness Group. Cost-effectiveness of intensive glycemic control, intensified hypertension control, and serum cholesterol level reduction for type 2 diabetes. *JAMA* 287:2542-2551, 2002.
2. The American Diabetes Association. Standards of medical care in diabetes—2006. *Diabetes Care* 29:s4-s42, 2006.



Kirk, RN Emergency Department

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# NCLEX-RN® and NCLEX-PN®

<b>RN - BACCALAUREATE DEGREE</b>	<b>NUMBER TAKING</b>	<b>PERCENT PASSING</b>
Arkansas State University	104	87.5
Arkansas Tech University	43	72.1
Harding University	28	89.3
Henderson State University	17	94.1
University of AR at Fayetteville	58	69.0
University of AR for Medical Sciences	116	87.1
University of AR at Monticello	29	100
University of AR at Pine Bluff	17	88.2
University of Central AR	49	91.8
<b>ARKANSAS TOTAL - BSN</b>	<b>461</b>	<b>85.2</b>
<b>NATIONAL TOTAL - BSN</b>	<b>38,416</b>	<b>87.2</b>
<b>RN - ASSOCIATE DEGREE</b>		
Arkansas Northeastern College – Blytheville (formerly Mississippi County Community College)	24	95.8
AR Rural Nursing Education Consortium	45	75.6
Arkansas State University	74	89.2
East AR Community College	28	78.6
National Park Community College (formerly Garland County Community College)	16	100
North Arkansas College	50	88.0
NorthWest AR Community College	49	91.8
Phillips Community College\U. of AR	18	100
SEARK College	18	66.7
Southern Arkansas University	40	82.5
University of AR Community College, Batesville	30	100
University of AR at Ft. Smith	72	90.3
University of AR at Little Rock	77	98.7
University of AR at Monticello	13	92.3
<b>ARKANSAS TOTAL - ADN</b>	<b>509</b>	<b>90.8</b>
<b>NATIONAL TOTAL - ADN</b>	<b>63,132</b>	<b>87.6</b>
<b>RN - DIPLOMA</b>		
Baptist School of Nursing - Little Rock	223	89.2
Jefferson School of Nursing - Pine Bluff	25	84.0
Har-Ber School of Nursing - Springdale	27	92.6
<b>ARKANSAS TOTAL - DIPLOMA</b>	<b>320</b>	<b>87.2</b>
<b>NATIONAL TOTAL - DIPLOMA</b>	<b>3,745</b>	<b>89.9</b>
<b>ARKANSAS TOTAL – ALL RN PROGRAMS</b>	<b>1290</b>	<b>87.9</b>
<b>NATIONAL TOTAL - ALL RN PROGRAMS</b>	<b>105,427</b>	<b>87.5</b>

## CONGRATULATIONS – 100% Pass Rate on NCLEX®

The ASBN is pleased to announce the following nursing education programs have achieved 100% passage on NCLEX® this year.

### **BACCALAUREATE DEGREE**

University of Arkansas at Monticello

### **ASSOCIATE DEGREE**

National Park Community College

Phillips Community College/U of A

University of Arkansas Community College at Batesville

# Licensure Exam Results 2006

LPN	NUMBER TAKING	PERCENT PASSING
Arkansas Northeastern College – Burdette (formerly Cotton Boll Technical Institute)	28	92.9
Arkansas State University - Mt. Home	18	94.4
Arkansas State University – Newport	23	87.0
Arkansas State University – Beebe (formerly Foothills Technical Institute)	51	100
Arkansas State University Technical Center	40	92.5
Arkansas Valley Technical Institute	20	80.0
Baptist School of Practical Nursing	107	86.0
Black River Technical College	34	91.2
Cossatot Technical College	19	94.7
Crowley's Ridge Technical Institute	27	96.3
National Park Community College (formerly Quapaw Technical Institute)	31	87.1
North Arkansas College	26	100
Northwest Technical Institute	43	100
Ouachita Technical College	25	84.0
Ozarka Technical College	29	89.7
Phillips County Community College/ University of AR - DeWitt	2	100
Pulaski Technical College	27	92.6
Rich Mountain Community College	25	88.0
Southern AR University Technical, Camden	14	100
SouthArk Community College	46	80.4
Southeast AR College	54	90.7
St. Vincent Health System	21	90.5
University of AR Community College, Batesville	32	93.8
University of AR Community College, Hope	26	84.6
University of AR Community College – Morrilton	33	97.0
University of AR at Ft. Smith	16	100
University of AR – Monticello College of Technology – Crossett (formerly Forest Echoes Technical Institute)	15	100
University of AR – Monticello College of Technology - McGehee (formerly Great Rivers Technical Institute)	17	88.2
<b>LPN EQUIVALENCY</b>		
Arkansas Special - Equivalency# (Partial Completed RN)	71	95.8
Arkansas Special - RN Educated (RN Test Failures)	20	100
<b>ARKANSAS TOTAL - PN</b>	<b>940</b>	<b>91.8</b>
<b>NATIONAL TOTAL - PN</b>	<b>55,029</b>	<b>88.2</b>

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 Northwest Technical Institute  
 Phillips Community College/U of A  
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 University of AR at Fort Smith  
 University of AR – Monticello College of Technology



## Should We Increase What We Report to the ASBN?

**H**ow could a nurse as dangerous as Charles Cullen work in ten hospitals in sixteen years—where he says he killed up to forty patients—and not be reported? Several of you have asked about this incident that happened in New Jersey and Pennsylvania, trying to understand how a serial killer nurse can stay hidden in our population so long? I was fortunate to recently be in a meeting for attorneys, where the attorney who prosecuted this nurse for the New Jersey State Board of Nursing spoke to us. I thought I would share a little of Mr. Cullen's history with you.

Mr. Cullen was a high school drop out, who enlisted in the Navy soon after his mother was killed in a car wreck.

during his tour of duty. A family member accused Cullen of causing someone's death, but he passed a lie detector test and the investigation was stopped. Cullen then voluntarily left this job.

At job number three, Cullen was eventually fired for a number of policy infractions. He was caught tampering with the oxygen concentration on ventilators. Cullen then moved across the Delaware River and worked in Pennsylvania. Co-workers described him as a loner, angry and weird. He had high debts and filed bankruptcy about this same time. At the Pennsylvania job, he and other nurses were questioned about an unexpected death due to a high dose of insulin, but nothing conclusive was ever discovered. This facility ter-

...a hospital or any licensed health care provider is required to report impairment, gross incompetency or unprofessional misconduct.

His first suicide attempt came while he was in the Navy and later his erratic behavior led to a discharge. Mr. Cullen returned to New Jersey enrolling in a hospital based nursing school. His first job as a nurse was in a burn unit and at this same time he married and started a family. Mr. Cullen wasn't fired from this job, but was "forced out" for undisclosed reasons.

The next employment was the night shift in a critical care unit at hospital number two. His marriage ended about this same time and he became infatuated with a female co-worker. In 1993, he was arrested for breaking into this co-worker's home. He received one year of probation. He then attempted suicide a second time and was placed in the state mental health facility. After his discharge, he returned to his job and began to be questioned about deaths that occurred

minating him for a medication error and he was sent on to another hospital, but had never been reported to the licensing body of either state. Cullen continued to work at yet another Pennsylvania hospital and there was a suspicious death related to Digoxin at that facility. A third attempt at suicide occurred at this time in his life.

After three more jobs in Pennsylvania, where he left under suspicious circumstances, he went back to work in New Jersey. There doesn't appear to be any reports from hospitals on either license. Most of these facilities would only divulge that Mr. Cullen was eligible for rehire and nothing more when called for his work history. This isn't uncommon in most states. Mr. Cullen's anti-social behaviors and weird work habits were continuously covered by his previous employers. Cullen continued to float from hospital to hos-

pital, leaving under a variety of strange circumstances.

Finally, a New Jersey hospital reported to the local law enforcement authorities that a suspicious death involving an overdose of Digoxin occurred at their facility and the investigators working backwards through sixteen hospitals found many more unexplained deaths when Mr. Cullen was working as a nurse. The New Jersey Board required Mr. Cullen to voluntarily surrender his nursing license while the investigation ensued.

Ultimately, Mr. Cullen pled guilty to causing the deaths of 29 patients and was sentenced to life in prison in exchange for his plea. This is a sad tale which could happen anywhere. The hospitals did not wish to risk liability

leave of absence, placed on limitations/restrictions, placed on the do not use list or is party to a medical malpractice lawsuit related to impairment, incompetency or professional misconduct. Further, a hospital or any licensed health care provider is required to report impairment, gross incompetency or unprofessional misconduct. Finally, all health care entities are required to disclose to another health care entity, upon request, all job performance evaluations as long as the evaluation is signed by the licensee, the licensee had an opportunity to respond to its contents and the licensee's response was considered, so that all current or future employers are notified when there has been a past performance problem, issue or concern that may



...all health care entities are required to disclose to another health care entity, upon request, all job performance evaluations as long as the evaluation is signed by the licensee...



for their former employee and just wanted him out of their institution.

After this horrendous experience, the New Jersey legislature stepped up and significantly increased their requirements of reporting dangerous nursing practices in their state. The New Jersey Board of Nursing understood this meant a lot more work for them, but work they believed they should acquire related to this responsibility to prevent something like this ever happening in their state again. All licensed health care entities and licensed health care professionals are required to report whenever someone is terminated from their employment, suspended, granted a

bear a direct relationship to the licensee's employment.

The New Jersey Legislature in conjunction with their Board of Nursing took this breach in reporting seriously and have placed stiff penalties on those institutions who fail to follow these guidelines. Other states will be watching to see how this is working and many will likely increase their requirements for reporting from facility to facility. It certainly seems to support the idea of protecting the public, as is the Mission of the Arkansas State Board of Nursing. At this time, it is unknown if the Arkansas Legislature will evaluate this idea the next time they convene in Little Rock.

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EOE

# ASBN ACCOUNTING... CHANGES IN RENEWAL METHODS

by **Darla Erickson,**  
Director of Accounting



Last year we gave everyone a “heads up” about the changes coming to the renewal department at the Arkansas State Board of Nursing. Well, the changes are now in effect

The online renewals have been available for some time, and many people have been taking advantage of this option.

and online renewals is the method of renewal we will be accepting. This means you will no longer receive those pink forms in the mail to complete. Instead you will receive a postcard reminding you to go online to renew

your license. Please do not disregard the postcard as this is the only method of notification you will receive.

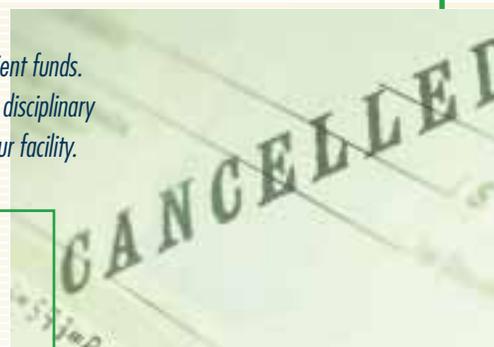
We are always looking for ways to improve. Online renewals are not only more efficient, but also are more cost effective.

The online renewals have been available for some time, and many people have been taking advantage of this option. It is easy, convenient, and faster than the former method of 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. We are diligently working to make this an easy transition, and hope you will enjoy the benefits of online renewal.

## 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
Gonzalex, Jessica	Exam Application
Hester, Larita	L45497
McKee-Murphy, Bobbie	L14764
Mulhernin, James	L28486
Orrick, Natalie Rose	L45710
Shaheed, Nathan	T01220
Sivils, June Elizabeth	L30290
Williams, Sally F.	L26287



## NOVEMBER 2006

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

*Ballard, Annie Lorie Newton Webb*  
R54719, Curtis  
A.C.A. §17-87-309(a)(6)  
Probation – 1 year  
Civil Penalty - \$700

*Brown, Cynthia Gayle Smith*  
L38054, Grapevine  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 3 years  
Civil Penalty - \$1,200

*Burns, Lisa A. Ruth*  
R52744, Hope  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 3 years  
Civil Penalty - \$1,600

*Davis, Laurel Paige Turner*  
R49984, Forrest City  
A.C.A. §17-87-309(a)(6)  
Probation – 1\_ years  
Civil Penalty - \$800

*Jones, Amy Wetzler*  
L39901, Lake Village  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 2 years  
Civil Penalty - \$900

*Lamb, David Keith*  
R54051, Delight  
A.C.A. 17-87-309(a)(6)  
Probation – 1 year  
Civil Penalty - \$600

*McCrohan, Nealetta Sue Watts*  
L29245, Beebe  
A.C.A. §17-87-309(a)(6) and  
Probation Non-Compliance  
Probation – 3\_ years  
Civil Penalty – addt'l \$500

*Methney, Doreen Marie Horvath*  
R56045, L20587(exp), Cardwell, MO  
A.C.A. §17-87-309(a)(6)  
Probation – 1 year  
Civil Penalty - \$800

*Middleton, William James*  
L45669, Hot Springs  
Probation – 2 years  
Civil Penalty - \$800

*Mooney, Maegan Leigh Bowden Wood*  
R69923, El Dorado  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 3 years  
Civil Penalty - \$1,500

*Niemeyer, Sylvia Lucille Cossey Runyan*  
L27095, Smithville  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 3 years  
Civil Penalty - \$1,200

*Parker, David Lee*  
R65960, L30215(exp), Monticello  
A.C.A. §17-87-309(a)(4)&(a)(6)  
Probation – 3 years  
Civil Penalty - \$1,200

*Purdy, Angienettie Glover Galliher*  
L30024, De Witt  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 3 years  
Civil Penalty – \$1,200

*Ritter, Melissa Ann Jordan*  
L45713, Nashville  
A.C.A. §17-87-309(a)(2)&(6)  
Probation – 2 years  
Civil Penalty - \$900

*Schnebly, Kenneth Scott*  
R72203, Cabot  
A.C.A. §17-87-309(a)(6)

Probation – 1 year  
*Snodgrass, Cynthia Yvonne Callaham Lee*  
R50642, Lamar  
A.C.A. §17-87-309(a)(6)  
Probation – 2 years  
Civil Penalty - \$1,000

*Stewart, Tammy Annette Looney*  
L33708, Proctor  
Probation Non-Compliance  
Probation – 3 years  
Civil Penalty - \$500

*Stockman, Katherine Elizabeth*  
R53894, Springdale  
A.C.A. §17-87-309(a)(6)  
Probation – 1 year  
Civil Penalty - \$700

### SUSPENSION

*Abbott, Leah A. Wunderlin*  
R52741, Hot Springs  
Probation Non-Compliance  
Suspension – 2 years, followed by  
Probation – 3 years  
Civil Penalty - \$2,500

*Ball, Connie Sue Taylor*  
L25882, Arbyrd, MO  
Probation Non-Compliance  
Reinstated to Suspension – 2 years, followed  
by Probation – 3 years  
Civil Penalty – addt'l \$2,500

*Barrett, Kathryn May Kidwell*  
R14137, Oak Grove  
Probation Non-Compliance  
Suspension until terms are met

*Bokker, Glenda Mae Cradduck*  
L32373, West Memphis  
Letter of Reprimand Non-Compliance

Suspension until terms are met

*Duggan, Bobbi Leeanne Johnson Hampton*

L38127, Benton

Probation Non-Compliance

Suspension – 2 years, followed by

Probation – 3 years

Civil Penalty - \$2,500

*Immel, Doche Virginia Hart*

L16959, Harrisburg

Letter of Reprimand Non-Compliance

Reinstated to Suspension until terms met

*Otis, Suzon Hillis*

L07851, Cabot

Probation Non-Compliance

Suspension – 1 year, followed by

Probation – 2 years

Civil Penalty - \$1,500

*Simmons, Linda Carol Standford*

R18838, Little Rock

Probation Non-Compliance

Suspension – 1 year, followed by

Probation – 2 years

Civil Penalty – add'l \$1,700

*Strong, Joshua Matthew*

R52902, Little Rock

A.C.A. §17-87-309(a)(2)&(4)

Reinstated to Suspension – 2 years, followed by

Probation – 3 years

Civil Penalty - \$2,500

*Walter, Barbara Felske*

R53709, Barling

A.C.A. §17-87-309(a)(4)&(6)

Suspension – 1 year, followed by

Probation – 2 years

Civil Penalty - \$1,500

#### **VOLUNTARY SURRENDER**

*Alexander, Georgia Lynne Woodruff*

R17987, Searcy

November 3, 2006

*Barkhimer, Melissa Lee Stone*

R17671, Camden

September 20, 2006

*Beaty, Rhonda Frances Smith*

T00948, Benton

September 14, 2006

*Dudley, Donna Lynne Vano*

R22701, Little Rock

November 8, 2006

*Johnson, Barbara Renee Rudd Smith*

R34675, L24100(exp), Emerson

November 7, 2006

*Kinney, Kathern Lee Storms Cagle*

L29437, Hot Springs

September 15, 2006

*Oswalt, Cynthia Rena*

T01369, Sheridan

September 15, 2006

*Sanders, Amber Lynn Henderson*

R73529, Paragould

October 16, 2006

*Sullivan, Elizabeth Jane McCoy*

R34693, L17712(exp), Waldo

September 18, 2006

*Vaughn, Martin Wyanne*

R39474, Wister, OK

September 13, 2006

*West, Tina Marie Bulfone Stewart*

R43490, Hot Springs

November 3, 2006

*Wilson, Brandi Lynn Ashley*

L42063, Trumann

October 16, 2006

#### **REINSTATEMENTS WITH PROBATION**

*Castille, Ola B. Mitchell Williams Jones*

L14538, North Little Rock

Reinstatement, followed by

Probation – 2 years

*Melton, Margaret Elaine Hooper*

L16495, Batesville

Reinstatement, followed by

Probation – 2 years

*Underwood, Rita Sue Griswold*

L10390, Little Rock

A.C.A. §17-87-309(a)(6)

Reinstated to Probation – 2 years

Civil Penalty - \$1,000

#### **REINSTATEMENTS**

*Smith, Doris Jean Rhodes*

L08054, McGehee

September 28, 2006

*Wilson, Woodrow Phillip*

L30381, Hot Springs

September 14, 2006

#### **REPRIMAND**

*Amorim, Maria Oliveira Glass*

R77508, Mountain Home

A.C.A. §17-87-309(a)(1)

*Bagwell, Barbara Marie Flynn*

L34049, Ash Flat

A.C.A. §17-87-309(a)(1) and

§17-87-207(c)(2)

CE Late Fee - \$1,000

*Brooks, Romonica Nichoel*

R77733, L39701, Pine Bluff

A.C.A. §17-87-309(a)(1)&(2)

*Cox, Teri Leann*

L41673, Thayer, MO

A.C.A. §17-87-309(a)(1) and

§17-87-207(c)(2)

CE Late Fee - \$750

*Etter, Jacqueline Elizabeth Jones Lamb*

R41071, Hoxie

A.C.A. §17-87-309(a)(1) and

§17-87-207(c)(2)

CONTINUED ON THE NEXT PAGE

## LICENSE VERIFICATION

### Arkansas Nursing License Verification Options

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

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

CE Late Fee - \$1,000

*Garrett, Shemecka Ann Radford*  
L45078, Willis, TX  
A.C.A. §17-87-309(a)(1)&(2)

*Hackleton, Monica Lynn Zornes*  
L45165, Humphrey  
A.C.A. §17-87-309(a)(6)&(9) and  
§17-87-104

*McPherson, Susan Marie Callantine*  
L30174, Mountain Home  
A.C.A. §17-87-309(a)(1) nad  
§17-87-207(c)(2)

*Ramsey, Brian David*  
L45237, Fayetteville  
A.C.A. §17-87-309(a)(1)&(2)

*Wyatt, John Robert*  
R77091, Paragould  
A.C.A. §17-87-309(a)(1)&(2)

#### PROBATIONARY STATUS REMOVED

*Brown, Dianna May Daugherty*  
R37826, Ola  
October 10, 2006

*Cass, Jack Richard*  
R01459, West Helena

October 24, 2006

*Davis, Willie Annis, III*  
R29758, L17989(exp), Story  
October 24, 2006

*Fusilier, Tamara Jacqueline Brennan Ewing*  
R51821, Maumelle  
September 21, 2006

*Garcia, Tonia Elaine England Roth*  
L28082, Fayetteville  
September 15, 2006

*Harper, Kathy Renee Lane*  
R40214, Mena  
October 24, 2006

*Kirby, Kelly Loutisha Kirby Herndon*  
R51421, Fort Smith  
October 24, 2006

*Merriman, Holly Ann Darling Burnett Reid*  
L42940, Jonesboro  
October 24, 2006

*Parrett, Sarah Luella Reiter*  
R71788, Conway  
October 24, 2006

*Primm, Karen Ann Duke*  
R41237, Jonesboro

September 15, 2006

*Rambo, Robin Elizabeth*  
L37626, Springdale  
October 24, 2006

*Sarlo, Sarah Elizabeth Carter*  
L43696, Little Rock  
September 14, 2006

*Smith, Brandi Suzanne Garringer*  
R71905, Jacksonville  
September 21, 2006

*Stone, Sara Lynn*  
R55193, Hope  
September 25, 2006

*Young, Heather Louise Moore*  
R56614, Bryant  
October 10, 2006

#### WAIVER GRANTED

*Hall, Elizabeth Adrian*  
PN Applicant, Batesville

*Hamilton, Holly Brooke Underwood*  
PN Applicant, Lockesburg

*Stong, Joshua Matthew*  
R52902, Little Rock



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## SEPTEMBER 19

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## OCTOBER 25

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## NOVEMBER 7

Jones Center  
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**Pre-registration is required. If you have questions, contact  
the Board of Nursing at 501.686.2701**

### REGISTRATION FORM

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

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Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

#### Workshop attending:

- February 20 - Little Rock
- April 19 - El Dorado
- September 19 - Jonesboro
- October 25 - Little Rock
- November 7 - Springdale

Mail your \$45 check (payable to Arkansas State Board of Nursing) and Registration Form to:  
Arkansas State Board of Nursing  
1123 South University Avenue, Suite 800  
Little Rock, AR 72204

## AGENDA

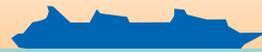
8:30	Introduction
8:45	Professional Behaviors
9:30	Legislative Issues
10:00	Break
10:15	Disciplinary Case Study
11:00	Medication Assistant - Certified
11:30	Lunch
12:15	How to Deal With Difficult People
1:30	Delegation/ Scope of Practice
2:30	Break
2:45	NCLEX

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