The Art of Nursing: Detecting Imposters

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SATURDAY, JUNE 9, 2012
See page 21-23 for more information

Publication of the Arkansas State Board of Nursing
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As I get older, time seems to pass by faster and faster. When I was young, it seemed to take forever for school to be out for the summer so my days could be filled with sleeping late and hanging out at the swimming pool. It is June already, and 2012 is half way over. It seems like we celebrated Christmas just last week. However, I am looking forward to the upcoming year because 2013 marks the 100th Anniversary of the Arkansas State Board of Nursing. For the past 100 years, the Board of Nursing has worked hard to accomplish its mission of public protection.

On March 5, 1913, Act 128 was passed. The purpose of Act 128 was to "regulate the practice of professional nursing in the state of Arkansas; to create a Board of Nurse Examiners for Arkansas; to require the examination and registration of those desiring to practice in the State as registered nurses, and to provide for the punishment of offenders against this Act." The Nurse Practice Act still has the same basic functions — except with many additions and a broader scope. Two differences between the original act and what we function under today stand out to me. First, the name of the Board was the Board of Nurse Examiners, not the Board of Nursing. The name changed to the State Board of Nursing in 1967. The other major difference is the Board only regulated registered nurses in the beginning. The regulation of licensed practical nurses did not occur until 1947. It is fascinating to read how nursing practice has changed over the years. Before I entered the nursing world, nursing students lived in a dorm and could not be married, only physicians started IVs and nurses re-sharpened needles for multiple use. I believe change has been good.

The official kickoff for the ASBN centennial celebration will be December 1, 2012, at the Ninth Annual Nursing Expo. Plan on joining us that day and also put June 8, 2013, on your calendar. In June 2013, we will have a gala where we will recognize outstanding nurses in Arkansas. We are also planning regional events around the state, so look for us coming to your area of the state during 2013.

Articles related to nursing during the past 100 years will be in the ASBN Update the rest of this year and all of next year. Feel free to share any interesting information and stories you have about nursing. We are creating a display of nursing history and welcome any items (pictures, caps, pins, uniforms, etc.) that you would like to donate or loan to us for the display. Compiling the Board's history is an enormous task, and if you would like to volunteer to assist in digging through historical documents, give me a call. I know we can find plenty of fun for everyone who has time to volunteer.

2013 is a year to acknowledge the accomplishments of those who have gone before us, honor those who are making a difference today and welcome those whose path has yet to be determined.
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Yes, I have a history of baking and decorating cakes with my creative friend Donna. A great tip when baking a cake from a mix: always add a teaspoon of vanilla to a boxed cake mix. What a great taste this will provide. Your friends will be amazed the cake was a boxed mix.

Another tip for stacked wedding cakes is to always have a firm foundation. The largest wedding cake Donna and I baked and decorated required a stepladder to place the top tier.

Was I worried that the cake would topple and fall then ruin this wonderful bride’s wedding? No, because we had insured a firm foundation on which the remainder of the cake rested.

This same principle is exactly why continuing education hours are important to your nursing career and are required by the Arkansas State Board of Nursing for renewing your license.

The nursing school you attended provided a foundation on which your nursing career rests. The nursing schools in Arkansas provide a firm foundation, no doubt. However, when you attend nursing education, you are doing one of two things. First, you may be adding strength to your original nursing foundation because the continuing education may involve a review of patient assessment, insertion of a specific tube in a body cavity or a pharmacology education piece on drugs. Second, that education might build a second or third tier on your nursing knowledge by learning a new skill, a new slant on a disease process, a new assessment technique, or how to administer a new drug.

Are you having difficulty finding an approved nursing education course? Check the computer. Yes, these courses might not be free, but you only need 15 hours every two years to renew your license. What is the cost of not being able to renew your license and not being able to work as a nurse?

The requirements from the Board of Nursing are:
1. Fifteen (15) contact hours of appropriately accredited practice-focus activities OR
2. Hold a current nationally recognized certification/recertification OR
3. Complete a minimum of one college credit hours course in nursing with a grade of C or better during licensure period.

The Arkansas Board of Nursing website, under the “Education” tab, provides a list of ASBN approved certifications, accrediting organizations for continuing education and continuing education websites.

Some free education hours in rural Arkansas settings include AHEC sites and using the Tanberg line. Always check with your local hospitals because they might offer education hours. The Office of Long-Term Care provides education hours for nurses. Arkansas Saves provides hours for nurses who work in emergency rooms or with stroke patients.

Continuing education is important to your nursing career and to your patients. Use the required continuing education hours to build or add a new tier on your foundation of nursing knowledge. School nursing, community nursing, hospice, long-term care, quality assurance, risk management, infection control, HIPAA, EMTALA, and many more. Oh, how vast is our nursing opportunities!

Yes, get those continuing education hours as fast as you can. Every day is a unique opportunity to expand our knowledge in nursing.
HIGHLIGHTS OF BOARD ACTIONS ARE AS FOLLOWS:

- Granted continued full approval to
  - Arkansas State University Baccalaureate Degree in Nursing Program until the year 2017
  - Arkansas State University Associate of Applied Science Degree in Nursing Program until the year 2017
  - Phillips Community College of the University of Arkansas Degree in Nursing Program until the year 2017
  - Southern Arkansas University Associate Degree in Nursing Program until the year 2017
  - National Park Community College Associate Degree in Nursing Program until the year 2017
  - National Park Community College Practical Nurse Program until the year 2017
  - Northwest Technical Institute Practical Nurse Program until the year 2016
  - University of Arkansas at Monticello Associate of Applied Science in Nursing Program until the year 2017

- Continued the conditional approval status for the Henderson State University Baccalaureate in Nursing Program with the following conditions and re-evaluate the program approval status following publication of the 2012 fiscal NCLEX®-RN pass rates:
  1. Conduct a thorough review of current program curriculum and complete a comparative analysis with the 2010 NCLEX-RN Detailed Test Plan to ensure course content is inclusive. Submit the analysis to the Board no later than August 3, 2012.
  2. Immediate submission to ASBN of any student complaints, grievances or appeals, including type and outcome.
  3. If 2012 fiscal NCLEX-RN pass rate is below 75 percent, submit a report analyzing all aspects of the program. The report shall identify and analyze areas of change addressed in previous low pass reports, as well as identify areas contributing to the current low pass rate. The report shall also include plans for resolution, which shall be implemented.

- Approved the South Arkansas Community College-El Dorado Practical Nursing Evening Program. Curriculum revision to be implemented with the next admitting class
- Approved the Northwest Arkansas Community College Associate Degree in Nursing Program. Curriculum revision to be implemented with the next admitting class
- Approved the Prerequisite Approval to the Arkansas State University-Mountain Home Paramedic/Licensed Practical Nurse to Associate of Applied Science Degree in nursing program
- Approved Pediatric Clinical Nurse Specialists to be eligible for prescriptive authority

NCSBN EDUCATIONAL VIDEOS

The National Council of State Boards of Nursing (NCSBN) has produced a variety of education videos on such topics as professional boundaries, chemical dependency, the Nurse Licensure Compact and social media. These videos serve as educational tools for nurses, nursing students, nurse educators and the public. As part of its website redesign, all NCSBN-produced educational videos are now available at ncsbn.org/videos.
STAFF DIRECTORY

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SPECIAL NOTICE

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
Amber Sanders  R73529
Nathan Shaheed  T01220
Angela Shupert  L37543
June Elizabeth Sivils  L30290
Della Williams  L28175
Sally F. Williams  L26287

BOARD MEMBERS - Standing, L to R:  Debbie Garrett, APN; Terri Imus, RN; Doris Scroggin, RN; Cathleen Shultz, RN; Clevesta Flannigan, LPN; Shela Upshaw, RN; Karen Holcomb, RN; Peggy Baggenstoss, LPN
Seated, L to R:  Gladwin Connell, Rep. of the Older Population, Secretary; Sandra Priebe, RN, President; Richard Spivey, LPN, Vice President; Cynthia Burroughs, Consumer Rep., Treasurer
Not pictured:  Roger Huff, LPN
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For more information:
Rose Schlosser, MEd
rschlosser@uca.edu
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Courtney Held, RN - 2012 Registered Nurse of the Year
Courtney Held, RN shows extreme compassion to all of her patients, and their families. A strong nurse that displays remarkable care and professionalism at all times, regardless of the work load or situation. Courtney works really hard to ensure superb quality patient care and the facilities highest satisfaction. Great Job!!

Michelle Adams, LPN - 2012 Licensed Practical Nurse of the Year
Michelle Adams, LPN is a very hard worker and is multi-talented with her nursing skills. She always expresses to be a great team player, extremely smart, professional and is on HIGH DEMAND. Everywhere we send her, our facilities and patients love her. And we do too!!

Valeria King, RN - 2012 Honorary Registered Nurse of the Year
Val King, RN is very loyal and committed to Arkansas Medical Staffing, LLC and the patients that she provides care to. For the Past 5 years Val has traveled Arkansas performing excellence in Geriatric and Adolescent Psychiatric nursing for us. She is compassionate caring and warms the hearts of the lives she touches and will never be forgotten by your spirit of nursing. God bless you Val!!!

We appreciate all of our nurses!!
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Detectors of nursing imposters

The Art of Nursing

DETECTING IMPOSTERS

I have always admired an artist’s ability to create masterful renditions of works of art. Oftentimes, amateur and professional artists learn through imitation from the artists they most admire. The step by step process to recreate a work of art enhances newfound talent and facilitates orientation into the vocation. In the art arena, this type of imitation is an accepted method of learning. However, when an individual uses fraud or deceit to represent an artist’s work as his own, it is considered art forgery—basically an imitation intended to benefit the fraudulent impersonator.

Imposters exist within other vocations, including the nursing profession. Nurse imposters can penetrate the profession by fraudulently representing themselves to the State Board of Nursing or to employers. Consequently, they violate the integrity of the profession and jeopardize patient welfare.

In A Violation in Trust: Imposter Nurses, the author identified three categories of nurse imposters, including those who practice as a nurse but are not legally authorized to be a nurse, those who fraudulently obtain licensure based on false credentials, and those who practice by assuming the identity of a properly licensed nurse (identity theft). The Arkansas State Board of Nursing has taken action on individuals who have deceptively represented themselves as a nurse to the Board as well as to employers.

The peak months of graduation have arrived. Graduates have completed an intense nursing education program and are enthusiastically applying for jobs and preparing to take the National Council Licensure Examination (NCLEX®) in hopes of obtaining licensure. It is definitely an exciting time as employers hire potential nurses in anticipation of filling needed staffing positions. An employer may hire a new graduate in anticipation of NCLEX passage, and there is nothing wrong with this practice as long as the employer keeps some very important things in mind before allowing a new graduate to practice nursing. However, cases before the Board identify that some graduates begin working in positions that require a nursing license, but they do not have a valid temporary permit, valid license or credentials, or they have failed the NCLEX and continued to practice nursing. One such individual is discussed in the following case study.

CASE STUDY

Mr. J graduated from a nursing education program and applied to sit for the NCLEX exam. The Board was contacted by an individual who was conducting an audit at a long-term care facility. The auditor requested licensure information on Mr. J. Mr. J never requested a temporary permit, and he was never issued a temporary permit. He had taken the NCLEX-RN, but failed. Mr. J was hired as a registered nurse and worked to the full scope of practice for nine months. He never provided his employer licensure information and the employer never verified credentials, licensure status or ability to practice. Mr. J subsequently appeared before the Board and was denied the ability to take NCLEX.

CASE STUDY DISCUSSION

Individuals who have completed the requirements of a nursing education program and graduated are not licensed and do not have the privilege to practice as a licensed nurse until they have successfully passed the NCLEX. Mr. J deceptively represented himself to the employer. However, the employer should verify licensure status by accessing the registry search on the ASBN website.

New graduates are eligible to apply for a temporary permit to practice nursing while waiting to take the licensure examination. The temporary permit shall be issued only within the first three months following graduation and expires in 90 days or as soon as the examination results (pass or fail) are distributed. The Arkansas and the FBI Criminal Background checks must have cleared, and the graduate must be registered at the NCLEX Testing Service prior to issuance of the temporary permit. Graduates who have answered yes to any of the five questions on the Examination Application or have a positive background check will not be issued a temporary permit until they have been cleared by the Board staff.

A work of art is unique to an artist. Although difficult, the masterpiece can be evaluated according to standard criteria to validate its originality and potentially minimize the impact of forgery. Through an assortment of ways, an individual can deceptively gain access to the nursing profession. But attempting to distinguish the validity of a nurse does not need to be as challenging as detecting art forgery. There are various safeguards employers can incorporate into their hiring process to potentially guard against imposters.
UPDATE FOR APNs WITH PRESCRIPTIVE AUTHORITY

APN PRESCRIBING PRIVILEGES TO OUT-OF-STATE PHARMACIES

With the advances in technology and a struggling economy, more and more patients are using out-of-state mail-order pharmacies. In addition, electronic submission of prescriptions is becoming increasingly popular. So how does this affect an APN with Prescriptive Authority?

The Arkansas State Board of Nursing’s position is as long as the APN assesses and treats the patient here in Arkansas, the APN can prescribe by phoning, faxing or electronically submitting the prescription to an out-of-state pharmacy. In other words, the “practice of nursing” must be in Arkansas, but patients have the right to determine where they want to fill their prescription.

Remember, the pharmacy has the right to refuse to fill the prescription based on its state’s laws, but the APN would not be in violation of the laws or rules of the Arkansas Boards of Nursing or Pharmacy as long as the “practice of nursing” is in Arkansas.

The APN must comply with Chapter 4 of the ASBN Rules, which discuss prescribing privileges, including charting the prescription in the client’s medical record. An excerpt of this section:

The APN shall note prescriptions on the client’s medical record and include the following information:
- Medication and strength;
- Dose;
- Amount prescribed;
- Directions for use;
- Number of refills; and
- Initials or signature of APN.

APNs should stay familiar with Chapter 4 of the ASBN Rules. This chapter is dedicated to APN licensure, scope of practice and prescriptive authority. It can easily be found at www.arsbn.org under the “Laws and Rules” tab.

The Art of Nursing, continued from page 11

1. It is vital for employers to validate the credentials of their nursing employees by verifying licensure status before letting an employee work. An individual should not be allowed to work in a nursing capacity until the employer verifies licensure status via accessing the registry search (primary source verification) on the ASBN website.

2. If a facility requires a photocopy of the nursing license to be placed in an employee’s file, the employer is encouraged to make the copy directly from the registry search. Do not accept a photocopy submitted by an individual. Photocopies are easily altered and potentially fraudulent.

3. Do not accept the blue license card, issued by the Board, as verification of licensure. Refer to the primary source of verification, which is the ASBN registry search. Remember, graduates are not issued a paper temporary permit. The employer should check the ASBN registry search for the status of a temporary permit.

4. If a position requires a specific degree, require proof of the degree. Contact the board of nursing in the state where a school is located if you have concerns regarding the validity of a program or credentials.

5. Examine and meticulously compare an individual’s resume and job application (gaps, name differences, etc.). Require clarification for inconsistencies.

6. Remain diligent. Do not accept excuses from an individual who cannot produce verifiable information. If the individual is hired and enters the work environment, observe that the level of skills they demonstrate reflects the level of knowledge and experience they claim to possess.

7. Report suspected instances of fraudulent practice by accessing the online ASBN complaint process. Frequently check the ASBN website and ASBN Update for information and disciplined individuals.

The ASBN mission is to safeguard the life and health of its citizens, and protection of the public is a principal charge. The Board will strive to continue to shield the public from potential imposters by providing a method for primary source verification and persistently investigating any individuals who attempt to practice nursing fraudulently.

REFERENCE
Reducing Adverse Drug Events: A look at clinical pharmacy services

The number of adverse drug events (ADEs) is a growing epidemic in the health care community. In the *Journal of the American Medical Association*, Bates, et al., defined an ADE as "harm or injury caused to the patient resulting from medical intervention related to a drug." Many of these drug-related injuries are unavoidable. However, according to a report published by the Institute of Medicine, more than 1.5 million ADEs occurring each year in the United States are preventable. In the general population, drug-related morbidity and mortality cost almost $200 billion per year. Because of these statistics, reducing ADEs is a top priority of the medical community. In order to accomplish this goal, health care professionals have come to a consensus to induce a paradigm shift in health care toward a patient-centered model of care that includes an interdisciplinary team approach. One such model focuses on the utilization of pharmacists in disease state management, medication therapy management, and medication reconciliation.

**REPORT TO THE SURGEON GENERAL**

The need to integrate pharmacists into the health care delivery system is widely recognized. The Office of the Chief Pharmacist’s 2011 report to the U.S. surgeon general concludes, "Pharmacy practice models can rapidly relieve some of the projected burden of access to quality care, reduce health disparities, and improve overall health care delivery." One comprehensive systematic review found a significant reduction in adverse drug events in the pharmacist-provided care group versus those with no direct pharmacist intervention. Another meta-analysis looked specifically at the effects of pharmacist involvement in the care of patients with congestive heart failure (CHF) and found pharmacist care was associated with significant reductions in both all-cause hospitalizations and CHF hospitalizations.

**REDUCING ADES IN THE MEDICARE 10TH STATEMENT OF WORK**

Another leader in national health care has recognized the need for pharmacist-driven care in reducing ADEs. The Centers for Medicare & Medicaid Services (CMS) has made this a nationwide priority. The Arkansas Foundation for Medical Care (AFMC) has been charged with leading a three-year, statewide initiative that seeks to incorporate evidence-based clinical pharmacy services into the care and management of high-risk, high-cost, complex Medicare patients. AFMC will lead integrated health care teams consisting of core provider groups (pharmacists, physicians, nurses, their practices and health centers), local community stakeholders, and consumers across the state to utilize a pharmacist-driven model of health care with a goal of reducing and eventually eliminating preventable ADEs.

**PATIENT SAFETY AND CLINICAL PHARMACY SERVICES COLLABORATIVE**

AFMC will aid teams in reaching this goal by implementing the evidence-based Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) model. PSPC was initiated nationwide by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs three years ago in order to expand clinical pharmacy services into the health care delivery system. PSPC teams have shown improved health outcomes and patient safety through the integration of clinical pharmacy services into patient care. AFMC will work with teams to utilize the PSPC breakthrough model for improvement, which not only includes evidence-based pharmacy interventions, but also incorporates a series of rapid-cycle learning sessions and action periods.

Past PSPC participants have used their outcomes and processes not only to improve quality of care, but also to obtain higher rates of reimbursement from insurers, obtain Patient-Centered Medical Home (PCMH) designation, make the business case for maintaining a clinical pharmacist as a staff member, and secure funding opportunities for pharmacist-led patient care projects.

**MOVING FORWARD**

Patient quality and safety are the main priorities of this initiative. The utilization of the PSPC model, or any model that incorporates evidence-based clinical pharmacy services, has been shown to decrease patient harm, improve patient health outcomes and improve overall quality of care.

Christi L. Smith, Pharm.D., is the pharmacy specialist for the Arkansas Foundation for Medical Care.

**REFERENCES**

NURSING: KALEIDOSCOPE OF PRACTICE
CONTINUING EDUCATION WORKSHOP

SCHEDULE

REGISTRATION FEE: $45.00 (includes lunch) Pre-registration required. Fees are non-refundable.

2012 DATES AND LOCATIONS

September 26
St. Bernard’s Regional Medical Center Auditorium
Jonesboro

November 8
Henderson State University
Garrison Center Lecture Hall
Arkadelphia

8:30 - 9:00 a.m.        ASBN 101
9:00 - 10:00 a.m.

10:00 - 10:15 a.m.

10:15 - 11:00 a.m.

11:00 - 12:00 noon

12:00 - 12:45 p.m.

12:45 - 1:30 p.m.

1:30 - 2:30 p.m.

2:30 - 2:45 p.m.

2:45 - 3:45 p.m.

A Line in the Sand: Professional Boundaries in Nursing
Break

Can You Spot a Red Herring?
Stay safe! Infection Control & Disaster Preparedness Lunch

CSI: What Not to Do Licensure Privilege to Practice Break

The Nuts and Bolts of NCLEX®

This continuing education sponsored by the Arkansas State Board of Nursing is awarded 6.0 contact hours. Participants who leave immediately prior to the NCLEX presentation will receive 5.0 contact hours. E-mail info@arsbn.org if you have questions.

Application for CE approval has been submitted to Arkansas Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

REGISTER ONLINE AT WWW.ARSBN.ORG

REGISTERATION FORM

Mail completed registration form and $45.00 registration fee (in-state check or money order) to ASBN, 1123 S. University Ave., Suite 800, Little Rock, AR  72204. Registration must be received one week prior to workshop.

Check date you plan to attend: [ ] September 26 [ ] November 8

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NEUROBIOLOGY OF ADDICTION

Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use despite harmful consequences (NIDA, 2008). People may use mind-altering substances initially because they feel good. Later, as the disease of addiction progresses they may use these substances again to feel normal or to attenuate negative symptoms of withdrawal and cravings. However, the desire to recreate the positive feelings is the primary factor behind drug dependence even though research has demonstrated that tolerance to a particular substance can develop, which requires a higher dose to achieve the same desired effect.

Mind-altering substances affect the limbic system, which is a primitive system related to arousal that is located deep within the brain and is often called the pleasure center. Impulses move from the middle of the brain (limbic system) to the forebrain (the thinking center of the brain) and back again, releasing neurochemicals that influence and modulate brain activity. Dopamine is a naturally occurring mind-altering substance and one of the essential neurotransmitters in the brain whose higher levels produce the feeling of euphoria associated with other imbibed mind-altering substances. Addiction to mood-altering substances is thought to occur as a result of decreased GABA brain function (Volkow & Fowler, 2000). GABA (gamma-aminobutyric acid) is a natural calming agent and insufficient levels of GABA can cause symptoms of anxiety, insomnia, epilepsy and other brain disorders. The short term use of mind-altering chemicals can cause temporary deregulation of the neurotransmitters in the brain and are expressed by some unique and usually temporary behaviors. Long term use can often cause permanent changes in the neuroregulatory system in the brain with resultant negative behaviors. The neuroregulatory changes that occur in drug addicts and alcoholics serve to reset their brain reward systems outside of normal societal limits. This leads to a loss of control over the use of mind-altering substances and the development of the compulsive use of such substances despite negative consequences (Koob & LeMoal, 2008). The changes in the brain from drug addiction erodes a person’s self-control and ability to make sound decisions while sending intense impulses to use more drugs or alcohol (NIDA, 2008).

SIGNS AND SYMPTOMS OF ADDICTION IN NURSES

In order for addiction among nurses to be recognized and treated the nurses need to know the signs and symptoms of a substance use disorder (Pullen & Green, 1997). General symptoms of substance use problems include defensiveness, isolation, irritability and difficulty following through on work assignments. Signs and symptoms of a prescription-type substance use disorder can include coming to work on days off and volunteering for overtime. Coming to work while on vacation can suggest the need to divert prescription drugs from clinical supplies. Unfortunately, others can misinterpret these behaviors as dedication to duty by the employee which leaves the substance use disorder unrecognized. Nurses with a substance use disorder can also display suspicious behaviors surrounding incorrect narcotic counts, may consistently volunteer to administer medications, wait to be alone to open a narcotic cabinet and may consistently volunteer to administer medications, wait to be alone to open a narcotic cabinet and may lack witnesses to verify the wasting of unused medications.

Signs and symptoms of alcohol use can include:

- slurred speech
- lack of coordination
- impaired memory or attention
- leaving the workplace (to consume alcohol)
- the smell of alcohol on the breath
- frequent tardiness or poorly explained absences (Griffith, 1999; Sloan & Vernarec, 2001).

Nurses with an untreated addiction can jeopardize patient safety because of impaired judgment, slower reaction time, diverting prescribed drugs from patients for their own use, neglect of patients and making a variety of other errors (Dunn, 2005).

“Drug addiction is a brain disease that can be treated.”

Nora D. Volkow, M.D., Director, National Institute on Drug Abuse
Nurses who suspect a substance use disorder in co-workers need to be provided with guidelines and a clear process for reporting their concerns in a discreet and non-threatening manner (Tirrell, 1994). This will increase the likelihood that substance use problems are detected earlier and dealt with appropriately. If nurses do not have a clear process for acting on concerns about a colleague they may attempt to cover up for the person instead, which can contribute to the danger for the affected nurse as well as for patients (Serghis, 1999). Data also indicate that the likelihood of successful treatment outcomes is higher when treatment is implemented earlier in the addiction process (Martin, Schaffer, & Campbell, 1999).

Giving a staff the proper information for reporting and rehabilitation can also lead to other benefits. Torkelson, Anderson & McDaniel, (1996) found that organizations where the problem of nurses with a substance use disorder were not perceived as threatening promoted a culture of openness, participation and professionalism. In addition, such organizations were more likely to refer, reintegrate and hire recovering nurses with a substance use disorder. This was still true after controlling for hospital vacancy rate as a variable in the study. Prompt recognition and reporting also minimizes the danger impaired nursing practice can pose to patients and co-workers (Shewey, 1997).

**STAGES OF ADDICTION**

Mind- and mood-altering substances produce a sensation of pleasure that is important in the initial stage of dependence. Repeated and chronic administration of substances affects the functions in the brain and causes an intense drive in the brain to get the craving. Repeated attempts to satisfy the craving are called compulsions (Volkow & Fowler, 2000). Using the substances despite negative behavioral, emotional, physical and spiritual consequences is an addiction. Different drugs produce different patterns of addiction with emphasis on different components of the addiction cycle.

There are generally five stages of addiction:

- **Contact (first use of drug, experiences the pleasure of using)**
- **Experimental use (occasional, using to feel good)**
- **Excessive use (chasing the high, getting drunk and passing out)**
- **Addiction (use despite negative consequences)**
- **Recovery (restoring the mind, spirit and body to health and equilibrium)**

(SAMHSA, 1999)

The general pattern of the process can be described as use, abuse and addiction. Repeated chronic administration of substances directly affects the functions in the brain and causes an intense drive in the brain to get the substance craving. Repeated attempts to satisfy the craving are called compulsions (Volkow & Fowler, 2000). Using the substances despite negative behavioral, emotional, physical and spiritual consequences is an addiction.

It may be helpful to emphasize the difference between substance abuse and substance dependency in this section since these are the two basic criteria we refer to under a substance use disorder. It is also important to emphasize that there is a difference between nurses who have a substance disorder versus those who have a substance dependency given the natural history or progression of the disease of a substance use disorder. Carlton Eriksen (2007) noted that even the American Psychiatric Association and World Health Organization now provide diagnostic criteria to differentiate those drug users who may have control over their drug use, such as substance abusers or those who do not have the disease and may achieve recovery through education, counseling, coercion, incarceration or restriction of drug availability and those who don’t have control consistently and have the full-blown disease or substance dependency and require additional measures in order to attain and maintain abstinence and recovery. Erikson points out that this is possible because we are able to talk about what causes dependence (the brain disease) versus what causes the abuse of drugs. Both conditions produce serious consequences but differ in their causes and the ways they can be overcome.

Drugs that are commonly abused have a powerful influence on the brain and occur in addiction as stages. The initial stage of the addiction cycle involves the binge or intoxication stage, which gives the user an initial acute reward. Reward is defined as a positive reinforcer with some additional emotional value such as pleasure (Koob & LeMoal, 2008). It is in this initial stage that people establish a relationship or an intimacy with their drug of choice. Next is the preoccupation stage and it is characterized by a craving, which is an intense feeling coupled with an overwhelming need to obtain the substance. Dependence comes next and is the stage where people develop behavioral patterns, habits and ceremonies around the use of their particular substance. In the brain the dependence stage involves alterations of the neurochemical reactions, though some alteration also begins in much earlier stages. At this point a person could theoretically, with some degree of difficulty, walk away from the substance of choice, though for certain substances this window of opportunity is very small. The last stage is addiction when the brain has changed so profoundly and often irrevocably that a person uses the substance of choice in a feeble
attempt to feel normal. There is no turning back the brain chemistry and there is no stopping the consumption without an intervention from an outside force.

**ROLE OF FAMILY AND SUPPORT SYSTEMS**

Addiction is a family disease even for those in the medical profession. The effect to the families occurs because of the negative consequences that are ignored by the addict but are glaringly present for the family. Renowned expert, Claudia Black (1987) talks about the role of family, “Within families impacted by addiction, depression, chronic anger, anger avoidance, denial and shame are pervasive to spouses, partners, children, young and old and certainly the addicted person. Children, spouses and partners in addictive family systems are at greater risk for physical and sexual abuse. Alcoholism and drug addiction repeat generationally and in today’s world that generational legacy includes eating disorders, sex addiction, compulsive disorders, addictive behaviors and gambling addiction (p. 25).”

It is critical that all members of a nurse’s family or support system get help to cope with the negative feelings and destructive behaviors that characterize the person with a substance use disorder. A critical component to good recovery is emotional sobriety, which is defined as finding and maintaining our equilibrium. The essence of emotional sobriety is good self-regulation. Self-regulation means that we have mastered those skills that allow us to balance our moods, our nervous systems, our appetites, our sexual drive and our sleep. We have learned how to tolerate our intense emotions without acting out in dysfunctional ways by clamping down or foreclosing on our feeling world or self-medicating (Dayton, 2007, p. 3).

Restoring and rehabilitating families and the support systems of nursing professionals are not easy tasks but they are not impossible. Focusing on the goal of emotional sobriety for all members of an affected family is a first step toward success.

**SUMMARY**

Addiction is a disease of the brain that affects the whole person. Risk factors include genetic, psychological, behavioral, social and demographic components. There are definitive signs and symptoms of addiction as well as stages. Family and support systems play a significant role in recovery for professional nurses. Reprinted with permission from the National Council of State Boards of Nursing.

**REFERENCES**


Think Breastfeeding
think Arkansas WIC

The WIC (The Special Supplemental Nutrition Program for Women, Infants, and Children) Program’s reputation as a dispenser of ‘free formula’ is fading rapidly nationwide and this is especially true in Arkansas. WIC (and Arkansas WIC) is now recognized as one of the leading promoters and supporters of breastfeeding. Such recognition results from recent changes in WIC nationally and, in Arkansas, a dedicated focus on providing WIC staff with the knowledge and tools needed to effectively promote and support breastfeeding.

In 2009, the program implemented changes in the nationally mandated food package—the first changes since the 1970s. Designed to especially recognize and support healthy nutrition for breastfeeding mothers, the package contains nutritious foods in a greater quantity, and Mom qualifies for a package over a longer period of time, compared to a Mom receiving formula from WIC (Table 1).

Table 1: Comparison of monthly WIC Food Benefits received by breastfeeding and non-breastfeeding participants

<table>
<thead>
<tr>
<th>Exclusively Breastfeeding Mother Food Package</th>
<th>Non Breastfeeding Mother Food Package</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant receives no formula from WIC Program</td>
<td>Infant is receiving maximum amount of formula allowed from WIC Program</td>
</tr>
<tr>
<td>Received monthly until infant is 1 year old.</td>
<td>Received monthly until infant is 6 months old.</td>
</tr>
</tbody>
</table>

- 3 containers juice (11-12 oz. frozen concentrate; 11.5 oz. non-frozen concentrate; 46 oz. single strength can or bottle)
- 5 gallons reduced fat, low-fat, or skim milk
- 1 quart reduced fat, low-fat, or skim milk
- 36 oz cereal
- 2 pounds cheese
- 2 dozen eggs
- 1 pound whole grains
- 30 ounces canned fish (tuna, salmon, or sardines)
- 1 pound dry beans or 64 ounces canned beans
- 18 oz peanut butter
- $10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

- 2 containers juice (11-12 oz. frozen concentrate; 11.5 oz. non-frozen concentrate; 46 oz. single strength can or bottle)
- 3 gallons reduced fat, low-fat, or skim milk
- 1 quart reduced fat, low-fat, or skim milk
- 36 oz cereal
- 1 pound cheese
- 1 dozen eggs
- 1 pound dry beans or 64 ounces canned beans
- $10.00 Cash Value Benefit for fresh or frozen fruits and vegetables

Starting at 6 months the breastfeeding infant also receives complementary foods in a greater quantity than an infant receiving formula through the WIC Program (Table 2).
The new food packages allow WIC professionals the flexibility to work with a mother who chooses to breastfeed but also wants to use formula for whatever reason. A mother may receive a food package that contains less than the breastfeeding food package but still more than the non-breastfeeding package as long as her infant is not receiving more than approximately 45% of the maximum amount of formula allowed for her infant after the infant’s first month of age.

The Arkansas Department of Health (ADH) WIC Breastfeeding, under the direction of state Breastfeeding Coordinator Sandra Jones, RD, MEd, IBCLC, is one of a few states with a breast pump program that provides working/student mothers with a top quality, single owner, electric breast pumps to provide their babies with breast milk when Mom’s not around. Manual breast pumps are also provided for mothers during short term separations such as a day out shopping.

Mothers must return to an ADH local health unit following delivery and be certified as breastfeeding in order to receive a pump from WIC. WIC professionals work with moms to provide the pump that best meets their individual needs.

Education and tools for staff have been a focus over the last two years. As a result, Arkansas families have more current, accurate and consistent breastfeeding information. In 2010, all Arkansas WIC staff were trained by professional trainers using a nationally recognized curriculum—Loving Support Grow and Glow. Grow and Glow incorporates evidence based breastfeeding practices with contemporary research. Jones and her team also provide a monthly newsletter, QuickNotes, that delivers updated breastfeeding information in a quick, easy to review format for all WIC staff. In addition, Jones has coordinated breastfeeding education with Arkansas Children’s Hospital and the University of Arkansas for Medical Sciences College of Medicine (UAMS) under the name Arkansas Breastfeeding Education Partnership. These classes are also coordinated with the UAMS ANGELS (Antenatal and Neonatal Guidelines, Education and Learning System) education network along with the Arkansas Center for Rural Health to make breastfeeding education accessible to medical professionals across the state.

The Arkansas Breastfeeding Education Partnership also provided a one day national lactation webinar for lactation professionals in March as well as a breastfeeding mini course on April 4th for hospital staff through the ANGELS network and WIC staff at local health units statewide.

The Arkansas WIC Breastfeeding Helpline (1-800-445-6175) has been providing breastfeeding assistance to medical professionals as well as mothers since 1990. This ‘warmline’ is manned during ADH regular business hours primarily by Sandra Bankson, AME, IBCLC. Bankson has 38 years of experience in breastfeeding and is one of five Internationally Board Certified Lactation Consultants employed by the ADH. Bankson responds to breastfeeding questions and concerns and links Arkansas mothers with an appropriate contact person at their county health units.

The Arkansas WIC Loving Support Breastfeeding Peer Counselor Program is another example of support for breastfeeding mothers. Nationwide, the Peer Counselor Program has undergone sweeping changes in the last few years. Under the management of Teresa Gates, RN, BSN, IBCLC, a solid program foundation has been building in Arkansas since 2004. The program is expanding from a nucleus in Central Arkansas and is utilizing funding to meet the needs of breastfeeding women across the state. Breastfeeding Peer Counselors support mothers on a one-to-one peer basis, meeting with them in clinics, their homes, or in the hospital setting. These women (all of whom have breastfed) meet with pregnant women as early in pregnancy as possible and develop a strong relationship as the pregnancy progresses. They frequently refer to themselves as Mom’s “new breast friend.” Breastfeeding Peer Counselors often facilitate breastfeeding support groups giving expectant and breastfeeding families the opportunity to meet, learn, and encourage one another. There are currently seven breastfeeding support groups across the state with plans to add more. Breast-

### Table 2: Comparison of monthly WIC Food Benefits for 6-12 month old infants, breastfeeding and non-breastfeeding

#### Breastfeeding Infant
Ages 6-12 months — Receiving no formula from WIC

- 24 oz infant cereal
- 256 oz infant fruits and vegetables (64 – 4 oz jars)
- 77.5 oz infant meats (31 – 2.5 oz jars)

#### Non Breastfeeding Infant
Ages 6-12 months — Receives maximum package of formula from WIC

- 24 oz infant cereal
- 128 oz infant fruits and vegetables (32—4 oz jars)
- 128 oz infant meats (32—16 oz jars)
- Formula-amount varies by age

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**continued on page 20**
feeding is Best Supported (BIBS), a support group in Cabot, started in 1994. Locations served by Breastfeeding Peer Counselors can be found on the ADH website at www.healthyarkansas.com/breastfeeding.

Arkansas WIC Breastfeeding uses current technology to reach out to expectant and breastfeeding families. Jones and Gates feel that it is important to communicate with mothers by whatever method mothers prefer. For this reason, the Breastfeeding Peer Counselors were among the first ADH employees to use text messaging on their agency cell phones. The breastfeeding web page located on the ADH website (www.healthyarkansas.com/breastfeeding) includes questions commonly asked by mothers and downloadable support materials, saving the cost of a trip to a local health unit. Future efforts include the launch of an Arkansas WIC Breastfeeding Facebook page that will allow WIC Breastfeeding to rapidly inform followers of breastfeeding events and current research.

The WIC program also supports the statewide efforts of the Arkansas Breastfeeding Coalition (ABC) which sponsored the passing of two breastfeeding laws that allows breastfeeding in public places (2007) and requires support for breastfeeding mothers to pump in the workplace (2009). ABC, now a 501(c)(3) public charity, is dedicated to the support and protection of breastfeeding and has recently refined its objectives to impact public policy.

Pregnant, breastfeeding, and postpartum women, as well as infants and children up to their 5th birthday, who meet the categorical requirements, receive nutrition education, supplemental foods, and referrals to other needed services and breastfeeding support from WIC. Misconceptions about WIC guidelines are common. To receive WIC benefits, applicants must first meet income guidelines or a waiver due to other program eligibility such as Medicaid. In addition, they must be an Arkansas resident, provide proof of identity and be at nutritional risk.

Income guidelines are more generous than generally believed (Table 3). For example, a family of three with a monthly income of less than $2857 would be considered eligible. Applicants who receive Medicaid, Supplemental Nutrition Assistance Program (SNAP) or Transitional Employment Assistance (TEA) are automatically eligible. Pay stubs, income tax records for the self employed, and a statement from a non-relative for someone with no income are all acceptable as proof of income. A utility bill may be used to establish Arkansas residency while a driver’s license can be used to prove identity. United States citizenship is not a requirement to participate. Anthropometric measures and a hemoglobin value obtained from a capillary blood sample aid the WIC professional in the evaluation for nutritional risk of a WIC applicant. While certain medical conditions may put moms at nutritional risk, an individual may be considered at risk for many other reasons. Weight, number and frequency of pregnancies, and nutrition practices are just a few of the many criteria that may be considered during nutritional risk identification.

Table 3: WIC Income Guidelines effective July 1, 2011. Source: USDA Food & Nutrition Services

<table>
<thead>
<tr>
<th>Family/Household Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tr>
<td>Monthly Gross Income</td>
<td>$1,679</td>
<td>$2,268</td>
<td>$2,857</td>
<td>$3,446</td>
<td>$4,035</td>
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<tr>
<td>(Add $589 per month for each additional family member)</td>
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</table>

WIC continues to strengthen breastfeeding promotion and support benefits by providing the resources needed to make an informed choice about infant feeding. As a result, WIC participants can feel confident about their decision to choose breastfeeding and know they have support to make breastfeeding a successful and enjoyable experience. Clearly, Arkansas WIC is building a reputation of “Think Breastfeeding: Think Arkansas WIC.”
You are invited to join us on June 9th for the Nursing Compassion and Nurse Educator of the Year Award luncheon and celebration.

Following the luncheon, we will recognize our nominees & finalists, and announce our winners. 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 a previous 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.

For More Information, contact:
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Shiloh Clinic
SLC Professionals of Arkansas
Southern Arkansas University
St. Vincent Health System
UACC Batesville
UALR School of Nursing
UAMS
UCA
Washington Regional
White County Medical

### 2012 Nursing Compassion Award Finalists

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<td>Anna Cagle LPN</td>
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<td>Washington Regional Medical Center</td>
<td>FUETTVEILLE</td>
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<td>Marilyn Forrest RN</td>
<td>Marilyn Forrest</td>
<td>St. Mary's Regional Medical Center</td>
<td>RUSSUELLE</td>
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<tr>
<td>Paula Goss RN</td>
<td>Paula Goss</td>
<td>St. Vincent's</td>
<td>LITTLE ROCK</td>
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<td>Sherrie Guinn RN</td>
<td>Sherrie Guinn</td>
<td>In Home Medical Center</td>
<td>RUSSUELLE</td>
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<td>Debra Holmes RN</td>
<td>Debra Holmes</td>
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<td>CAMDEN</td>
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<td>Mistie Dawn Hill RN</td>
<td>Mistie Dawn Hill</td>
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<td>Mary Beth Jacob RN</td>
<td>Mary Beth Jacob</td>
<td>Caring Hands Hospice</td>
<td>BATESVILLE</td>
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<td>Pamela Jones</td>
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<td>JMC</td>
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<td>HOT SPRINGS</td>
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<td>PARAGOULD</td>
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<tr>
<td>Sonja Weaver RN</td>
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<td>Arkansas Nephrology</td>
<td>BRADLEY COUNTY</td>
</tr>
</tbody>
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### NURSING COMPASSION AWARD NOMINEES

- **ACH Hematology/Oncology clinic**
  - Arkansas Childrens Hospital
- **Cindy Adams RN**
  - UAMS Little Rock
- **Vickie Anderson RN**
  - Area Agency on Aging
- **Lillian Arnold RN**
  - Area Agency on Aging
- **Connie Austin LPN**
  - Pinewood Health & Rehab, Crossett
- **Denise Beasley**
  - Area Agency on Aging
- **Stephen Dodd RN PICU**
  - Arkansas Childrens Hospital
- **Tammy Drake NICU RN**
  - UAMS Little Rock
- **Kay Dutton RN**
  - Area Agency on Aging
- **Kashimi Elkins RN**
  - Area Agency on Aging
- **Brandy Fagan**
  - White River Medical Center, Pleasant Plains
- **Marilyn Forrest RN**
  - St. Mary's Regional Medical Center, Russellville
Lindsey Garlington RN
School Nurse for Fordyce School District, Fordyce

Paula Goss RN
St. Vincent Health System, Little Rock

Sherrie Guinn RN
In Home Hospice Care, Russellville

Chris Henley RN
Area Agency on Aging

Misty Dawn Hill RN
Arkansas Childrens Hospital, Little Rock

Karen Holcomb RN
Jefferson Regional Medical Center, Pine Bluff

Debra Holmes RN
Pine Hills Nursing Home, Camden

Mary Beth Jacob
Caring Hands Hospice of Batesville

Pamela Jones
Mercy Hospital Berryville

Judy Karnes LPN
Shiloh Clinic, Springdale

David Kelley RN
Area Agency on Aging

Peggy King RN
Area Agency on Aging

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UAMS Emergency Department, Little Rock

Amber Lewellyn, LPN
Arkansas Cardiology, Little Rock

Penelope Lindsey, RN
Central Arkansas VA Healthcare System, Little Rock

Mary Loftus, RN
Washington Regional Medical Center, Fayetteville

Alicia Long
UAMS Medical

Justice N. Mason
Greenwood Leflore Hospital

Mandi Mason RN
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Crystal McCarty RN
Area Agency on Aging

Jennifer McDonald RN
Area Agency on Aging

Nikki Morgan RN
Area Agency on Aging

Sandra Morgan RN
Area Agency on Aging

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JMHC Pine Bluff,

Kay Newton RN
Area Agency on Aging

Amy Niemann RN
UAMS Little Rock

Stephanie D. Parish RN
White County Medical Center

Linda Powell RN
UAMS, Little Rock

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Area Agency on Aging

Elia Romine RN
Area Agency on Aging

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Wanda Taylor RN
Area Agency on Aging

Donna Thompson RN
Area Agency on Aging

Lori Thorpe RN NICU
Arkansas Childrens Hospital, Little Rock

Katherine Tullos, RN
Delta Memorial Hospital, Dumas

Lucy Umphries RN
Area Agency on Aging

Jamie Ward RN
Area Agency on Aging

Sonja Weaver RN
Arkansas Nephrology Association, Bradley County

Amanda White RN
Area Agency on Aging

Phyllis Williams, RN
Community Home Health, Hardy

Debra Vassar RN, BSN, CNO
Arkansas Methodist Medical Center, Paragould

Karen Warren, CNA
Northbridge Healthcare & Rehab, North Little Rock

Tara Wilkerson RN
Area Agency on Aging

Sarah Yancey, LPT
Horizon Adolescent Treatment Center, Fort Smith

Congratulations
Marietta Candler RN, MSN
University of Arkansas Comm. College at Batesville

BATESVILLE

Congratulations
Betty Diehl MSN, RN
University of Central Arkansas

FAYETTEVILLE

CONWAY

Washington Regional Medical Center

Washington Regional Medical Center

FAYETTEVILLE

FAYETTEVILLE

PINE BLUFF

PINE BLUFF

PINE BLUFF

PINE BLUFF

University of Arkansas Little Rock

University of Arkansas

Eleanor Mann School of Nursing

Jefferson Regional Medical Center

PINE BLUFF

MAGNOLIA

FAYETTEVILLE

FAYETTEVILLE

FAYETTEVILLE
The competency of a nurse to perform complementary and alternative therapies begins with nursing education and ends with the safe nursing practice of those skills in such a way that ensures the safety, comfort and protection of clients. Nurses using complementary or alternative therapies in their practice should follow the ASBN “Position Statement 98-6 Decision Making Model.” Particular attention should be paid to the definition of nursing in the Arkansas Nurse Practice Act, and statements in the ASBN “Position Statement 95-1 Scopes of Practice.” Other professional practice acts may require additional certification and/or licensure to perform a particular therapy.

Most nurses have been exposed to systems, holistic and humanistic theories. These theories are the essence of nursing practice and may include complementary and alternative therapies. Nurses must practice within the scope of practice of their license. In basic nursing education, nurses learn to complement physician ordered treatments with techniques such as focused breathing and relaxation, massage, guided imagery, music, humor and distraction. The more complex complementary and alternative therapies are a part of advanced practice nursing.

Advanced practice nurses may be qualified to recommend or prescribe vitamins, herbs, minerals or other over-the-counter products. The registered nurse practitioner and the registered nurse may follow protocols to recommend these products. These protocols shall be reviewed annually by the licensed physician and nurse and be provided to the Board upon request. The practice of applied kinesiology, herbal medicine, homeopathy, and ayurveda may require formal educational preparation and possibly even certification. State licensure laws regulate therapies such as chiropractic, massage, acupuncture and physical therapy.

Carefully following the ASBN “Position Statement 98-6 Decision Making Model” will ensure that nurses are practicing within their scope of practice. Nurses who choose to use complementary or alternative therapies in their practices may be requested to provide documentation that they have followed the “Position Statement 98-6 Decision Making Model” in making their decisions.
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As we celebrate 100 years of care, love and hope, Arkansas Children's Hospital is deeply grateful for the nurses who make this milestone possible. This Nurses Week, we thank you for your dedication and commitment to every child who has entered our doors during the last century and every child who will benefit from your care in the next one.

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We’re frequently asked about the new renewal process, which began July 1, 2011. Now’s the chance to review the new process to help answer any questions you might have about the procedure.

ASBN no longer mails out paper licensure cards to be used as verification of licensure. Instead, you will receive a permanent plastic card approximately two to two and a half months after renewal. These cards are different, not only because they are plastic, but also because they are permanent. The license expiration date is no longer printed on the card, so it may not be used as validation of current licensure. To verify your license you and/or your employer must go to www.arsbn.org and follow these easy steps:

- Under Online Services, select “Registry Search”
- Click the link by “1. ASBN Registry Search”
- Under Search License Registry type your license number or your name
- Click “Search”
- Click on your name

You may print this as the website is secure and can be used as primary source verification. The next time you renew your license, you will not receive a plastic card. After you renew, give us a few days to process your application, and then go online as described above to check your status.

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Disciplinary Actions

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 A.C.A. §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 employee monitored nurse contract 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.

PROBATION
Banick, Ashlea Veronica
NCLEX®-RN Applicant, Fayetteville
A.C.A.§17-87-309(a)(1)& (a)(4)
Probation – 1 year

Bennett, Melissa Jean Horton
RN3686(exp), Little Rock
A.C.A.§17-87-309(a)(4)&(6)
Probation – 3 years

Bowers, Rebecca Leona Pilgrim
L35097(exp), Van Buren
Surrender & A.C.A.§17-87-309(a)(4)&(a)(6)
Probation – 2 years

Brown, Lisa Dale Rakestraw
R39943(exp), Jacksonville
Surrender & A.C.A.§17-87-309(a)
Probation – 2 years

Burton, Connie Lee Harris Baggett
R31676(exp), Jonesboro
Surrender & A.C.A.§17-87-309(a)(4)&(6)
Probation – 2 years

Carlton, Jennifer Lynn Hainline
R81448, L38272(exp), Gravette
A.C.A.§17-87-309(a)(6)
Probation – 2 years

Coola, Steven Derek
C01037, P00945, R34362(exp)
A.C.A.§17-87-309(a)(6)
Probation – 2½ years

Christiansen, Retha Joann Meloy
L50309(exp), Rogers
Suspension & A.C.A.§17-87-309(a)(4)&(6)
Probation – 3 years

Collins, Sandra Kathleen Kennedy
L45153, Mayflower
A.C.A.§17-87-309(a)(6)
Probation – 1 year

Daniel, Ryan Andrew
R78713(exp), Malvern
Surrender & A.C.A.§17-87-309(a)(4)&(a)(6)
Probation – 2 years

Demuth, Lisa Ann Massey
L34870, Smithville
A.C.A.§17-87-309(a)(4)&(a)(6)
Probation – 2 years

Ducharme, Jenny Lynn
R81232(exp), Wynne
A.C.A.§17-87-309(a)(2), (a)(4) & (a)(6)
Probation – 2 years

Farriss, Casey Morgan Rainey
R82518(exp), L45815(exp), Magnolia
Surrender & A.C.A.§17-87-309(a)
Probation – 2 years

Flowers, Kirstyn Dawn Delalto
L50405, Benton
A.C.A.§17-87-309(a)(6)
Probation – 1 year

Garrett, Elizabeth Ann Faulkner
R70796(exp), Little Rock
A.C.A.§17-87-309(a)(4)&(a)(6), (a)(8) & (a)(9)
Probation – 3 years

Goodson, Alfon Dawn
L48271, Arkadelphia
A.C.A.§17-87-309(a)(6)
Probation – 1 year

Gully, Crystal Ann Patterson
L42553(exp), Fayetteville
A.C.A.§17-87-309(a)(4), (a)(6), (a)(8) & (a)(9)
Probation – 3 years

Hess, Tracie Lanett Hess
Hanks Boulard
R52428, Wynne
A.C.A.§17-87-309(a)(6)
Probation – 1 year

Hyde, Bonnie Jane Gill
R80866, L33428(exp), Malvern
A.C.A.§17-87-309(a)(6)
Probation – 1 year

Jackson, Mechelle Renee Boykin
R78686, L26798(exp), L43986(exp), Searcy
A.C.A.§17-87-309(a)(6)
Probation – 2 years

Kelley, Rochelle Nicole Terry
R38317, Jacksonville
A.C.A.§17-87-309(a)(4) & (a)(6)
Probation – 2 years

Leslie, Kathy I
R83701, L47870(exp), Benton
A.C.A.§17-87-309(a)(6)
Probation – 1 year

Lindsey, Mike
L33173, Marion
A.C.A.§17-87-309(a)(4)&(6)
Probation – 1 year

Lynette, Beverlee Marie Bryant
L26798(exp), Magnolia
A.C.A.§17-87-309(a)(6)
Probation – 1 year

McLain, Michelle Rice Schmidt
R80831(exp), Genoa
A.C.A.§17-87-309(a)(4)&(6)
Probation – 2 years

McMullan, Michelle Marie
R71874, Conway
A.C.A.§17-87-309(a)(4)&(a)(6)
Probation – 2 years

Monroe, Kathryn Marie
R83174, Jacksonville
A.C.A.§17-87-309(a)(6)
Probation – 1 year

Nicholson, Catherine
L80086, L43896(exp), Searcy
A.C.A.§17-87-309(a)(6)
Probation – 1 year

Pastor, Susan Jane Ballough
R81238(exp), Genoa
A.C.A.§17-87-309(a)(4)&(6)
Probation – 2 years

Redican, Tammy Ann Bellar
L3730, Mayflower
A.C.A.§17-87-309(a)(6)
Probation – 1 year

Rogers, Amanda Loraine
L47854, Benton
A.C.A.§17-87-309(a)(1), (a)(2), (a)(4)&(a)(6)
Probation – 2 years

Rogers, Noel Vandala Parrish
L7854, Benton
A.C.A.§17-87-309(a)(6)
Probation – 1½ years

Roth, Kelly Anne Hart
L51665, Wake Village, TX
A.C.A.§17-87-309(a)(6)
Probation – 1 year

Russell, Rusty Ann
R80086(exp), Greenwood
A.C.A.§17-87-309(a)(4)&(6)
Probation – 2 years

Smith, Julie Ann
L38787(exp), Mineral Springs
Surrender & A.C.A.§17-87-309(a)(4)&(6)
Probation – 3 years

Smith, Mary Lee
R83174, Jacksonville
A.C.A.§17-87-309(a)(6)
Probation – 1 year

Smitherman, Patricia Ann
R70624, Southaven
A.C.A.§17-87-309(a)(6)
Probation – 1 year

Swayze, Catherine
L45153, Mayflower
A.C.A.§17-87-309(a)(6)
Probation – 1 year

Swartz, Pamela Pursley
L34870, Smithville
A.C.A.§17-87-309(a)(6)
Probation – 1 year

Taylor, Renelle Dee
L86738, L28271(exp), Benton
A.C.A.§17-87-309(a)(6)
Probation – 1 year

Thomas, Lindsey
L42553(exp), Fayetteville
A.C.A.§17-87-309(a)(6)
Probation – 1 year

Wallace, Lydia Marie
L80086, L43896(exp), Searcy
A.C.A.§17-87-309(a)(6)
Probation – 1 year

Westwood, Carolyn Lynn Johnson
L44671, Pocahontas
A.C.A.§17-87-309(a)(6)
Probation – 1½ years

Whitten, Tammy Renee Moppin
L51665, Wake Village, TX
A.C.A.§17-87-309(a)(4)
Probation – 2 years

Wilhite, Nancy Lee Whicker
RN Endorsement Applicant, Magnolia
A.C.A.§17-87-309(a)(2) & (a)(4)
Probation – 2 years

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April 2012
Wyatt, Sara Ann Edwardson
R74056(exp), L43079(exp),
Poughkeepsie Reinstatement from
Voluntary Surrender & A.C.A.§17-87-309(a)(4)&(a)(6)
Probation – 2 years
Civil Penalty - $500.00
plus previous balance

SUSPENSION
Brashier, Amber LaDawn Dugan
L46769, San Angelo, TX
A.C.A.§17-87-309(a)(4), (a)(6), (a)
Suspension – until safe to practice

Yetter, Edward Elmer
L44332, Menia
A.C.A.§17-87-309(a)(6)
Probation – 1 year
Civil Penalty – $1,000.00

SUMMARY SUSPENSIONS
Bell, Kimberly Diane
R53404, Elkins
Probation Non-Compliance
April 12, 2012

Voluntary Surrender
Anderson, Kelly Ann Waller Coleman
R64607, Magnolia
March 26, 2012

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