WE'RE OFF TO SEE THE WIZARD:
BREAKING DOWN BARRIERS TO RETURNING TO SCHOOL

THE EXPO AND COMPASSIONATE NURSE AWARD CEREMONY APRIL 30TH
SEE PAGE 10 FOR DETAILS

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We have all read the Peanuts cartoon and know how attached Linus is to his blanket. Many nurses feel the same way about their nursing license. Marilyn Ferguson said, “Change causes us to feel like Linus when his blanket is in the dryer. There’s nothing to hold on to.” Change is easier to accept when you know why and how it is going to happen, so allow me to share that information with you.

**THE CHANGE:** Historically, nurses have carried their license as proof they are a nurse and have a current license. When you are hired for a new job or renew your license, your employer asks for a copy of the license for your personnel file. The wallet card only proves your license status on the day it was issued. Unfortunately, a lot can happen to a nursing license during the two-year period, such as disciplinary action and change to or from a multi-state license. Relying on the paper license puts the employer at risk for allowing a nurse to work without a valid license. Paper licenses are subject to fraud, loss and theft. Starting July 1, 2011, the Arkansas State Board of Nursing will join many other states in the move to eliminate paper licenses.

**THE WHY:** Protection of the public is the mission of the Board, and we integrate the mission into all Board activities. Today’s advanced technology makes life convenient for everyone and provides access to the world 24/7. However, this advanced technology causes concern over security of personal information. The paper license can be duplicated with little difficulty. This puts the public at risk, as well as the nurse and employer.

The elimination of paper licenses will benefit the nurse, the public and the Board in the following ways:
- Enhancing the protection of the nurse and the public
- Reducing the risk of identity theft
- Providing employers faster access to disciplinary action
- Primary source verification as required by various organizations
- Cost savings to the Board

**THE HOW:** Beginning July 1, 2011, all newly licensed nurses and nurses who renew between July 1, 2011, and June 30, 2013, will receive a one-time issued plastic wallet card. The only information on the card will be the nurse’s name and address, license type and number, and original date of issue. Since the license status is no longer on the license, employers will be required to verify the license status on the ASBN Registry at www.arsbn.org. The ASBN Registry is considered primary source verification.

As part of this change, temporary permits in the form of a paper wallet card will no longer be issued. Temporary permit information is available on the ASBN Registry the day after the permit is issued. When a temporary permit becomes expired or null and void, a notification will be “pushed” via e-mail to the employer if the employer subscribes to the Registry.

The Registry is updated daily and reflects the most up-to-date information available. You can search the Registry by name or license number and searching is free of charge. The information available for free on the registry search has changed and includes the nurse’s name, license type, license number, multi- or single-state, original issue date, expiration date, and disciplinary flag. The subscription services are still available and provide additional information, as well as push specific data to employers.

You will not have a new paper wallet card every two years, but you are still a nurse. Don’t stress out like Linus; embrace the change.
Bale Honda
On my way to work one morning recently, I received a call letting me know school was cancelled for the day due to forecasted inclement weather – snow! Upon returning home, I checked my e-mail to discover “nonessential” personnel were excused for the day. I had to smile with the realization that I have passed from essential to nonessential; which means I can now enjoy snow days as much as school children. (I might add that my satisfaction was short-lived as I learned a few hours later that I am, indeed, still essential.)

The weather throughout North America was extreme this winter, and there has been much conversation as to whether nurses should risk life and limb to get to work. Hospitals never close, and patients always need care—even more so in weather that causes accidents and injuries. Health care workers for the most part accept this and are faithful to get to work against all odds. While others enjoy a few unexpected days of downtime and rest, nurses must plan ahead to make arrangements to be on duty—even if it means staying at their workplace for a few days. Often, the nurses on duty stay and work additional shifts for those who are unable to come. While the newscasters urge people to stay home, we go to work. We have all worked these shifts shorthanded and can reminisce on the spirit of camaraderie that develops as we do what is needed to see that the patients are cared for as usual.

Nurses are dependable and the public is aware of this attribute as evidenced by a December 2010 Gallup Poll in which nurses topped the list of professions Americans trust the most for the 11th year. Nurses have held this honor the last nine years in a row, interrupted only by firefighters in 2001. It appears we have set the bar for trustworthiness. The term “setting the bar” probably originated from track and field sports where the pole vaulter had the bar raised making the event more challenging. We recognize “setting the bar” as raising the accepted minimum standards higher in order to achieve excellence. Ralph Waldo Emerson expressed it this way, “Unless you try to do something beyond what you have already mastered, you will never grow.”

Whatever field of nursing we choose, professional behavior will ensure we earn the trust that the American people have vested in nurses. We must continue to show integrity, honesty and accountability with our patients and peers. We will avoid resting on our laurels, an expression defined in the Cambridge idiom dictionary as being so satisfied with our achievements that we make no effort to improve.

Thankfully, spring is here and winter weather is behind us. If not, when bad weather looms and the rest of the world is heading to the grocery store, you know that your patients trust that you will show up. They won’t be disappointed.
**Board Business**

**BOARD DATES**

**May 11**
Board Retreat

**May 12**
Business Meeting

**June 8**
Hearings

**June 9**
Hearings

**July 13**
Hearings

**July 14**
Hearings

**August 2-5**
NCSBN Annual Meeting, Indianapolis, IN

**September 14**
Hearings

**September 15**
Business Meeting

**September 27**
CE Workshop – NURSING TODAY: Ethics, Leadership, Social Networking and More, University of Arkansas Community College at Batesville

**October 12**
Hearings

**October 13**
Hearings

**November 9**
Hearings

**November 10**
Hearings

**November 17**
CE Workshop – NURSING TODAY: Ethics, Leadership, Social Networking and More, Baptist Health School of Nursing, Little Rock

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**GETTING TO KNOW NEW STAFF MEMBERS**

**RHONDA REDDIX** Legal Support Specialist

*Place of Birth:* Monterey Park, CA  
*Family:* Daughter — Emerald “Emmy”, 1 year old  
*Education:* Associate of arts in general studies from UALR. Pursuing bachelor of arts in liberal arts and associate of arts in law enforcement from UALR.

*Certifications:* Paralegal certificates received from University of Arkansas Department of Continuing Education and the National Association for Legal Professionals

*Hobbies:* Reading, playing with my daughter, making earrings, baking

**TAMMY CLAUSSEN, MSN, RN, CNE**  
ASBN Program Coordinator/Education

*Place of Birth:* Tucumcari, New Mexico  
*Family:* Husband — Mike Clausen; Daughters — Laura and Natalie  
*Pets:* Two dogs — Louis (Pomeranian) and Bella (Lab and husky mix)

*Education:* Bachelor of science in nursing from University of Phoenix; Master of science in nursing from University of Phoenix.

*Certifications:* Certified Nurse Educator (CNE)

*Awards or Honors:* Sigma Theta Tau International; ANSA Faculty Advisor of the Year; Outstanding ARNA member

*Work History:* Instructor, Jefferson Regional Medical Center

**GOV. BEEBE APPOINTS NEW BOARD MEMBERS**

**DEBBIE GARRETT, APN** replaces Darlene Byrd, APN

*Place of Birth:* Hope, Arkansas  
*Education:* Associate of science in nursing from Natchitoches, LA; Bachelor of science in nursing from University of Texas at Arlington; Master of nursing science from UAMS

*Certifications:* National Certification Corporation Women’s Health Nurse Practitioner — Board Certified

*Awards or Honors:* Sigma Theta Tau International; ANSA Faculty Advisor of the Year, Outstanding ARNA member

*Work History:* Instructor, Jefferson Regional Medical Center

**TERRI IMUS, RN** replaces Cassandra Harvey, RN

*Place of Birth:* Fayetteville, North Carolina  
*Personal history:* Married, two adult children, three granddaughters  
*Education:* Associate of science in nursing from East Arkansas Community College, currently taking classes at UALR and Pulaski Tech

*Certifications:* BLS Instructor, Critical Care nurse, LNC diploma

*Awards or Honors:* Who’s Who — Jr. College


Women’s Health Nurse Practitioner, Medical Park Hospital 1997-2005; Clinical Instructor, UAMS 2005 — present

*Hobbies:* Gardening, beading, health

“I knew by the time I was in junior high school that nursing would be my profession. I want to serve on the Board because I have been an RN for many years and practiced in a variety of settings, and also as an advanced practice nurse in a clinic setting. I have seen and been involved in many changes in the nursing profession through the years and feel this experience will enable me to be an effective board member.”

**SCHOLARSHIP FUNDS**

Dr. Barbara Williams presents Sue Tedford, ASBN executive director, a $27,569 check for the Faith A. Fields Nursing Scholarship Loan Fund from the non-operational Arkansas Nursing Workforce Center.
The Arkansas State Board of Nursing has designated this magazine as an official method to notify nurses residing in the state and licensed by the Board about information and legal developments. Please read this magazine and keep it for future reference as this magazine may be used in hearings as proof of notification of the ASBN Update’s contents. Please contact LouAnn Walker at the Board office (501.686.2701) if you have questions about any of the articles in this magazine.

ASBN NOTICE OF INSUFFICIENT FUNDS

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 Gail Bengal at 501.686.2716 if any are employed in your facility.

Rosa Marie Bradley  L16658
Jessica Gonzalez  Exam Application
Tonya Humphrey  R55602
Victoria Knighten  R81020
Toni Diane McKeever  R42190
Amber Sanders  R73529
Nathan Shaheed  T01220
Angela Shupert  L37543
June Elizabeth Sivils  L30290
Della Williams  L28175
Sally F. Williams  L26287

Boards - Seated, L to R: Karen Holcomb, RN, Secretary; Brenda Murphree, RN, President; Gladwin Connell, Rep. of the Older Population, Vice President; Sandra Pribe, RN  Standing, L to R: Cathleen Shultz, RN; Peggy Baggenstoss, LPN; Doris Scroggin, RN; Richard Spivey, LPN; Clevesto Flannigan, LPN; Roger Huff, LPN
Not pictured: Cynthia Burroughs, Consumer Rep., Treasurer; Debbie Garrett, APN; Terri Imus, RN

NURSING EXPO AND COMPASSION AWARD CELEBRATION SATURDAY, APRIL 30th  Metroplex Event Center
For Arkansas

The U.S. Department of Labor is recruiting to contract with Registered Nurses, intermittently and part-time in Ft. Smith, AR, Jonesboro, AR and Little Rock, AR to coordinate medical management of injured Federal workers. The period of performance for such contracts will be 2 years plus 3 one year options. Minimum requirements are: applicable state licensure(s), 2 years of case management experience and 2 years medical-surgical experience. Applicants must have computer skills and provide their own personal computers and internet connectivity to work on these cases. Due to privacy concerns, use of public access computers or public access internet is not acceptable. The reimbursement rate is $75.00 per hour for professional time and $37.50 for administrative/travel time. A two day certification training session in Kansas City, MO is mandatory. No reimbursement for travel or lodging for certification training is provided. Applicants selected as contract nurses will be subject to the Privacy Act of 1974 in all matters related to federal employees and federal employee records. Federal employees and nurses working as contractors for other federal nurse intervention return to work programs are precluded from applying.

Please send letter of interest to:
Pamela M. Wood, R.N., National Office Nurse Consultant
U.S. Department of Labor/OWCP
Room S-3201, 200 Constitution Ave. N.W.
Washington, D.C. 20210

Postmark is to be no later than May 5th 2011.

The Little Rock School District School Nurses would like to congratulate colleague, Patricia Brown, BSN, RN, on her nomination for Arkansas’ Most Compassionate Nurse Award. It is an honor to work with such a caring and compassionate individual.
Congratulations Laura K. Allen LPN
Urology Clinic-MOB
HOT SPRINGS AR

Congratulations Charmaine Allen RN
Baptist Hospital
LITTLE ROCK

Congratulations Julie Atkins RN
UAMS
LITTLE ROCK

Congratulations Patricia Brown RN
Little Rock School District
LITTLE ROCK

Congratulations Linda Easter RN
Ar. Children’s Hospital
LITTLE ROCK

Congratulations Janetta Frith RN
St. Vincent Health
WEST MEMPHIS AR

Congratulations Meredith Green RN
Washington Regional
FAYETTEVILLE

Congratulations Veronica LeGrand BSN
Jefferson Regional
PINE BLUFF, AR

Congratulations Dale Mackey RN
UAMS
LITTLE ROCK

Congratulations Charlotte Gray RN/RNP
Crittenden Regional Hospital
WEST MEMPHIS AR

Congratulations Lila Morrow RN
Good Samaritan Clinic
FT. SMITH

Congratulations Elaine Peterson RN
Crossroads Medical Clinic
HARRISON AR

Congratulations Michelle Riggs RN
North Arkansas Regional Medical Center
HARRISON AR

Congratulations Laura Ryan RN
UAMS
LITTLE ROCK

Congratulations Shannon Shearer RN
Baprist Health Med Ctr
HEBER SPRINGS

Congratulations Karen Smith RN
JRMC
PINE BLUFF

Congratulations Lisa Speer RN, BSN
Conway Regional
CONWAY AR

Congratulations Tizzy Stewart RN
Ar. Childrens Hospital/Oncology
LITTLE ROCK

Congratulations Linda Ward LPN
Calico Rock Home Health
CALICO ROCK

Congratulations Ginger Whittaker LPN
Pulmonary Asst’s of Ar.
LITTLE ROCK

Congratulations Rebecca Woods RN
Bapist
LITTLE ROCK

Congratulations Deborah York RN
Health Services Adm. Arkansas Dept. of Correction
PINE BLUFF
You are invited to join us immediately following the Nursing Expo on April 30th for the Compassion Award luncheon and celebration. One of these nominees will be the recipient of this prestigious award!

After the luncheon we will begin recognition of the top 24 nominees. We will share some wonderful stories that have made each of them shining examples of Arkansas Nursing.

To support the event we are taking reservations for our special guests and their supporters. Your reservation provides lunch for 10 people and the total donation is $500 with net proceeds, from the event, going to the ThinkNurse scholarship fund.

From the words of last year’s compassion award winner ... “Thanks so much for making my life wonderful last May. The nursing Compassion Award has changed my life. The experience has been so overwhelming - from the prizes, the magazine article, being Grand Marshall at Christmas and speaking at Harding University - I never thought about me being a winner. Thanks so much.” Angie Durham.

Come out in force to salute and celebrate your Arkansas nursing... and know that net proceeds from this event go to educating nurses for our future.

To reserve a table for 10 please call Michele Forinash 1-501-221-9986 ext 112.
I frequently reflect on Dorothy and her companions’ journey for a metaphorical view of the attributes necessary as I navigated my nursing educational endeavors. The Yellow Brick Road depicted on the infamous journey was not perfectly laid. I am sure that in some spots, the bricks were weathered and worn and a bit of unevenness allowed occasional weeds to peek through the cracks. Travel was challenging, so why take the journey? The journey of returning to school may simulate Dorothy’s path; it may be a daunting task and definitely won’t be easy. However, there are various personal and professional reasons for expanding your nursing career horizons by considering advanced credentialing.

Recent changes in health care, along with societal and demographic trends, have unveiled a host of new and exciting career possibilities for nurses (Burke, 2008). The personal desire to pursue lifelong learning is enhanced by a need to maintain a knowledge base in a health care environment that is increasingly complex. Additionally, acquiring new knowledge and skill sets potentially increases personal and professional viability.

Organizational expectations will expand professional opportunities and provide stimulus for advancement of academic credentials. National awareness of the nursing profession is at an all time high; people understand implications of the nursing shortage and how they will have safe access to care (Burke, 2008). Nursing responsibilities have been altered for many reasons, including:
- As a result of new technology
- Expansion of evidence based practice initiatives
- Reimbursement trend changes
- A growing emphasis that changes the focus from health care modalities that focused on management of resources to ones that promote improved patient outcomes

Additionally, hospitals that seek Magnet® status recognition will focus on implementation of the Forces of Magnetism. This journey provides a framework for quality of care initiatives and professional practice organizational transformation.

A pinnacle stimulus for professional advancement is the recently released Institute of Medicine Report (IOM) report, The Future of Nursing. The work, sponsored by the Robert Wood Johnson Foundation, resulted from the Initiative on the Future of Nursing. The report includes several key messages that are further clarified with recommendations to meet respective initiatives. The key messages specifically related to nursing education include: a) Nurses should practice to the fullest extent of their education, training and license, and b) Nurses should achieve higher levels of education and training through improved education systems which promote seamless academic preparation (IOM, 2010). Clarifying recommendations include: a) Remove scope of practice barriers, b) expand opportunities for nurses to lead, diffuse, collaborative improvement efforts, c) implement nurse residency programs, d) increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020, e) double the number of nurses with a doctorate by 2020, f) ensure that nurses engage in lifelong learning, and g) prepare and enable nurses to lead change to advance health (IOM, 2010).

“Lions, Tigers and Bears Oh My!”

Many of the motivating trends identified may require an educational level beyond your current education. Even though the various trends make aca-
demic advancement attractive, personal and administrative barriers may exist that can hamper motivation and create resistance to further academic pursuit. To successfully return to school, it is important to identify these potential barriers.

“I’ll get you my pretty…and your little dog too!”

Both internal and external factors can generate resistance to continuation of education. Personal internal barriers may include fear of uncertainty due to change and failure, lack of personal motivation or desire, complacency with the existing situation and perceived resentment from co-workers. 

External barriers may include conflicting life and work commitments that potentially interfere with studies, multiple role demands and personal obligations that create competing priorities, inflexible work schedules, or limited availability of resources, including financial assistance. Added external barriers can result from lack of knowledge regarding the graduate school application process and requirements and use of unfamiliar computer-based learning technology.

“The Great Oz has spoken!”

In addition to the personal barriers already identified, administrative barriers, such as nonexistent or restrictive organizational policies, scheduling practices, and minimal or lack of supplemental staff may create a prohibitive environment for continuing your education.

“There’s no place like home!”

To overcome personal barriers and subsequent resistance, it is important to reflect on your motivations for returning to school and your expectations of increased personal and job satisfaction. Keep the final goal in mind as you begin to navigate your journey.

“Nobody gets to see the Wizard... Not nobody, not no how!”

Many organizations have measures in place intended to minimize potential administrative barriers that could impede academic progression. However, additional administrative support can further change the status quo. It is an opportune time for organizational review of existing policies related to continued academic advancement. Close examination may identify the need for enhancement of supportive policies that tackle issues such as tuition assistance, altered work schedules for class attendance, or development of a mentoring program. Administrative initiatives aimed at providing informational sessions that offer guidance for the graduate and financial aid application processes and training on computer equipment and technology can prove to be valuable supportive measures.

“I’ve got a feeling we’re not in Kansas anymore.”

As I reflect on completion of my entry level nursing education, I recall feeling so relieved that I had reached what I felt was the final goal; I had all the knowledge I needed for my professional journey. I soon realized that, like Dorothy after the tornado carried her away, I was not in Kansas anymore. I needed a plan. Entry into the profession is not a stopping point; it should provide incentive to continue the journey. Take a step back and examine your career goals to develop a clear direction and an academic educational plan for your future.

“Somewhere over the rainbow?”

Once you have made the decision to return to school, decide on a nursing program that meets your educational needs. Ask yourself if you want to go metaphorically over the rainbow or remain in your own backyard. In other words, do you prefer to attend a nursing program that is offered via distance learning out of state or attend an Arkansas nursing program?

In Arkansas, there are 27 practical nursing, 29 registered nursing (2 diploma, 15 associate degree and 12 baccalaureate degree) programs approved by the Arkansas State Board of Nursing (ASBN), and a number of these programs additionally offer post baccalaureate degree options. These programs are located throughout the state, and many offer various options to the traditional full-time, face-to-face lecture methodology, including part-time or evening attendance, and distance or Web-based learning. You may be able to remain “at home” and locate a program that fits your schedule.

We encourage you to visit the ASBN website, www.arsbn.org, and review information related to ASBN approved nursing programs. Choose the Education link to locate the nursing programs. There is a link to each approved nursing program and a direct e-mail to the respective program director/chair.

“Are you a good witch or a bad witch?”

You should take a great amount of caution when considering distance education (technology) programs. There is a large amount of information on the Internet related to these programs, and during this heightened time of technology, you can use this resource to your advantage. One resounding question to consider is whether socialization into the nursing profession is lost; we learn from professors and the interaction with a group or team. Education is much more than maintaining an outcome focus. You may access information related to distance education (technology).
programs by accessing the Arkansas Department of Higher Education website (www.adhe.edu) via the Divisions tab. Click on Academic Affairs, Institutional Certification and Advisory Committee (ICAC). Non public and Out of State Institutions Certified to Offer Degree Programs and Institutions Authorized to Operate in Arkansas. The direct link to the PDF document is: http://www.adhe.edu/divisions/academicaffairs/Pages/aa_certification.aspx#1. Scroll down the respective program of interest in question and be certain that it lists nursing; if it does not, the program is not appropriately certified in Arkansas.

"Pay no attention to the man behind the curtain!"

Always investigate the approval/accreditation status of a program you choose before you invest time and money in pursuit of education. Become familiar with the State Board of Nursing and Department of Higher Education information related to statutes or rules, authorization to operate and other information such as potential fraudulent or diploma mill programs. Review the programs website for accuracy and ease of information.

There is an appeal of distance education (technology) programs that lies in the perceived flexibility, ease of admission, appeal to “never have to leave home” and aggressive marketing tactics (FARB, 2011). There is, however, some concern related to programs in the for-profit sector including level of debt versus ability to earn and repay, validity of the program, large chains targeting those that may be unable to enroll, job prospects, loan debt and interest accumulates, promises that cannot be kept, potentially inflated grades, and accreditation status of some programs (FARB, 2011).

Have a Brain

The Scarecrow had many good ideas that demonstrated his ability to use resourcefulness on his journey. It is important for you to develop this attribute by becoming an informed consumer of your educational experience, carefully examining your options and identifying available resources.

Once you have identified the education modality you prefer, verify that the nursing program you are interested in is accredited by National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education as applicable. If you enroll in a program that does not have national accreditation, you may not be able to achieve your goal (Burton, 2009). The degree you have worked so hard for may not have the portability necessary to continue your educational plans and may not be recognized by other states or institutions.

Plan ahead and review admission requirements, take required testing, and submit required materials and transcripts early. Examine the program’s website or contact a program representative and locate information related to graduation and job placement rates, success rates, loan default rates, and obtain a detailed explanation of costs.

Spend extra time evaluating a for-profit program. While many schools may offer good opportunities, there continues to be concern regarding others. As a prospective applicant, compare the cost you are paying for the certificate or degree that you will receive. Is the same certificate or degree offered from one of the Arkansas programs at a better cost? Additionally, check the expected salary range for your identified field, and find out if your credits or degree has portability (will transfer) to other institutions you plan to attend. You should not only access the respective program’s website, but you should also conduct a Web search related to for-profit programs (schools). Be aware of potentially shady practices, and review prior consumer experiences with the program. Watch the news or read information related to looming regulatory scrutiny and proposed regulations for the industry regarding financial aid. Many of the for-profit institutions are geared up to respond to inquiry into recruitment strategies and costs associated with attendance.

To further develop financial resourcefulness, you are encouraged to research funding options. There are a number of financial resources available, and it is a good time to seek out scholarship opportunities and other sources of financial aid. Financial assistance options may be available through your employer, health care organizations and professional organizations.

The Arkansas Department of Higher Education website (www.adhe.edu/access Student tab) provides valuable financial aid information. The United Stated Department of Education offers Pell grants and supplemental education opportunities grants, Perkins loans, PLUS loans, Stafford Loans and Direct Loans to individuals who qualify. Information is accessible at http://www.ed.gov. Finally, other national financial sources can be located at www.FinAid.org, which is sponsored by the National Association of Student Financial Aid Administrators.

Continue to develop resourcefulness by preparing for your return to school. You might consider taking a lower level course or a course offered at a community college or adult education center that will allow you to tune up an outdated skill (writing or math) or learn a new skill.
(Excel, PowerPoint). It is also resourceful to identify a librarian who might assist you with database or literature searches or provides tutoring in the use of most used research databases.

**Have Passion**

The Tin Man was kind and thoughtful, which demonstrated he already had the quality he most desired. It is important for you to nurture the same attribute and surround yourself with support systems that will encourage your passionate desire. Share your aspirations with those who care for you. Help them understand why this goal is important to you.

Identify a coach or mentor either through a formal mentoring program or an informal method, such as a work colleague who has been in similar circumstances. A mentor in this type of collegial support relationship can provide valuable advice and may become vested in your success. Additionally, a buddy system with a peer who is going back to school can share in the day-to-day academic challenges (Burton, 2009).

Develop a relationship with your academic advisor; make early and frequent contact. Make a positive impression by preparing for your meetings by bringing a summary of classes you are attending, questions and review your educational plan to identify next steps.

**Have Courage: Develop Tenacity**

The Lion bravely demonstrated tenacity as he and his companions repeatedly faced dangerous situations. This attribute will prove valuable to you during each moment of your academic journey.

Develop a steadfast determination in the face of obstacles and perils that may appear overwhelming. To enhance your best physical and emotional shape, cultivate a personal health management plan into your routine that includes diet, exercise and good sleep practices.

Dorothy’s journey, although challenging, proved worthwhile. All the characters demonstrated priceless attributes along the way that ultimately helped them reach their personal goals. These attributes can be nurtured as you move in the direction of attainment of additional nursing education.

**References**


Arkansans prefer Baptist Health nurses 2-to-1. It is because of nurses like these that we have earned this recognition.

**Nursing Compassion Award Finalists**

Rebecca Woods, BHMC-LR  
Charmaine Allen, BHMC-LR

Rebecca Morin, BHMC-LR  
Shannon Shearer, BHMC-HS

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**Other Nominations**

Dania Elhouri, BHMC-LR  
Jim Marsh, BHMC-LR  
Tabitha Wood, BHMC-LR  
BJ Rochon, BHMC-NLR  
Cynthia Bateman, BHMC-NLR  
Stacy Collier, BHECH  
Jennifer Elmore, BHECH  
Kevin Norman, BHMC-LR
An obese woman with stage III ovarian carcinoma was admitted to the hospital with RLL pneumonia. After five days of treatment, she had improved and was discharged. Five days after that, she was found dead in her home. The autopsy revealed that the cause of death was a pulmonary embolus.

There are almost a million cases of venous thromboembolism (VTE) in the United States each year. Almost 300,000 are fatal; of those, about 7 percent of patients had been diagnosed and treated, while 34 percent were the result of a sudden pulmonary embolism and 49 percent resulted from undetected PE.\(^1\) VTE kills more people than AIDS, breast cancer and highway fatalities combined.\(^2\)

The Institute of Medicine reminds us that “Patients should receive care based upon the best available scientific evidence, and care should not vary illogically from clinician to clinician and place to place.”\(^3\) Hospitalization and/or surgery account for 60 percent of VTE events; therefore, we have a discrete opportunity to employ preventive strategies. Upon admission and regularly thereafter, we should evaluate each patient’s risk of developing VTE, and then employ methods of thromboprophylaxis that are evidence-based and clinically appropriate.\(^4\)

Figure 1 illustrates a simplified VTE risk-assessment tool developed by a team of researchers at the University of California, San Diego Medical Center.\(^5\)

Returning to the case of the woman with ovarian cancer: Her VTE risk was recognized, and thromboprophylaxis was started with enoxaparin 40 mg SC once daily. So what went wrong? Systemic application of appropriate thromboprophylaxis has the potential to reduce the burden of VTE by over 50 percent and save thousands of lives.\(^6\) According to Amin, there has been an inappropriately low rate of appropriate thromboprophylaxis in the U.S. of 66 percent.\(^7\) The most common reasons were 1) no thromboprophylaxis given (35.4 percent) and 2) inappropriate duration (16.7 percent). Incorrect dosage has also been reported as a contributing factor.\(^8,9\)

The flow diagram in Figure 2 illustrates the points where the treatment process can break down, leading to inappropriate thromboprophylaxis. Prophylaxis must be ordered for appropriate patients at the appropriate time – as soon as the risk is recognized – and then must be given at the appropriate dosage for the appropriate length of time.

Average hospital lengths of stay (LOS) have declined dramatically in the past 10 years. The medical LOS in 2005 was approximately four days, down from eight in the early 1990s.\(^10\) The American College of Chest Physicians recommends a thromboprophylaxis duration of six to 11 days for at-risk medical patients; therefore, the appropriate duration of thromboprophylaxis may well be longer than the patient’s hospital stay. The ovarian cancer patient mentioned previously was not discharged on thromboprophylaxis.

At-risk patients have unprotected days, both in and out of the hospital. Data indicate a possible gap of nearly two days between hospital admission and recognition of VTE risk. It is of great importance to close the gap in appropriate prophylaxis – including post discharge. Note that, as with our ovarian cancer candidate, 18 percent of DVT/PE events among acutely ill
medical patients occurred after discharge.\textsuperscript{11}

Inpatient prevention of VTE is not a dichotomous yes-or-no metric. Proper VTE prophylaxis requires evidence-based measures applied according to protocols used in randomized controlled trials. For pharmacological prophylaxis, this means ordering the right dose of the right medication at the right time for the proper duration. Outpatient and inpatient VTE should be coupled, not placed in separate silos.\textsuperscript{12}

In conclusion, because VTE occurs in relation to hospitalization or surgery a majority of the time, initial risk assessment and initiation of prophylaxis are important QI interventions that can reduce VTE. As our health care system evolves (e.g. shorter hospitalizations and more outpatient interventions), VTE prophylaxis must evolve to include delivery outside the acute hospital setting.

Johnny W. Jones, MD, FACOG, MBA is medical director of Wadley Regional Medical Center, Prenatal Clinic in Texarkana, Texas.

References:
In a Magnet environment, structures and processes that support evidence-based practice (EBP), research and innovation are a must. Creating these structures and processes isn’t as easy as you might think. It can be challenging for clinicians to make the connection between EBP, research and their everyday practice. This has led to the development of a number of frameworks and models designed to help clinicians make this all important connection.

In 2010, University of Arkansas for Medical Sciences’ Nursing Research Council was tasked with identifying an EBP model that could be adopted by UAMS nursing as a framework for translation of evidence into practice. This council comprised of nurses from all levels of practice and representing a variety of clinical areas used the work of Gawlinski & Rutledge (2008) to perform a thoughtful, systematic critique of 5 commonly used EBP models (Table 1).

<table>
<thead>
<tr>
<th>Table 1 EBP Models and Critique Questions</th>
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<tbody>
<tr>
<td>IOWA</td>
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<tr>
<td>Johns Hopkins</td>
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<tr>
<td>Melnyk &amp; Fineout-Overholt</td>
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<td>ACE Star Model of Knowledge Transformation</td>
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<td>Rosswum</td>
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</tbody>
</table>

80 respondents ranked their top 3 preferences for an EBP model based on 4 areas:

1) Concepts well organized and clear
2) Diagram easy to understand
3) Has steps representing a beginning and end
4) Easy to apply to issues in clinical settings

The council completed their critique but did not find a model they recommended for adoption by UAMS nursing. This group of innovative nurses (Table 2) decided it would be better to create a model that integrated the “best” qualities of those reviewed as well as include areas they believed were missing. The Director of the Center for Nursing Excellence (CNE) developed a schematic based on the preferred model components identified by the council members. The graphic depiction was reviewed and approved by the council. As part of the model development, 80 UAMS nurses blindly reviewed and ranked 6 models including the UAMS prototype. Seventy-percent of the nurses ranked the UAMS EBP Model as their number one choice, while 95% ranked it in their top three. The end result was a dynamic EBP model that demonstrates the clinical relevance of EBP as well as outlines the process (Figure 1.)

To date, the council has created special education that accompanies the model as well as an EBP “toolkit” that includes guides for question development, literature appraisal and project management. An abstract outlining the development of
the model was recently accepted for an oral presentation at a research conference this spring. The council plans to develop a manuscript for publication later this year. Of further interest is the council’s conscious decision to omit ‘nursing’ from the title. EBP is not unique to nursing and the council plans on promoting the use of the UAMS Evidence-based Practice Model across all disciplines. This work is but one example of how nurses set the pace for creating New Knowledge, Innovations & Improvements every day at UAMS.

Reference:

Table 2 – 2010 Research Council Members

Amy Hester, RN, BSN, BC – Nurse Manager Neurology
Mitchell Lincoln, RN, BSN, PCCN – Progressive Care Nurse
Michael Freeland, RN, BSN, – Stem Cell Transplant Nurse
Carol Murry, RN, MHA, BC – Patient Advocate
Lana Brown, MNSc, RN-BC – College of Nursing Faculty
Donna Elrod, RN, MSN, OCN – Nurse Manager Oncology
Tammy Jones, RNC-OB, PhD – CNE Director
Sally Everson-Bates, RN, DNSc – Hospital Director
Lori Frazier, RN, MS, CCRN – Intensive Care Nurse
Ramona Walker, RN, CCRN – Intensive Care Nurse
Myoshi Jackson-Austin, RN, BSN – Surgical Specialties Nurse
Becca Austin, RN, MNSc, WHNP-BC, Community Women’s Clinic

Pictured: front L-R, Lana Brown, Michael Freeland; back Carol Murry, Tammy Jones

Donna Elrod (right in picture)

Amy Hester (left in picture)

Myoshi Jackson-Austin (right in picture)
The Arkansas State Board of Nursing (ASBN) was created in 1913 with the mission to protect the public and act as their advocate by effectively regulating the practice of nursing. The Nurse Practice Act (NPA) and Rules, along with Position Statements and Guidelines, direct what is considered safe nursing practice. In Arkansas, nursing students are not under the inquiry of the ASBN until application for initial licensure is made. There is misinformation regarding the NPA. The chatter on websites that focus on nursing and in comments on social networking sites compound the confusion. In this article, you will find answers to some frequently asked questions to clear up some misconceptions.

1. I am a nursing student and heard that if I had a criminal conviction before the age 17 I do not have to report it when I apply to take my nursing licensure exam. Is this correct?

No. ANY conviction, any plea of guilty, or any plea of nolo contendere to a criminal offense, including DWIs and DUIs, (minor traffic violations are not reportable) at ANY age must be reported to the Board. The Board is accountable to the citizens of Arkansas to protect and act as their advocate in the regulation of nursing practice. In 1999, the legislature passed a law, Arkansas Code Annotated § 17-87-312, requiring criminal background checks as a prerequisite to issuing a nursing license. The law on criminal background checks, in part, states:

(a) Each first-time applicant for a license issued by the Arkansas State Board of Nursing shall apply to the Identification Bureau of the Department of Arkansas State Police for a state and national criminal background check, to be conducted by the Federal Bureau of Investigation.

(b) The check shall conform to the applicable federal standards and shall include the taking of fingerprints.

(c) The applicant shall sign a release of information to the Board and shall be responsible to the Department of Arkansas State Police for the payment of any fee associated with the criminal background check.

(d) Upon completion of the criminal background check, the Identification Bureau of the Department of Arkansas State Police shall forward to the Board all information obtained concerning the applicant in the commission of any offense listed in subsection (e) of this section (subsection (e) lists convictions that are reportable to the ASBN.)

When a criminal background check is conducted, all state and federal convictions are reported to the Board. Some applicants may have had background checks previously conducted for employment and the check came back negative, despite a history of an offense and conviction. The problem is that many businesses contract with private companies to conduct background checks, or the company does the background checks and not all offenses may be reported to them. So, it appears to the employer and the applicant that there are no convictions. When the Board’s background check report returns and is positive for a criminal history, applicants are surprised as prior background checks were negative. Applicants for a nursing license must answer the questions asked on the application. Answer truthfully. Finally, read this section on the NPA and if you have any questions, speak with your instructor.

2. I am a student in a local nursing program. I have a prior conviction for methamphetamine use. I followed all the probation requirements and my attorney told me this conviction would be expunged and I would have a ‘clean’ record. Do I have to report this conviction on my application for licensure?

Yes. While expungement of criminal convictions is allowed under Ark. Code Ann. § 16-90-902 and provides: “a) An individual whose record has been expunged in accordance with the procedures established by this subchapter shall have all privileges and rights restored, shall be completely exonerated, and the record which has been expunged shall not affect any of his civil rights or liberties, unless otherwise specifically provided for by law.”

When a criminal background check is conducted, all state and federal convictions are reported to the Board. At the time the court seals or expunges a record, the individual is generally advised he or she no longer has to report the offense and conviction. The language, unless otherwise specifically provided for by law, provides an exception and allows the Board to have access to expunged or sealed documents because an offense and conviction resulted from a plea of guilty or a plea of
The Eleanor Mann School of Nursing (EMSON) in the College of Education and Health Professions at the University of Arkansas, Fayetteville invites nominations and applications for two (2) full-time and tenure-track Assistant Professor of Nursing positions.

Duties and responsibilities include the following: (1) provide classroom and clinical instruction; (2) produce refereed publications and presentations; (4) pursue extramural funding by writing and submitting grant proposals; (5) participate in public service and professional organizations; and (6) engage in appropriate service activities at the school, college and university levels. The salary will be competitive and commensurate with experience and background. Start-up research funds are available. The anticipated starting date is August 22, 2011.

Minimum Requirements:
The individuals selected for these positions will be expected to possess the following required qualifications:
1. An earned doctorate from a national recognized university in Nursing or a related field
2. At least one graduate degree must be in the field of Nursing; and
3. A current Arkansas R.N. license.

Preferred Qualifications:
1. Preference will be given to candidates who possess the following:
2. Prior academic or clinical experience as a clinical nurse specialist in adult nursing, however, other specialties will be considered;
3. Previous teaching and/or clinical supervision experience;
4. Evidence of the potential for research productivity, including securing externally funded grants;
5. A record of involvement in public service and with professional organizations; and
6. Previous experience working with diverse populations.

Where to Apply?
Review of applications will begin January 15, 2011, but later applications will be accepted for review until the position is filled. To apply send a letter of interest (demonstrating how your strengths match the duties and qualifications listed above), complete vitae, copy of nursing license(s), and the names, titles, addresses, and contact numbers of three references. Transcripts will be required only from finalists. All materials and queries should be addressed to:

Dr. Tom Kippenbrock, Chair, EMSON Search Committee
217 Ozark Hall, University of Arkansas
Fayetteville, AR  72701
Email: tkippen@uark.edu

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5. A record of involvement in public service and with professional organizations; and
6. Previous experience working with diverse populations.
nolo contendere, or a finding or verdict of guilty. The Ark. Code Ann. § 17-87-312 states:

“(e) Except as provided in subdivision (l)(1) of this section, no person shall be eligible to receive or hold a license issued by the Board if that person has pleaded guilty or nolo contendere to, or been found guilty of any of the following offenses by any court in the State of Arkansas or of any similar offense by a court in another state or of any similar offense by a federal court. “ The offenses considered are listed in this subsection. (available at http://www.arsbn.arkansas.gov/lawsRules/Documents/NURSEPRACTICEACT_2007_5.pdf).

Note there is a specific exception to the NPA regarding sealed or expunged records. The exception is recognized in “(l)(1) For purposes of this section, an expunged record of a conviction or a plea of guilty or nolo contendere to an offense listed in subsection (e) of this section shall not be considered a conviction, guilty plea, or nolo contendere plea to the offense unless the offense is also listed in subdivision (l)(2) of this section:

(2) Because of the serious nature of the offenses and the close relationship to the type of work that is to be performed, the following shall result in permanent disqualification:

(A) Capital murder as prohibited in § 5-10-101;
(B) Murder in the first degree as prohibited in § 5-10-102 and murder in the second degree as prohibited in § 5-10-103;
(C) Kidnapping as prohibited in § 5-11-102;
(D) Rape as prohibited in § 5-14-103;
(E) Sexual assault in the first degree as prohibited in § 5-14-124 and sexual assault in the second degree as prohibited in § 5-14-125;
(F) Endangering the welfare of a minor in the first degree as prohibited in § 5-27-205 and endangering the welfare of a minor in the second degree as prohibited in § 5-27-206;
(G) Incest as prohibited in § 5-26-202;
(H) Arson as prohibited in § 5-38-301;
(I) Endangering the welfare of incompetent person in the first degree as prohibited in § 5-27-201; and
(J) Adult abuse that constitutes a felony as prohibited in § 5-28-103.

If you have a sealed or expunged offense and conviction, on your application for your licensure exam, when you read the question: “Have you ever been convicted of a misdemeanor or felony, pled guilty or nolo contendere to any charge in any state or jurisdiction? DWIs and similar offenses must be reported. (Traffic violations do not constitute a crime.)” MARK “YES.” You will need to supply a certified copy of the court document that shows what conviction was sealed or expunged and when it was sealed or expunged. If your offense and conviction was for one of the crimes listed above (A through J), you may NOT obtain a nursing license in this state.

Applicants with a criminal history need to be aware of the legal process once an offense occurs. An offense and conviction may be eligible to be sealed or expunged. This is not automatically done by the court. The convicted individual has to go back to court and request the offense be sealed or expunged. There are times when applicants THINK the conviction has been sealed or expunged because that is what the attorney said when the case was adjudicated. If after an offense, conviction and any probation or restitution, an individual has not returned to court to petition to have the record sealed or expunged, it will continue to reflect a conviction of the criminal offense.

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For additional information, go to www.arna.org or call Arkansas Nurses Association at 501.244.2363.

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Metroplex Event Center
# NURSING SCHOLARSHIP LOAN RECIPIENTS ANNOUNCED

Recipients were recently selected to be awarded the Faith A. Fields Nursing Scholarship Loan for the Spring 2011 semester. Listed below are the student recipients, monetary amounts and academic programs in which they are enrolled.

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<th>Recipient</th>
<th>Amount</th>
<th>Academic Program</th>
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<td>UA Community College – Batesville</td>
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<td>Watts, Candace</td>
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<td>UAMS</td>
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<tr>
<td>Wilkerson, Shannon</td>
<td>$1,000</td>
<td>Baptist Health School of Nursing</td>
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<tr>
<td>Williams, Danny</td>
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<td>Williams, Melody</td>
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<td>Williamson, Danielle</td>
<td>$500</td>
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</tr>
<tr>
<td>Wilson, Tiffany</td>
<td>$1,000</td>
<td>Baptist Health School of Nursing</td>
</tr>
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For further information about this scholarship, please visit our website at www.arsbn.org.
THANK YOU!

Thank you for making a difference in children’s lives! We appreciate you, the nurses at Arkansas Children’s Hospital, and your commitment to the children and families that we serve.

CONGRATULATIONS!

We would also like to take this opportunity to congratulate our 3 nominees for the 2010 Nursing Compassion Award:

Tizzy Stewart, RN II  Linda Easter, RN III  Jennifer Dunn, RN II

Online Nursing
At the University of Central Arkansas

RN to BSN Degree
RN to BSN/MSN Degree
RNP to BSN/MSN Degree

Clinical Tracks: Family Nurse Practitioner, Adult/Gero Nurse Practitioner, Clinical Nurse Leader and Nurse Educator with Clinical Specialty

Clinicals are in your home community. Periodic campus visits required. Dates known at time of registration.

Check us out for your online edUCAtion!

Application Deadlines: April 1 for Fall admission August 1 for Spring admission

Contact Rose Schlosser, Program Advisor phone: 501.450.5532 email: rschlosser@uca.edu

Healing the sick
Is a work of Mercy

As the largest employer in Hot Springs and three-time large-company Gold Award recipient and ambassador to the Arkansas Governors’ Work Life Balance Award, St. Joseph’s Mercy provides health care services for residents of Hot Springs and surrounding communities. With 24 clinics across five counties, St. Joseph’s Mercy offers a variety of health care positions tailored to fit the needs of co-workers. For more information on positions available at St. Joseph’s Mercy long onto saintjosephs.com

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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 use the online complaint form at www.arsbn.org, 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.

**Position Statement 95-2**

**Transmission and Acceptance of Verbal Orders**

The Arkansas State Board of Nursing acknowledges that the best interests of all members of the health care team are served by having the licensed physician, licensed dentist, or advanced practice nurse holding a certificate of prescriptive authority write all orders on the patient’s medical record. Although a licensed nurse relating verbal and telephonic orders to a licensed nurse may have become accepted practice, neither the Arkansas Nurse Practice Act nor the Arkansas State Board of Nursing Rules specifically address this issue. Verbal orders transmitted over the phone place the licensed nurse at greater risk. Employing facilities should have policies and procedures to guide the licensed nurse.

However, the Rules of the Arkansas State Board of Nursing do prohibit a licensed nurse from receiving or transmitting verbal orders to or from unlicensed personnel.

Adopted December 7, 1995

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To facilitate its mission to protect the public, the ASBN regulates entry into the practice of nursing by ensuring entry-level standards are met. The Board achieves this by requiring that candidates for initial licensure successfully pass the National Council Licensure Examination (NCLEX®) in their respective area of educational preparation (practical nursing or registered nursing). The NCSBN develops the National Council Licensure Examination for Practical Nurses (NCLEX-PN) and National Council Licensure Examination for Registered Nurses (NCLEX-RN).

The 2011 NCLEX-PN Detailed Test Plan’s purpose is to provide a framework for the development of the NCLEX-PN and to serve as a guide for candidate examination preparation. The Detailed Test Plan is published in a Candidate version and an Item Writer/Item Reviewer/Nurse Educator version. It provides valuable information relevant to the NCLEX-PN and delineates the beliefs regarded as integral to nursing, identifies cognitive levels that are tested and provides a more detailed description of test content than is covered in the basic test plan.

The NCSBN and the NCLEX® Examination Committee, evaluate the test plan every three years. They base revisions on utilization of multiple resources, including empirical practice analysis data specific to the respective scope of practice, board member feedback and expert judgment. The NCSBN Delegate Assembly, the decision making body of NCSBN, approved the 2011 NCLEX-PN Detailed Test Plan at its annual meeting in August 2010, and the plan becomes effective April 1, 2011. The Detailed Test Plan for registered nurses was revised in 2010 and is accessible as identified herein.

As I travel around the state speaking to various nursing organizations and associations, I’m always amazed at the number of questions nurses have concerning the “Good Samaritan” law. Without doubt, there are a variety of rumors and misconceptions regarding the “Good Samaritan” law. Hopefully some of those questions and rumors can now be laid to rest.

Prior to 2007, the “Good Samaritan” Act was vague and confusing at best. It was clear the original law was aimed at protecting only physicians and surgeons. Over the years it was amended to protect average citizens who stopped and provided emergency assistance. What was not clear was whether nurses and other health care providers were covered. Generally, it was believed that nurses were “probably” covered, but there was some doubt.

Fortunately, in 2007, Sen. Barbara Horn and Rep. Eddie Hawkins introduced Senate Bill 421 (Act 1038), which essentially rewrote the “Good Samaritan” law. Without question, this bill was long overdue. The bill passed both the Arkansas Senate and House of Representatives and Gov. Mike Beebe signed it into law.

Now all health care professionals are covered by the “Good Samaritan” Act. Arkansas Code Annotated §17-95-101(a) (c) specifically states in part:

Any health care professional under the laws of the State of Arkansas who, in good faith, lends emergency care or assistance without compensation at the place of an emergency or accident shall not be liable for any civil damages for acts or omissions performed in good faith as long as any act or omission resulting from the rendering of emergency assistance or services was not grossly negligent or willful misconduct.

In a nutshell, any licensed nurse who provides free emergency assistance is now covered by the “Good Samaritan” law. It is very important for the nurse to remember not to exceed his or her training or scope of practice when providing emergency services. If a nurse exceeds their scope of practice, the “Good Samaritan” Act will not cover that nurse. Nurses must assess each emergency situation they come upon and decide for themselves whether they have the necessary skills to assist.

One last rumor is that all nurses must stop and provide emergency services as a matter of law. This is not true. If possible to stop and help, a nurse’s skills could be vital, but is not mandatory.
On July 1, 2011, the Arkansas State Board of Nursing will begin using a cardless licensure system. The traditional wallet license card will no longer be distributed for licensure by endorsement, examination, reinstatement or renewal.

For the first two years, a plastic wallet license card will be distributed following licensure by examination, endorsement, reinstatement and renewal. After the first two years (through a renewal cycle) wallet license cards will NO LONGER BE DISTRIBUTED FOLLOWING RENEWAL.

The plastic wallet license card will not reflect an expiration date. Nurses and employers will be directed to the ASBN online license verification system at www.arsbn.org to verify a nurse’s status, discipline and expiration date.

The cardless licensure system WILL NOT AFFECT THE RENEWAL PROCESS. The Nurse Practice Act requires biennial license renewal for practicing nurses.

I tried to renew my license online but am not sure if it went through. This is something we hear often. There is one way to know it “went through.” When you complete the online process of renewing your license, you will see a confirmation page. This means you successfully completed the process, and we received your payment information. It is a good idea to print the confirmation page as proof of payment. This way, if you do have a problem, we can use your confirmation number to look up your payment. Also, if your employer reimburses you for your license renewal fee, this can serve as a payment receipt for that purpose.

Your license renewal is not something you want to pay twice because you weren’t sure if your payment was received. It is also something you do not want to let lapse because you thought it worked when it didn’t. So, if you are uncertain you completed the online process because you did not see a confirmation page, it is a good idea to check with the Board to make sure we received your payment.

The best way to ensure a successful online license renewal is to:

• read instructions carefully;
• answer everything;
• double check before you submit; and
• print your confirmation page.

Contact Michele Forinash
mforinash@pcipublishing.com
1-800-561-4686 ext. 112
APNs: Collaborative Practice Agreements (CPA)

- Sample collaborative practice agreements are located on our website, www.arsbn.org. Choose “Adv. Practice” on the bar at the top of the website. The next screen will contain two samples; one for a multiple physician practice and one for a single physician practice with a back-up physician (required) in the absence of collaborating physician. The samples contain Board criteria that must be in the agreement.
- ALL new collaborative practice agreements must include a copy of your written Quality Assurance Plan. Guidelines for Quality Assurance are found under the above mentioned link.
- The “Advanced Practice” section also contains Guidelines for Prescriptive Protocols for those who aren’t sure how to write them! APNs must have written prescribing protocols. We do audit for them. Do not send them with the agreement.
- What should NOT be in the CPA – a list of scope of practice or functions of the APN. If the institution requires this, and many times they do for credentialing purposes, this should be a separate document between you and them; we do not want it in the CPA!
- Expect to get a letter from our office approving the agreement prior to prescribing in the setting. It may take up to two weeks to receive the letter. Plan ahead so as not to disappoint your employer! The agreement becomes effective when the agreement has been approved, not when it is signed.
- It is not uncommon for APNs to allow the office manager to take care of the collaborative practice agreement. It is the APN’s responsibility to ensure that the agreement meets the criteria and gets to our office. In recent months an APN allowed the clinic manager to take care of the collaborative practice agreement and it was never sent. Three months later there was a complaint filed about prescribing practices in the practice setting and the APN is under investigation. The fact that she was practicing without a collaborative agreement only makes the situation worse.
- We must have the original collaborative practice agreement. If your agency also needs an original, then have two originals signed.
- The ASBN Rules require that the APN “shall notify the Board in writing the next working day following termination of the collaborative practice agreement. A new collaborative practice agreement is required to be on file prior to reactivating prescriptive authority.” This notification can be sent via e-mail, fax, or snail mail.

If you have questions, contact Dr. Jackie L. Gray at 501.686.2725 or via e-mail at jgray@arsbn.org.

Smith nominated as Item Writer for National Council of State Boards of Nursing

Cindy Smith, practical nursing instructor at Arkansas State University-Beebe, was selected as an Item Writer for the National Council of State Boards of Nursing Licensure Examination (NCLEX®).

Smith was approved by the Arkansas State Board of Nursing and selected by the National Council of State Boards of Nursing to participate on the NCLEX item development panel of subject matter experts that was held in Chicago, IL on January 31 through February 3, 2011.

Smith was one of 12 nurses from across the nation to be selected for this assignment. She was nominated on the basis of clinical specialty and nursing expertise. Smith has been an instructor for the Practical Nursing program on the Searcy campus since 1997.

All nurses in the United States and its four U.S. territories must take the NCLEX. The licensing exam identifies those candidates who demonstrate minimal competence to practice nursing at the entry level. Passing the NCLEX exam is one of the requirements necessary for attaining a nursing license.
Magnet Principles are Working at UAMS.

The Resource Nurse Program at UAMS allows qualified nurses to do a 6-month rotation in specialized roles such as wound care, diabetes, pain, safety or infection control. Thirty nurses are currently learning specialized care, teaching and implementing quality improvement initiatives. They get additional compensation for taking on these roles, and they get to add to their toolbox of skills. If you're tired of your “another day, another dollar” job doing the same old thing, consider UAMS, where our nurses have the opportunity to stretch themselves, learn new skills and grow in ways they never imagined.

Katharine Metz, R.N., (left) works in hematology/oncology and serves as the skin resource nurse. Amanda White, R.N., provides cardiac progressive care and serves as the diabetes resource nurse.

CURRENT EMPLOYMENT OPPORTUNITY

Adv. Practice Partners in specialty areas; BSN, Masters in health related field, 4 yrs. exp., & cert. in specialty area req. For more information, visit www.uams.edu/dan or call 501-686-5691.
5th Annual Nursing Expo
4/30/11

Free Admission

Jobs, Education, Healthcare, Nursing, Allied Health, and MORE...

SATURDAY
APRIL 30th

Metroplex Event Center • Colonel Glenn/1-430 • LR
EXPO from 9 - 1 pm
Nursing Compassion Award Ceremony
1:15 - 3 pm

Display from every Major healthcare Provider and Nursing School in Arkansas in One Place!!

Presented by Publishing Concepts, Inc. in cooperation with the Arkansas State Board of Nursing.

Limited space available for Compassion Award
Call Michele at 501-221-9986 ext. 112 for reservations